CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
HEALTH CARE SERVICE CORPORATION D/B/A BLUE CROSS BLUE SHIELD OF TEXAS
("Contractor")
for
Self-funded Medical, Stop Loss, and Pharmacy Benefit Manager
RFP 5800 RWS0504 – Master Agreement, NA180000183

The City accepts the Contractor's Offer (as referenced in Section 1.1.16 below) for the above requirement and enters into the following Contract.

This Contract is between Health Care Service Corporation D/B/A Blue Cross Blue Shield Of Texas(BCBSTX) having offices at Richardson, Texas, 75082 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number RWS0504.

1.1 **This Contract is composed of the following documents:**

1.1.1 This Contract
1.1.2 Exhibit A - The City's Solicitation, RFP, RWS0504 including all subsequent addenda and clarifications.
1.1.3 Exhibit B - Best and Final Offer(BAFO), Medical
1.1.4 Exhibit C - Best and Final Offer(BAFO), Stop Loss
1.1.5 Exhibit D - Section 0300 - Standard Terms and Conditions – Negotiated
1.1.6 Exhibit E - Section 0400 - Supplemental Purchase Provisions 020818 - Negotiated
1.1.7 Exhibit F - Section 0500 Scope of Work – Negotiated
1.1.8 Exhibit G - Attachment 9 - Medical Program Performance Measures and Liquidated Damages - Negotiated
1.1.9 Exhibit H - Attachment 10 - Required Reports - Negotiated
1.1.10 Exhibit I - Attachment 13 - PPO, HMO, CDHP Plan Design 020818 - Negotiated
1.1.11 Exhibit J - Attachment 18 - Pharmacy Performance Measures and Liquidated Damages-Negotiated
1.1.12 Exhibit K - BCBSTX Medical Performance Guarantee
1.1.13 Exhibit L - BCBSTX– Pharmacy Performance Guarantee
1.1.14 Exhibit M - Addendum to Exhibit K and Exhibit L
1.1.15 Exhibit N - BCBSTX Administrative Services Agreement
1.1.16 Exhibit O - Health Care Service Corporation D/B/A Blue Cross Blue Shield of Texas Offer, dated March 27, 2018, including subsequent clarifications

1.2 **Order of Precedence.** Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

1.2.1 This Contract
1.2.2 Exhibit A - The City's Solicitation, RFP, RWS0504 including all addend and clarifications incorporated by reference in 1.1.2
1.2.3 Exhibit B - Best and Final Offer Medical incorporated by reference in 1.1.3
1.2.4 Exhibit C - Best and Final Offer Stop Loss incorporated by reference in 1.1.4

1.2.5 Exhibit D - Section 0300 - Standard Terms and Conditions – Negotiated incorporated by reference in 1.1.5
1.2.6 Exhibit E - Section 0400 - Supplemental Purchase Provisions 020818- Negotiated incorporated by reference in 1.1.6
1.2.7 Exhibit F - Section 0500 Scope of Work - Negotiated incorporated by reference in 1.1.7
1.2.8 Exhibit G - Attachment 9 - Medical Program Performance Measures and Liquidated Damages - Negotiated incorporated by reference in 1.1.8
1.2.9 Exhibit H - Attachment 10 - Required Reports - Negotiated incorporated by reference in 1.1.9
1.2.10 Exhibit I - Attachment 13 - PPO, HMO, CDHP Plan Design 020818 - Negotiated incorporated by reference in 1.1.10
1.2.11 Exhibit J - Attachment 18 – Pharmacy Performance Measures and Liquidated Damages - Negotiated incorporated by reference in 1.1.11
1.2.12 Exhibit K - BCBSTX Medical Performance Guarantee incorporated by reference in 1.1.12
1.2.13 Exhibit L - BCBSTX Pharmacy Performance Guarantee incorporated by reference in 1.1.13
1.2.14 Exhibit M - Addendum to Exhibit K and Exhibit L incorporated by reference in 1.1.14
1.2.15 Exhibit N - BCBSTX Administrative Services Agreement incorporated by reference in 1.1.15
1.2.16 Exhibit O - Health Care Service Corporation D/B/A Blue Cross Blue Shield of Texas Offer, dated March 27, 2018, including subsequent clarifications incorporated by reference in 1.1.16

Term of Contract.

The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of 36 months. The Contract may be extended automatically beyond the initial term for up to two additional 12-month periods at the City's sole option unless the Contractor is notified in writing no less than 90 days prior to the contract's expiration.

1.3 **Compensation.** The Contractor shall be paid a total Not-to-Exceed amount of $47,428,000 for the initial Contract term and $22,439,000 for the first extension option and $28,003,000 for the second extension option. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order. The Not-to-Exceed amount assumes a projected population of approximately 18,000 benefit eligible employees and/or retirees.

1.4 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Work will be on an as needed basis as specified by the City for each Delivery Order.

1.5 **Clarifications and Additional Agreements.** The following are incorporated into the Contract.

1.5.1 **Allowance:** An implementation/communications/wellness/audit allowance (allowance) is included in the Contractor's offer, in an amount not to exceed $1,500,000, for the term of the contract. The allowance may be used at any time during the term of the contract. To access and utilize the allowance, the City of Austin shall request services from BCBSTX. BCBSTX shall provide an estimated

cost to City of Austin for the requested services. Upon approval by the City of Austin, BCBSTX will provide said products/services and/or procure said products/services and deduct the corresponding cost from the allowance.

If the City of Austin cancels the contract prior to 12/31/2023, the City shall reimburse the contractor a prorated amount in excess of $250,000 per plan year, times the number of years completed.

Notification of request for the use of funds for services and approval of funds shall be communicated from the City of Austin's Project Manager to the Contractor's Project Manager.

The allowance shall be used by the end of the 5-year policy period or remaining funds forfeited.

1.5.2 The City shall use a portion of the allowance to complete services for section 3.6.3 of the Scope of Work referenced in section 1.1.7.

1.5.3 Failure to meet the performance measures in Attachment 9 and/or Attachment 18 results in damages that are too difficult to specifically ascertain. Therefore, in the event of a failure to achieve any of the required performance measures, the City shall apply the associated liquidated damage as a remedy for that failure. The Parties agree that the liquidated damages associated to each performance measure shall be the only remedy assessed against Contractor for failure to meet the performance measures listed in Attachments 9 and 18

1.5.4 Clarification and response from Contractor on requirements listed in 6.8 of Section 0500 Scope of Work referenced in section 1.1.7:

6.8 Contractor shall provide the following administrative services, in support of the City's efforts to claim the employer subsidy under the CMS Retiree Drug Subsidy program:

6.8.1 **Claim and eligibility tracking and storage in accordance with Centers for Medicare and Medicaid Services (CMS) requirements and record retention guidelines.**
BCBSTX confirms as written

6.8.2 **Annual reconciliation of aggregate data of claim costs incurred.**
BCBSTX confirm as written.

6.8.3 **CMS audit support.**
BCBSTX shall provide data/reports as needed for a CMS Audit.

6.8.4 **Initiate annual Retiree Drug Subsidy (RDS) application and create the initial retiree list.**
BCBSTX shall provide an initial retiree list, including the claims summary and retiree list to use for actuarial attestation each plan year.

6.8.5 **Provide annual reconciliation.**
BCBSTX shall provide annual reconciliation reports, about 13 months after the close of the Plan Year.

6.8.6 **Request payment on a quarterly basis.**
BCBSTX shall provide interim reporting to the City on either a monthly or quarterly basis for plan years in which the account has sent us a Covered Retiree List (CRL).

6.8.7 **Submit a file of Medicare Part D eligible retirees and spouses to CMS on a monthly basis. The file must include a subsidy eligible indicator and effective dates and any additional fields required by CMS.**
BCBSTX shall provide reporting to the City to support this need.

6.8.8 **Perform required reconciliation functions related to the submission of retiree list sent to CMS.**
BCBSTX shall provide a report using the Covered Retiree List (CRL) sent by the City.

6.8.9 **Submit Subsidy Claim Report to CMS on a monthly basis and perform reconciliation functions as necessary.**
BCBSTX shall provide reporting to the City to support this need.

6.8.10 **Provide the City with a copy of the Subsidy Claim Report.**
Confirms as written

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

HEALTH CARE SERVICE CORPORATION D/B/A BLUE CROSS BLUE SHIELD OF TEXAS	**CITY OF AUSTIN**
Peter Hellstrom	Cyrenthia Ellis
Printed Name of Authorized Person	Printed Name of Authorized Person
Peter Hellstrom	Cyrenthia Ellis
Signature	Signature
Insert Title	Procurement Manager
Title: VP - Major Accts Unit	Title:
Insert Date (Must be within the Offer acceptance period)	August 27, 2018
Date: 8/23/2018	Date:

List of Exhibits:

Exhibit A - The City's Solicitation, RFP, RWS0504 including all documents
Exhibit B - Best and Final Offer - Medical
Exhibit C - Best and Final Offer - Stop Loss
Exhibit D - Section 0300 - Standard Terms and Conditions - Negotiated

Exhibit E - Section 0400 - Supplemental Purchase Provisions 020818 - Negotiated Version
Exhibit F - Section 0500 Scope of Work - Negotiated
Exhibit G - Attachment 9 - Medical Program Performance Measures and Liquidated Damages - Negotiated
Exhibit H - Attachment 10 - Required Reports - Negotiated
Exhibit I - Attachment 13 - PPO, HMO, CDHP Plan Design 020818 - Negotiated
Exhibit J - Attachment 18 - Pharmacy Performance Measures and Liquidated Damages - Negotiated
Exhibit K - BCBSTX Administrative Services Agreement
Exhibit L - BCBSTX Medical Performance Guarantee
Exhibit M - BCBSTX - Pharmacy Performance Guarantee
Exhibit N - Addendum to Exhibit M and Exhibit O
Exhibit O - Health Care Service Corporation D/B/A Blue Cross Blue Shield of Texas Offer, dated March 27, 2018, including subsequent clarifications

CITY OF AUSTIN, TEXAS

Purchasing Office

REQUEST FOR PROPOSAL (RFP)

OFFER SHEET

SOLICITATION NO: RFP 5800 RWS0504

DATE ISSUED: February 19, 2018

REQUISITION NO.: RQM 5800-17113000122

COMMODITY CODE: 94856

FOR CONTRACTUAL AND TECHNICAL ISSUES CONTACT THE FOLLOWING AUTHORIZED CONTACTS:

Primary Contact
Roger Stricklin
Procurement Specialist IV

Phone: 512-974-1727
Email: Roger.Stricklin@austintexas.gov

Secondary Contact:
Marty James
Procurement Specialist III

Phone: 512-974-3164
Email: Marty.James@austintexas.gov

COMMODITY/SERVICE DESCRIPTION: Medical, Stop-Loss, and Pharmacy Benefit Manager

PRE-PROPOSAL CONFERENCE TIME AND DATE: March 1, 2018 at 12:30 p.m. Central Time, **DIAL-IN** (605) 475-4859 #186106

LOCATION: 124 W 8th Street, 3rd Floor, Austin, TX 78701

PROPOSAL DUE PRIOR TO: March 20, 2018 at 2:00 p.m. Central Time

PROPOSAL OPENING TIME AND DATE: March 20, 2018 at 3:00 p.m. Central Time

LOCATION: MUNICIPAL BUILDING, 124 W 8th STREET
RM 308, AUSTIN, TEXAS 78701

LIVE SOLICITATION OPENING ONLINE: For RFP's, only the names of respondents will be read aloud

For information on how to attend the Solicitation Closing online, please select this link:

http://www.austintexas.gov/department/bid-opening-webinars

When submitting a sealed Offer and/or Compliance Plan, use the proper address for the type of service desired, as shown below:

Address for US Mail (Only)	Address for FedEx, UPS, Hand Delivery or Courier
City of Austin	City of Austin, Municipal Building
Purchasing Office-Response Enclosed for Solicitation # RFP 5800 RWS0504	Purchasing Office-Response Enclosed for Solicitation # RFP 5800 RWS0504
P.O. Box 1088	124 W 8th Street, Rm 308
Austin, Texas 78767-8845	Austin, Texas 78701
	Reception Phone: (512) 974-2500

NOTE: Offers must be received and time stamped in the Purchasing Office prior to the Due Date and Time. It is the responsibility of the Offeror to ensure that their Offer arrives at the receptionist's desk in the Purchasing Office prior to the time and date indicated. Arrival at the City's mailroom, mail terminal, or post office box will not constitute the Offer arriving on time. See Section 0200 for additional solicitation instructions.

All Offers (including Compliance Plans) that are not submitted in a sealed envelope or container will not be considered.

SUBMIT 1 ORIGINAL, 3 COPIES, AND 10 ELECTRONIC COPIES OF YOUR RESPONSE
*****SIGNATURE FOR SUBMITTAL REQUIRED ON PAGE 3 OF THIS DOCUMENT*****

This solicitation is comprised of the following required sections. Please ensure to carefully read each section including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.

SECTION NO.	TITLE	PAGES
0100	STANDARD PURCHASE DEFINITIONS	*
0200	STANDARD SOLICITATION INSTRUCTIONS	*
0300	STANDARD PURCHASE TERMS AND CONDITIONS	*
0400	SUPPLEMENTAL PURCHASING PROVISIONS	7
0500	SCOPE OF WORK	14
0600	PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS	11
0605	LOCAL BUSINESS PRESENCE IDENTIFICATION – complete and return	2
0635	BANKING ARRANGEMENTS – complete and return	1
0640	HIPAA BUSINESS ASSOCIATE AGREEMENT – complete and return	4
0800	NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION– complete and return	2
0805	NON-SUSPENSION OR DEBARMENT CERTIFICATION	*
0810	NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION	*
0835	NONRESIDENT BIDDER PROVISIONS – complete and return	1
0840	SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE – complete and return	1
0900	SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM – complete and return	1
0905	SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN – complete and return if applicable	3
EXHIBIT 1	ENROLLMENT HISTORY	3
EXHIBIT 2	2018 EMPLOYEE BENEFITS GUIDE	64
EXHIBIT 3	2018 TEMPORARY EMPLOYEE BENEFITS GUIDE	32
EXHIBIT 4	2018 BENEFITS ENROLLMENT GUIDE FOR RETIREES AND SURVIVING DEPENDENTS	40
EXHIBIT 5	SUMMARY PLAN DESCRIPTION – CITY OF AUSTIN PPO	176
EXHIBIT 6	SUMMARY PLAN DESCRIPTION – CITY OF AUSTIN HMO	162
EXHIBIT 7	SUMMARY PLAN DESCRIPTION – CITY OF AUSTIN CDHP WITH Hsa	176
EXHIBIT 8	SUMMARY PLAN DESCRIPTION – CITY OF AUSTIN CDHP WITH HRA	188
EXHIBIT 9	GROSS CLAIM PAYMENTS BY MONTH	1
EXHIBIT 10	CENSUS REPORT	440
EXHIBIT 11	TOP PROVIDERS	1,122
EXHIBIT 12	TOP 50 HOSPITALS	2
EXHIBIT 13	LARGE CLAIMS	4

EXHIBIT 14	TOP PHARMACIES REPORT	6
ATTACHMENT 1	BUSINESS ORGANIZATION	2
ATTACHMENT 2	REFERENCES	1
ATTACHMENT 3	MEDICAL PRICE PROPOSAL	1
ATTACHMENT 4	CUSTOMER SERVICE INFORMATION	2
ATTACHMENT 5	ACCOUNT TEAM INFORMATION	1
ATTACHMENT 6/6A	PROVIDER NETWORK INFORMATION	6
ATTACHMENT 7	TOP PROVIDERS	1
ATTACHMENT 8/8A	MEDICAL CLAIMS PROCESSING	5
ATTACHMENT 9	MEDICAL PROGRAM PERFORMANCE MEASURES AND LIQUIDATED DAMAGES	2
ATTACHMENT 10	REQUIRED REPORTS	3
ATTACHMENT 11	CASE MANAGEMENT AND HOSPITAL BILL AUDITS	1
ATTACHMENT 12	EXCEPTIONS	1
ATTACHMENT 13	PPO/HMO/CDHP PLAN DESIGN	1
ATTACHMENT 14	DISEASE MANAGEMENT PROGRAMS	2
ATTACHMENT 15	WELLNESS PROGRAM	3
ATTACHMENT 17	STOP LOSS PRICE PROPOSAL	1
ATTACHMENT 17A	STOP LOSS QUESTIONNAIRE	1
ATTACHMENT 18	PHARMACY PERFORMANCE MEASURES AND LIQUIDATED DAMAGES	1
ATTACHMENT 19	PHARMACY PROGRAMS DESCRIPTION	1
ATTACHMENT 20	PHARMACY BENEFIT MANAGEMENT QUESTIONNAIRE	5
ATTACHMENT 21	PHARMACY FINANCIALS	7
ATTACHMENT 22A/22B	PHARMACY WORKSHEETS	6
ATTACHMENT 23	SELF-FUNDED EGWP OPTIONS	1
ATTACHMENT 24	FORMULARY DISRUPTION DETAIL	1
ATTACHMENT 25	CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT	3

*** Documents are hereby incorporated into this Solicitation by reference, with the same force and effect as if they were incorporated in full text. The full text versions of the * Sections are available on the Internet at the following online address:**

http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS

If you do not have access to the Internet, you may obtain a copy of these Sections from the City of Austin Purchasing Office located in the Municipal Building, 124 West 8th Street, Room #308 Austin, Texas 78701; phone (512) 974-2500. Please have the Solicitation number available so that the staff can select the proper documents. These documents can be mailed, expressed mailed, or faxed to you.

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The

Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Company Address: 1001 East Lookout Drive

City, State, Zip: Richardson, Texas 75082

Federal Tax ID No. [redacted]

Printed Name of Officer or Authorized Representative: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

Signature of Officer or Authorized Representative: Melissa Tessier

Date: March 20, 2018

Email Address: melissa_tessier@bcbstx.com

Phone Number: (972) 766-6900

*** Proposal response must be submitted with this signed Offer sheet to be considered for award**

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

Solicitation: RFP 5800 RWS0504 **Addendum No: 4** **Date of Addendum: March 16, 2018**

This addendum is to incorporate the following changes to the above-referenced solicitation.

I. Questions and Answers:

1. (Q) Please confirm that because SMBR has assigned no subcontracting goals for this Solicitation, the following forms do not need to be completed and submitted with our proposal submission:
   a. Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM
   b. Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

   (A) Though SMBR has not assigned any subcontracting goals, the Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM must be completed. Please mark the appropriate box" No, I do not intend to use Subcontractors/Sub-consultants" or,"Yes,I Do intend to use Subcontractors/Subconsultants," complete the Offeror Information section, sign the document and return it with your Proposal.

   If you marked, "Yes, I intend to use Subcontractors/Subconsultants" you must complete Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN and return it with your Proposal. You must also contact SMBR for an availability list and instructions on how to respond using subcontractors/subconsultants.

2. (Q) Per the RFP, if there are no subcontracting goals established for a Solicitation, that a "No Goals Utilization Plan" should be completed and submitted with the RFP. Would you please provide the "No Goals Utilization Plan" form?

   (A) No subcontracting goals were established for this RFP; however, Proposers must follow the instructions from the answer to Question 1 above for submittal of Sections 0900 and 0905. The "No Goals Utilization Plan" refers to Section 0905 – that is, information pertaining to your subcontractor/subconsultant utilization plan (if applicable) though no subcontracting goals were established

3. (Q) Please advise of the date when responses to explanations and clarifications will be issued as an Addendum to this RFP, Solicitation Number: RFP 5800 RWS0504.

Addendum 1 with questions and answers, and with the pre-proposal meeting sign-in sheet attached, was published March 5, 2018. Addendum 2 with questions and answers was published March 9, 2018. Addendum 3, extending the proposal close date to March 27, 2018 and deleting Optional Services from the RFP, was published March 12, 2018. This Addendum 4 s the final addendum to this RFP. Sign and return all of the Addendums with your Proposal.

4. (Q) In Attachment 6, Provider Network Information, the table lists Mental Health and Alcohol/Chemical Dependency. Please clarify if the City is looking for psychiatrists or psychologists or just facilities. Does the City want to include facilities as separate categories? What type's providers/specialties should be included in the "Other" category?

(A) List all Metal Health and Alcohol/Chemical Dependency providers in those boxes – e.g., Psychiatrists; Psychologists; Facilities. Use the "Other" category for specialties that are not specifically listed in the grid.

5. (Q) There are approximately 20 COBRA enrollees on the census. Does the City want a separate Geo Access Report for COBRA enrollees?

(A) No, the City does not want a separate Geo Access Report for COBRA enrollees .

6. (Q) Is the City requesting a Geo Access Report for all networks being quoted?

(A) Yes, if quoting more than one network, all network-related templates/documents to be submitted with your Proposal must be replicated for each proposed network. Be sure to clearly identify the network (by name) reflected in each replication.

7. (Q) In the Scope of Work, item 3.7.9 states, "Contractor shall assign one full-time customer service representative located in the City's Employee Benefits office or home office, at the City's discretion, to resolve member claims issues. All inquiries shall be responded to within one (1) business day." Is the full-time customer service representative an extension of the Human Resources team, or rather an onsite full-time customer service representative dedicated to member inquiries? Are the inquiries walk-ins, phone calls, or both? Does this requirement mean the full-time customer service representative is expected to resolve 100% percent of every claim issue they receive within one day.

(A) The representative provides onsite full time customer service and is dedicated to member inquiries both by phone and walk-ins. Claim issues do not need to be resolved in one day but the City needs follow up within one business day.

8. (Q) Please provide Worksheets A and B referenced in Attachment 21.

(A) These worksheets are actually Attachment 22- Pharmacy Worksheet (A-B).

9. (Q) Please provide Exhibit 11, Top Providers List in Excel format.

(A) Exhibit 11 in Excel format was uploaded with Addendum 2. An updated Exhibit 11 is being uploaded with this Addendum 4.

10. (Q) Please provide Exhibit 7 with data included. The current Exhibit 7 provided with the RFP is blank.

(A) Confirmed Exhibit 7 is not blank. Attachment 7 is blank and the vendor should complete.

11. (Q) In 0200 Standard Solicitation Instructions, item 8.A.ii. Section 0600 mentions a Bid/Quote Sheet or Offer. Please provide the Bid/Quote Sheet, or Offer that is to be signed and returned with our proposal, as there was not a Bid/Quote sheet, Offer provided with the RFP documents.

(A) The mention of a Bid/Quote Sheet or Offer does not refer to just a single document. Please refer to Section 0600 for a listing under the various Tabs of the price proposal forms to be submitted with your Proposal.

12. (Q) In 0200 Standard Solicitation Instructions, item 8.C. states, "Addendum: Receipt of an Addendum should be acknowledged by signing and returning the Addendum with the Offer or under separate cover **prior to the Due Date**. The Addendum should be returned with the Offeror's name, address, the Solicitation number, and the Due Date and Time. If the elements covered in the addendum directly impact cost and the addendum is **not returned before the Due Date and Time**, the offer will be disqualified." Please provide clarification on what the City means by "prior to the Due Date," and provide the exact date and time.

(A) All Addendums to this RFP must be signed and submitted with your Proposal. You can include these signed Addendums under separate cover in your Proposal, identified as described above. The signed addendums are due at the same time as
Proposals, 2:00 PM CST March 27, 2018 (Due Date and Time). .

13. (Q) In 0200 Standard Solicitation Instructions, item 8.D., states, "Acceptance of Offers: Offers must be received and time stamped at the receptionist's desk in the Purchasing Office **prior to the Due Date and Time**. The time stamp clock on the receptionist's desk in the Purchasing Office is the official time of record and is verified daily with the local time service at (512) 476-7744. It is the sole responsibility of the Offeror to ensure timely delivery of the Offer. The City will not be responsible for failure of service on the part of the U.S. Postal Office, courier companies, or any other form of delivery service chosen by the Offeror." Please provide clarification on what the City means by "prior to the Due Date and Time," and provide the exact date and time.

(A) The Due Date and Time is 2:00 PM CST March 27, 2018, per Addendum 3 to this RFP. This is the final time at which the City will accept Proposals for this RFP. Any Proposals received after that moment are considered late and will not be accepted.

14. (Q) Please confirm the Reference Sheet, Section 0700, is not applicable to this bid.

It is not listed as a required section in the Bid Package documents list on pages 2 and 3. If 0700 Reference Sheet is required, please provide this document.

(A) Reference Sheet, Section 0700 is not applicable to this solicitation. Please refer to Attachment 2.

15. (Q) Please confirm 0815, Living Wage and Benefits Contractor Certification is not applicable to this bid. It is not listed as a required section in the Bid Package documents list on pages 2 and 3.

(A) Section 0815, Living Wages Contractor Certification is not applicable to this solicitation.

16. (Q) In 0200 Standard Solicitation Instructions, Section 7 Preparation of Offers. Item c. is the bid/proposal/Response Guaranty or a Bid/Proposal/Response Bond applicable to this solicitation?

(A) That provision in Section 0200 is not applicable to this RFP.

17. (Q) In the Bid Package documents, at the bottom of page 1, it states, "***SIGNATURE FOR SUBMITTAL REQUIRED ON PAGE 3 OF THIS DOCUMENT***. There is no signature line on page 3, but there is a signature line on page 4. Please confirm the signature for submittal that is required is on page 4, and not on page 3.

(A) The signature line should have been correctly specified, it is on page 4 rather than page 3.

18. (Q) With regard to 4.6.2 which states, "Contractor shall upload biometric data files from the City's biometric provider directly into Covered Persons Health Risk Assessment. The City's biometric screening provider will send a biometric data file determined by the City to the Contractor on a quarterly basis. Biometrics will include at a minimum: blood pressure, HDL, LDL, total cholesterol, glucose, BMI, height, and weight. Please provide the biometric vendor the City of Austin uses.

(A) The City of Austin currently utilizes Onsite Health Diagnostics for biometric screenings.

19. (Q) Please provide NCPDPs for the top pharmacies provided so that we may run the pharmacy disruption being requested.

(A) Pharmacy ID is included on the claims file.

20. (Q) With respect to Section 3.11, item 3.11.1 in the Scope of Work document, states, "Contractor shall work with current vendor to ensure all required information is received with no disruption in service." Please provide a list of the City's current vendor(s).

(A) United Healthcare is the vendor for services listed in Section 4 and Section 5. Pharmacy is with OptumRx through United Healthcare.

21. (Q) In Attachment 4, Customer Service Information, it states, "Proposer shall have staff available to the City during the hours of 8:00 a.m. through 8:00 p.m. CT, Monday through Friday excluding holidays specified by the City. Confirm your ability to meet

this requirement." Please clarify the holidays the City is referring to in the phase "excluding holidays specified by the City."

(A) The City's holidays for 2018 are as follows: New Year's Day (1/1), Martin Luther King Day (1/15), Presidents Day (2/19), Memorial Day (5/28), Independence Day (7/4), Labor Day (9/3), Veterans Day (11/12), Thanksgiving Day (11/22), Thanksgiving Friday (11/23), Christmas Eve (12/24), Christmas Day (12/25).

22. (Q) In Attachment 10, item 4. Health Improvement Reports, states, "Completion of preventive services tied to the City's incentive program, Healthy Rewards." Please provide the name and type of preventive services the City is referring to, and the name of the vendor providing them, if applicable.

(A) Preventive services that the City incentivizes are annual physicals, well woman exams and colonoscopies. Employees are able to utilize their own provider.

23. (Q) In 0500 Scope of Work, Section 4.7 Wellness Health Coaching, item 4.7.1 discusses an "onsite health coach dedicated to the City." Are there any additional fees associated with the onsite health coach that need to be accounted for or built into our fees, such as dedicated onsite parking for this staff person? Will the onsite health coach expected to travel to different sites, and if so, where are those sites located?

(A) There are no additional fees for parking. The health coach is expected to travel to different sites, located within a 15-20 mile radius of the office.

24. (Q) For the formulary disruption, the template indicates the request for a field that includes the "Current Formulary". However, the claims file has no formulary indicator. Please provide a claims file that includes a formulary indicator.

(A) For "Attachment 24: Formulary Disruption Detail" please identify the top 25 brand drugs (excluding specialty) by number of prescriptions and indicate the drug name and NDC number in the first two columns. Then fill in the "Proposed Tier" column as requested. You do not need to fill in any of the other columns.

25. (Q) Please provide benefit booklets for all of the City's current plans.

(A) Provided in Exhibits 2-8.

26. (Q) With regard to the Geo Access Reports, please provide exactly the number of geo access reports that are being requested, and if we are only to run them within the Central Texas area. The instructions say to separate reports by specific providers within the Central Texas area; however, there are subscribers indicated in the census that are outside of the Central Texas area. Are we to exclude those subscribers from these reports? Is it **two** separate reports – one for active one for retirees? And then within those two reports list out the provider groups separately?

(A) Two separate GeoAccess reports are being requested; one for active employees and one for retirees. The reports should include subscribers in all locations.

27. (Q) In 0600 Proposal Preparation and Instructions and Evaluation Factors document, it states under 1. Special Instructions and Proposal Format, "Proposers are expected to closely read this Request for Proposal (RFP) and provide complete responses to each section with a binding signature of intent to comply with the terms and conditions outlined herein." Is the City requesting that bidders to sign each section, or may bidders include the intent to comply with the terms and conditions language in the cover letter only?

(A) Proposers must sign the Offer Sheet and all other documents containing a signature line as part of their response.

28. (Q) In 0600 Proposal Preparation and Instructions and Evaluation Factors document, it states under Tab 3, item 10, "Provide the following: Your company's financial information in a separate sealed envelope in the same package as your original copy of your proposal." Since the financial information will be in a separate sealed envelope, is the City requesting that the financial information be included or excluded from the 10 separate flash drives?

(A) The financial information should not be included on the 10 separate flash drives. Financial information should be provided in a separate sealed envellope.

29. (Q) Will the City accept a fully insured EGWP quote?

(A) The City will only consider self-insured EGWP quotes. Proposers must complete Attachment 23 – Self-Funded EGWP Options.

30. (Q) Is the City open to a tiered pharmacy network?

(A) The City is looking for a pharmacy network that matches the current plan design.

31. (Q) Is the City open to an exclusion formulary that drives savings?

(A) The City is looking for a formulary that is similar to the current formulary.

32. (Q) Does the City currently have any pharmacy UM programs in place?

(A) Yes, refer to Section 0500, 6.2.

33. (Q) What exclusions does the City have today?

(A) Exhibits 5-8 list the exclusions for each plan.

34. (Q) In 0500 Scope of Work, it states in 4.3.10, "Contractor shall not require any shared savings programs as any part of this contract." What does the City mean by Shared Savings?

(A) Out-of-network providers can participate in the Shared Savings program to reduce health care spending by offering a percentage of net savings. The City and its current medical provider share a portion of the savings.

35. (Q) To better analyze the plan would it be possible to get a utilization report broken out by the different networks? (Example: Choice Plus, National Savings Plan, Out-of-Network) An example of the report is attached.

(A) The requested utilization report is not available.

36. (Q) We would like to see billed charges, by month, for the last 24 months.

(A) The medical claims detail file includes billed charges, and represents the 2017 plan year. No additional billed charge data will be provided.

37. (Q) Would it be possible to get a directory of network doctors and a sub directory of those doctors and hospitals in "Tier 1"?

(A) The updated Exhibit 11- Top Providers (uploaded with this Addendum 4) includes the Tier 1 providers.

38. (Q) How is "out-of-network" reimbursed? I.E. percentage of Medicare. What is the percentage?

(A) Out-of-network claims are reimbursed according to the Maximum Non-Network Reimbursement Program (MNRP). MNRP is determined by 110% of the published rates allowed by the *Centers for Medicare and Medicaid Services (CMS)* for the same or similar service within the geographic market.

39. (Q) We would like to see a list of the top 25 episodes of care and/diagnosis by paid amount.

(A) This information is not available.

40. (Q) Is it possible to obtain a full list of all programs and fees (including amounts) that currently fall outside of the admin fee?

(A) This information is not available

41. (Q) Will you allow rental (wrap) networks to be included in your disruption analysis?

(A) Yes, however the City is not responsible for fees not included in the cost sheet. Proposers should clearly delineate the "wrap" network providers vs. the proposers owned, direct-contracted network providers. Perhaps a modification of the coding? -- Y= direct/owned network; W=wrap network; N=non-network.

42. (Q) Will you allow rental (wrap) networks included in your discount analysis?

(A) Yes, however the City is not responsible for fees not included in the cost sheet. Proposers should clearly delineate the "wrap" network providers vs. the proposers owned, direct-contracted network providers. Y= direct/owned network; W=wrap network; N=non-network.

43. (Q) Will you stipulate that the networks utilized in the disruption analysis be identical to those utilized in the discount analysis? If no, detail the differences.

(A) For the network you propose for the City, you must reprice the claims in the claim detail file, indicate whether or not the provider is in your proposed network, and run GeoAccess reports based on distance to providers in the proposed network. If you propose more than one network option, you must replicate all of these exercises for each network.

44. (Q) Will you allow a carrier's discount guarantee to exclude any claims? If yes, which claim types and/or dollar threshold will you allow to be excluded from the guarantee?

(A) Proposers shall reprice all claims, regardless of claim type or dollar amount.

45. (Q) What is the current percentage of savings being retained on rental (wrap) network claims? Example: UHC's National Savings Plan.

(A) This information is not available.

46. (Q) Are there any capitated networks being utilized currently? Will you allow for the use of capitated networks (ex. Behavioral Health)? If yes, will you allow the carrier to retain a percentage of the savings? If yes, what percentage?

(A) Currently, there are no capitated networks being utilized.

47. (Q) Will you expect that all carriers quote an all-inclusive administrative fee that does not reflect additional fees, shared savings or Rx rebate sharing? If yes, what are the ramifications for those that do not adhere to these guidelines? Retaining a percentage of the savings? If yes, what percentage? Will this be continued?

(A) If this question is related to PBM pricing terms, the pricing worksheet requests a base administration fee and requires that any fees for services not included to be listed. There is no shared savings component of any kind.

48. (Q) Who is the current EAP vendor or Benefit Admin System?

(A) The EAP vendor is Deer Oaks, eligibility vendor is Compusys/Erisa, and our medical administration vendor is United Healthcare.

49. (Q) What are the current UHC admin fees that the City is paying, and can the fees be Broken out in detail?

(A) Admin fees will not be provided.

50. (Q) What was the average network discount percentage and in network utilization percentage for the past 12 months?

(A) The City is unable to provide that information at this time.

51. (Q) Currently, not all retirees are enrolled in the various retiree programs. Will those not currently enrolled be given the opportunity to enroll in the event of a carrier/plan change? What is the position of the City regarding Open Enrollment in future years?

(A) Yes, retirees are able to make changes every year during Open Enrollment. Retirees who are not on benefits in any given year can enroll in future years during Open Enrollment or due to a Qualifying Life Event.

52. (Q) Please provide the census in Excel format separated by active employees, COBRA-eligible, and retirees. Within the retiree census, please break out the Medicare-eligible retirees only.

(A) Exhibit 10 has been provided in Excel format (uploaded with Addendum 2). The census is broken out by actives, COBRA and retirees. The key on the retiree tab indicates which retirees are Medicare eligible.

53. (Q) Please advise if the City is requesting a provider-specific repricing analysis, or if an aggregated repricing response will be sufficient.

(A) Aggregate repricing is not acceptable. Proposers must reprice each claim in the claims detail file, add and populate the "Allowed Amount", "Network Indicator", and "Type of Contract" fields, and return the full file to Segal, as directed in Section 0600, Tab 6, Part 2, item 6.

Note: Questions 54-56 pertain to general topics within the RFP.

54. (Q) What is the City's contribution strategy for Post 65 retirees potentially electing an MAPD plan?

(A) The City's contribution strategy has not been determined.

55. (Q) If an MAPD plan is offered, will post 65 retirees with Medicare have the option to remain on the City's active plans?

(A) No, if a MAPD plan is offered, post-65 retirees with Medicare will not have the option to remain on the City's active plans .

56. (Q) If a retiree should elect to opt out of the MAPD plan, at future open enrollment will they be allowed back on the plan?

(A) Yes, if a retiree should elect to opt out of the MAPD plan, they wil be allowed back on the plan at future open enrollment .

Note: Questions 57-59 pertain to Section 0500 Scope of Work, Paragraph 2.0 Background.

57. (Q) Please provide average years of service and average employer monthly funding

for Medicare eligible retirees.

(A) This information is not available.

58. (Q) Please confirm if the population is a closed group with no newly retired members eligible to join.

(A) This population is not a closed group.

59. (Q) Please confirm that the Medicare primary retirees are still required to meet the deductible and coinsurance/copays after Medicare has paid primary. If not, please provide specific examples of the member liability on this plan when Medicare is primary.

(A) The City uses COB- Coordination of benefits/retiree comes out whole. This calculates what the plan would have paid as sole provider and adds what Medicare pays. If the total is more than 100% of the bill, the plan pays only enough to total 100%. The retiree often pays no deductible or coinsurance.

Note: Questions 60-69 pertain to Section 0500 Scope of Work, Paragraphs 2.0 Background and 2.4 Exhibits.

60. (Q) Please provide a detailed census, without any specific member-identifying information, of all subscribers and dependents that are retired, or will be retiring during the contract period and have Medicare as their primary carrier, including:

- Date of birth
- Gender
- Relationship (subscriber or dependent)
- Residence address with ZIP code

Include a field that list the current Plan/option for each eligible member
Tips for census formatting:

- Place dependents, including spouse, on a different line from subscribers
- Include a field that identifies whether the member is post 65 or disabled
- List member one time only – do not duplicate name if the member has separate medical and prescription drug coverage
- Provide census in excel format

(A) Exhibit 10- Census Report has been provided in Excel format for retirees and dependents who currently have Medicare. Future information is not available. We are unable to determine who may be retiring in the contract period. In 2017, the City had 235 new retirees and 42 of those new retirees were age 65 or older.

61. (Q) Please confirm the Post 65 retiree census count.

(A) Exhibit 10 - Census Report lists the retiree counts on the retiree tab. The key is included to separate by Pre or Post 65.

62. (Q) Claims – Please provide a file that includes the following information: Submit a separate file for each plan/option that was available to Medicare eligible retirees during the experience period.

(A) Plans available are PPO, HMO and CDHP with HRA.

63. (Q) Monthly incurred medical claims for most recent 24 months for all members or retirees that had Medicare as their primary carrier during the experience period. Make sure to include both the subscriber and any qualifying dependent claims. Indicate what the "paid through" date is or if the claims have been completed.

(A) Claims are included in the claims file available by following the instructions in Section 0600, Tab 6, Part 2, #6.

64. (Q) Monthly incurred prescription drug claims for the most recent 24 months for all members or retirees that had Medicare as their primary carrier during the experience period. Make sure to include both the subscriber and any qualifying dependent claims.

(A) Monthly claims files do not include a breakout for members with Medicare.

65. (Q) Please indicate whether Rx rebates have been subtracted from the Rx claims.

(A) Rx rebates have not been subtracted.

66. (Q) Note whether the prescription drug plan is a Medicare Part D (EGWP plan) or if the plan is filing and receiving the RDS subsidy. If RDS subsidy, include the amounts received or accrued for the experience periods. If the prescription drug plan for 2013 was a Part D offering, did the plan apply the pharma discount in the coverage gap to the entire drug claim or just the member's out-of-pocket?

(A) Currently the plan is receiving RDS subsidy. The City received a total subsidy of $1.3M for plan year 2016. This includes subsidies for HMO, PPO and CDHP.

67. (Q) In another column, include a count of the monthly member enrollments for all retirees that had Medicare as their primary carrier (including Medicare eligible spouse and dependents).

(A) Information is included in Exhibit 10 - Census Report.

68. (Q) Non-Medicare (i.e., pre-65 spouse) Medical and prescription drug claims must be excluded from both claims and monthly member counts.

(A) Prescription claims do not have a breakout for Non-Medicare claims.

69. (Q) Can you provide the following Exhibits in their native format (i.e. excel):

- Exhibit 1
- Exhibits 9 – 14

(A) Exhibit 1 and Exhibits 10-14 were uploaded in Excel format with Addendum 2. Exhibit 9, 11, and 13 are being uploaded in Excel format with this Addendum 4.

Note: Questions 70-71 pertain to Section 0500 Scope of Work, Paragraph 7.0 Optional Services.

70. (Q) 7.1.6 - The Contractor shall offer group and individual rates. Please clarify /confirm the individual rates requirement and if it is acceptable for bidders to only provide group rates and/or does the City wish to bidders to provide.

- 2018 individual rates until 2019 are permitted to be released under CMS guidelines
- 2019 Individual (group) rates by county vs composite

(A) Optional Services have been removed from this RFP.

71. (Q) 7.1.8 - The Contractor shall be able to administer a Health Reimbursement Account that will allow the City to provide a subsidy.

Please confirm if bids will still be considered for the optional MA plans if not offered along with a HRA account.

(A) Optional Services have been removed from this RFP.

Note: Questions 72-77 pertain to Section 0600 Proposal Preparation Instructions and Evaluation Factors.

72. (Q) Page 1, Special Instructions - The City will accept proposals from qualified firms, agents and brokers. Firms are not required to have a broker represent them; the City will Contract directly with the firm, not the agent/broker. However, if the City receives more than one proposal from any given firm, all proposals from that firm will be rejected and the Contractor will be deemed non-responsive. No commissions or fees shall be paid to agents and brokers by the City.

Please confirm if a bidder, not the City, may pay commissions to a Broker for the MA plans? If so what does the City require in terms of documents to do so?

(A) The City has no involvement between a carrier and a broker/consultant. A carrier can choose to pay commissions to a broker/consultant for their services but the City does not require carriers to go through a broker/consultant.

73. (Q) Tab 4, #2 - It states in Question 2 to provide reference information for those clients listed in Attachment 1. Attachment 1, Business Organization does not contain any reference information. Please confirm the reference should be Attachment 2.

(A) Confirmed.

74. (Q) Tab 6, 7 and 8 - If there is a Tab that we are not responding to (i.e. Tab 6, not providing information for self-funded medical, Tab 7 not providing Stop Loss quote, Tab 8, PBM) do you wish for us to include that tab with a "Not Applicable" assigned to it?

(A) Yes.

75. (Q) Tab 6, 7 and 8 - Please confirm that if a bidder is responding only to Optional Services, Retiree Medical, they are NOT required to complete any of the documents listed under Tab 6, 7 or 8) Self-Funded Medical Program. Please clarify or provide similar instructions as Tab 6 for those bidders responding only to Optional Services, Retiree Medical.

(A) Optional Services have been removed from this RFP.

76. (Q) Tab 9 - Please confirm that responses to the Supplemental Purchasing Provisions and Insurance Requirements should be documented in Tab 9, Exceptions.

(A) Yes.

77. (Q) Paragraph 5, Evaluation Factors and Award - What factors will the City consider when evaluating optional services – MAPD/PDP proposals?

(A) Optional Services have been removed from this RFP.

Following are miscellaneous questions/answers.

78. (Q) Stop Loss: Please provide the Optum pharmacy large claims report for the most recent 12 months on all individuals with pharmacy claims greater than $25,000. Report must include claimant name/social security number to match to medical large claimants, DOB, drug name, day supply, quantity, date of service/incurred date and paid date, and total paid claims by individual.

(A) Exhibit 13 – Large Claims has been revised to provide medical and pharmacy breakouts for 2015 to 2017. The revised Exhibit has been uploaded with this Addendum.

79. (Q) Our company intends to respond under the Optional Services section and we have noticed that quite a bit of the requirements and material being requested as part of the response simply do not apply. Is there any guidance you can provide for the best way to make note of this in our response?

(A) Please see Addendum 3 issued Monday, March 12, 2018. Optional Services has been removed from this solicitation.

80. (Q) Are there any associated questionnaires for Optional Services?

(A) Please see Addendum 3 issued Monday, March 12, 2018. Optional Services has been removed from this solicitation

81. (Q) Is there a specified tab where the Optional Services in Paragraph 7 of Section 0500 Scope of Work should be answered?

(A) Please see Addendum 3 issued Monday, March 12, 2018. Optional Services has been removed from this solicitation

82. (Q) Which specific attachments should vendors complete if responding only to services in the "Optional Services" section of the RFP?

(A) Please see Addendum 3 issued Monday, March 12, 2018. Optional Services has been removed from this solicitation

83. (Q) If responding to "Optional Services" only, which elements of the "General Requirements" section need to be completed?

(A) Please see Addendum 3 issued Monday, March 12, 2018. Optional Services has been removed from this solicitation

84. (Q) If there are other areas that we want to take a specific exception to, other than those outlined already in Attachment 12, please confirm we should also utilize Attachment 12-Exceptions to note these.

(A) Attachment 12 has been revised and uploaded with this Addendum 4.

85. (Q) Can you provide clarity regarding the Service-Disabled Veteran Business Enterprise Preference? Does this preference also apply to the subcontracting opportunities for minority and women-owned businesses? Please advise?

(A) The Service-Disabled Veteran Business Enterprise Preference is a separate program. It does not apply to subcontracting opportunities for minority and women-owned businesses.

86. (Q) Can we get a list of City registered MWBE vendors or contractors?

(A) Please contact SMBR as instructed in Section 0905.

87. (Q) Is there a goal for procurement?

(A) This solicitation does not have subcontracting goals. Please follow the directions provided in
Section 0900 and Section 0905.

88. (Q) Can you provide Exhibit 11 in Excel form to complete attachment 7?

(A) Exhibit 11 in Excel format has been uploaded with this Addendum 4.

89. (Q) Can you provide the formulary disruption file in Excel to complete attachment 24?

(A) Proposers should follow the directions in Section 0600, Tab 8, Part 2 to obtain the prescription claim file.

90. (Q) In regards to the performance guarantee payment, processing, etc. that states "determined by audit" – are these based on an annual external claim audit? So in addition to passing the claim audit, will we have specific items that need to be passed in that claim audit? Or could we use our regular internal review/stats?

(A) Based on an annual external audit by the City's actuary vendor. Specific items would need to be passed in the claim audit.

91. (Q) Please confirm if the Minority vendor(s) and the Local Presence vendor(s) can be

the same or if 2 separate vendors are required.

(A) The Minority vendors(s) and Local Presence vendor(s) can be the same vendor. The same vendor(s) must be identified for both Local Business Presence and Subcontractor/Subconsultant Utilization.

92. (Q) Please confirm if we are able to insert an additional tab at the end of the proposal for any additional documents not listed in the proposal format layout.

(A) Additional documents not requested should not be included with this proposal

93. (Q) Please confirm if the Minority and Women owned business enterprises request is a requirement.

(A) This is a no-goals solicitation. Minority and Women owned business enterprises participation is not a requirement for this RFP.

94. (Q) Please confirm if the Service-Disabled Veteran Preference is a requirement.

(A) Service-Disabled Veteran Preference is not a requirement for this RFP.

95. (Q) We intend to respond as a stand alone solution for pharmacy cost containment under section 7.6 listed below:

"7.6 The City may consider other solutions that improve health outcomes or generate cost savings. These solutions shall integrate with medical, pharmacy, or wellness programs."

Since we are not responding to the medical, pbm or stop loss items, Tabs 6, 7, and 8 do not apply to us. Tab 10 (SDVBE) also does not apply to us. Do we need to some how make note of these sections not applying in our response, or should be just omit them all together?

Additionally, because we are not fulfilling any of the medical, pbm or stop loss requirements a large portion of the sections in the standard forms in the "attachments" document no not apply. Our intention is to respond with n/a for all of the sections that do not apply, or is there some other way we should note this in our submission so that our response is not viewed as incomplete?

(A) Please see Addendum 3 issued Monday, March 12, 2018. Optional Services has been removed from this solicitation

II. **OPTIONAL SERVICES ARE HEREBY REMOVED FROM THIS RFP AND ALL DOCUMENTS ASSOCIATED WITH THIS RFP.**

1. 0500 Scope of Work Section 7.0 has been removed in its entirety from this solicitation:

7.0 OPTIONAL SERVICES:

These services may not be required when the Contract is executed, but the City may utilize these services at a later time.

7.1 Retiree Solutions

The City may consider a Medicare Advantage plan for retirees and dependents who are enrolled in Medicare. The following requirements apply:

7.1.1 Proposed plans shall be considered creditable and be licensed and certified from the Centers for Medicare and Medicaid Services as a provider of insured Medicare Advantage plans. These include Medicare Part D (MA-PDs), group Medicare Supplemental plans, and Medicare Part D stand-alone plans.

7.1.2 Proposed plans shall be licensed and certified by the Texas Department of Insurance or by another state department of insurance to operate as a Medicare Advantage plan, group Medicare Supplement plan, or Medicare Part D plan.

7.1.3 Proposed plans shall provide coverage which is at least as comprehensive as the plans currently offered by the City.

7.1.4 Proposed plans shall be available to all City Medicare eligible retirees and their eligible dependents.

7.1.5 The Contractor shall mail enrollment packets to retirees and their dependents upon being eligible for Medicare.

7.1.6 The Contractor shall offer group and individual rates.

7.1.7 The Contractor shall allow the City to customize pharmacy benefits.

7.1.8 The Contractor shall be able to administer a Health Reimbursement Account that will allow the City to provide a subsidy.

2. 0500 Scope of Work Section 6.7 has been removed in its entirety from this solicitation:

6.7 Contractor shall have the ability to administer a Self Funded Employer Group Waiver Plan with no member size restrictions.

3. Attachment 16: Optional Services has been removed in its entirety from this solicitation:

OPTIONAL SERVICES Provide a description for optional services that are offered and annual cost for each.		
Section	Description	Annual Cost
~~7.1 Retiree Solutions~~		
~~7.2 1095-C Administration~~		
~~7.3 On-Site or Near-Site Pharmacy~~		
~~7.4 Wellness Solutions~~		
~~7.5 Mobile or On-Site/ Near-Site Clinic~~		
~~Other, List~~		

4. Any reference to "Optional Services" has hereby been removed from this solicitation, including the following documents:

   4.1 Purchasing Office Request for Proposal (RFP) Offer Sheet:

CITY OF AUSTIN, TEXAS
Purchasing Office
REQUEST FOR PROPOSAL (RFP)
OFFER SHEET

SOLICITATION NO: RFP 5800 RWS0504
DATE ISSUED: February 19, 2018
COMMODITY/SERVICE DESCRIPTION: Medical, Stop-Loss, Pharmacy ~~and Optional Services~~

   4.2 Section pages:

SECTION NO.	TITLE	PAGES
~~ATTACHMENT 16~~	~~OPTIONAL SERVICES~~	~~1~~

4.3 Section 0635:

CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, ~~OPTIONAL SERVICES~~
SOLICITATION NUMBER: RFP 5800 RWS0504
SECTION 0635: BANKING ARRANGEMENTS

4.4 HIPAA BUSINESS ASSOCIATE AGREEMENT

CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, ~~OPTIONAL~~ SERVICES
SOLICITATION NUMBER: RFP RWS0504
HIPAA BUSINESS ASSOCIATE AGREEMENT

4.5 Supplemental Purchasing Provisions

CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, ~~OPTIONAL SERVICES~~
SOLICITATION NUMBER: RFP 5800 RWS0504
SUPPLEMENTAL PURCHASING PROVISIONS

4.6 Section 0600 PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS:

CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, ~~OPTIONAL SERVICES~~
SOLICITATION NUMBER: RFP 5800 RWS0504
PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS

Proposers may submit a proposal for any or all of the following: a Self-Funded Medical Program (Section 4 of the Section 0500 Scope of Work), a Stop-Loss Coverage Program (Section 5 of the Section 0500 Scope of Work), a Pharmacy Benefit Manager Program (Section 6 of the Section 0500 Scope of Work), ~~or Optional Services (Section 7 of the Section 0500 Scope of Work).~~ The City reserves the right to award to more than one Contractor for these services.

All requirements in this section must be included in the proposed base fee.

Complete and include the following attachments in Tab 6 Part 4.

1. Attachment 2 References
2. Attachment 4 Customer Service Information
3. Attachment 5 Account Team Information
4. Attachment 6-6a Provider Network Information
5. Attachment 7 Top Providers
6. Attachment 8-8a Medical Claims Processing
7. Attachment 9 Medical Program Performance Measures
8. Attachment 10 Required Reports
9. Attachment 11 Case Management and Hospital Bill Audits
10. Attachment 13 PPO, HMO, CDHP Plan Design
11. Attachment 14 Disease Management Programs
12. Attachment 15 Wellness
13. ~~Attachment 16 Optional Services~~

Part 4 – Attachments

Refer to Exhibits 1-11, 13-14 when filling in the Attachments listed below

All requirements in this section must be included in the proposed base fee.

Complete and include the following attachments in Tab 8 Part 4.

1. Attachment 2 References
2. Attachment 4 Customer Service Information
3. Attachment 5 Account Team Information
4. Attachment 10 Required Reports
5. ~~Attachment 16 Optional Services~~
6. Attachment 18 Pharmacy Program Performance Measures
7. Attachment 19 Pharmacy Programs
8. Attachment 20 PBM Questionnaire
9. Attachment 23 Self-Funded EGWP Options
10. Attachment 24 Formulary Disruption Detail

III. **ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.**

APPROVED BY:

Marty James, Procurement Specialist III
Purchasing Office, (512) 974-1727

03/16/2018
Date

ACKNOWLEDGED BY:

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company
Vendor Name

Authorized Signature

3/20/18
Date

IV. **RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE, FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.**

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

Solicitation: RFP 5800 RWS0504 **Addendum No: 3** **Date of Addendum: March 12, 2018**

This addendum is to incorporate the following changes to the above-referenced solicitation.

I. Extension:

1. The solicitation close date has been extended through March 27, 2018 2:00 PM CST.

II. Update:

2. The solicitation component titled **Optional Services** has been **removed** in its entirety from this solicitation. Note: Optional Services may be solicited at a later date.

NOTE: Outstanding questions and answers are currently being addressed and a new addendum will be published.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

APPROVED BY: _____ 03/12/2018
Marty James, Procurement Specialist III Date
Purchasing Office, (512) 974-3164

ACKNOWLEDGED BY:

_____ _____ _____
Vendor Name Authorized Signature Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE, FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

Solicitation: RFP 5800 RWS0504 **Addendum No: 2** **Date of Addendum: March 9, 2018**

This addendum is to incorporate the following changes to the above-referenced solicitation.

I. Questions and Answers:

1. (Q) Please confirm the diversity makeup of the City employee workforce.

   (A) The City does not collect demographic data by age, ethnicity, etc. and so is not able to provide the requested information.

2. (Q) Please provide the exhibits in Excel format if possible.

   (A) The Exhibits have been uploaded in Excel format with this Addendum.

3. (Q) Where may we obtain census data for post 65 retirees, preferably in Excel format?

   (A) Census data are in Exhibit 10 to the RFP, on the tab titled Retirees and Surviving Spouses. Also included on that tab is the key explaining Medical Codes. Those individuals on Medicare are the post-65. This Exhibit in Excel format has been uploaded with this Addendum.

4. (Q) Is there a part D plan currently in place?

   (A) The City currently participates in the Retiree Drug Subsidy (RDS) program. The City may consider discontinuing participation in the RDS program to participate in Medicare Advantage (group and/or individual) and Medicare Part D. For Sections 4.0 and 6.0 the City is requiring Proposers to submit proposals for actives, retirees and dependents that mirror the current plan design.

5. (Q) Regarding the scoring mechanism, with various types of bids being presented for each section, how will the City compare proposals?

   (A) Each proposal will be scored separately for the section the proposal pertains to; the City reserves the right to determine an award to one contractor or multiple contractors on each section of the Scope of Work based on scoring.

6. (Q) For retirees over 65 years-old, what is the City looking for in respect to Medicare Advantage or a Medicare supplement?

(A) The City plans to review Medicare Advantage or a Medicare supplement as an optional service within this solicitation. The City will assess all proposals for Medicare under the optional services component and the City is not tied to an individual or a group plan.

7. (Q) Please confirm the census information for retirees over 65? The data doesn't seem consistent.

(A) Census data is correct. The key to the right indicates the coverage levels. Some coverage levels would be counted twice. For example, 9D5 is retiree & spouse with Medicare. This coverage level includes two members. The total number of retirees and spouses or surviving spouses is 3,170. Section 0500 Paragraph 2.1.2 indicates 3,171- the data was pulled on different dates.

8 (Q) As the City evaluates on-site contractors, will the City focus include employees? retirees? dependents?

(A) The City would start with a focus on employees and throughout the life of the contract, and in upcoming years would evaluate services for retirees and dependents.

9. (Q) Will the City entertain other options than tiering to providers?

(A) The City will look at different options but would want minimum disruption. If the Proposer is submitting other options that don't match the City's current network, refer to Section 0500, 7.6 and complete Attachment 16 – Optional Services, 'Other.'

10. (Q) For post 65-year-old retirees, does the City have a specific plan they wish to look at?

(A) The City would like to closely tie post 65-year plans to our current PPO plan.

11. (Q) For the City Wellness program, does this plan belong to United Health Care?

(A) The Healthy Connections Wellness program is a City program with City staff managing the program; staff works with United HealthCare as a partner for this program.

12. (Q) Do vendors return the signed Non-Disclosure Agreements (NDA) to Purchasing or other City staff?

(A) No, NDA agreements must be returned to the Segal consultant. This information is provided within Section 0600 for Tab 6 and Tab 8.

13. (Q) In terms of the proposed stop loss financial offer, would the City consider accepting a 1-year rate with rate caps for the 4 subsequent years (2-5)?

(A) Yes, as stated in 0500 Scope of Work, Section 5.11 and at the top of Attachment 17.

14. (Q) Please provide the exhibits in Excel format. Specifically, the disruption report provided in exhibits 11 and 12.

(A) Please see the response to Question #2 above.

15. (Q) In Section 0500 Paragraph 4.5.2 – what is meant by Contractor shall meet or exceed the services currently offered ...?

(A) The City of Austin is interested in contracting with a vendor that can meet our current plan offerings or can exceed the services (for example our current disease management programs).

16. (Q) Attachment 15 – were the references highlighted provided?

- Overall and program specific engagement rates (defined as the percentage of Members who are contacted, consent to participate in the program, complete an assessment and schedule a follow-up) and realized ROI for each program offered including:24-hour nurse line, Lifestyle coaching, Other Wellness services, Disease Management, Member participation and ROI for incentive programs. Provider satisfaction survey results. Member satisfaction survey results. Clinical measures for each Wellness service listed in number 1. Gaps in care closures. Changes in Member-reported physical and mental health status through a tool such as the SF 12 (http://www.sf-36.org/tools/sf12.shtml) or other similar measurement tool.

(A) This reference was not provided and this link listed does not work. Here is a link to an example of a measurement tool but Proposers can use their own measurement tools. https://www.rand.org/health/surveys_tools/mos/20-item-short-form/survey-instrument.html.

17. (Q) Please confirm if a Pharmacy repricing is being requested. If so, please provide the file to use.

(A) Follow instructions in 0600 - Tab 8, Part 2. The full prescription claims file will be available for your pricing proposal but there isn't a repricing.

18. (Q) Can you supply us with claims detail for pharmacy spend? (Please provide claim by claim not summary data). Three years of data to analyze trend is ideal but we can start with your last year's data if that is easiest.

Fields should include:

- Script number
- Date filled
- NDC
- Description of drug
- Strength
- Metric quantity

- Days supply
- B or Generic
- Retail or mail
- Plan paid
- Copay paid
- Total paid

(A) Proposers should follow the directions in the 0600- Tab 8, Part 2 to obtain the prescription claims file.

19. (Q) Has the City identified onsite clinic space they own or would lease or would they need the selected vendor to locate space on their behalf?

(A) The Contractor should locate space.

20. (Q) Has the City identified onsite pharmacy space they own or would lease or would they need the selected vendor to locate space on their behalf?

(A) The Contactor should locate space.

Note: Questions 21-34 were submitted in relation to optional onsite or nearsite Clinics/Pharmacy services, but also affect other aspects of the RFP.

21. (Q) Does the city have an estimated 12,648 employees? Please confirm.

(A) Use Exhibit 10 - Census Report to view the number of City employees.

22. (Q) Is 10% of the employee population on a CDHP plan? Please confirm.

(A) Use Exhibit 1- Enrollment History to determine percentage of employee population on each medical plan.

23. (Q) How many total scripts were filled in 2017? (#)

(A) This information is available on the prescription claims file. Follow the instructions in the 0600, Tab 8, Part 2 to obtain the file.

24. (Q) What is the city's generic prescribing rate? (%)

(A) This information is available on the prescription claims file. Follow the instructions in the 0600, Tab 8, Part 2 to obtain the file.

25. (Q) What is the city's average cost per brand script? ($)

(A) This information is available on the prescription claims file. Follow the instructions in the 0600, Tab 8, Part 2 to obtain the file.

26. (Q) What is the city's average cost per generic script? ($)

(A) This information is available on the prescription claims file. Follow the instructions in the 0600, Tab 8, Part 2 to obtain the file.

27. (Q) Could we receive a mail/retail indicator in the pharmacy claims file? Or what percentage of brand and generic are filled at mail?

(A) This information is available on the prescription claims file. Follow the instructions in the 0600, Tab 8, Part 2 to obtain the file.

28. (Q) May vendors obtain census data with full address, de-identified, for all types of members in excel format for geo-mapping purposes?

(A) Census data in Exhibit 10 includes Zip Codes for all members. Full addresses will not be provided.

29. (Q) May vendors obtain a full address, in excel file format, listing each city work location with corresponding # of employees that work out of each location?

(A) This data is not available.

30. (Q) May vendors responding to optional services adjust the pricing table for vendor related services to be able to properly explain specific pricing proposal?

(A) For Optional Services, Proposers should fill in a description and annual cost on Attachment 16. Additionally, for further detail, Proposers may submit their own pricing sheet in Excel format

31. (Q) When does the city anticipate evaluating space, requesting funds to secure space and ultimately, securing an operating budget for optional onsite/nearsite clinics and pharmacy?

(A) The review of the proposals will determine if the City considers a rollout for 1/1/19. Operating budget will be determined during the FY19 budget process, which takes place in May-September 2018.

32. (Q) Is there a "go live date/s" the city has in mind for onsite/nearsite clinics and/or pharmacy? "Go Live" = Open to see patients.

(A) The City does not have a firm go live date but may consider 1/1/19.

33. (Q) Please clarify, page 4 of the proposal instructions sheet, tab 4, number 2; is this referring to Attachment 2 references, instead of Attachment 1?

(A) Attachment 2 is a separate Attachment. Attachment 1 & 2 should be completed.

34. (Q) Was Exhibit 11 included in the RFP documents?

(A) Yes, this Exhibit was included.

Note: Questions 35-37 address chronic disease management services/program by current contractor.

35. (Q) What is the current member enrollment # or % utilization of these

services/programs?

(A) Based on 2017 3rd quarter information, participation ranges from 20%-60%, depending on the program.

36. (Q) What outcomes are documented for 2017?

(A) Information for the 2017 calendar year is not yet available.

37. (Q) Does the city feel these services demonstrate documented outcomes through UHC? If so, what are those outcomes?

(A) Services offered have historically demonstrated improved outcomes. Information for the 2017 calendar year is not yet available.

Note: Questions 38-40 address wellness coaching provided by current contractor.

38. (Q) What is the current enrollment # or % utilization of this program?

(A) Based on 2017 3rd quarter information, the City of Austin onsite health coach engaged 1,561 employees. 417 employees attended one or more individual health coaching sessions, and 106 employees participated in a six-week group health coaching program. The remaining employees received health coaching at biometric screening events.

39. (Q) What outcomes are documented for 2017?

(A) Information for the 2017 calendar year is not yet available.

40. (Q) Does the city feel this service demonstrates and shows documented outcomes through UHC? If so, what are those outcomes

(A) Information for the 2017 calendar year is not yet available.

41. (Q) Could you please describe how the City's subcontractor utilization process works, in case we decide to use subcontractors?

(A) Please refer to the following language in Section 0900: "I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form,** and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan,** it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting**

Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form."

Additionally, please refer to Section 0905 for the appropriate steps to take for documentation of your subcontractor utilization plan, if applicable. If contact with the City's Small and Minority Resources Department (SMBR) is required for completion of 0905, you may contact SMBR directly as indicated. Any contact with SMBR shall be strictly limited to concerns directly related to subcontractor utilization, and shall not address any other aspects of this RFP or of the solicitation process.

42. (Q) In order to accurately complete the "Current Formulary Indicator" column in Attachment 24 for the Formulary Disruption Detail, can you please provide a file with a formulary flag indicator?

(A) For "Attachment 24: Formulary Disruption Detail" please identify the top 25 brand drugs (excluding specialty) by number of prescriptions and indicate the drug name and NDC number in the first two columns. Then fill in the "Proposed Tier" column as requested. You do not need to fill in any of the other columns.

43. (Q) Please clarify the intent behind the "Claim Dollars" column in Attachment 24 for the Formulary Disruption Detail.

(A) For "Attachment 24: Formulary Disruption Detail" please identify the top 25 brand drugs (excluding specialty) by number of prescriptions and indicate the drug name and NDC number in the first two columns. Then fill in the "Proposed Tier" column as requested. <u>You do not need to fill in any of the other columns.</u>

44. (Q) Attachment 20 – While the City asks for information regarding a narrower network, there doesn't seem to be a request for pricing for such a network. Please confirm the City's intent is not to have alternative pricing offers for limited retail networks.

(A) The City's intent is not to have alternative pricings for limited networks but Proposers can include any additional offers on Attachment 16- Optional Services under Other.

45. (Q) Does the City want pricing for an EGWP program, and if so, where should it be indicated?

(A) EGWP pricing should be included in Attachment 16 -Optional Services under 7.1-Retiree Solutions. Proposers must also complete Attachment 23 – Self-Funded EGWP Options.

46. (Q) Does the City want pricing for a 90-day retail option, and if so, where should it be indicated?

(A) The City has a 90-day retail option with a copay for every 30 days. The City wants to match the current plan design. Should be indicated on Attachment 22-Pharmacy Worksheet (A-B).

II. **ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.**

APPROVED BY: _____ 03/09/2018

Roger Stricklin, Procurement Specialist IV
Purchasing Office, (512) 974-1727

Date

ACKNOWLEDGED BY:

_____ _____ _____

Vendor Name Authorized Signature Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE, FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

Solicitation: RFP 5800 RWS0504 **Addendum No: 1** **Date of Addendum: March 5, 2018**

This addendum is to incorporate the following changes to the above-referenced solicitation.

I. Questions and Answers:

1. (Q) In regards to the following in red, will the City allow the winning stop-loss proposal/carrier to pay commission directly to the broker/consultant (myself). We work with over 20 stop-loss carriers and have been very successful writing other government agencies on a national basis. We would appreciate the opportunity to provide competitive proposals, but expect to be compensated in this case by the stop-loss carrier.

   The City will accept proposals from qualified firms, **agents and brokers**. Firms are not required to have a broker represent them; the City will Contract directly with the firm, not the agent/broker. However, if the City receives more than one proposal from any given firm, all proposals from that firm will be rejected and the Contractor will be deemed non-responsive. No commissions or fees shall be paid to agents and brokers by the City

   The City of Austin, hereinafter referred to as the "City", is seeking qualified firms, agents, and brokers with public sector experience and with current public-sector clients that can provide the services described in this Scope of Work.

   Proposers may submit a proposal for **any** or all of the following: a Self-Funded Medical Program (Section 4 of the Section 0500 Scope of Work), a **Stop-Loss Coverage Program** (Section 5 of the Section 0500 Scope of Work),

   STOP-LOSS COVERAGE: 5.1 Contractor's Stop-Loss coverage shall be based upon an attachment point of $500,000 or $750,000 for Covered Persons shall include medical and prescription claims. 5.2 Contractor shall propose price for 12/12 and 15/12 first-year contract basis; renewing on a "paid" basis. 5.3 The City determines eligibility of Covered Persons. 5.4 Coverage shall include all Covered Persons enrolled in the City's Medical and Prescription Drug plans. 5.5 The City currently pays claims in excess of $5,000,000. The City will evaluate proposals with a lifetime maximum of $5,000,000 and an unlimited maximum. 5.6 Contractor shall not laser any individuals. 5.7 Contactor's turnaround time for individual stop-loss reimbursements shall be 21 calendar days, or less. 5.8 Contractor shall

accept the claims administrator selected by the City. 5.9 Contractor shall interface with the claims administrator. 5.10 Upon termination or expiration of the contract, Contractor shall process and pay all valid claims that have been submitted but not paid as of the date of termination or expiration. 5.11 Proposer shall propose rates or renewal caps for each contract year (refer to Section 0400 for the term of contract). The City retains the right to negotiate renewals annually. If the annual renewal negotiation results in a lower rate than the rate proposed for that contract year in in the response to this RFP, the City will renew at the lower rate. The City may pay a lower renewal rate, if applicable, but will never pay a renewal rate higher than the rates proposed.

(A) The City is not involved in the relationship between a carrier and a broker/consultant. A carrier can choose to pay commissions to a broker/consultant for their services but the City does not require carriers to go through a broker/consultant.

2. (Q) I was wondering if the city would be sharing any medical claims data to help us project ROI on the possible onsite/near-site health center. If order to properly provide a cost analysis and ROI I would need the following:

Data requirements for cost and savings projection:

The data can come in a couple different formats – either a procedure detail report (more precise) or the last annual report (provides an estimate). Three years of data to analyze trend is ideal but we can start with your last year's data if that is easiest.

Please note we'd also like to have the other items listed below with whatever method the historical claims data is provided. Please call me should you have any questions or want to talk through.

Option 1: Procedure Detail Report in excel (or similar) containing all CPT codes submitted for the population in one plan year

Necessary Fields on Procedure Detail Report:
- Relationship (Ex. Subscriber, Dependent)
- Date of Service
- Place of Service
- CPT code v. Paid Amount

Please also include pharmacy spend separately as it typically is not included in the procedure detail report.

Option 2: Aggregate medical claims reporting (i.e. annual reports)

Aggregate medical claims reporting (i.e. annual reports) that indicates:
- Total medical spend
- Categorical spends to include specialty, ER, Urgent care, Primary Care, Prevention, and Lab
- Total pharmacy spend

In either way the data is provided, we'd also like to know:
- Total number of employees the data represents

- Total number of employees who will have access to the health center
- Benefit Summary showing copays and deductibles, etc.

(A) Information as outlined in Option 2 of your question can be found in the following locations:

- Total medical and pharmacy spend for the prior 12 months ending November 30, 2017 is provided in Exhibit 9. The Exhibit splits out the medical and pharmacy spends into two tables, each of which is further split by plan.
- Exhibit 1 shows enrollment by plan for the past 3 years. This exhibit has three tabs, one of which is employee enrollment. That tab would align with the number of people eligible to use any wellness clinic. The total number of covered lives averaged 34,196 for calendar year 2017 and aligns with the total medical and pharmacy spend outlined in Exhibit 9.
- A benefit summary including copays and deductibles is included in Exhibit 2, the 2018 *Employee Benefits Guide.*

3. (Q) Can you confirm that the Rx plan designs for each group have their own deductible, copay/coinsurance, and OOP maximums? Meaning that administering the Rx plan does not require any "accumulator(s)" with the medical carrier? (Note: we think the stand-alone nature of the Rx plan is pretty unambiguous for the PPO and HMO; less so with the CDHP).

Can you confirm that the current stop loss carrier (UHC) would be willing to allow Rx claims from a third-party PBM count towards any stop loss attachment point(s)?

Can you confirm that the plan is already carved-out on Rx (and just happens to be with Optum)? If they are not, can you confirm if the plan would be hit with any carve-out penalty for moving Rx to a third-party like us?

(A) The City's RX plan designs have their own deductible and copay/coinsurance; however, they do not have a separate OOP maximum.

Should the City carve out the RX claims the Stop Loss provider will be required to count RX claims from a third-party PBM towards any stop loss attachment point.

Currently the City's RX benefit is not carved out; medical and pharmacy benefits are covered under a single contract which expires in 2019. There will be no penalty as the City will be entering into a new contract for medical, pharmacy and stop loss services.

4. (Q) Is it possible to get the census in excel and include the tiers for retirees?

(A) Census information can be provided in Excel. The tiers for retirees are included in the key to the right on the first page of the spreadsheet.

5. (Q) Do you want aggregate coverage quoted on the Stop Loss?

(A) No, the City does not want aggregate coverage quoted under stop loss.

6. (Q) Would you like a Stop Loss option excluding the Medicare eligible retirees should you elect to carve out with a Medicare Advantage program?

(A) Medicare eligible retirees should be included in Stop Loss. The Medicare Advantage program is an optional service the City is contemplating. The program may or may not be rolled out in 2019.

7. (Q) Is the City looking for MA options to match all current medical options?

(A) Any Medicare Advantage plan options should match the City's current PPO plan (Exhibit 5).

8. (Q) If an insurance carrier elects to work with an agent, broker, or local service resource, does the City prohibit the carrier from compensating that individual or firm?

(A) The City has no involvement between a carrier and a broker/consultant. A carrier can choose to pay commissions to a broker/consultant for their services but the City does not require carriers to go through a broker/consultant.

9. (Q) Please provide the key for the Active Census that lists out the medical tiers and the plans (specifically with regards to who is in the HSA vs. HRA. It is currently only labeled as CDHP).

(A) The key is already included. The medical code field on the census is the type of plan (PPO Code, HMO Code, CDHP Code) and the medical plan field on the census is the medical coverage level. Active employees on the CDHP are in an HSA and Retirees are in an HRA.

10. (Q) Stop Loss: Please provide claimant name/social security number for the large medical claim report to match to pharmacy large claim report.

(A) Claimant name/social security data will not be provided due to privacy concerns.

11. (Q) Stop Loss: Please provide a copy of the current stop loss policy.

(A) The current stop loss program is part of the medical and pharmacy contract. There is not a standalone stop loss policy.

12. (Q) RX: to complete the formulary disruption please provide a full pharmacy claim file. Please provide the following:

- Full Claim File for >=4 months of claims
- 11 Digit NDC
- Days Supply
- Metric Quantity
- NABP/NPI and/or Retail/MOD indicator
- Dispense Date or Date Range

(A) Please refer to RFP Section 0600 – Proposal Preparation Instructions and Evaluation Factors, Tab 8, Part 2 for instructions on receiving a full prescription claims file with the requested fields.

13. (Q) Can Traditional pricing be entertained or Pass Through (Retail only) for RX?

(A) The City will consider all options. However, deviations from the current plan design (Pass Through) must be listed on RFP Attachment 12 – Exceptions.

14. (Q) Scope 4.5.2 'Contractor shall meet or exceed the services currently offered. Question: Clarification needed on what is meant by 'exceeding' the service currently offered for each of the items listed.

(A) Exceeding the services currently offered with these programs means offering a better value and/or richer benefits.

15. (Q) Please confirm if there is currently an HSA or HRA in place.

(A) The City currently has HSA and HRA plans in place; refer to RFP Exhibits 7 and 8.

16. (Q) Please outline the external vendors that receive claim and eligibility feeds today and requested for 2019.

(A) The City currently has one external vendor, Onsite Health Diagnostics, that conducts the City's finger stick assessments. They currently receive an eligibility file of active employees.

17. (Q) With respect to the request for Medicare Advantage, funded by CMS, would you accept a 12-month rate guarantee?

(A) Yes, the City will accept a 12-month rate guarantee for Medicare Advantage only. The City understands that rates are determined and published annually by CMS.

18. (Q) Please confirm if page numbering can restart within each tab of the proposal.

(A) Yes, restarting page numbering within each tab of the proposal is acceptable.

19. (Q) Please provide the file lay out of the current eligibility file.

(A) 834 Eligibility File; no additional information will be provided.

20. (Q) Please detail the type of utilization reporting you are looking for as described in the RFP.

(A) The City requires utilization reporting by Actives and Retirees (separated by Pre- and Post-65) by plan for medical, pharmacy, and other programs.

21. (Q) **Medicare:** Please provide the current level of employer contribution based on plan and level of years of service. Are the rates on page 19 of the retiree enrollment guide for retirees with <5 years of service the full 2018 rates (assuming 0% employer contribution)?

(A) The employer contribution will not be provided. The rates on page 19 of RFP Exhibit 4 are not the full rates.

22. (Q) **Medicare:** Please confirm the current coordination of benefits methodology with Medicare that applies to each of the Self-Funded Medical plans for Medicare eligible retirees; COB (coordination of benefits, retiree comes out whole), MOB maintenance of benefits, also called Carve-out and Non-duplication) or Government Exclusion (also called Medicare exclusion) basis:

- COB – Coordination of benefits/retiree comes out whole - Calculates what the plan would have paid as sole provider and adds what Medicare pays. If the total is more than 100% of the bill, the plan pays only enough to total 100%. The retiree often pays no deductible or coinsurance.
- MOB - maintenance of benefits or also called Carve-out and Non-duplication - Calculates the plan's payment as if there were no Medicare coverage, applies the deductibles, coinsurance and other plan limits and pays the remaining amount minus what Medicare pays.
- Government Exclusion (also called Medicare exclusion) - Determines the total expenses covered under the plan, reduces them by Medicare benefits and then applies the deductibles, coinsurance and other plan limits

(A) The City uses COB as its coordination of benefits methodology.

23. (Q) **Medicare:** Please confirm whether the current pharmacy plan offered to Medicare retirees through the City of Austin is a Medicare Part D plan.

(A) No, the City's current pharmacy plan is not a Medicare Part D plan. Retirees have the same plan as active employees.

24. (Q) **Medicare:** Please confirm if the current Rx plans have an open or closed formulary? Does the formulary exclude any part D drugs? Are generic drugs included on Tier 2 and Tier 3? Are non-Part D drugs such as Erectile Dysfunction drugs included? Do they offer the most comprehensive formulary available through the incumbent?

(A) The City's current Rx plan is an open formulary. The formulary does not exclude any Part D drugs. Generic drugs are included on Tier 2 and Tier 3. No lifestyle drugs are included Post-65 plan participants have the same benefit as active employees.

25. (Q) **Medicare:** Please provide a second Rx file that contains member information:
a. Member ID
b. Risk Score
c. DD/MM/YYYY of risk score
d. Zip code

(A) The data requested is not available.

26. (Q) **Medicare:** It is very useful to provide a formulary and network disruption report. We can use the member level information to produce a formulary and network disruption. This can be used with pre-effective date transition activities.

(A) Please refer to RFP Exhibit 14 – Top Pharmacies Report; the City's network and formulary applies to all employees and retirees.

27. (Q) Please confirm that in order to minimize printing, we can provide large attachments (repricing and disruptions) and requested samples and brochures on CDrom in our proposal submission.

(A) The City requires that proposal submittals be provided on flash drives due to limited capability to read CDROMs. Please use multiple flash drives if needed to make your proposal submittal.

28. (Q) Please outline minority vendors that are in place today to help meet the MWBE requirement.

(A) No MBE/WBE goals were established for the current contract for these services. Additionally, no MBE/WBE goals have been established for this solicitation and the resulting contract(s). If a contractor elects to utilize subcontractors for the services described in the RFP then they shall use the process and program established by the City's Small and Minority Business Resources department.

II. Attached is the sign-in sheet from the Pre-Proposal Meeting on March 1, 2018 at 12:30 PM.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

APPROVED BY: _____ 03/05/2018
Roger Stricklin, Procurement Specialist IV — Date
Purchasing Office, (512) 974-1727

ACKNOWLEDGED BY:

_____ _____ _____
Vendor Name — Authorized Signature — Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE, FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

EXHIBIT D
CITY OF AUSTIN PURCHASING OFFICE
STANDARD PURCHASE TERMS AND CONDITIONS

The Contractor agrees that the Contract shall be governed by the following terms and conditions. Unless otherwise specified in the Contract, Sections 3, 4, 5, 6, 7, 8, 18, and 19 shall apply only to a Solicitation to purchase Goods, and Sections 9, 10, 11 and 20 shall apply only to a Solicitation to purchase Services to be performed principally at the City's premises or on public rights-of-way.

1. **CONTRACTOR'S OBLIGATIONS**. The Contractor shall fully and timely provide all Deliverables described in the Solicitation and in the Contractor's Offer in strict accordance with the terms, covenants, and conditions of the Contract and all applicable Federal, State, and local laws, rules, and regulations.

2. **EFFECTIVE DATE/TERM**. Unless otherwise specified in the Solicitation, this Contract shall be effective as of the date the contract is signed by the City, and shall continue in effect until all obligations are performed in accordance with the Contract.

3. **CONTRACTOR TO PACKAGE DELIVERABLES**: **[Applicable to Delivery of Goods Only]** The Contractor will package Deliverables in accordance with good commercial practice and shall include a packing list showing the description of each item, the quantity and unit price Unless otherwise provided in the Specifications or Supplemental Terms and Conditions, each shipping container shall be clearly and permanently marked as follows: (a) The Contractor's name and address, (b) the City's name, address and purchase order or purchase release number and the price agreement number if applicable, (c) Container number and total number of containers, e.g. box 1 of 4 boxes, and (d) the number of the container bearing the packing list. The Contractor shall bear cost of packaging. Deliverables shall be suitably packed to secure lowest transportation costs and to conform with requirements of common carriers and any applicable specifications. The City's count or weight shall be final and conclusive on shipments not accompanied by packing lists.

4. **SHIPMENT UNDER RESERVATION PROHIBITED: [Applicable to Delivery of Goods Only]** The Contractor is not authorized to ship the Deliverables under reservation and no tender of a bill of lading will operate as a tender of Deliverables.

5. **TITLE & RISK OF LOSS: [Applicable to Delivery of Goods Only]** Title to and risk of loss of the Deliverables shall pass to the City only when the City actually receives and accepts the Deliverables.

6. **DELIVERY TERMS AND TRANSPORTATION CHARGES: [Applicable to Delivery of Goods Only]** Deliverables shall be shipped F.O.B. point of delivery unless otherwise specified in the Supplemental Terms and Conditions. Unless otherwise stated in the Offer, the Contractor's price shall be deemed to include all delivery and transportation charges. The City shall have the right to designate what method of transportation shall be used to ship the Deliverables. The place of delivery shall be that set forth in the block of the purchase order or purchase release entitled "Receiving Agency".

7. **RIGHT OF INSPECTION AND REJECTION: [Applicable to Delivery of Goods Only]** The City expressly reserves all rights under law, including, but not limited to the Uniform Commercial Code, to inspect the Deliverables at delivery before accepting them, and to reject defective or non-conforming Deliverables. If the City has the right to inspect the Contractor's, or the Contractor's Subcontractor's, facilities, or the Deliverables at the Contractor's, or the Contractor's Subcontractor's, premises, the Contractor shall furnish, or cause to be furnished, without additional charge, all reasonable facilities and assistance to the City to facilitate such inspection.

8. **NO REPLACEMENT OF DEFECTIVE TENDER: [Applicable to Delivery of Goods Only]** Every tender or delivery of

Deliverables must fully comply with all provisions of the Contract as to time of delivery, quality, and quantity. Any non-complying tender shall constitute a breach and the Contractor shall not have the right to substitute a conforming tender; provided, where the time for performance has not yet expired, the Contractor may notify the City of the intention to cure and may then make a conforming tender within the time allotted in the contract.

9. PLACE AND CONDITION OF WORK: [Applicable to Delivery of Services Performed Principally on City Premises or Public Rights-of-Way] The City shall provide the Contractor access to the sites where the Contractor is to perform the services as required in order for the Contractor to perform the services in a timely and efficient manner, in accordance with and subject to the applicable security laws, rules, and regulations. The Contractor acknowledges that it has satisfied itself as to the nature of the City's service requirements and specifications, the location and essential characteristics of the work sites, the quality and quantity of materials, equipment, labor and facilities necessary to perform the services, and any other condition or state of fact which could in any way affect performance of the Contractor's obligations under the contract. The Contractor hereby releases and holds the City harmless from and against any liability or claim for damages of any kind or nature if the actual site or service conditions differ from expected conditions.

10. WORKFORCE [Applicable to Delivery of Services Performed Principally on City Premises or Public Rights-of-Way]

A. The Contractor shall employ only orderly and competent workers, skilled in the performance of the services which they will perform under the Contract.

B. The Contractor, its employees, subcontractors, and subcontractor's employees may not while engaged in participating or responding to a solicitation or while in the course and scope of delivering goods or services under a City of Austin contract or on the City's property .

- **i.** use or possess a firearm, including a concealed handgun that is licensed under state law, except as required by the terms of the contract; or
- **ii.** use or possess alcoholic or other intoxicating beverages, illegal drugs or controlled substances, nor may such workers be intoxicated, or under the influence of alcohol or drugs, on the job.

C. If the City or the City's representative notifies the Contractor that any worker is incompetent, disorderly or disobedient, has knowingly or repeatedly violated safety regulations, has possessed any firearms, or has possessed or was under the influence of alcohol or drugs on the job, the Contractor shall immediately remove such worker from Contract services, and may not employ such worker again on Contract services without the City's prior written consent.

11. COMPLIANCE WITH HEALTH, SAFETY, AND ENVIRONMENTAL REGULATIONS: [Applicable to Delivery of Services Performed Principally on City Premises or Public Rights-of-Way]

The Contractor, its Subcontractors, and their respective employees, shall comply fully with all applicable federal, state, and local health, safety, and environmental laws, ordinances, rules and regulations in the performance of the services, including but not limited to those promulgated by the City and by the Occupational Safety and Health Administration (OSHA). In case of conflict, the most stringent safety requirement shall govern. The Contractor shall indemnify and hold the City harmless from and against all claims, demands, suits, actions, judgments, fines, penalties and liability of every kind arising from the breach of the Contractor's obligations under this paragraph.

12. INVOICES:

A. City will calculate monthly fees owed to the Contractor for employees and retirees using enrollment information as of the first day of each month, provided by the City's Third-Party Administrator (TPA). Contractor shall honor the enrollment dates of employees and retirees who enroll after the first day of each month. The Contractor will be paid for these persons beginning the following month.

Contractor shall work with the City's Financial Services Department to implement procedures for banking arrangements, wire transfers, and bank reconciliations for claims payments. Contractor shall implement fraud prevention services on the bank account issuing claim checks. Transfers must be based on daily or weekly checks on a cashed or issued basis.

The Contractor's name and, if applicable, the tax identification number on the invoice must exactly match the information in the Vendor's registration with the City. Unless otherwise instructed in writing, the City may rely on the remittance address specified on the Contractor's invoice."

B. Unless otherwise expressly authorized in the Contract, the Contractor shall pass through all Subcontract and other authorized expenses at actual cost without markup, for subcontracting agreements entered into for performance of functions in direct service of the City of Austin.

C. Federal excise taxes, State taxes, or City sales taxes must not be included in the invoiced amount. The City will furnish a tax exemption certificate upon request.

13. PAYMENT:

A. All proper invoices received by the City will be paid within thirty (30) calendar days of the City's receipt of the Deliverables or of the invoice, whichever is later.

B. The City may withhold part of the payment for Administrative Fees or part of any payment otherwise due the Contractor to such extent as may be necessary on account of:

- **i.** delivery of defective or non-conforming Deliverables by the Contractor;
- **ii.** third party claims, which are not covered by the insurance which the Contractor is required to provide, are filed or reasonable evidence indicating probable filing of such claims;
- **iii.** failure of the Contractor to pay Subcontractors, or for labor, materials or equipment;
- **iv.** damage to the property of the City or the City's agents, employees or contractors, which is not covered by insurance required to be provided by the Contractor;
- **v.** reasonable evidence that the Contractor's obligations will not be completed within the time specified in the Contract, and that the unpaid balance would not be adequate to cover actual or liquidated damages for the anticipated delay;
- **vi.** failure of the Contractor to submit proper invoices with all required attachments and supporting documentation; or
- **vii.** failure of the Contractor to comply with any material provision of the Contract Documents.

C. Notice is hereby given of Article VIII, Section 1 of the Austin City Charter which prohibits the payment of any money to any person, firm or corporation who is in arrears to the City for taxes, and of §2-8-3 of the Austin

City Code concerning the right of the City to offset indebtedness owed the City.

D. Payment will be made by check unless the parties mutually agree to payment by electronic transfer of funds. The Contractor agrees that there shall be no additional charges, surcharges, or penalties to the City for payments made by electronic funds transfer.

E. The awarding or continuation of this contract is dependent upon the availability of funding. The City's payment obligations are payable only and solely from funds Appropriated and available for this contract. The absence of Appropriated or other lawfully available funds shall render the Contract null and void to the extent funds are not Appropriated or available and any Deliverables delivered but unpaid shall be returned to the Contractor. The City shall provide the Contractor written notice of the failure of the City to make an adequate Appropriation for any fiscal year to pay the amounts due under the Contract, or the reduction of any Appropriation to an amount insufficient to permit the City to pay its obligations under the Contract. In the event of non-or inadequate appropriation of funds, there will be no penalty nor removal fees charged to the City.

14. **TRAVEL EXPENSES**: All travel, lodging and per diem expenses in connection with the Contract for which reimbursement may be claimed by the Contractor under the terms of the Solicitation will be reviewed against the City's Travel Policy as published and maintained by the City's Controller's Office and the Current United States General Services Administration Domestic Per Diem Rates (the "Rates") as published and maintained on the Internet at:

http://www.gsa.gov/portal/category/21287

No amounts in excess of the Travel Policy or Rates shall be paid. All invoices must be accompanied by copies of detailed itemized receipts (e.g. hotel bills, airline tickets). No reimbursement will be made for expenses not actually incurred. Airline fares in excess of coach or economy will not be reimbursed. Mileage charges may not exceed the amount permitted as a deduction in any year under the Internal Revenue Code or Regulations.

15. **FINAL PAYMENT AND CLOSE-OUT:**

A. If an MBE/WBE Program Compliance Plan is required by the Solicitation, and the Contractor has identified Subcontractors, the Contractor is required to submit a Contract Close-Out MBE/WBE Compliance Report to the Project manager or Contract manager no later than the 15th calendar day after completion of all work under the contract. Final payment, retainage, or both may be withheld if the Contractor is not in compliance with the requirements of the Compliance Plan as accepted by the City.

B. The making and acceptance of final payment will constitute:

i. a waiver of all claims by the City against the Contractor, except claims (1) which have been previously asserted in writing and not yet settled, (2) arising from defective work appearing after final inspection, (3) arising from failure of the Contractor to comply with the Contract or the terms of any warranty specified herein, (4) arising from the Contractor's continuing obligations under the Contract, including but not limited to indemnity and warranty obligations, or (5) arising under the City's right to audit; and

ii. a waiver of all claims by the Contractor against the City other than those previously asserted in writing and not yet settled.

16. AUDITS and RECORDS:

A. The Contractor agrees that the representatives of the Office of the City Auditor or other authorized representatives of the City shall have access to, and the right to audit, examine, or reproduce, any and all records of the Contractor related to the performance under this Contract. The Contractor shall retain all such records for a period of three (3) years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer. The Contractor agrees to refund to the City any overpayments agreed to by any audit.

B. Records Retention:

i. Contractor is subject to City Code chapter 2-11 (Records Management), and as it may subsequently be amended. For purposes of this subsection, a Record means all books, accounts, reports, files, and other data recorded or created by a Contractor in fulfillment of the Contract whether in digital or physical format, except a record specifically relating to the Contractor's internal administration.

ii. All Claim Determination Records excluding BCBSTX Business Confidential Information are the property of the City. The Contractor may not dispose of or destroy a Record without City authorization and shall deliver the Records, in a form as agreed upon by the parties to the City at no cost when requested by the City

iii. The Contractor shall retain all Records for a period of three (3) years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer.

17. SUBCONTRACTORS:

A. If the Contractor identified Subcontractors in an MBE/WBE Program Compliance Plan or a No Goals Utilization Plan the Contractor shall comply with the provisions of Chapters 2-9A, 2-9B, 2-9C, and 2-9D, as applicable, of the Austin City Code and the terms of the Compliance Plan or Utilization Plan as approved by the City (the "Plan"). The Contractor shall not initially employ any Subcontractor except as provided in the Contractor's Plan. The Contractor shall not substitute any Subcontractor identified in the Plan, unless the substitute has been accepted by the City in writing in accordance with the provisions of Chapters 2-9A, 2-9B, 2-9C and 2-9D, as applicable. No acceptance by the City of any Subcontractor shall constitute a waiver of any rights or remedies of the City with respect to defective Deliverables provided by a Subcontractor. If a Plan has been approved, the Contractor is additionally required to submit a monthly Subcontract Awards and Expenditures Report to the Contract Manager and the Purchasing Office Contract Compliance Manager no later than the tenth calendar day of each month.

B. Work performed for the Contractor by a Subcontractor shall be pursuant to a written contract between the Contractor and Subcontractor. The terms of the subcontract may not conflict with the terms of the Contract, and subcontracting agreements entered into for performance of functions in direct service of the City of Austin shall contain provisions that:

i. require that all Deliverables to be provided by the Subcontractor be provided in strict accordance with the provisions, specifications and terms of the Contract;

ii. prohibit the Subcontractor from further subcontracting any portion of the Contract without the prior

written consent of the City and the Contractor. The City may require, as a condition to such further subcontracting, that the Subcontractor post a payment bond in form, substance and amount acceptable to the City;

iii. require Subcontractors to submit all invoices and applications for payments, including any claims for additional payments, damages or otherwise, to the Contractor in sufficient time to enable the Contractor to include same with its invoice or application for payment to the City in accordance with the terms of the Contract;

iv. require that all Subcontractors obtain and maintain, throughout the term of their contract, insurance in the type and amounts specified for the Contractor, with the City being a named insured as its interest shall appear; and

v. require that the Subcontractor indemnify and hold the City harmless to the same extent as the Contractor is required to indemnify the City.

C. The Contractor shall be fully responsible to the City for all acts and omissions of the Subcontractors just as the Contractor is responsible for the Contractor's own acts and omissions. Nothing in the Contract shall create for the benefit of any such Subcontractor any contractual relationship between the City and any such Subcontractor, nor shall it create any obligation on the part of the City to pay or to see to the payment of any moneys due any such Subcontractor except as may otherwise be required by law.

D. When entering into Subcontracting agreements for performance of functions in direct service of the City of Austin, the Contractor shall pay each Subcontractor its appropriate share of undisputed payments owed to the subcontractor not later than ten (10) calendar days after receipt of payment from the City, subject to receipt of accurate subcontractor invoices.

18. **WARRANTY – TITLE: [Applicable to Delivery of Goods Only]** The Contractor warrants that it has good and indefeasible title to all Deliverables furnished under the Contract, and that the Deliverables are free and clear of all liens, claims, security interests and encumbrances. The Contractor shall indemnify and hold the City harmless from and against all adverse title claims to the Deliverables.

19. **WARRANTY – DELIVERABLES [Applicable to Delivery of Goods Only]:** The Contractor warrants and represents that all Deliverables sold the City under the Contract shall be free from defects in design, workmanship or manufacture, and conform in all material respects to the specifications, drawings, and descriptions in the Solicitation, to any samples furnished by the Contractor, to the terms, covenants and conditions of the Contract, and to all applicable State, Federal or local laws, rules, and regulations, and industry codes and standards. Unless otherwise stated in the Solicitation, the Deliverables shall be new or recycled merchandise, and not used or reconditioned.

A. Recycled Deliverables shall be clearly identified as such.

B. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law; and any attempt to do so shall be without force or effect.

C. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the date of acceptance of the Deliverables or from the date of acceptance of any replacement Deliverables. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand either repair the non-conforming Deliverables, or replace the non- conforming Deliverables with fully conforming Deliverables, at the City's option and at no additional cost to the City. All costs incidental to such repair or replacement, including but not limited to, any packaging and shipping costs, shall be borne

exclusively by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of discovery of the breach of warranty, but failure to give timely notice shall not impair the City's rights under this section.

If the Contractor is unable or unwilling to repair or replace defective or non-conforming Deliverables as required by the City, then in addition to any other available remedy, the City may reduce the quantity of Deliverables it may be required to purchase under the Contract from the Contractor, and purchase conforming Deliverables from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such Deliverables from another source

If the Contractor is not the manufacturer, and the Deliverables are covered by a separate manufacturer's warranty, the Contractor shall transfer and assign such manufacturer's warranty to the City. If for any reason the manufacturer's warranty cannot be fully transferred to the City, the Contractor shall assist and cooperate with the City to the fullest extent to enforce such manufacturer's warranty for the benefit of the City

20. **WARRANTY – SERVICES: Applicable to Delivery of Services Performed Principally on City Premises or Public Rights-of-Way]**. The Contractor warrants and represents that all services to be provided the City under the Contract will be fully and timely performed in a good and workmanlike manner in accordance with generally accepted industry standards and practices, the terms, conditions, and covenants of the Contract, and all applicable Federal, State and local laws, rules or regulations.

A. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law, and any attempt to do so shall be without force or effect.

B. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the Acceptance Date. If during the warranty period, one or more of the above warranties are breached, as a result of a situation reasonably under the Contractor's control, the Contractor shall promptly upon receipt of demand perform the services again in accordance with above standard at no additional cost to the City. All costs incidental to such additional performance shall be borne by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of discovery of the breach warranty, but failure to give timely notice shall not impair the City's rights under this section.

C. If the Contractor is unable or unwilling to perform its services in accordance with the above standard as required by the City, then in addition to any other available remedy, the City may reduce the amount of services it may be required to purchase under the Contract from the Contractor, and purchase conforming services from other sources.

21. **ACCEPTANCE OF INCOMPLETE OR NON-CONFORMING DELIVERABLES**: If, instead of requiring immediate correction or removal and replacement of defective or non-conforming Deliverables, the City prefers to accept it, the City may do so. The Contractor shall pay all claims, costs, losses and damages attributable to the City's determination to accept such defective or non-conforming Deliverables. The losses and damages determination shall be made by a mutually agreed third party. If any such acceptance occurs prior to final payment, the City may deduct such amounts as are necessary to compensate the City for the diminished value of the defective or non-conforming Deliverables. If the acceptance occurs after final payment, such amount will be refunded to the City by the Contractor. Contractor shall not be liable for any non-conforming or defective deliverable if, the defect is caused by a situation beyond the reasonable control of Contractor.

22. **RIGHT TO ASSURANCE**: Whenever one party to the Contract in good faith has reason to question the other party's intent to perform, demand may be made to the other party for written assurance of the intent to perform. In the event that no assurance is given within the time specified after demand is made, the demanding party may treat this failure as an anticipatory repudiation of the Contract, consistent with 25 and 26.

23. **STOP WORK NOTICE**: The City may issue an immediate Stop Work Notice in the event the Contractor is observed performing in a manner that is in violation of Federal, State, or local guidelines, or in a manner that is determined by the City to be unsafe to either life or property. Upon notification, the Contractor will cease all work until notified by the City that the violation or unsafe condition has been corrected. The Contractor shall be liable for all costs incurred by the City as a result of the issuance of such Stop Work Notice.

24. **DEFAULT**: Contractor shall be in default under the Contract if the Contractor (a) fails to fully, timely and faithfully perform any of its material obligations under the Contract and the failure cannot be cured after a reasonable curing period agreed between the parties, (b) becomes insolvent or seeks relief under the bankruptcy laws of the United States or (c) deliberately makes a material misrepresentation of material facts

in Contractor's Offer, or in any report or deliverable required to be submitted to the City. In the event of a Default as defined herein, the City will give the Contractor notice of termination of the Contract, with an effective date up to two-hundred and seventy (270) days after service of the notice. In consideration of Contractor's continuing to make Claim Payments after the termination notice, the City shall continue to make Payments for all such Claims and the corresponding Administrative Fees up to the final settlement between the parties. If after the notice of termination, the City fails to pay when due any amount owed to Contractor, Contractor shall be under no obligation to make any further Claim Payments until such default is cured. The effective date may be determined at the sole discretion of the City, but shall under no circumstances occur less than thirty (30) days after service of the notice of default. The written notice shall provide a description of the complaint or concern in such reasonable detail as to allow the Contractor the opportunity to make the necessary modifications within the agreed upon term. If the modifications do not cure the default, the non-defaulting party may follow Paragraph 25, Termination for Cause.

25. **TERMINATION FOR CAUSE:** In the event of a default by the Contractor, the City shall have the right to terminate the Contract for cause, by written notice effective thirty (30) calendar days, unless otherwise specified, after the date of such notice, unless the Contractor, within such period, cures such default, or provides evidence sufficient to prove to the City's reasonable satisfaction that such default does not, in fact, exist. The City may place Contractor on probation for a specified period of time within which the Contractor must correct any non-compliance issues. Probation shall not normally be for a period of more than nine (9) months, however, it may be for a longer period, not to exceed one (1) year depending on the circumstances. If the City determines the Contractor has failed to perform satisfactorily during the probation period, the City may proceed with suspension. In the event of a default by the Contractor, the City may suspend or debar the Contractor in accordance with the "City of Austin Purchasing Office Probation, Suspension and Debarment Rules for Vendors" and remove the Contractor from the City's vendor list for up to five (5) years and any Offer submitted by the Contractor may be disqualified for up to five (5) years. In addition to any other remedy available under law or in equity, the City shall be entitled to recover all actual damages, costs, losses and expenses, incurred by the City as a result of the Contractor's default, including, without limitation, cost of cover, reasonable attorneys' fees, court costs, and prejudgment and post-judgment interest at the maximum lawful rate. Contractor shall have the right to terminate the Contract, if the City fails to pay Timely all amounts due under this Agreement including, but not limited to, all amounts pursuant to and in accordance with the specifications of the Fee Schedule of the most current ASO BPA, upon the City's failure to cure the non-payment within ten (10) days of written notice of the nonpayment to the City as provided in this Agreement.

26. **FRAUD**: Fraudulent statements of material fact by the Contractor on any Offer or in any report or deliverable required to be submitted by the Contractor to the City shall be grounds for the termination of the Contract for cause by the City and may result in legal action.

27. **DELAYS:**

A. The City may delay scheduled delivery or other due dates by written notice to the Contractor if the City deems it is in its best interest. If such delay causes an increase in the cost of the work under the Contract, the City and the Contractor shall negotiate an equitable adjustment for costs incurred by the Contractor in the Contract price and execute an amendment to the Contract. The Contractor must assert its right to an adjustment within thirty (30) calendar days from the date of receipt of the notice of delay. Failure to agree on any adjusted price shall be handled under the Dispute Resolution process specified in paragraph 48. However, nothing in this provision shall excuse the Contractor from delaying the delivery as notified.

B. Neither party shall be liable for any default or delay in the performance of its obligations under this Contract if, while and to the extent such default or delay is caused by acts of God, fire, riots, civil commotion, labor disruptions, sabotage, sovereign conduct, or any other cause beyond the reasonable control of such Party. In the event of default or delay in contract performance due to any of the foregoing causes, then the time for completion of the services will be extended; provided, however, in such an event, a conference will be held within three (3) business days to establish a mutually agreeable period reasonably necessary to overcome the effect of such failure to perform.

28. **INDEMNITY AND LIMITATION OF LIABILITY**:

A. **Contractor Indemnifies the City**. ***The contractor shall defend, indemnify and hold harmless the City, its officers, appointed or elected officials, employees, agents, representatives, successors, and assigns (the "Indemnified Parties"), against any and all costs, loss, liabilities, damages, claims, suits, actions, causes of actions, penalties and expenses, including reasonable attorneys' fees, or other cost or obligation ("Claims") resulting from or arising directly or indirectly out of (i) a breach of this Contractor or violation of law by the Contractor, its officers, agents, employees, subcontractors, successors or assigns (the "Contractor's Parties"), (ii) a false representation or warranty made by the Contractor's Parties in this Contract or the Contractor's Proposal, (iii) the negligence, willful misconduct, or breach of a standard of strict liability by the Contractor's Parties in connection with this Contract. The Contractor's obligations under this Section are not excused in the event a Claim is caused in part by the alleged negligence or willful misconduct of the Indemnified Parties.*** The City shall give the Contractor written notice of a Claim asserted against an Indemnified Party. The Contractor shall assume on behalf of the Indemnified Parties and conduct with due diligence and in good faith the defense of all claims against the Indemnified Parties. The Indemnified Parties shall have the right (but not the obligation) to participate in the defense of any claim or litigation with attorneys of their own selection without relieving the Contractor of any obligations in this Contract. In no event may the Contractor admit liability on the part of an Indemnified Party without the written consent of the City Attorney. Maintenance of insurance required under this Contract shall not limit the Contractor's obligations under this section. The contractor shall require all subcontractors for performance of functions in direct service of the City of Austin to indemnify the City in the same manner as required in this Section.

B. **City's Responsibility**. To the extent allowed by Texas law, the City agrees that it is responsible to the exclusion of any such responsibility of the Contractor for its own proportionate share of liability for its negligent acts and omissions for claims, suits, and causes of action, including claims for property damage, personal injury and death, arising out of or connected to this Contract and as determined by a court of competent jurisdiction,

provided that the execution of this Contract will not be deemed a negligent act.

C. **Limitation of Liability**. Neither party shall by liable to the other for any indirect, special, or consequential damages arising in connection with a breach of this Contract.

29. **INSURANCE**: (reference Section 0400 for specific coverage requirements). The following insurance requirement applies. (Revised March 2013).

A. General Requirements.

i. The Contractor shall at a minimum carry insurance in the types and amounts indicated in Section 0400, Supplemental Purchase Provisions, for the duration of the Contract, including extension options and hold over periods, and during any warranty period.

ii. The Contractor shall provide Certificates of Insurance with the coverages required in Section 0400, Supplemental Purchase Provisions, to the City as verification of coverage prior to contract execution and within fourteen (14) calendar days after written request from the City. Endorsements shall be provided as soon as practical. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or hold over period is exercised, as verification of continuing coverage. These materials are confidential and proprietary and are subject to a non-disclosure agreement.

iii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.

iv. The Contractor's insurance coverage shall be written by companies licensed to do business in the State of Texas at the time the policies are issued and shall be written by companies with A.M. Best ratings of B+VII or better.

v. The "other" insurance clause shall not apply to the City where the City is an additional insured shown on any policy. It is intended that policies required in the Contract, covering both the City and the Contractor, shall be considered primary coverage as applicable.

vi. If insurance policies are not written for amounts specified in Section 0400, Supplemental Purchase Provisions, the Contractor shall carry Umbrella or Excess Liability Insurance for any differences in amounts specified. If Excess Liability Insurance is provided, it shall be scheduled of the primary coverage.

The City reserves the right to review the insurance requirements set forth during the effective period of the Contract and to make reasonable adjustments to insurance type and limits. Any agreed to changes will be added to the contract with a signed amendment.

vii. The Contractor shall not cause any insurance to be canceled nor permit any insurance to lapse during the term of the Contract or as required in the Contract.

The Contractor shall be responsible for premiums, deductibles and self-insured retentions, if any, stated in policies.

viii. The Contractor shall provide the City thirty (30) calendar days' written notice of erosion of the aggregate limits below occurrence limits for all applicable coverages indicated within the Contract.

ix. The insurance coverages specified in Section 0400, Supplemental Purchase Provisions, are required minimums and are not intended to limit the responsibility or liability of the Contractor.

B. Specific Coverage Requirements: Specific insurance requirements are contained in Section 0400, Supplemental Purchase Provisions

30. **CLAIMS**: If any claim, demand, suit, or other action is asserted against the Contractor which arises under or concerns the Contract, or which could have a material adverse effect on the Contractor's ability to perform thereunder, the Contractor shall give written notice thereof to the City within ten (10) calendar days after receipt of notice by the Contractor. Such notice to the City shall state the date of notification of any such claim, demand, suit, or other action; the names and addresses of the claimant(s); the basis thereof; and the name of each person against whom such claim is being asserted. Such notice shall be delivered personally or by mail and shall be sent to the City and to the Austin City Attorney. Personal delivery to the City Attorney shall be to City Hall, 301 West 2nd Street, 4th Floor, Austin, Texas 78701, and mail delivery shall be to P.O. Box 1088, Austin, Texas 78767.

31. **NOTICES**: Unless otherwise specified, all notices, requests, or other communications required or appropriate to be given under the Contract shall be in writing and shall be deemed delivered three (3) business days after postmarked if sent by U.S. Postal Service Certified or Registered Mail, Return Receipt Requested. Notices delivered by other means shall be deemed delivered upon receipt by the addressee. Routine communications may be made by first class mail, telefax, or other commercially accepted means. Notices to the Contractor shall be sent to the address specified in the Contractor's Offer, or at such other address as a party may notify the other in writing. Notices to the City shall be addressed to the City at P.O. Box 1088, Austin, Texas 78767 and marked to the attention of the Contract Administrator.

32. **RIGHTS TO BID, PROPOSAL AND CONTRACTUAL MATERIAL**: All material submitted by the Contractor to the City shall become property of the City upon receipt. Any portions of such material claimed by the Contractor to be proprietary must be clearly marked as such. Determination of the public nature of the material is subject to the Texas Public Information Act, Chapter 552, Texas Government Code.

33. **NO WARRANTY BY CITY AGAINST INFRINGEMENTS**: *[Applicable to Delivery of Goods Only] The Contractor represents and* warrants to the City that:

(i) the Contractor shall provide the City good and indefeasible title to the Deliverables and (ii) the Deliverables supplied by the Contractor in accordance with the specifications in the Contract will not infringe, directly or contributorily, any patent, trademark, copyright, trade secret, or any other intellectual property right of any kind of any third party; that no claims have been made by any person or entity with respect to the ownership or operation of the Deliverables and the Contractor does not know of any valid basis for any such claims. The Contractor shall, at its sole expense, defend, indemnify, and hold the City harmless from and against all liability, damages, and costs (including court costs and reasonable fees of attorneys and other professionals) arising out of or resulting from: (i) any claim that the City's exercise anywhere in the world of the rights associated with the City's' ownership, and if

applicable, license rights, and its use of the Deliverables infringes the intellectual property rights of any third party; or (ii) the Contractor's breach of any of Contractor's representations or warranties stated in this Contract. In the event of any such claim, the City shall have the right to monitor such claim or at its option engage its own separate counsel to act as co-counsel on the City's behalf.

Further, Contractor agrees that the City's specifications regarding the Deliverables shall in no way diminish Contractor's warranties or obligations under this paragraph and the City makes no warranty that the production, development, or delivery of such Deliverables will not impact such warranties of Contractor.

34. **CONFIDENTIALITY**: In order to provide the Deliverables to the City, Contractor may require access to certain of the City's and/or its licensors' confidential information (including inventions, employee information, trade secrets, confidential know-how, confidential business information, and other information which the City or its licensors consider confidential) (collectively, "Confidential Information"). Contractor acknowledges and agrees that the Confidential Information is the valuable property of the City and/or its licensors and any unauthorized use, disclosure, dissemination, or other release of the Confidential Information will substantially injure the City and/or its licensors. The Contractor (including its employees, subcontractors, agents, or representatives) agrees that it will maintain the Confidential Information in strict confidence and shall not disclose, disseminate, copy, divulge, recreate, or otherwise use the Confidential Information without the prior written consent of the City or in a manner not expressly permitted under this Agreement, unless the Confidential Information is required to be disclosed by law or an order of any court or other governmental authority with proper jurisdiction, provided the Contractor promptly notifies the City before disclosing such information so as to permit the City reasonable time to seek an appropriate protective order. The Contractor agrees to use protective measures no less stringent than the Contractor uses within its own business to protect its own most valuable information, which protective measures shall under all circumstances be at least reasonable measures to ensure the continued confidentiality of the Confidential Information. The parties acknowledge and agree that they will enter into a Business Associate Agreement in accordance with HIPAA. The terms and conditions of the Business Associate Agreement shall govern the use and disclosure of Protected Health Information by the parties, except as otherwise provided in this Agreement.

35. **PUBLICATIONS**: All published material and written reports submitted under the Contract must be originally developed material unless otherwise specifically provided in the Contract. When material not originally developed is included in a report in any form, the source shall be identified.

36. **ADVERTISING:** The Contractor shall not advertise or publish, without the City's prior consent, the fact that the City has entered into the Contract, except to the extent required by law.

37. **NO CONTINGENT FEES**: The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the Contract upon any agreement or understanding for commission, percentage, brokerage, or contingent fee, excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the City shall have the right, in addition to any other remedy available, to cancel the Contract without liability and to deduct from any amounts owed to the Contractor, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

38. **GRATUITIES**: The City may, by written notice to the Contractor, cancel the Contract without liability if it is determined by the City that gratuities were offered or given by the Contractor or any agent or representative of the Contractor to any officer or employee of the City of Austin with a view toward securing the Contract or securing favorable treatment with respect to the awarding or amending or the making of any determinations with respect to the performing of such contract. In the event the Contract is canceled by the City pursuant to this provision, the City

shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by the Contractor in providing such gratuities.

39. **PROHIBITION AGAINST PERSONAL INTEREST IN CONTRACTS**: No officer, employee, independent consultant, or elected official of the City who is involved in the development, evaluation, or decision-making process of the performance of any solicitation shall have a financial interest, direct or indirect, in the Contract resulting from that solicitation. Any willful violation of this section shall constitute impropriety in office, and any officer or employee guilty thereof shall be subject to disciplinary action up to and including dismissal. Any violation of this provision, with the knowledge, expressed or implied, of the Contractor shall render the Contract voidable by the City.

40. **INDEPENDENT CONTRACTOR**: The Contract shall not be construed as creating an employer/employee relationship, a partnership, or a joint venture. The Contractor's services shall be those of an independent contractor. The Contractor agrees and understands that the Contract does not grant any rights or privileges established for employees of the City.

41. **ASSIGNMENT-DELEGATION**: Except as otherwise provided in the agreement, The Contract shall be binding upon and inure to the benefit of the City and the Contractor and their respective successors and assigns, provided however, that no right or interest in the Contract shall be assigned and no obligation shall be delegated by either party without the prior written consent of the parties. Any attempted assignment or delegation by either party shall be void unless made in conformity with this paragraph. The Contract is not intended to confer rights or benefits on any person, firm or entity not a party hereto; it being the intention of the parties that there be no third-party beneficiaries to the Contract.

Contractor's contractual arrangements for the acquisition and use of facilities, services, supplies, equipment and personnel shall not constitute an assignment or delegation under this contract. Contractor will perform the Services set forth in this contract. Contractor, at its sole discretion, but subject to paragraph 17, may contract with or delegate to other entities for performance of any of the Services; provided, however, Contractor shall remain fully responsible and liable for performance of any such Services to be performed by Contractor but contracted or delegated to other entities. Further, any of the Services may be performed by Contractor, or any of its subsidiaries or affiliates, including any successor corporation(s), whether by merger, consolidation, or reorganization, without prior written approval by City, except as provided by paragraph 17.

42. **WAIVER**: No claim or right arising out of a breach of the Contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party. No waiver by either the Contractor or the City of any one or more events of default by the other party shall operate as, or be construed to be, a permanent waiver of any rights or obligations under the Contract, or an express or implied acceptance of any other existing or future default or defaults, whether of a similar or different character.

43. **MODIFICATIONS**: The Contract can be modified or amended only by a writing signed by both parties. No pre- printed or similar terms on any the Contractor invoice, order or other document shall have any force or effect to change the terms, covenants, and conditions of the Contract. Notwithstanding the foregoing, any amendments required by law, regulation or order ("Law") may be implemented by Contractor upon sixty (60) calendar days' prior notice to City or such time period as may be required by law. Amendments required by Law shall be effective retroactively, if

applicable, as of the date required by such Law. If Employer objects to such amendment within thirty (30) days of receipt of notice of such amendment, the parties shall then engage in good faith negotiations to amend the amendment.

44. **INTERPRETATION**: The Contract is intended by the parties as a final, complete and exclusive statement of the terms of their agreement. No course of prior dealing between the parties or course of performance or usage of the trade shall be relevant to supplement or explain any term used in the Contract. Although the Contract may have been substantially drafted by one party, it is the intent of the parties that all provisions be construed in a manner to be fair to both parties, reading no provisions more strictly against one party or the other.

45. **DISPUTE RESOLUTION**:

A. If a dispute arises out of or relates to the Contract, or the breach thereof, the parties agree to negotiate in good faith. However, this section does not prohibit the filing of a suit to toll any statutory time limitations while continuing the dispute resolution process as described herein. Either party may make a written request for a meeting between representatives of each party within fourteen (14) calendar days after receipt of the request or such later period as agreed by the parties. Each party shall include, at a minimum, one (1) senior level individual with decision-making authority regarding the dispute. The purpose of this and any subsequent meeting is to attempt in good faith to negotiate a resolution of the dispute. If, within thirty (30) calendar days after such meeting, the parties have not succeeded in negotiating a resolution of the dispute, they will proceed directly to mediation as described below. Negotiation may be waived by a written agreement signed by both parties, in which event the parties may proceed directly to mediation as described below.

B. If the efforts to resolve the dispute through negotiation fail, or the parties waive the negotiation process, the parties may select, within thirty (30) calendar days, a mediator trained in mediation skills to assist with resolution of the dispute. Should they choose this option, the City and the Contractor agree to act in good faith in the selection of the mediator and to give consideration to qualified individuals nominated to act as mediator. Nothing in the Contract prevents the parties from relying on the skills of a person who is trained in the subject matter of the dispute or a contract interpretation expert. If the parties fail to agree on a mediator within thirty (30) calendar days of initiation of the mediation process, the mediator shall be selected by the Travis County Dispute Resolution Center (DRC). The parties agree to participate in mediation in good faith for up to thirty (30) calendar days from the date of the first mediation session. The City and the Contractor will share the mediator's fees equally and the parties will bear their own costs of participation such as fees for any consultants or attorneys they may utilize to represent them or otherwise assist them in the mediation.

C. Any dispute arising out of or related to this Agreement shall be resolved in accordance with the procedures specified in this Section, which shall be the sole and exclusive procedures for the resolution of any such disputes. All negotiations pursuant to this Section are confidential and shall be treated as compromise and settlement negotiations for purposes of applicable rules of evidence.

D. Except as provided otherwise in this Agreement, each party is required to continue to perform its obligations under this Agreement pending final resolution of any dispute arising out of or relating to this Agreement.

46. **JURISDICTION AND VENUE**: The Contract is made under and shall be governed by the laws of the State of Texas, including, when applicable, the Uniform Commercial Code as adopted in Texas, V.T.C.A., Bus. & Comm. Code, Chapter 1, excluding any rule or principle that would refer to and apply the substantive law of another state or jurisdiction. All issues arising from this Contract shall be resolved in the courts of Travis County, Texas and the parties

agree to submit to the exclusive personal jurisdiction of such courts. The foregoing, however, shall not be construed or interpreted to limit or restrict the right or ability of the Parties to seek and secure injunctive relief from any competent authority as contemplated herein.

47. **INVALIDITY**: The invalidity, illegality, or unenforceability of any provision of the Contract shall in no way affect the validity or enforceability of any other portion or provision of the Contract. Any void provision shall be deemed severed from the Contract and the balance of the Contract shall be construed and enforced as if the Contract did not contain the particular portion or provision held to be void. The parties further agree to reform the Contract to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this section shall not prevent this entire Contract from being void should a provision which is the essence of the Contract be determined to be void.

48. **HOLIDAYS**: The following holidays are observed by the City:

Holiday	Date Observed
New Year's Day	January 1
Martin Luther King, Jr.'s Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Friday after Thanksgiving
Christmas Eve	December 24

If a Legal Holiday falls on Saturday, it will be observed on the preceding Friday. If a Legal Holiday falls on Sunday, it will be observed on the following Monday.

49. **SURVIVABILITY OF OBLIGATIONS**: All provisions of the Contract that impose continuing obligations on the parties, including but not limited to the warranty, indemnity, and confidentiality obligations of the parties, shall survive the expiration or termination of the Contract.

50. **NON-SUSPENSION OR DEBARMENT CERTIFICATION:**

The City of Austin is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from Federal, State, or City of Austin Contracts. By accepting a Contract with the City, the Vendor certifies that its firm and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

51. **EQUALOPPORTUNITY**

A. Equal Employment Opportunity: No Contractor, or Contractor's agent, shall engage in any discriminatory

employment practice as defined in Chapter 5-4 of the City Code. No Offer submitted to the City shall be considered, nor any Purchase Order issued, or any Contract awarded by the City unless the Offeror has executed and filed with the City Purchasing Office a current Non-Discrimination Certification. Non-compliance with Chapter 5-4 of the City Code may result in sanctions, including termination of the contract and the Contractor's suspension or debarment from participation on future City contracts until deemed compliant with Chapter 5-4.

B. Americans with Disabilities Act (ADA) Compliance: No Contractor, or Contractor's agent, shall engage in any discriminatory practice against individuals with disabilities as defined in the ADA, including but not limited to: employment, accessibility to goods and services, reasonable accommodations, and effective communications.

EXHIBIT E
CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE,
PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES
SOLICITATION NUMBER: RFP 5800 RWS0504
SUPPLEMENTAL PURCHASING PROVISIONS

The following Supplemental Purchasing Provisions apply to this solicitation:

1. **EXPLANATIONS OR CLARIFICATIONS:** (reference paragraph 5 in Section 0200)

   All requests for explanations or clarifications must be submitted in writing to the Purchasing Office by 2:00 p.m. Central Time March 5, 2018.

2. **INSURANCE:** Insurance is required for this solicitation.

   A. **General Requirements:** See Section 0300, Standard Purchase Terms and Conditions, paragraph 28, entitled Insurance, for general insurance requirements.

      i. The Contractor shall provide a Certificate of Insurance as verification of coverages required below to the City at the below address prior to contract execution and within 14 calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award

      ii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been evidenced to the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.

      iii. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or holdover period is exercised, as verification of continuing coverage.

      iv. The Certificate of Insurance, and updates, shall be mailed to the following address:

      City of Austin Purchasing Office
      P. O. Box 1088
      Austin, Texas 78767

      OR

      PURInsuranceCompliance@austintexas.gov

   B. **Specific Coverage Requirements:** The Contractor shall at a minimum carry insurance in the types and amounts indicated below for the duration of the Contract, including extension options and hold over periods, and during any warranty period. These insurance coverages are required minimums and are not intended to limit the responsibility or liability of the Contractor.

      i. **Worker's Compensation and Employers' Liability Insurance:** Coverage shall be consistent with statutory benefits outlined in the Texas Worker's Compensation Act (Section 401). The minimum policy limits for Employer's Liability are $100,000 bodily injury each accident, $500,000 bodily injury by disease policy limit and $100,000 bodily injury by disease each employee.
         (1) The Contractor's policy shall apply to the State of Texas and include these endorsements in favor of the City of Austin:
            (a) Waiver of Subrogation, Form WC420304, or equivalent coverage

      ii. **Commercial General Liability Insurance:** The minimum bodily injury and property damage per occurrence are $500,000 for coverages A (Bodily Injury and Property Damage) and B (Personal and Advertising Injury).

(1) The policy shall contain the following provisions:
  (a) Contractual liability coverage
  (b) Independent Contractor
  (c) Products/Completed Operations Liability
  (d) If the project involves digging or drilling provisions must be included that provide Explosion, Collapse, and/or Underground Coverage
(2) The policy shall also include these endorsements in favor of the City of Austin:
  (a) Waiver of Subrogation, Endorsement CG 2404, or equivalent coverage
  (b) The City of Austin listed as an additional insured, Endorsement CG 2010, or equivalent coverage

iii. **Business Automobile Liability Insurance:** The Contractor shall provide coverage for all owned, non-owned and hired vehicles with a minimum combined single limit of $500,000 per occurrence for bodily injury and property damage. Alternate acceptable limits are $250,000 bodily injury per person, $500,000 bodily injury per occurrence and at least $100,000 property damage liability per accident.
(1) The policy shall include these endorsements in favor of the City of Austin:
  (a) Waiver of Subrogation, Endorsement CA0444, or equivalent coverage
  (b) The City of Austin listed as an additional insured, Endorsement CA2048, or equivalent coverage

iv. **Professional Liability Insurance:** The Contractor shall provide coverage, at a minimum limit of $5,000,000 per claim, to pay on behalf of the assured all sums which the assured shall become legally obligated to pay as damages by reason of any negligent act, error, or omission arising out of the performance of professional services under this Contract.

If coverage is written on a claims-made basis, the retroactive date shall be prior to or coincident with the date of the Contract. This coverage shall be continuous and will be provided for 24 months following the completion of the contract.

v. **Cyber Liability Insurance:** Cyber Liability Insurance: The Contractor shall provide coverage of $2,000,000 each claim and $4,000,000 annual aggregate providing coverage for damages and claims expenses, including notification expenses, arising from (1) breach of network security, (2) alteration, corruption, destruction or deletion of information stored or processed on a computer system, (3) invasion of privacy, including identity theft and unauthorized transmission or publication of personal information, (4) unauthorized access and use of computer systems, including hackers (5) the transmission of malicious code, and (6) website content, including claims of libel, slander, defamation, infringement of copyright, trademark and invasion of privacy.

Policy shall list City of Austin, its Affiliates, and their respective directors, officers, employees, and agents as additional insureds.

vi. **Network Provider Professional Liability:** Contractor shall require its Network Providers to maintain current Professional Liability insurance coverage with minimum limits of not less than $100,000 each occurrence and $300,000 annual aggregate.

C. **Endorsements:** In the event that endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review. When necessary, endorsements will be provided as soon as practical. Endorsements, if shared, are considered confidential business information.

3. **TERM OF CONTRACT:**

   A. The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of 36 months. The Contract may be extended beyond the initial term for up to two additional 12 month periods at the City's sole option. If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

   B. Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under this Contract. Any hold over period will not exceed 120 calendar days unless mutually agreed on by both parties in writing.

   C. Upon written notice to the Contractor from the City's Purchasing Officer or his designee and acceptance of the Contractor, the term of this contract shall be extended on the same terms and conditions for an additional period as indicated in paragraph A above.

4. **QUANTITIES (Applicable to the Delivery of Goods Only):** The quantities listed herein are estimates for the period of the Contract. The City reserves the right to purchase of these quantities as may be required during the Contract term. Quantities will be as needed and specified by the City for each order. Unless specified in the solicitation, there are no minimum order quantities.

5. **INVOICES and PAYMENT:** (reference paragraphs 12 and 13 in Section 0300)

   A. Invoices shall be mailed to the below address:

	City of Austin
Department	Human Resources
Attn:	Accounts Payable
Address	P. O. Box 1088
City, State Zip Code	Austin, TX 78767

   B. Payment will be made by check unless the parties mutually agree to payment by electronic transfer of funds. The Contractor agrees that there shall be no additional charges, surcharges, or penalties to the City for payments made by electronic funds transfer.

6. **LIQUIDATED DAMAGES:** Time is of the essence in the performance of the Contract; therefore, the Contractor shall strictly adhere to the Contract schedule. No changes shall be effective unless in writing, executed by both the City and the Contractor. The parties agree that if, due to no fault of the City, delivery of any material or performance of any service is delayed beyond the time specified in the Contract, the Contractor therefore agrees to pay, and the City agrees to accept, as liquidated damages, the amounts/percentages listed in Attachments 9 negotiated and Attachment 18 negotiated

7. **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING:**

   A. On November 10, 2011, the Austin City Council adopted Ordinance No. 20111110-052 Amending Chapter 2.7, Article 6 of the City Code relating to Anti-Lobbying and Procurement. The policy defined in this Code applies to Solicitations for goods and/or services requiring City Council approval under City Charter Article VII, Section 15 (Purchase Procedures). During the No-Contact Period, Offerors or potential Offerors are prohibited from making a representation to anyone other than the Authorized

Contact Person in the Solicitation as the contact for questions and comments regarding the Solicitation.

B. If during the No-Contact Period an Offeror makes a representation to anyone other than the Authorized Contact Person for the Solicitation, the Offeror's Offer is disqualified from further consideration except as permitted in the Ordinance.

C. If an Offeror has been disqualified under this article more than two times in a sixty (60) month period, the Purchasing Officer shall debar the Offeror from doing business with the City for a period not to exceed three (3) years, provided the Offeror is given written notice and a hearing in advance of the debarment.

D. The City requires Offerors submitting Offers on this Solicitation to certify that the Offeror has not in any way directly or indirectly made representations to anyone other than the Authorized Contact Person during the No-Contact Period as defined in the Ordinance. The text of the City Ordinance is posted on the Internet at: http://www.ci.austin.tx.us/edims/document.cfm?id=161145

8. **OWNERSHIP AND USE OF DELIVERABLES:** The City shall own all rights, titles, and interests throughout the world in and to the Deliverables. [For purposes of this Section, the term "Deliverables" means the City's Claim determination records, excluding all the Business Confidential Information of Claim Administrator, other Blue Cross and/or Blue Shield companies, or Claim Administrator's subsidiaries, affiliates, and vendors, in the possession of Claim Administrator].

A. **Patents:** As to any patentable subject matter contained in the Deliverables, the Contractor agrees to disclose such patentable subject matter to the City. Further, if requested by the City, the Contractor agrees to assign and, if necessary, cause each of its employees to assign the entire right, title, and interest to specific inventions under such patentable subject matter to the City and to execute, acknowledge, and deliver and, if necessary, cause each of its employees to execute, acknowledge, and deliver an assignment of letters patent, in a form to be reasonably approved by the City, to the City upon request by the City.

B. **Copyrights:** As to any Deliverable containing copyrighted subject matter, the Contractor agrees that upon their creation, such Deliverables shall be considered as work made-for-hire by the Contractor for the City and the City shall own all copyrights in and to such Deliverables, provided however, that nothing in this Paragraph 36 shall negate the City's sole or joint ownership of any such Deliverables arising by the City's sole or joint authorship of such Deliverables. Should by operation of law, such Deliverables not be considered work made-for-hire, the Contractor hereby assigns to the City (and agrees to cause each of its employees providing services to the City hereunder to execute, acknowledge, and deliver an assignment to the City of Austin) all worldwide right, title, and interest in and to such Deliverables. With respect to such work made-for-hire, the Contractor agrees to execute, acknowledge and deliver and cause each of its employees providing services to the City hereunder to execute, acknowledge, and deliver a work-for-hire agreement, in a form to be reasonably approved by the City, to the City upon delivery of such Deliverables to the City or at such other time as the City may request.

C. **Additional Assignments:** The Contractor further agrees to, and if applicable, cause each of its employees to execute, acknowledge, and deliver all applications, specifications, oaths, assignments, and all other instruments which the City might reasonably deem necessary in order to apply for and obtain copyright protection, mask work registration, trademark registration and/or protection, letters patent, or any similar rights in any and all countries and in order to assign and convey to the City, its successors, assigns, and nominees, the sole and exclusive right, title, and interest in and to the Deliverables, The Contractor's obligations to execute acknowledge, and deliver (or cause to be executed, acknowledged, and delivered) instruments or papers such as those described in this Paragraph 36 A., B., and C. shall continue after the termination of this Contract with respect to such

Deliverables. In the event the City should not seek to obtain copyright protection, mask work registration or patent protection for any of the Deliverables, but should arise to keep the same secret, the Contractor agrees to treat the same as Confidential Information under the terms of Paragraph above.

9. **CONTRACT MANAGER:** The following person is designated as Contract Manager, and will act as the contact point between the City and the Contractor during the term of the Contract:

Monica Casarez

Benefits Coordinator

(512) 974-3395

*Note: The above listed Contract Manager is not the authorized Contact Person for purposes of the **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING Provision** of this Section; and therefore, contact with the Contract Manager is prohibited during the no contact period.

10. **DEBRIEFINGS:** Any Offeror to this solicitation may request a debriefing 30 calendar days after the contract has been fully executed. Acceptance of debriefing requests after this timeframe will be at the sole discretion of the City. Debriefings will be scheduled at the availability of the City's authorized point of contact and will focus specifically on the Offer submitted by the Offeror.

11. **CONTRACT CLOSE OUT & TRANSITION PLAN:**

A. 180 days prior to the close of the contract and transition to a new Contractor, the Contractor shall work with City's Department Managers and the new Contractor to address the scheduling, training, service expectations, and transition to the newly awarded Contractor. The transition plan and schedule shall address any outstanding obligations and what steps will be taken to ensure that the City is fully functional until the contract close out is complete.

EXHIBIT F
CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE,
PHARMACY BENEFIT MANAGER
SOLICITATION NUMBER: RFP RWS0504
SCOPE OF WORK

1.0 PURPOSE:

The City of Austin, hereinafter referred to as the "City", seeks proposals in response to this Request for Proposal (RFP) from qualified firms, agents, and brokers with public sector experience and with current public-sector clients that can provide the services described in this Scope of Work. These services shall be provided to City of Austin eligible active and temporary employees, retirees, surviving dependents, COBRA (Consolidated Omnibus Budget Reconciliation Act) participants, eligible dependents, and employees and retirees of current Affiliated Employers (the City of Austin Employees' Retirement System, the Austin Fire Fighters Relief and Retirement Fund and the Austin Police Retirement System) and their eligible dependents, hereinafter referred to as "Covered Persons".

Service Requested	Section	Current Vendor
Self-Funded Medical Program – PPO (Preferred Provider Organization), HMO (Health Maintenance Organization), CDHP (Consumer Driven Health Plan) with HSA (Health Savings Account) and HRA (Health Reimbursement Account)	4.0	UnitedHealthcare
Stop-Loss Coverage	5.0	UnitedHealthcare
PBM (Pharmacy Benefit Manager)	6.0	UnitedHealthcare (Optum Rx)

Proposers may submit a proposal for any or all of the Scope of Work sections listed above. The City reserves the right to make Contract award to more than one Contractor for these services. However, the City plans to award to only one Successful Proposer for Section 4, Self-Funded Medical Program. Any contracts awarded as a result of this RFP will have a start date of January 1, 2019, with implementation to begin no later than September 1, 2018.

2.0 BACKGROUND:

2.1 The City currently provides three self-funded plans, a PPO, HMO and CDHP.
- 2.1.1 As of December 31, 2017, there were 27,244 active and temporary employees and dependents covered on the City's medical plan. Of these, 106 are temporary employees and 26 are employees and retirees of Affiliated Employers.
- 2.1.2 As of December 31, 2017, there were 7,221 retirees, surviving dependents and dependents covered on the City's medical plan. Of these 3,171 are enrolled in Medicare.
- 2.1.3 Temporary employees are eligible for coverage after 12 months of continuous service.
- 2.1.4 Retirees and their spouses are required to enroll in Medicare Parts A and B at the age of 65. Medicare is the primary medical insurer.
- 2.1.5 The City currently receives reimbursement for eligible prescription claim amounts from the Retiree Drug Subsidy Program. This program is for retirees and dependents who have Medicare Parts A and B.
- 2.1.6 The City is subject to the provisions of Chapter 175 of the Texas Local Government Code requiring the City to provide retirees with access to the same level of medical coverage provided to active employees.

2.2 The City's benefit plan year is January 1 through December 31. The City operates on a fiscal year running from October 1 through September 30.

2.3 The City subsidizes the cost of medical coverage for all Covered Persons. The amount the City subsidizes is determined annually and is subject to change.

2.4 Please refer to the Exhibits to this RFP for further information:
1. Enrollment History
2. 2018 Employee Benefits Guide

3. 2018 Temporary Employee Benefits Guide
4. 2018 Benefits Enrollment Guide for Retirees and Surviving Dependents
5. 2018 PPO Plan Document
6. 2018 HMO Plan Document
7. 2018 CDHP with HSA Plan Document
8. 2018 CDHP with HRA Plan Document
9. Gross Claim Payments by Month Report
10. Census Report
11. Top 250 Physicians and Other Providers Report
12. Top 50 Hospitals Report
13. Large Claims Report
14. Top Pharmacies Report

3.0 GENERAL REQUIREMENTS FOR ALL SERVICES:

All General Requirements must be included in the proposed base fee.

3.1 Proposer shall submit a Proposal that includes services for all Covered Persons.

3.2 Federal, State and Local Law Requirements

3.2.1 Contractor shall administer all services for these benefits in strict compliance with applicable federal, state and local laws.

3.2.2 If a federal, state, or local law requires distribution of information to Covered Persons, Contractor shall distribute such information directly to Covered Persons' mailing addresses.

3.2.3 While the City is not requesting specific legal advice or counsel as part of this scope of work, Contractor shall monitor, on an ongoing basis, federal and state legislative activity and inform the City of all bills under consideration that could potentially affect the City's ability to provide benefits to Covered Persons as described in this Scope of Work.

3.3 Contractor shall have a process to work with any third-party vendors contracted by the City.

3.4 Cost and Financial Information

3.4.1 Proposer shall guarantee fees regardless of enrollment per plan year.

3.4.2 Proposer shall provide fee guarantees for option periods.

3.4.3 All fees must be quoted on a mature basis.

3.4.4 Contractor shall work with the City's Financial Services Department to implement procedures for banking arrangements, wire transfers, and bank reconciliations. Contractor shall implement fraud prevention services on the bank account issuing claim checks. Transfers must be based on weekly issued checks.

3.4.5 The City will calculate monthly fees owed to the Contractor for employees and retirees using enrollment information as of the first day of each month, provided by the City's Third-Party Administrator (TPA). Contractor shall honor the enrollment dates of employees and retirees who enroll after the first day of each month. The Contractor will be paid for these persons beginning the following month.

3.5 Eligibility

3.5.1 The City determines eligibility and Contractor shall abide by the City's policies and procedures regarding eligibility and effective dates for all Covered Persons.

3.5.2 Actively-at-work and non-confinement requirements will not apply to any Covered Persons.

3.5.3 Contractor shall assign or shall accept from the City an identifier other than the Covered Persons' Social Security Numbers.

3.5.4 Contractor shall accept enrollment information electronically biweekly in the 834/500 sFTP without PGP TPA file layout and file transmission. Error reports shall be provided by Contractor to the City's TPA.

3.5.5 Contractor shall maintain enrollment and a minimum of 36 months of claims records/history on each Covered Person.

3.5.6 City staff and the City's TPA shall have web based access to the Contractor's eligibility system for update capability and query activities.

3.5.7 Upon request, Contractor shall provide a Certificate of Creditable Coverage to each Covered Person.

3.6 Communications **(This section does not apply to Stop-Loss Coverage)**

3.6.1 The Contractor shall provide written and electronic communication materials which must be approved by City staff prior to distribution.

3.6.2 All communication materials may be reprinted by the City and used in the City's monthly employee and retiree communications.

3.6.3 Contractor shall supply approximately 9,000 copies of any written communication materials to be used during the year. Materials are to be delivered to the City, by September 14, 2018 and by the second Friday of September of each succeeding year for the term of the Contract.

3.6.4 Contractor shall prepare for and attend all City-scheduled meetings and presentations. The City anticipates the need for approximately 90 employee/retiree presentations during the annual Open Enrollment period. Open Enrollment occurs mid-October through mid-November of each year.

3.7 Customer Service **(This section does not apply to Stop-Loss Coverage)**

3.7.1 Contractor's customer service to Covered Persons shall include, at a minimum: verification of eligibility and benefits; claims inquiries; problem resolution; education regarding the plan and provisions; and provider information.

3.7.2 Contractor shall mail ID cards to all Covered Persons within five (5) business days of receiving notice of enrollment from the City. ID cards shall include, at minimum: Covered Person's name; Covered Person's unique identification number; Contractor's toll-free telephone number; and applicable copayments and deductibles.

3.7.3 Covered Persons must be able to request and print replacement ID cards and Explanations of Benefits online via Contractor's website.

3.7.4 Contractor's website shall include, at a minimum: accurate provider directory and provider search capabilities, including tier designation; City's plan design; a description of the City's appeals process and the capability to file an appeal online; and a treatment cost estimator.

3.7.5 Contractor shall have customer service staff available to answer questions Monday through Friday from 8:00 a.m. to 8:00 p.m. Central Time.

3.7.6 Contractor's telephone system shall have the capability to prompt-out to reach a live person.

3.7.7 Contractor shall provide a process for handling calls outside of normal business hours.

3.7.8 Contractor shall provide a toll-free number and a Text Telephone line. The Pharmacy toll-free number shall be the same as the main Member Services number.

3.7.9 Contractor shall assign one full-time customer service representative located in the City's Employee Benefits office or home office, at the City's discretion, to resolve member claims issues. All inquiries shall be responded to within one (1) business day.

3.8 Account Management

3.8.1 The City will meet with Contractor's proposed new account team members following Contract award, and will approve of any future account team changes for the following three positions: Account Executive, Day-to-Day Account Manager, and Clinical Account Manager.

3.8.2 The account team shall respond to all City inquiries within one (1) business day.

3.8.3 The Account Executive and other account management personnel shall be available during regular business hours, 8:00 a.m.- 5:00 p.m., and after hours and weekends as the need arises, including being available for frequent telephone and on-site consultation with the City.

3.8.4 The account team shall participate in quarterly performance review meetings with the City.

3.8.5 Contractor shall provide scorecards on an annual basis to the City to facilitate the assessment of account team performance. The performance metrics to be covered on the scorecards will be determined by City.

3.9 Management Reporting

3.9.1 Contractor shall provide regular monthly, quarterly, and annual utilization reports online and shall have the capability to generate ad hoc/customized reports. Reports shall break out utilization by plan, by active employees, retirees without Medicare, retirees with Medicare, dependents and total utilization. Member detail shall include billed amount, paid amount, network savings, non-Medicare Coordination of Benefits (COB) savings, Medicare COB savings, and negotiated savings. These reports must be available to both the City and its third-party designees. Contractor shall meet with the City to provide a summary and analysis of the quarterly and annual utilization reports.

3.9.2 Contractor shall provide an online reporting tool and shall make any associated training available to City staff and TPA.

3.9.3 Reports are due on the 12th day of the month, unless the 12th falls on a weekend or holiday, then the reports will be due on the following business day.

3.9.4 Contractor shall also have the capability to capture, analyze and report the data by each of the City's approximately 40 departments.

3.9.5 Contractor shall process and report unclaimed property (claim checks) in accordance with Texas unclaimed property laws and regulations.

3.10 Auditing **(This section does not apply to Stop-Loss Coverage)**

3.10.1 Contractor shall perform quarterly internal audits.

3.10.2 Contractor shall perform quarterly audits of out-of-network claims for fraud prevention.

3.10.3 Contractor shall, on an annual basis, have a duly licensed and certified external auditing firm conduct an audit in accordance with the American Institute of Certified Public Accountants Statement on Standards for Attestation Engagement 16 (SSAE 16), Reporting on Controls at Service Organizations. Upon completion of the audit, the Contractor shall provide a copy of the audit report to the City.

3.10.4 Contractor shall have a separate unit or employee not involved in claims processing assigned to perform fraud investigations.

3.10.5 At least 60 days prior to the beginning of each plan year, the Contractor shall perform a readiness review which will include verification that the City's benefits have been correctly loaded and tested in Contractor's claims processing system. Upon completion of the readiness review, the Contractor shall provide confirmation to the City that all benefits have been accurately loaded and that Contractor is ready to process claims. Contractor shall pay the City's external Auditing Firm for pre- and post-implementation audits to verify Contractor's readiness to administer the City plans. The approximate cost for these audits is as follows:

Medical – $70,000
Pharmacy – $85,000

In the event audits cost less than these amounts, the City shall have the ability to utilize unused funds to offset any expenses related to the implementation, as deemed appropriate by the City. These unused funds shall remain available throughout the contract term.

3.10.6 Contractor shall allow the City to perform audits or to designate an independent third party to conduct audits. The City's auditors shall be permitted to examine all documentation, including contracts, tapes/files and/or on-site records and transactions, related to the services provided to the City.

3.10.7 Contractor shall reimburse the City for any overpayments agreed to during the audit. Contractor shall not seek reimbursement from the City or from Covered Persons for claims paid erroneously due to benefit administration errors within the control of the Contractor.

3.10.8 Audits may continue up to three years after termination or expiration of the contract.

3.11 Transition and Implementation Timelines

3.11.1 Contractor shall work with current vendor to ensure all required information is received with no disruption in service.

3.11.2 Contractor's Customer Service line shall be operational by 8:00 a.m., October 15, 2018.

3.11.3 Contractor's systems shall be online to verify eligibility and benefits, and process claims, as of 12:01 a.m. on January 1, 2019.

3.11.4 At the end of the contract period, Contractor is required to cooperate with the new successful proposer regarding data transmission, claims and eligibility information to ensure no disruption in service at no cost to the City.

3.12 Maintenance of Records

3.12.1 Contractor shall maintain all manual and automated files for a period of three years after the termination or expiration of the Contract. All files, either manual or automated, are the property of the City. Under no circumstances may the Contractor keep, transfer, or purge these records without authorization from the City.

3.12.2 Notice of location for the timely and orderly transfer of records/files will be given by the City (verbally and/or in writing) 30 calendar days prior to the transfer.

3.12.3 The transfer shall occur within the 30-day limit established by the City.

3.12.4 All information/records will be transferred electronically. Contractor will provide a report of all claims transferred.

4.0 SELF-FUNDED MEDICAL PROGRAM- PPO, HMO and CDHP

4.1 Fiduciary Responsibility

4.1.1 For an additional fee, the City may delegate to Contractor fiduciary responsibilities to construe and interpret the terms of the Plan, determine the validity of charges submitted under the Plan and make final, binding determinations concerning the availability of Plan benefits.

4.2 Provider Network

4.2.1 Contractor shall provide a national network with a strong presence in the Central Texas area (Bastrop, Blanco, Burnet, Caldwell, Hays, Travis and Williamson Counties).

4.2.2 Contractor shall operate a tiered network provider solution with two levels of in-network benefits for all medical plans and out-of-network benefits for the PPO and CDHP. Contractor shall be able to, under the PPO and CDHP plans, process claims as in-network when there are no network providers within 30 miles of the Covered Person's home address.

4.2.3 Contractor shall be willing to recruit highly utilized providers by January 2019. Refer to Exhibits 11 and 12.

4.2.4 Contractor's provider network shall include acupuncturists and registered dieticians.

4.2.5 Contactor shall operate a provider network that includes optometrists or ophthalmologists that perform routine eye exams.

4.2.6 Contractor shall have Centers of Excellence for disease management.

4.2.7 Contractor shall offer telemedicine.

4.3 Claims Administration

4.3.1 Contractor shall adjudicate claims in accordance with the current PPO, HMO, and CDHP plan designs within 30 calendar days of receipt of those claims.

4.3.2 Contractor shall provide recovery services for overpayments, subrogation, and fraudulent claims.

4.3.3 Contractor shall resolve and credit the City for at least 90% of overpayments due to benefit administration errors within the control of the Contractor within 180 days of identification

4.3.4 Contractor shall have the ability to administer a CDHP and provide banking arrangements for a Health Savings Account and a Health Reimbursement Arrangement. Contractor shall also have the ability to administer a rollover Health Reimbursement Account.

4.3.5 Contractor shall resolve and credit the City for any processing errors due to benefit administration errors within the control of the Contractor that are brought to the City's attention.

4.3.6 Contractor shall not seek reimbursement from the City or from Covered Persons for claims paid during the previous plan years, due to errors caused by Claim Administrator found during any audits that may be conducted.

4.3.7 Contractor shall provide claims run-out administration for claims incurred prior to the termination or expiration date of the contract.

4.3.8 Contractor's network providers shall not balance bill Covered Persons.

4.3.9 Contractor's system shall provide internal financial safeguards to prevent employee fraud.

4.3.10 Contractor shall not require any shared savings programs as any part of this contract.

4.4 Nurse Line

4.4.1 Contractor shall offer to Covered Persons a nurse line that is available 24 hours per day, seven (7) days per week.

4.4.2 The nurses shall be able to provide advice on choosing appropriate care, understanding treatment options, medication questions and referrals based on Covered Person's zip code.

4.5 Disease Management Programs

4.5.1 The Contractor shall have a risk stratification process that could target the following specific diseases and conditions:

- Diabetes
- Coronary Artery Disease
- Cancer
- Congestive Heart Failure
- Musculoskeletal Diseases
- Chronic Obstruction Pulmonary Disease
- Asthma
- Chronic Kidney Disease
- Spine and Joint
- Gender Dysphoria
- Mental Health
- Autism Spectrum Disorder
- Obesity

4.5.2 The Contractor shall meet or exceed the services currently offered through the following City programs:

- Cancer Resource Services Program – Provides support for Covered Persons to treat a condition that has a primary or suspected diagnosis related to cancer.
- Chronic Kidney Services Program – Provides support for Covered Persons to treat chronic kidney disease and end stage renal disease.
- Congenital Heart Disease Resource Services Program – Provides support for Covered Persons with heart disease.

- Maternity Service Program – Provides support for all maternity-related medical services for prenatal care, postnatal care, delivery and any related complications.
- Bariatric Resource Service Program – Covered Persons are required to enroll in this program and meet all criteria before any weight loss surgery is approved. Criteria includes an age limit, psychological evaluation, 6-month Physician supervised diet and Body Mass Index (BMI) requirements.
- Personal Health Support – Provides support for Covered Persons to manage and treat diseases and chronic conditions. Support includes a dedicated nurse team, inpatient care management, decision support and Health Risk Assessment.
- Autism Spectrum Disorder Services – Provides behavioral services for Autism Spectrum Disorder including Intensive Behavioral Therapies such as Applied Behavior Analysis (ABA). ABA treatment is limited to 680 hours per year.

4.5.3 The Contractor shall have the ability to integrate Disease Management programs with other program offerings including programs offered by third party vendors.

4.5.4 Covered Persons shall be able to self-enroll in programs using the telephone or Contractor's website.

4.6 Wellness Health Risk Assessment

4.6.1 Contractor shall offer a National Committee for Quality Assurance (NCQA) accredited Wellness Health Risk Assessment that is available online in both English and Spanish.

4.6.2 Contractor shall work with City's biometric provider to upload biometric data files directly into Covered Persons Wellness Health Risk Assessment. The City's biometric screening provider will send a biometric data file, in an industry standard format, to the Contractor on a quarterly basis. Biometrics will include at a minimum: blood pressure, HDL, LDL, total cholesterol, glucose, BMI, height, and weight.

4.6.3 Contractor shall make the Wellness Health Risk Assessment data available to the Covered Person via Contractor's website.

4.7 Wellness Health Coaching

4.7.1 Contractor shall provide one onsite health coach dedicated to the City. The onsite health coach shall be a Registered Dietitian and will be housed in the City's Employee Benefits Division in Austin, TX.

4.7.2 Health coach shall provide individual and group health coaching throughout the year at various City worksites. The City and health coach will work together to develop a coaching schedule. The health coach shall be responsible for developing a curriculum and for presenting on topics including weight management, stress reduction, general fitness, general nutrition, tobacco cessation, dyslipidemia, hypertension, elevated glucose levels, and obesity.

4.7.3 Health coach shall provide one on one health coaching at biometric screening events and at City Health Expos (approximately 46 held per year).

4.8 Reporting

4.8.1 Contractor shall provide annual and ad hoc reports containing claims data of Covered Persons participating in specific wellness programs. These reports shall compare claims data of Covered Persons participating in a wellness program against Covered Persons not participating in a wellness program. The data must include net Per Employee per Month (PEPM), inpatient and outpatient hospital use, Emergency Room (ER) visits, Primary Care Physician (PCP) visits, preventive services and prevalence of claims, by International Classification of Diseases (ICD) code, related to specific wellness programs. These reports will be used to evaluate cost savings of Covered Persons engaged in employee wellness.

4.8.2 Contractor shall provide ad hoc reports containing de-identified claims data for program evaluation purposes.

4.8.3 Contractor shall provide annual reporting on Health Risk Assessment results and top health risks for Covered Persons.

4.8.4 Contractor shall provide monthly Health Risk Assessment completion reports by the 12th day of each month, unless the 12th falls on a weekend or holiday, then the reports will be due on the following business day.

4.8.5 Contractor shall provide bi-annual report verifying completion of preventive services tied to the City's incentive program, Healthy Rewards. The City will supply a list of Covered Persons that need to be verified.

5.0 STOP-LOSS COVERAGE:

5.1 Contractor's Stop-Loss coverage shall be based upon an attachment point of $750,000 for Covered Persons and shall include medical and prescription claims.

5.2 Contractor's price for coverage shall be based on a 15/12 first-year contract basis; renewing on a "paid" basis

5.3 The City determines eligibility of Covered Persons.

5.4 Coverage shall include all Covered Persons enrolled in the City's Medical and Prescription Drug plans.

5.5 Contractor's price for coverage shall be based on unlimited lifetime maximums.

5.6 Contractor shall not laser any individuals.

5.7 Contactor's turnaround time for individual stop-loss reimbursements shall be 21 calendar days, or less.

5.8 Contractor shall accept the claims administrator selected by the City.

5.9 Contractor shall interface with the claims administrator.

5.10 Upon termination or expiration of the contract, Contractor shall process and pay all valid claims that have been submitted but not paid as of the date of termination or expiration.

5.11 Proposer shall propose rates for each contract year (refer to Section 0400 for the term of contract). The City retains the right to negotiate renewals annually. If the annual renewal negotiation results in a lower rate than the rate proposed for that contract year in in the response to this RFP, the City will renew at the lower rate. The City may pay a lower renewal rate, if applicable, but will never pay a renewal rate higher than the rates proposed.

6.0 PHARMACY BENEFIT MANAGER:

6.1 Fiduciary Responsibility

6.1.1 For an additional fee, the City may delegate to Contractor fiduciary responsibilities to construe and interpret the terms of the Plan, determine the validity of charges submitted under the Plan and make final, binding determinations concerning the availability of Plan benefits.

Current Pharmacy Benefit

There is a $50 annual deductible that applies to Tier 2 and Tier 3 drugs per covered person per calendar year. This deductible applies to both retail and mail order drugs.						
	HMO			**PPO**		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
	$10	$35 or 20% of cost, $70 maximum	$55 or 20% of cost, $110 maximum	$10	$30 or 20% of cost, $60 maximum	$50 or 20% of cost, $100 maximum
Retail Pharmacy *31-day supply*	One copay for each 31-day supply					
Mail Order Pharmacy *Limited to a 90-day supply*	$30	$105 or 20% of	$165 or 20% of cost,	$20	$60 or 20% of	$100 or 20% of cost, $200 maximum

		cost, $210 maximum	$330 maximum		cost, $120 maximum	
CDHP Affordable Care Act List Expanded Preventive List 2018 Prescription Drug List	No Deductible. Plan pays 100% No Deductible. Plan pays 80% Plan pays 80% after deductible					
Diabetic Supplies	Retail - Supplies are covered at a participating pharmacy. Mail Order - Copays for insulin needles/syringes and/or diabetic supplies are waived when dispensed on the same day as your insulin (Byetta, Victoza, Symlin or Oral Agent), but only when the insulin or oral agent is dispensed first.					
Specialty Prescriptions Drug – All plans have a mandatory specialty drug program. Patients who require a specialty (high-cost) drug are directed to a specialty pharmacy.						
Tobacco Cessation Program/Drugs – A participant can receive FDA approved tobacco cessation drugs for no copay if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the HealthyConnections Tobacco Cessation Program. Must obtain a prescription for tobacco cessation drugs from your physician. This applies to City approved prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail-order service.						

6.2 Contractor shall provide the following programs to the City.

- Prior authorization
- Supply Limit
- Designated Specialty Program
- Compliance, persistency, adherence
- Concurrent drug utilization review
- Retrospective drug utilization review
- Medication therapy management
- Gaps in care
- Step Therapy
- Exclude at Launch
- Compound Drug Program
- Pharmacy Lock-In Program
- Quantity Limits
- Dose Optimization
- Fraud, Waste, and Abuse Prevention and Detection

6.3 General Requirements

6.3.1 Contractor shall process claims received from government health programs including, but not limited to Medicare and Medicaid.

6.3.2 Contractor shall not seek reimbursement from the City for uncollected copays for Covered Persons.

6.3.3 Contractor shall agree to an annual market check.

6.3.4 Contractor shall agree to fully pass through all discounts, dispensing fees and rebates. These shall be passed through, with minimum amounts/percentages guaranteed.

6.3.5 Proposal shall be based on Proposer's broadest retail network under a transparent, pass-through arrangement with no spread.

6.3.6 Each pricing guarantee must be reconciled individually (no aggregate reconciliations).

6.3.7 Contactor's generic discount guarantees should include all generic drugs (i.e. single source generics, multi-source generics, patent litigated claims, limited supply drugs, etc.).

6.3.8 Contractor shall pass through all pharmaceutical manufacturer monies, including but not limited to formulary rebates, market share rebates, and specialty drug rebates, but specifically excluding manufacturer administrative fees.

6.3.9 Contractor shall true-up with the City for any discounts, dispensing fees, and rebate amounts not met within 90 calendar days after the close of the plan year quarter. True-up and reconciliation reporting for annual rebates shall occur within 180 calendar days after the close of the plan year.

6.3.10 Contractor shall submit the City's portion of all rebates paid on an annual basis during the term of the contract and within six (6) months following the termination or expiration date of the Contract.

6.3.11 Contractor shall not bill the City for any portion of the claim if the Covered Person pays 100% of the cost of the prescription.

6.3.12 Pricing for retail specialty drugs should be passed-through and included in retail discount and dispensing fee guarantee reconciliations.

6.3.13 Mail specialty drugs should be included in mail rebate guarantee reconciliations.

6.3.14 The City reserves the right to negotiate for improvements in the specialty list and pricing on an annual basis to ensure market competitiveness.

6.3.15 Zero Balance Logic should be "turned off" meaning the member pays the lowest of all (Usual & Customary (U&C), copayment, coinsurance, discounted cost, Maximum Allowable Cost (MAC), contracted rate, etc.).

6.3.16 Contractor shall charge the lesser of minimum charges or prices for mail order, specialty or retail claims.

6.3.17 Contractor shall exclude U&C claims from retail discount and dispensing fee guarantee reconciliations (not applicable for mail order) and included in rebate guarantee reconciliations.

6.3.18 Contractor shall exclude compound drugs from discount guarantee reconciliations.

6.3.19 Contractor shall include all claims and plans in all guarantee reconciliations unless specifically noted otherwise.

6.3.20 All financial quotes shall be on a post-Average Wholesale Price (AWP) settlement basis (AWP is based on levels after 9/26/2009).

6.3.21 The City shall not be required to implement any clinical, administrative, plan design changes or modifications to other programs in order to achieve the pricing listed in a Proposal.

6.3.22 Contractor shall not require exclusivity or mandatory participation in any proposed services, including mail order, clinical programs and specialty pharmacy.

6.3.23 Proposals shall not be contingent upon the City being required to participate in any programs requiring the use of PBM specialty pharmacy through the Prescription Drug benefit over the use of the City's Medical carrier(s) through the Medical benefit.

6.3.24 The City has the sole decision-making responsibility as it relates to benefit design.

6.3.25 Negative changes to the formulary tiering specifically moving drugs into higher tiers (i.e. 2 to 3) may only occur once per calendar year and shall be at the start of each plan year (January 1). Contractor shall provide the City of Austin an impact report showing the negative tiering changes, the number of members impacted, and a sample of medications remaining in the tier. Contractor shall communicate in advance to Covered Persons and provide specific targeted communications for those affected by a change in drug tiers or exclusions. Contractor has the ability to make positive changes to formulary tiering (i.e. moving specific drugs to lower tiers [2 to 1]) at any time throughout the year.

6.3.26 The City will modify the formulary and will cover select over-the-counter (OTC) drugs as determined by the City.

6.3.27 Proposer shall not mandate that any particular medications be excluded in order to meet the stated financials in its Proposal. Likewise, Contractor shall not make such a mandate during the lifetime of this Contract.

6.3.28 Contractor shall offer the City the benefit of improved pricing terms if at any point during the Contract term it renegotiates any of its retail pharmacy contracts such that the terms are more favorable than the original retail network that was initially proposed to the City.

6.3.29 Retail guarantees will not be changed to be less favorable for the City based on changes in number or composition of retail participating pharmacies for the term of the Contract or for changes made to Contractor's retail networks.

6.3.30 Contractor shall l not use the prices for repackaged pharmaceuticals (products with a new National Drug Code (NDC) number by a re-packager, a manufacturer, or a mail order which differs from the original manufacturer AWP price for the same product) for reimbursement calculations that result in a higher price per unit than the original product.

6.3.31 Contractor shall guarantee fees per plan year regardless of a change in overall health and welfare or pharmacy benefit strategy, a change in plan design, or on-site pharmacy strategy, a change or implementation of clinical and/or utilization management programs, or a change in drug mix. Fee guarantees shall also apply in the event of patent expirations, actions by drug manufacturers or wholesalers, recalls or withdrawals, actions by retail pharmacies, brand products moving off-patent to generic status, unexpected generic introductions, or changes made by PBM to the standard formulary for the term of the contract.

6.3.32 Contractor shall be able to accept zero copay for drugs as determined by the City.

6.3.33 Contractor shall accept and load all open mail order and specialty pharmacy refills, prior authorization histories and up to twelve months of historical claims data.

6.3.34 Contractor shall provide, in a format determined by the City, data feeds on a routine basis to third parties as requested by the City.

6.3.35 The City has the right to audit all aspects of the pharmacy program including financial terms, the specialty program, service agreements, administration, guarantees and all transparent and pass through components of the Contract. The review of all aspects of the pharmacy program may include, but will not be limited to, paid claims, the claim processing system, rebate agreements, performance guarantees, retail network, acquisition pricing, transparency, pricing benchmarks (e.g., AWP source), onsite assessments and customer service call monitoring. The City may include all claims during the life of the Contract in an audit.

6.3.36 Contractor shall proactively notify Covered Persons by telephone in case of a mail order delay of more than five (5) calendar days.

6.3.37 Contractor shall provide a drug cost look-up tool on its member website that displays both the plan copay and full drug cost.

6.4 Diabetes Program Support

6.4.1 Contractor shall create a process that will allow Covered Persons enrolled in the City's Diabetes Program to have copay waivers automatically applied to approved diabetes medications.

6.4.2 Contractor shall receive copay waiver forms from participating pharmacists, process copay overrides/terminations and provide a monthly report containing all Covered Persons who had copay waivers applied for the month. This process includes working with the City's TPA to apply copay overrides and terminations.

6.5 Network Development and Management

6.5.1 Contractor shall provide a national network which shall be comprised of a combination of large retail chain stores and independent pharmacies.

6.5.2 Pharmacy Network

6.5.2.1 At the City's request, Contractor shall admit additional pharmacies that meet Contractor's network credentialing standards.

6.5.2.2 Contractor shall provide an in-network pharmacy provider to administer HbA1c / biometric screening and pharmacy recommendations for the

City's diabetes program. Alternatively, Contractor shall include the current pharmacy provider, Randall's Pharmacy, as an in-network provider.

6.5.2.3 Contractor shall audit at least 3% of network retail pharmacies annually (number of audited network pharmacies / number of total network pharmacies). Do not include desk top audits or any other form of electronic audit in this calculation.

6.6 Contractor shall provide a mail service program.

6.7 Contractor shall perform prescription claims processing at the point of service (POS), with appropriate alert messages for participating pharmacies regarding prospective drug review and claims adjudication. Claims adjudication must assure optimal service to eligible Covered Persons and minimize service disruption for pharmacies. Contractor shall be able to recognize invalid prescribers in its adjudication process.

6.8 Contractor shall provide the following administrative services, in support of the City's efforts to claim the employer subsidy under the CMS Retiree Drug Subsidy program:

6.8.1 Claim and eligibility tracking and storage in accordance with Centers for Medicare and Medicaid Services (CMS) requirements and record retention guidelines.

6.8.2 Annual reconciliation of aggregate data of claim costs incurred.

6.8.3 CMS audit support.

6.8.4 Initiate annual Retiree Drug Subsidy (RDS) application and create the initial retiree list.

6.8.5 Provide annual reconciliation.

6.8.6 Request payment on a quarterly basis.

6.8.7 Submit a file of Medicare Part D eligible retirees and spouses to CMS on a monthly basis. The file must include a subsidy eligible indicator and effective dates and any additional fields required by CMS.

6.8.8 Perform required reconciliation functions related to the submission of retiree list sent to CMS.

6.8.9 Submit Subsidy Claim Report to CMS on a monthly basis and perform reconciliation functions as necessary.

6.8.10 Provide the City with a copy of the Subsidy Claim Report.

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

***USE ADDITIONAL PAGES AS NECESSARY* OFFEROR:**

Name of Local Firm	Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company	
Physical Address	9442 Capital of Texas Hwy. North, Arboretum Plaza II, Austin, TX 78759	
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	[No]
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	[Yes]	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	[Yes]	No

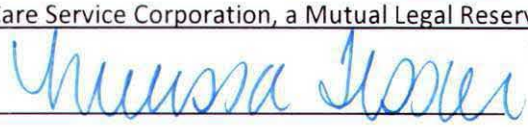
SUBCONTRACTOR(S):

Name of Local Firm	Not applicable	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	Not applicable.	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Company: Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Signature: 

Print Name: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

Date: March 14, 2018

CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER
SOLICITATION NUMBER: RFP 5800 RWS0504
SECTION 0635: BANKING ARRANGEMENTS

The terms listed herein are non-negotiable contract terms required by the City of Austin. The Successful Proposer will be required to sign a Contract with the following terms. An officer of the Proposer's company must review, comment, and sign this document. Place the completed and signed documents in Tab 2 of your Proposal. Failure to agree to these terms may result in your Proposal being deemed non-responsive.

Account. Contractor will work with the City Financial Services Department to implement procedures for banking arrangements, wire transfers, and bank reconciliations. Contractor will implement fraud prevention services on bank account issuing claim checks. No service fees or bank service fees will be paid by the City.

☒ Accepted as written

☐ **Not Accepted as written. Enter exceptions on Attachment 12.**

Balance In Account. The City will maintain a maximum balance of $99,000 in the bank account; however, on a daily basis, the City will authorize Contractor to initiate deposits to the bank account in an amount equal to the cumulative total of the claims payments that cleared the bank or were paid as non-drafts on the previous business day. Notification of the amount must be received daily by 10 a.m.

☐ **Accepted as written**

☐ **Not Accepted as written. Enter exceptions on Attachment 12.**
Please see comment below.

Not applicable; Blue Cross and Blue Shield of Texas (BCBSTX) does not use the City of Austin's (the City) bank account. BCBSTX funds claims with our own check stock and invoices the City for reimbursement weekly via an online portal website. BCBSTX's standard process is for the invoice amount to reflect all payments which are issued. BCBSTX can accommodate invoicing for issued non-draft payments and only cleared check payments, but there would be a significant cost for implementation. BCBSTX does not have access to the City's bank account unless the City would prefer BCBSTX auto draft your account for the weekly reimbursement invoices and/or administrative fees.

Method of Funding Upon Expiration/Termination of Contract. When the Contract expires/terminates, the method of providing funds for plan benefits will remain in place through the period for which Contractor provides run-out claims administration services or until the last outstanding check clears the bank account.

☒ **Accepted as written**

☐ **Not Accepted as written. Enter exceptions on Attachment 12.**

Claims Payment Reconciliation. For claims payment reconciliation, Contractor shall provide information typically found on a monthly check register in the following series of banking reports: (i) a summary report that displays cashed activity for each bank day of the month; (ii) a daily detailed listing that lists all of the gross charges and their associated issued components; (iii) a net change distribution report that summarizes the monthly cashed activity; (iv) an issued no paid-outstanding detail report that lists all of the un-presented issued checks recorded for the month; and (v) notification from the designated bank, including a bank statement released at month's end that summarizes the month's bank activity.

☐ **Accepted as written**

☐ **Not Accepted as written. Enter exceptions on Attachment 12.**
Please see comment below.

Not applicable; BCBSTX does not use the City's bank account. BCBSTX funds claims with our own check stock and invoices the City for reimbursement weekly via an online portal website. BCBSTX does not have access to the City's bank account unless the City would prefer BCBSTX auto draft its account for the weekly reimbursement invoices and/or administrative fees. Reporting is available via our Blue Insight℠ reporting.

Company: Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Signature: Melissa Tessier

Print Name: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

Date: March 20, 2018

CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE,
PHARMACY BENEFIT MANAGER
SOLICITATION NUMBER: RFP RWS0504
HIPAA BUSINESS ASSOCIATE AGREEMENT

The City of Austin ("City") and Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a MutualLegal Reserve Company ("Contractor") hereby agree that the following terms and conditions are made a part of the Agreement, to go into effect on January 1, 2019 (such contract and this Exhibit are collectively referred to herein as "Contract"), for all purposes. The parties acknowledge that this **Section 0640** is required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

The parties acknowledge and agree that Contractor, in performing its duties under the Contract, will receive individually identifiable protected health information as defined in Section 14 below (referred to as "Protected Health Information" or "PHI"), from City and from City's contractors or enrollees, and will create, receive or use PHI on the City's behalf. Contractor agrees to maintain the privacy and security of such PHI as required by all applicable laws and regulations, including but not limited to HIPAA and the privacy and security regulations adopted under HIPAA. Without limiting the foregoing, Contractor agrees to the following:

1. **Use of PHI**: Contractor shall not and shall ensure that its directors, officers, employees, contractors, and agents (referred to collectively as "Contractor's Agents") do not use PHI other than as expressly permitted by the Contract, or as required by law. Specifically, Contractor shall use PHI only for the following purposes: receive and process claims for payment for all eligible Plan participants; maintain claims history and patient profiles; maintain current eligibility data on all Plan participants; and for the proper management and administration of its internal business processes that relate to its responsibilities under the Contract, and to fulfill its legal responsibilities. In addition, Contractor agrees that it will not sell PHI, including patient or enrollee lists, nor use any PHI to engage in "marketing," as such term is defined in Section 164.501 of Title 45, U.S. Code of Federal Regulations. The term "marketing" includes, but is not limited to, the distribution of or mailing by Contractor or its affiliates of correspondence to City enrollees or their beneficiaries.

2. **Disclosure of PHI**:

   a. *Disclosure to Third Parties.* Contractor shall not and shall ensure that Contractor's Agents do not disclose PHI to any other person or entity (other than members of Contractor's workforce as specified in subsection b. of this Section), unless disclosure is required by law, and as approved by City in writing. Any such disclosure shall be made only upon the written agreement of the subcontractor to be bound by the provisions of the Contract, for the express benefit of Contractor and City.

      To the extent that Contractor discloses PHI to a third party, Contractor must obtain, prior to making any disclosure:

      1. reasonable assurances from such third party that PHI will be held confidential as provided in the Contract, and only disclosed as required by law or for the purposes for which it was disclosed to such third party; and

      2. an agreement from such third party to immediately notify Contractor of any breaches of the confidentiality of PHI, to the extent it has obtained knowledge of such breach.

   b. *Disclosure to Workforce.* Contractor shall not disclose PHI to any member of its workforce unless Contractor has advised such person of Contractor's obligations under the Contract, and of the consequences for such person and for Contractor of violating them. Contractor shall take appropriate disciplinary action against any

member of its workforce who uses or discloses PHI in contravention of this Contract.

3. **Safeguards**: Contractor shall implement all appropriate safeguards to prevent use or disclosure of PHI other than as permitted by the Contract. Contractor shall provide City with such information concerning the safeguards as City may from time to time request and shall, upon reasonable request, give City access for inspection and copying to Contractor's facilities used for the maintenance and processing of PHI, and to its books, records, practices, policies, and procedures concerning the use and disclosure of PHI. In addition, Contractor and Contractor's Agents shall comply with the minimum necessary requirements set forth in the HIPAA privacy regulations when using or disclosing PHI. Contractor also agrees to mitigate, to the extent possible, any harmful effects of an improper use or disclosure of PHI by Contractor in violation of the requirements of the Contract.

4. **Accounting of Disclosures**:

   (a) Contractor shall maintain a record of all PHI disclosures made other than for the permitted purposes of the Contract, including the date of disclosure, the name and, if known, the address of the recipient of the PHI, a brief description of the PHI disclosed, and the purposes of the disclosures.

   (b) Within ten (10) calendar days of notice by City to Contractor that City has received a request for an accounting of disclosures of PHI regarding an individual, Contractor shall make available to City such information as is in Contractor's possession and is required for City to make the accounting.

5. **Reporting of Disclosures of Protected Health Information**: Contractor shall, within five (5) business days (Monday - Friday) of becoming aware of a use or disclosure of PHI in violation of this Contract by Contractor or Contractor Agents, report such disclosure or use in writing to Chris Echols in the Employee Benefits Division of the City's Human Resources Department and describe remedial action taken or proposed to be taken with respect to such use or disclosure.

6. **Contracts by Third Parties**: Contractor shall enter into an agreement with any agent or subcontractor that will have access to PHI that is received from, or created or received by Contractor on behalf of City, in which such agent or subcontractor agrees to be bound by the same restrictions, terms, and conditions that apply to Contractor under this Contract.

7. **Disclosure to U.S. Department of Health and Human Services:** Contractor shall make its internal practices, books and records, including policies and procedures, relating to the use and disclosures of PHI available to the Secretary of the United States Department of Health and Human Services, for purposes of determining compliance with HIPAA.

8. **Access by Individuals:** Within ten (10) calendar days of receipt of a request by City, Contractor shall permit any individual whose PHI is maintained by Contractor to have access to and to copy his or her PHI, in the format requested, unless it is not readily producible in such format, in which case it shall be produced in hard copy format. In the event any individual requests access to PHI held by Contractor directly from Contractor, Contractor shall, within two (2) days forward such request to City. Any denial of access to the PHI requested shall be the responsibility of City.

9. **Correction of PHI**: Contractor agrees to make any amendments to PHI that the City directs or agrees to under HIPAA. City shall provide Contractor with written instructions regarding any such amendment.

10. **Amendment**: Upon the enactment of any law or regulation affecting the use or disclosure of PHI, or the publication of any decision of a court of the United States or Texas relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, City may, by written notice to Contractor, amend this Contract in such manner as City determines necessary to comply with such law or regulation. If Contractor disagrees with any such amendment, it shall so notify City in writing within thirty (30) days of the date of the notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate the Contract upon written notice to the other.

11. **Breach:** Without limiting the rights of the parties under Section 8.0 of the Contract, should Contractor breach any of its obligations under this Amendment, City may, at its option:

    a. Exercise any of its rights of access and inspection under Section 3 of this Contract;

    b. Provide Contractor with notice of the breach and an opportunity to cure such breach within thirty (30) calendar days of the notice of breach. If Contractor fails to cure the breach to City's satisfaction within such cure period, City may terminate the Contract by providing written notice to Contractor. If Contractor cures the breach within the cure period, City may require Contractor to submit to a plan of monitoring and reporting of uses and disclosures of PHI, as City may determine necessary to maintain compliance with this Amendment. Any such monitoring plan shall be made a part of the Contract;

    c. Immediately terminate the Contract, with or without an opportunity to cure the breach; or

    d. If termination is not feasible, report the breach to the Secretary of the United States Department of Health and Human Services.

    City's remedies under this section and Section 8.0 of the Contract shall be cumulative, and the exercise of any remedy shall not preclude the exercise of any other.

12. **Procedure Upon Termination.**

    (1) Except as provided in paragraph (2) below, upon termination of the Contract, for any reason, Contractor shall return or destroy all PHI received from City, or created or received by Contractor on behalf of City. This provision shall also apply to PHI that is in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of the PHI.

    (2) In the event that Contractor determines that returning or destroying the PHI is not feasible, Contractor shall provide to City written notification of the conditions that make return or destruction infeasible. Upon agreement by City that return or destruction of PHI is not feasible, Contractor shall extend the protections of this Contract to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Contractor maintains the PHI.

13. **Indemnification.** Contractor shall indemnify and hold harmless City from and against any and all costs, liabilities, losses, damages and expenses (including, but not limited to,

reasonable attorneys' fees) resulting from any claim, lawsuit or proceeding brought by a third party against City and arising from or related to a breach or alleged breach by Contractor or Contractor's Agents of the obligations referenced herein. Contractor's obligation to indemnify shall survive the expiration or termination of the Contract.

14. **Definitions for Use in this Addendum**:

(a) *Individually Identifiable Health Information* shall mean information that is a subset of health information, including demographic information collected from an individual, that:

(i) is created or received by a health care provider, health plan, employer, or healthcare clearinghouse; and

(ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

(b) *Protected Health Information* shall mean Individually Identifiable Health Information that is (i) transmitted by electronic media; (ii) maintained in any medium constituting electronic media; or (iii) transmitted or maintained in any other form or medium.

"CITY"

CITY OF AUSTIN, A Home Rule Municipality

Signature: _____

Printed Name: _____

Title: _____

"CONTRACTOR"

Signature: Melissa Tessier

Printed Name: Melissa Tessier

Title: Vice President , Sales Enterprise National Accounts

City of Austin, Texas
Section 0800
NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

(1) Not to engage in any discriminatory employment practice defined in this chapter.

(2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.

(3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.

(4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.

(5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.

(6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.

(7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of $2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter.

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin
Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment, including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non- retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non- Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non- Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filling. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 14th day of March, 2018

CONTRACTOR Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Authorized Signature: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company *See #5 below.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

Not Applicable

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No Not Applicable

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No Not Applicabe

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

BCBSTX has no knowledge of officers, employees, or agents who have an employment or other business relationship with local government officers or relatives of the City of Austin. BCBSTX does not currently ask this question of officers, employees, or agents. If selected, BCBSTX would conduct a diligent inquiry annually to ensure no conflict exists that would impact its ability to perform its obligations under the contract.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Melissa Tessier, Vice President, Sales Enterprise National Accounts

Signature of vendor doing business with the governmental entity

3/14/18

Date

City of Austin, Texas
Section 0805
NON-SUSPENSION OR DEBARMENT CERTIFICATION

The City of Austin is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from Federal, State, or City of Austin Contracts. Covered transactions include procurement contracts for goods or services equal to or in excess of $25,000.00 and all non-procurement transactions. This certification is required for all Vendors on all City of Austin Contracts to be awarded and all contract extensions with values equal to or in excess of $25,000.00 or more and all non-procurement transactions.

The Offeror hereby certifies that its firm and its principals are not currently suspended or debarred from bidding on any Federal, State, or City of Austin Contracts.

Company: Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Signature: Melissa Tessier

Print Name: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

Date: March 14, 2018

Section 0835: Non-Resident Bidder Provisions

Company Name Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

A. **Bidder must answer the following questions in accordance with Vernon's Texas Statues and Codes Annotated Government Code 2252.002, as amended:**

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident

Bidder"? Answer: Non-resident Bidder

(1) **Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.**
(2) **Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.**

B. **If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?**

Answer: No **Which State**: Health Care Service Corporation (HCSC) is an Illinois mutual legal reserve company headquartered in Chicago. HCSC operates in Texas as Blue Cross and Blue Shield of Texas (BCBSTX), and the divisional headquarters of BCBSTX is located in Richardson, Texas.

C. **If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?**

Answer: Not applicable.

Company: Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Signature: Melissa Tessier

Print Name: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

Date: March 14, 2018

Section 0840, Service-Disabled Veteran Business Enterprise Preference

Offeror Name
Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Additional Solicitation Instructions.

1. ☒ **By checking this box, Offeror states they are NOT a certified Service-Disabled Veteran Business Enterprise seeking to claim preference points under the City of Austin's SDVBE Program.**

2. **Offerors seeking to claim the Service-Disabled Veteran Business Enterprise (SDVBE) preference shall be certified under one of the two following scenarios. Offerors shall check one of the following boxes, input the data in the applicable table below and include this completed form in their Proposal.**

   ☐ **HUB/SV. Offeror is certified as a Service-Disabled Veteran (SV) Historically Underutilized Business (HUB) by the Texas State Comptroller of Public Accounts.**

Texas State HUB/SV Certification	
13-Digit Vendor ID (VID)	
HUB/SV Issue Date	
HUB/SV Expiration Date	

   ☐ **HUB/OTHER + Federal SDVOSB. Offeror is certified by the Texas State Comptroller of Public Accounts as a Historically Underutilized Business in a HUB Eligibility Category other than Service-Disabled Veteran (SV) AND is verified by the US Veterans Administration as a Service-Disabled Veteran-Owned Small Business (SDVOSB).**
   Texas HUB Eligibility Categories: HUB/BL (Black), HUB/AS (Asian), HUB/HI (Hispanic), HUB/AI (Native American), or HUB/WO (Women Owned).

Texas State HUB/OTHER Certification	
13-Digit Vendor ID (VID)	
HUB Eligibility Category	
HUB Issue Date	
HUB Expiration Date	

Federal SDVOSB Verification	
9-Digit DUNS	
SDVOSB Issue Date	
SDVOSB Expiration Date	

3. **Offeror Identity. The Offeror submitting the Proposal shall be the same entity that is certified by the Texas State Comptroller of Public Accounts, AND if applicable as verified by the US Veterans Administration.**

4. **Certification Status. Offeror's certification(s) must be active on or before the Solicitation's due date for Proposals and shall not expire prior to the award and execution of any resulting contract.**

5. **Confirmation of Certification(s). Upon receipt of this completed form, the City will confirm the Offeror's certification(s): State: https://mycpa.cpa.state.tx.us/tpasscmblsearch. Federal: https://www.vip.vetbiz.gov/ The City will direct any questions concerning an Offeror's State or Federal certification status to the Offeror's contact person as designated on the Offer Form of their Proposal.**

6. **Misrepresentation. If the City determines that the Offeror requesting this preference is not certified by the State or Federal government if applicable, the Offeror will not receive the preference points. If the City determines that this misrepresentation was intentional, the City may also find the Offeror not responsible and may report the Offeror to the Texas State Comptroller of Public Accounts or if applicable to the US Veterans Administration. If the misrepresentation is discovered after contract award, the City reserves the right to void the contract.**

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

☒ **I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.**

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;
STEP TWO: Perform Good Faith Efforts (Check List provided below);
STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.**

☒ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.

☒ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504
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☒ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☒ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

☒ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
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SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code: ☐NON-CERTIFIED
Vendor ID Code	V00000944692
Contact Person	Florence Tubonemi Phone Number: (512) 870-7395
Additional Contact Info	Fax Number: (512) 456-7450 E-mail: bccolllinshhc@gmail.com
Amount of Subcontract	$0
List commodity codes & description of services	Claims and/or Medical Services
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

Subcontractor/Sub-consultant	
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code: ☐NON-CERTIFIED
Vendor ID Code	V00000913637
Contact Person	Blanca Lesmes Phone Number: (512) 351-6880
Additional Contact Info	Fax Number: (512) 628-3311 E-mail: info@bbimaging.net
Amount of Subcontract	$0
List commodity codes & description of services	Claims and/or Medical Services
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
John Wesley-Smith	2/28/2018	Phone: (512) 974-7758 Email: John.Wesley-Smith@austintexas.gov	Contacted for list of vendors related to Claims and/or Medical Services

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(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code:	☐NON-CERTIFIED
Vendor ID Code	V00000942752	
Contact Person	Rochelle Horton	Phone: (512) 394-2080
Additional Contact Info	Fax Number:	E-mail: repaug2016@yahoo.com
Amount of Subcontract	$0	
List commodity codes & description of services	Claims and/or Medical Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	AxisPoint Health	
Contact Person	Phone Number: (800) 338-0090	
Additional Contact Info	Fax Number:	E-mail: innovate@axispointhealth.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	24-7 Nurse Triage Line	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
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(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code: ☒NON-CERTIFIED
Vendor ID Code	Catapult Health
Contact Person	Shannon Schaul Phone Number: (214) 396-4801
Additional Contact Info	Fax Number: E-mail: shannon@catapulthealth.com
Amount of Subcontract	$ TBD
List commodity codes & description of services	On-site worksite Preventive Checkup
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

Subcontractor/Sub-consultant	
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code: ☒NON-CERTIFIED
Vendor ID Code	Emmi Solutions, LLC
Contact Person	Phone Number: (312) 236-3650
Additional Contact Info	Fax Number: E-mail: info@emmisolutions.com
Amount of Subcontract	$ TBD
List commodity codes & description of services	Interactive Technology Patient Engagement Platform
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
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(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Fiserv	
Contact Person	Nancy Sullivan	Phone Number: (913) 441-7833
Additional Contact Info	Fax Number:	E-mail: Nancy.sullican@fisrv.com
Amount of Subcontract	$TBD	
List commodity codes & description of services	ID Card Production	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Interactive Health	
Contact Person	Charlie Estey	Phone Number: (847) 590-0200
Additional Contact Info	Fax Number: (847) 590-0267	E-mail: cestey@healthsolutions.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	On-site Wellness Programs	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
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(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	HSA Bank	
Contact Person	Alba Biendara, Sr	Phone Number: (920) 803-4247
Additional Contact Info	Fax Number:	E-mail: abiendara@hsabank.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Health Savings Account (HSA)	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Language Line	
Contact Person	Unavailable	Phone Number: 800-752-6096
Additional Contact Info	Fax Number:	E-mail:
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Interpreter Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
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(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MDLIVE	
Contact Person	Darin Moore	Phone Number: (732) 722-7915
Additional Contact Info	Fax Number:	E-mail: dmoore@mdlive.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Telehealth Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MedeAnalytics, Inc	
Contact Person	Scott Paddock	Phone Number: (518) 441-257
Additional Contact Info	Fax Number: (469) 916-3355	E-mail: scott.paddock@medeanalytics.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Blue Insight	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
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(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MCG	
Contact Person	Unavailable	Phone Number: (206) 389-5300
Additional Contact Info	Fax Number:	E-mail: cghelp@mcg.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Evidence-based criteria for care management, case review, and patient assessments.	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Onlife Health	
Contact Person	Phil Hadden	Phone Number: (615) 844-2134
Additional Contact Info	Fax Number:	E-mail: phadden@onlifehealth.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Wellness Program vendor	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

BlueCross BlueShield of Texas

March 6, 2018

Dear Claims and/or Medical Supplier,

Blue Cross Blue Shield of Texas (BCBSTX) is currently in the process of bidding for an exciting opportunity with the City of Austin. If you have received this letter, it is because BCBSTX has submitted a request to the City of Austin Small and Minority Business Resource (SMBR) Department for a list of Austin Metropolitan Statistical Area-based firms that provide services in the Claims and Medical Services line of business, and your firm was included by the SMBR as a qualified vendor in this space.

Scope: Typically projects of this nature involve providing professional services related to claims procession, or broad medical services.

If there is any further support we can offer to meet your needs, please don't hesitate to let us know. Again, thank you for partnering with the Supplier Diversity Program, and for helping us ensure our supply chain represents the diverse communities in which we live and serve.

Sincerely,

LaTonya Fourte'-Lyles
Corporate Supplier Diversity

Supplierdiversity

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:
a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.)Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.

☐ NO, I DO NOT intend to use Subcontractors/Sub-consultants.
Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☒ YES, I DO intend to use Subcontractors /Sub-consultants.
Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub- Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information				
Company Name	Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company			
City Vendor ID Code				
Physical Address	9442 Captial of Texas Hwy. North, Arboretum Plaza II			
City, State Zip	Austin	Texas		78759
Phone Number	(312) 653-9281		Email Address	Latonya_Fourte-Lyles@bcbsil.com
Is the Offeror City of Austin M/WBE certified?	☒ NO ☐ YES Indicate one: ☐MBE ☒WBE ☐MBE/WBE Joint Venture			

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed Subcontracting/Sub-Consulting Utilization Form, and if applicable my completed Subcontracting/Sub-Consulting Utilization Plan, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the Request For Change form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form.

LaTonya Fourté-Lyles 3/08/2018

Name and Title of Authorized Representative (Print or Type) Signature/Date

BlueCross BlueShield of Texas

EXHIBIT B

City of Austin
RFP RWS0504
Best and Final Offer Questions

1. **Confirm that BCBS will provide Summary Plan Descriptions (SPDs)/benefit booklets for the City.**

   Blue Cross and Blue Shield of Texas (BCBSTX) confirms we will provide standard SPDs/benefit booklets online for the City. Electronic SPDs are included in our administrative fees.

   a. **Are you able to ship hard-copy SPDs/benefit booklets to employees' homes? If so, what is the estimated cost?**

      Yes. We would be happy to ship hard-copy SPDs/benefit booklets to employees' homes. The charge is $3.75 per booklet, which does not include postage. Therefore, postage costs would be passed back to the City.

      We have also allotted an implementation credit for costs related to transitional materials. Please refer to page 10 in the Allowances and Credits section of this document.

2. **Confirm that BCBS will produce the ACA Summaries of Benefits and Coverage (SBCs) for the City.**

   We confirm we will provide electronic SBCs for each plan. Electronic SBCs are included in our administrative fees. The cost to print and mail hard-copy SBCs is $1.50 per SBC. To translate SBCs, we charge $350 in addition to the translation vendor's invoice. Please refer to page 10 in the Allowances and Credits section of this document.

3. **For claims incurred outside the HCSC/BCBS service area, confirm that BlueCard fees will be calculated at 2.14% of savings, and will be capped at $2,000/claim.**

   Confirmed. In some non-HCSC states, BlueCard access fees may be charged to the City by the local BCBS Plan in exchange for making their network available to the City's covered associates.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

When applicable, access fees for those BCBS Plans will be billed based on a percentage of discounts achieved and included as part of the claims charge.

In those states (see attachment) the BlueCard access fee will be 2.14 percent of the discount, up to a maximum of $2,000 per claim for 2019. The BlueCard access fees for these non-HCSC plans is expected to be less than $0.20 per employee per month (PEPM).

4. **In the event that members get care from an ACO provider, what would the City be charged as an attribution fee, for each member meeting the attribution criteria? What other fees, if any, would be associated with the ACO?**

Yes. The City would be charged a care coordination fee and an estimated incentive Per attributed Member Per Month (PaMPM) charge monthly during the ACO contract year.

An Incentive Calculation Projection Methodology is used to estimate a provider entity's incentive for the upcoming performance period, usually January through December (note that some Texas ACOs performance period runs July through June). The estimate is defined with a consistent methodology and then spread across the expected population or attributed membership for the upcoming performance period to get to a PaMPM amount.

The methodology looks at the performance of the specific ACO and uses a weighted average based on the ACO's population distribution to generate the estimated savings for a specific time period for a specific provider entity. Each ACO will end up with a slightly different projected incentive amount that will then be charged monthly PaMPM.

Based on the information provided in the RFP and our expectations of attribution for the City's employees, we estimate the charge for the City to be less than $0.10 PMPM and the estimated savings to be approximately $0.15 PMPM.

5. **If the ACO exceeds performance targets, would the City's attributed members be included in the provider bonus calculation and payment? Describe that process – e.g., formula for bonus calculation, timing and method of payment-due notification, accompanying supporting documentation, payment due date.**

Yes. The City's attributed members would be included in the bonus calculation and payment.

At the end of the performance year, we evaluate the ACO's performance. For ACOs located in Texas, we currently measure an ACO's financial performance with **risk-adjusted trend** using a proprietary model, Adjusted Provider Performance Measurement (APPM).

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Beginning in 2018, we will transition to a non-proprietary (concurrent DXCG medical risk scores) risk-adjusted trend model.

The risk adjusted trend model measures the cost trend in an ACO population over time relative to cost trend that would be expected for the ACO population under normal market conditions. The ACO performance target is established based on the risk adjusted trend model, and is then measured against the actual ACO medical cost in the Performance Period.

Any observed variance will imply that a saving (or a loss) has been produced. Finally, the ACO incentive amount is calculated based upon the above savings and the various financial parameters listed in the ACO contractual agreement.

In Texas, for the ACO to be eligible for an incentive payment bonus, the ACO must meet and exceed the quality metrics targets for the attributed population and beat the target trend and bend the cost curve. If ACOs end up with a final incentive for the performance period that has ended, then the incentive is paid to the provider entity in a lump sum format.

After the performance evaluation, the “true up” process compares estimated performance to actual performance. We use the results from the “true up” process to evaluate and compensate an ACO provider.

These are the three scenarios that may happen:

- ACO performed well and earned the projected incentive payment
  - ACO receives the incentive payment in a lump sum from HCSC.
  - The ASO Groups and Home Plans paid the correct PaMPM – no refund or extra charge adjustment is needed because the resulting incentive residual is $0.
- ACO outperformed the estimate and earned a higher-than-projected incentive payment.
  - ACO receives the incentive payment in a lump sum from HCSC.
  - The PaMPM that ASO Groups and Home Plans are paying for the current contract year will be increased to pay for the extra incentive paid for the previous year, because the Incentive Residual is a positive amount.
- ACO underperformed and did not meet certain targets during the contract year.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

- Depending on the contractual agreement, ACO may have to repay all or a portion of the CCFs. The CCF amount that is refunded is based on the contractual arrangement and upon the number of client's members attributed to the ACO during the performance period.
- CCFs are then refunded to the appropriate ASO Groups and Home Plans in a lump sum. We either submit in the system or do a manual adjustment via BARS to reflect the group section lump sum refund and provide the member detail to the Account Executives. The refund would show up on the BARS bill as a "Care Coord Pmt Refund" in the weekly or monthly invoice.
- The PaMPMthat ASO Groups and Home Plans are paying for the current contract year will be **decreased** to repay last year's unused, estimated incentive plus any credited interest. It will be decreased because the Incentive Residual is a negative amount.

Here's an example of how we would forecast and evaluate an ACOs' performance:

- October 2017: We forecast the incentive to the 2018 contract year.
- September/October 2018: We look at performance over the first five months.
- February/March 2019: We look again, this time at the first nine months.
- June/July 2019: We do the final look at all 12 months, and then we settle with the ACOs.

6. Confirm that you are able to adjudicate a tiered network, matching the City's current HMO benefit design, within the BlueEssentials HMO.

Confirmed. We can administer tiering on our Blue Essentials HMO in accordance with TDI requirements.

a. Are you able to offer the same tiered benefit design in other BCBS HMO markets, for members who live outside of TX?

We are able to tier within a 254-county service area. We can also ensure the Tier 1 only providers are in the service area as requested by the City. Having the additional providers in Tier 2 provides the City with additional options to seek in-network emergency care protection they are not afforded with a limited county option.

We can offer the same tiered benefit design in other BCBS HMO markets outside of Texas using our PPO network.

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7. **Does BCBSTX have an affiliation/partnership with a banking institution, to accommodate member Health Savings Accounts (HSAs) associated with CDHP medical plans? If so, provide the monthly fee, per Health Savings Account, and description of services included?**

   Yes. BCBSTX has an integrated relationship with HSA Bank. BCBSTX selected HSA Bank because of their financial strength, experience in administering HSAs, and strong reputation for innovation and excellent customer service. BCBSTX and HSA Bank share a commitment to customer service and to helping consumers navigate the worlds of health care and finance. Refer to the HSA Bank fee schedule included with this follow up response for monthly fees and a description of HSA Bank services.

8. **Confirm that BlueInsights is an online interactive reporting tool accessible by the City and the City's consultant.**

   Confirmed.

9. **Confirm there is an additional charge of $1.00 PEPM, for claim fiduciary services. Regarding the $700 charge, per external claim review, is this charged in addition to the $1.00 PEPM fiduciary services fee?**

   Confirmed. The charge for fiduciary services is $1.00 PEPM, which is in addition to the $700 external audit/claim review charge per audit.

10. **We have attempted to capture all programs/services referenced in your proposal, along with associated fees. There are many programs/services which indicate an additional fee, but that fee was not provided in the proposal – noted as "TBD" in the charts below. Those services included in the administration fee are noted as "Included":**

Please review the Medical charts below and replace "TBD" with the correct fee. Or, provide a separate comprehensive/complete list of fees and services potentially associated with the proposal, in a similar format, including but not limited to those listed in the charts below.

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BlueCross BlueShield of Texas

Medical Plan Administration

Services/Programs Associated with Medical Plan Administration	Fees
Claims Adjudication	Included.
Network Management/Access	HCSC/BCBS Network Access: When applicable, access fees for those BCBS Plans will be billed based on a percentage of discounts achieved and included as part of the claims charge. In those states (see attachment) the BlueCard access fee will be 2.14 percent of the discount, up to a maximum of $2,000 per claim for 2019. The BlueCard access fees for these non-HCSC plans is expected to be less than $0.20 per employee per month (PEPM).
Plan Design Modeling/Cost Projections	Included.
Compliance Assistance *(notification & opinion - no legal advice)*	Included.
Production and Distribution of ID Cards	Standard distribution: Included. Mass re-issuance: $0.85/card.
Online Capabilities for Client and Members	Included.
Online Provider Directory	Online directory: Included. Hard-copy, mailed to one location: $10.00/directory.
Provide annual electronic draft of Benefit Booklet/SPD	Standard online benefit booklets/SPDs: Included. Hard-copy, mailed to one location: $3.75/booklet.

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Services/Programs Associated with Medical Plan Administration	Fees
Provide annual electronic draft of Summary of Benefits & Coverage/SBC *(for each plan of benefits offered)*	Electronic draft of SBC, for each plan: Included. Print & Mail distribution: $1.50/SBC. Translation Services: $350 flat + translation vendors invoice.
Accepts Fiduciary Responsibility (claims, appeals, 3rd party review, etc.)	Fiduciary Responsibility: $1.00 PEPM for claims fiduciary. External Review Coordination: $700 per review.
Toll-free member services line	Included.
Concierge-level member services	Our Benefits Value Advisor is available as a buy-up for $2.50 PEPM.
Enrollment Change Tolerance (+/- XX%)	10%
Reporting	
Electronic Eligibility Transmittal and Receipt of Updates and Monthly Reconciliation	Included.
Standard Reporting - Monthly, Quarterly, Annual	Included.
Online Reporting	Included.
Ad-hoc Reporting	$175/hour *(rarely charged)*.
Clinical Programs & Services	

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Services/Programs Associated with Medical Plan Administration	Fees
Utilization Review, Utilization Management, Case Management	Included in Wellbeing Management fee.
Provider and Network Decision Analytics (PANDA)	Included.
Well Being Management	Included (see BCBS fees, on Medical Admin Fees tab).
Behavioral Health	Included in Wellbeing Management Enable ($0.80 PEPM, if WBM not selected).
Naturally Slim	Available as an add on to the Well Being Management Enable solution for a program administration fee of $0.05 PEPM. As a BCBSTX network provider, Livongo, Naturally Slim, and Omada will manage the programs and bill services as a medical claim. • $38.50/week for the first 10 weeks • $25 /week for the next 7 weeks
Tobacco Cessation	Included in our Wellbeing Management Enable solution. For telephonic coaching, there is an additional buy-up for $0.11 PEPM. Digital self-management is included (fee includes all wellness coaching topics).
Special Beginnings Program (Maternity)	Included in Wellbeing Management.
Stress Management	Included in our Wellbeing Management Enable solution as a buy-up. For telephonic coaching, there is an additional buy-up for $0.11 PEPM.

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Services/Programs Associated with Medical Plan Administration	Fees
	Digital self-management is included (fee includes all wellness coaching topics).
Well on Target	Included in Wellbeing Management Enable solution.
Injury Prevention	Included in our Wellbeing Management Enable solution as a buy-up. For telephonic coaching, there is an additional buy-up for $0.11 PEPM. Digital self-management is included (fee includes all wellness coaching topics).
Preventive Reminders	Standard Digital Messaging is included and consists of standard + age/gender-specific (preventive) + chronic condition management messaging and Well onTarget.
Birthday Cards	Not available.
Health Risk Assessment - Online, Telephonic, and Paper Options	Online and telephonic: Included Paper Option: $20/form.
Manage Lab Partnerships for Biometric Screenings	Vouchers for off-site with vendor partners are included; however, onsite screenings are available for a buy-up.
Upload Biometric Screening Results Directly Into Health Risk Assessment	Included if the screening is from a vendor partner.
Telephonic Health/Condition Coaching	Available as a buy up option to the Wellbeing Management Enable solution for an additional fee of $0.11 PEPM.

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Services/Programs Associated with Medical Plan Administration	Fees
	We provide telephonic health coaching for stress management, fitness improvement, dietary improvements, tobacco cessation, tobacco-free maintenance, controlling blood pressure, improving cholesterol, weight loss, and weight maintenance. There are 21 additional wellness coaching programs that are available to the City; however, they are not "core" topics in that they do not have measurable goals, supporting trackers, nor assessments to aid in reporting clinical outcomes at individual and aggregate levels, as our Core Coaching Topics do.
Telemedicine	Virtual Visits (Med/Behavioral Health) is available for an additional fee of $0.52 PEPM.
Allowances and Credits	
Implementation Credit ($)	$1,500,000 for the full 5-year contract If the City terminates early, any allowance amount spent in excess of $250K for the plan year in which the City terminates, must be paid back to BCBSTX.
Communication Credit ($)	
Wellness Credit ($)	
Reporting Credit ($)	
Auditing Credit ($)	
3rd Party Integration Fees	

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Services/Programs Associated with Medical Plan Administration	Fees
Provide Eligibility to 3rd Party	Standard fee applies to provide a membership file to third party vendor in BCBSTX format: $2,000/vendor, per policy period
Shared Accumulators	$2,000 + $0.42 PEPM
Load Biometric Data to Medical Management Database:	BCBSTX Vendor: No Charge Carve-out Vendor, BCBSTX Standard Format - 1st Load: $5,800/Load Carve-out Vendor, BCBSTX Standard Format - Subsequent Load: $800/Load Carve-out Vendor, Non-standard Format: Custom review/pricing required
Claim Data Extracts Sent to Outside Vendor	Standard Extract (AIM) - assumes 1 report/month: $2,200/year, per vendor
Claim Data Extracts Received from Outside Vendor	Vendor data loaded to Blue Insight: $3,800 per year, per vendor
Interface with Outside Stop Loss Carrier, if Applicable (monthly reporting, possible clinical interaction, etc.)	Standard third-party stop loss reporting is available for an additional fee of $10,000 annually.
Dedicated Resources	
Dedicated On-site Wellness Coordinator	Included.
Dedicated On-site Member Services Representative	Included.

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Services/Programs Associated with Medical Plan Administration	Fees
Dedicated Oncologist Nurse *(off-site - available via phone)*	Included.
Additional Plan Management Services	
Coordination of Benefits (COB)	Included.
Out-of-Network Discount Negotiation	Included.
Subrogation	BCBSTX will retain 25 percent of recovered savings; however, if the case is related to a workers' compensation claim, there is no administrative charge. If a case requires attorney involvement on behalf of CRS, there will be no additional fees beyond the administrative charge to the account.
Medical Bill/Hospital Bill Audit	20% + 5% admin fee. This is only based on dollars recovered from our vendor.
Coding Review	Coding reviews related to benefit coding and implementation of the group is included. Claim coding review using McKesson Xten (CXT) claim auditing software is included.
Outpatient Claims Audit	20% + 5% admin fee. This is only based on dollars recovered from our vendor.
Home Infusion therapy (HIT)/High-cost Injectable Drug (J-code) Audit	20% + 5% admin fee. This is only based on dollars recovered from our vendor.

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Services/Programs Associated with Medical Plan Administration	Fees
Terminal Run-out Administration	Included.
Additional Optional Services	
COBRA Administration	COBRA Administration: Set-up Fee: No charge. Notification Fee: $10/notification packet sent out Monthly Group Charge: $75/month, per group Monthly Active Charge: $10 /month, per active COBRA participant
Benefit Value Advisor (BVA)	$2.50 PEPM
Radiology Quality Initiative	$0.45 PEPM
Member Rewards, if BVA selected	$0.95 PEPM
Member Rewards, if BVA not selected	$1.75 PEPM

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EXHIBIT C
CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER
SOLICITATION NUMBER: RFP 5800 RWS0504
STOP-LOSS BAFO PRICE PROPOSAL

Instructions: Please complete only the yellow-highlighted cells - e.g., renewal cap, premium rate

The City of Austin's procurement process requires that Proposers provide rates or renewal caps for all 5 contract years requested. The City realizes this is not typical practice for the Stop Loss market. As you prepare your Proposal for the 5 contract years covered in this RFP, note that the City will still negotiate renewals annually. If the annual r contract year in your Proposal, the City will renew at that lower rate. If the annual renewal process results in a higher rate than the rate proposed for that contract year in your Proposal, the City will renew at the rate in your Proposal. In summary, the City may pay a lower renewal rate, if applicable, but will never pay a renewal rate higher than th make a contract award for any one of the options listed below.

Composite Lives
17,500

	$500,000 Threshold																		
Specifications	**12/12 Contract, Renew @ "Paid" Contract**						**12/12 Contract, Renew @ "Paid" Contract**						**15/12 Contract, Renew @ "Paid" Contract**						
Covered Population*	Active, Retired, & COBRA						Active, Retired, & COBRA						Active, Retired, & COBRA						
Covered Benefits	Medical & Rx						Medical & Rx						Medical & Rx						
Threshold/Deductible	$500,000						$500,000						$500,000						
Aggregating Specific Deductible	N/A						N/A						N/A						
Annual Maximum	$5,000,000						Unlimited						$5,000,000						
Lifetime Maximum	$5,000,000						Unlimited						$5,000,000						
Specific Stop Loss Rates	**2019 (12/12 Contract)**	**2020 (Paid Contract)**	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**	**2019 (12/12 Contract)**	**2020 (Paid Contract)**	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**	**2019 (15/12 Contract)**	**2020 (Paid Contract)**	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**	**2019 (15/12 Contract)**
Composite Monthly Premium Rate/Renewal Cap	$32.65	$49.99	$69.99	$97.99	$137.19		$32.95	$50.44	$70.62	$98.87	$138.42		$38.45	$49.99	$69.99	$97.99	$137.19		$38.80
Monthly Premium	$571,375	$874,825	$1,224,825	$1,714,825	$2,400,825		$576,625	$882,700	$1,235,850	$1,730,225	$2,422,350		$672,875	$874,825	$1,224,825	$1,714,825	$2,400,825		$679,000
Annual Premium	$6,856,500	$10,497,900	$14,697,900	$20,577,900	$28,809,900	$81,440,100	$6,919,500	$10,592,400	$14,830,200	$20,762,700	$29,068,200	$82,173,000	$8,074,500	$10,497,900	$14,697,900	$20,577,900	$28,809,900	$82,658,100	$8,148,000

	$750,000 Threshold																		
Specifications	**12/12 Contract, Renew @ "Paid" Contract**						**12/12 Contract, Renew @ "Paid" Contract**						**15/12 Contract, Renew @ "Paid" Contract**						
Covered Population*	Active, Retired, & COBRA						Active, Retired, & COBRA						Active, Retired, & COBRA						
Covered Benefits	Medical & Rx						Medical & Rx						Medical & Rx						
Threshold/Deductible	$750,000						$750,000						$750,000						
Aggregating Specific Deductible	N/A						N/A						N/A						
Annual Maximum	$5,000,000						Unlimited						$5,000,000						
Lifetime Maximum	$5,000,000						Unlimited						$5,000,000						
Specific Stop Loss Rates	**2019 (12/12 Contract)**	**2020 (Paid Contract)**	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**	**2019 (12/12 Contract)**	**2020 (Paid Contract)**	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**	**2019 (15/12 Contract)**	**2020 (Paid Contract)**	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**	**2019 (15/12 Contract)**
Composite Monthly Premium Rate/Renewal Cap	$15.90	$24.38	$34.13	$47.78	$66.89		$16.10	$24.64	$34.49	$48.28	$67.60		$18.75	$24.38	$34.13	$47.78	$66.89		$18.95
Monthly Premium	$278,250	$426,650	$597,275	$836,150	$1,170,575		$281,750	$431,200	$603,575	$844,900	$1,183,000		$328,125	$426,650	$597,275	$836,150	$1,170,575		$331,625
Annual Premium	$3,339,000	$5,119,800	$7,167,300	$10,033,800	$14,046,900	$39,706,800	$3,381,000	$5,174,400	$7,242,900	$10,138,800	$14,196,000	$40,133,100	$3,937,500	$5,119,800	$7,167,300	$10,033,800	$14,046,900	$40,305,300	$3,979,500

** Covered population includes all active, retired (Medicare and non-Medicare), and COBRA members enrolled in the City's medical and pharmacy benefit plans.*

renewal process results in a lower rate than the rate proposed for that
e rate in your Proposal, in any given contract year. City reserves the right to

15/12 Contract, Renew @ "Paid" Contract				
Active, Retired, & COBRA				
Medical & Rx				
$500,000				
N/A				
Unlimited				
Unlimited				
2020 (Paid Contract)	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**
$50.44	$70.62	$98.87	$138.42	
$882,700	$1,235,850	$1,730,225	$2,422,350	
$10,592,400	$14,830,200	$20,762,700	$29,068,200	$83,401,500

15/12 Contract, Renew @ "Paid" Contract				
Active, Retired, & COBRA				
Medical & Rx				
$750,000				
N/A				
Unlimited				
Unlimited				
2020 (Paid Contract)	**2021 (Paid Contract)**	**2022 (Paid Contract)**	**2023 (Paid Contract)**	**Grand Total Not to Exceed**
$24.64	$34.49	$48.28	$67.60	
$431,200	$603,575	$844,900	$1,183,000	
$5,174,400	$7,242,900	$10,138,800	$14,196,000	$40,731,600

BlueCross BlueShield of Texas

SELF-FUNDED MEDICAL, STOP LOSS COVERAGE, PHARMACY BENEFIT MANAGER,
SOLICITATION NUMBER: RFP 5800 RWS0504
ATTACHMENT 13: PPO, HMO, CDHP Plan Design

In the columns below, indicate whether or not your organization can administer the benefit exactly as described. Refer to Exhibits 5-8.

Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
PPO PLAN DESIGN (Exhibit 5)	Yes	**Bariatric surgery** – limited to One surgery per lifetime unless complications	Yes	We can support 1 surgery per lifetime; however, facility claims may have to be manually added.
PPO PLAN DESIGN (Exhibit 5)	No	**Dental Accidents:** must be started within 3 months of accident and completed within 12 months of accident	No	We can support our standard which is within 24 months.
PPO PLAN DESIGN (Exhibit 5)	Yes	**Exclusions:** abdominoplasty is not covered.	Yes	We can support this for physicians. Medical Review / Pre-Authorization would apply.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
PPO PLAN DESIGN (Exhibit 5)	No	**Exclusions:** physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments are not covered when required solely for purposes of education, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration.	Yes	We believe we can support; however, we would need to discuss in further detail before we can confirm.
PPO PLAN DESIGN (Exhibit 5)	No	**Exclusions: Replacement of an existing intact breast implant** if the earlier breast implant was performed as a Cosmetic Procedure is not covered (does not exclude when initial breast implant followed mastectomy).	Yes	We can support this for physicians. Medical Review / Pre-Authorization would apply.
PPO PLAN DESIGN (Exhibit 5)	No	**Home Health Care Max** - One visit equals four hours of skilled home health care services.	No	We can support one visit = all services performed in one day. Also, Home health requires Pre-Authorization.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
PPO PLAN DESIGN (Exhibit 5)	No	**Pharmacy: Exclusions -** Certain Prescription Drug Products that have not been prescribed by a specialist physician are not covered.	No	Cannot determine "Certain Drugs". We would need to discuss in further detail to ensure we can administer.
PPO PLAN DESIGN (Exhibit 5)	No	**Pharmacy: Tobacco Cessation Program/Drugs -** A participant can receive FDA-approved tobacco-cessation drugs for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the Healthy Connections Tobacco Cessation Program. Must obtain a prescription for tobacco cessation drugs from your physician. This applies to prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.	Yes	Confirmed. Details to be discussed and confirmed during implementation.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
PPO PLAN DESIGN (Exhibit 5)	No	**Rehab (Outpatient -** Physical, Speech and Occupational Therapy; Cardiac Rehab; Cognitive Rehab; pulmonary rehab - have no calendar year maxes but Medical claim review applies after 30 visits	No	We can support a limit of 30 visits for each type of services but services would deny after 30 visits. Medical Claim review would apply after 30 visits.
PPO PLAN DESIGN (Exhibit 5)	No	**Neurobiological Disorders – Autism Spectrum Disorders Services (Outpatient**): ABA is limited to 680 hours each year for individuals diagnosed with autism.	No	We can support this benefit with the following deviation: A list of what is considered part of the maximum. We cannot support hours, must be visits. Number of visits to be provided to BCBSTX by City of Austin during implementation.
PPO PLAN DESIGN (Exhibit 5)	No	**Newborn Admission:** A Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	No	The deductible can be waived for newborns for physicians and the hospital but not as stated. A specific # of day must be indicated for limit. Hospital claims will waive the deductible for the entire length of stay and is based on the admit date of hospitalization falling between 0 and the # of days identified. The physicians' claims will begin to apply deductible after XX number of days. Number of days to be provided to BCBSTX by City of Austin during implementation.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
HMO PLAN DESIGN (Exhibit 6)	Yes	**Bariatric surgery** – limited to One surgery per lifetime unless complications	Yes	We can support 1 surgery per lifetime; however, facility claims may have to be manually added.
HMO PLAN DESIGN (Exhibit 6)	No	**Dental Accidents:** must be started within 3 months of accident and completed within 12 months of accident	No	We can support our standard, which is within 24 months.
HMO PLAN DESIGN (Exhibit 6)	Yes	**Exclusions:** abdominoplasty is not covered.	Yes	We can support this for physicians. Medical Review / Pre-Authorization would apply.
HMO PLAN DESIGN (Exhibit 6)	No	**Exclusions:** physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments are not covered when required solely for purposes of education, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration.	Yes	We believe we can support; however, we would need to discuss in further detail before we can confirm.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
HMO PLAN DESIGN (Exhibit 6)	No	**Exclusions: Replacement of an existing intact breast implant** if the earlier breast implant was performed as a Cosmetic Procedure is not covered (does not exclude when initial breast implant followed mastectomy).	Yes	We can support this for physicians. Medical Review / Pre-Authorization would apply.
HMO PLAN DESIGN (Exhibit 6)	No	**Home Health Care Max** - One visit equals four hours of skilled home health care services.	No	We can support one visit = all services performed in one day. Also, Home health requires precertification.
HMO PLAN DESIGN (Exhibit 6)	No	**Newborn Admission:** A Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	No	The deductible can be waived for newborns for physicians and the hospital, but not as stated. A specific number of days must be indicated for limit. Hospital claims will waive the deductible for the entire length of stay and is based on the admit date of hospitalization falling between 0 and the number of days identified. The physicians' claims will begin to apply deductible after XX number of days. Number of days to be provided to BCBSTX by City of Austin during implementation.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
HMO PLAN DESIGN (Exhibit 6)	No	**Pharmacy: Tobacco Cessation Program/Drugs -** A participant can receive FDA-approved tobacco-cessation drugs for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the Healthy Connections Tobacco Cessation Program. Must obtain a prescription for tobacco cessation drugs from your physician. This applies to prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.	Yes	Confirmed. Details to be discussed and confirmed during implementation.
HMO PLAN DESIGN (Exhibit 6)	No	**Pharmacy: Exclusions -** Certain Prescription Drug Products that have not been prescribed by a specialist physician are not covered.	No	Cannot determine "Certain Drugs". We would need to discuss in further detail to ensure we can administer.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
HMO PLAN DESIGN (Exhibit 6)	No	**Preauthorization penalty** is a reduction in benefits by 50% for out of network providers.	No	We cannot support 50% for out of network. Out of network providers are not covered except for ER or under standard network adequacy rules – if coverage allowed, it's paid same as in-network
HMO PLAN DESIGN (Exhibit 6)	No	**Rehab (Outpatient -** Physical, Speech and Occupational Therapy; Cardiac Rehab; Cognitive Rehab; pulmonary rehab - have no calendar year maxes but Medical claim review applies after 30 visits	No	We can support a limit of 30 visits for each type of services but services would deny after 30 visits. Medical Claim review would apply after 30 visits.
HMO PLAN DESIGN (Exhibit 6)	No	**Nutritional Counseling:** limited to three individual sessions in your lifetime for each medical condition. This limit applies to non-preventive nutritional counseling services only.	No	We cannot support "per each medical condition". Number of sessions to be provided to BCBSTX by City of Austin during implementation.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
HMO PLAN DESIGN (Exhibit 6)	No	**Residency Requirements:** Must receive services in Bastrop, Blanco, Burnet, Caldwell, Hays, Travis, or Williamson counties. No benefits coverage outside of this area.	No	Our HMO network is statewide and not limited to the counties listed.
CDHP PLAN DESIGN (Exhibit 7-8)	Yes	**Bariatric surgery** – limited to One surgery per lifetime unless complications	Yes	We can support 1 surgery per lifetime; however, facility claims may have to be manually added.
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Dental Accidents:** must be started within 3 months of accident and completed within 12 months of accident	No	We can support our standard, which is within 24 months.
CDHP PLAN DESIGN (Exhibit 7-8)	Yes	**Exclusions:** abdominoplasty is not covered.	Yes	We can support this for physicians. Medical Review / Pre-Authorization would apply.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Exclusions:** physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments are not covered when required solely for purposes of education, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration.	Yes	We believe we can support; however, we would need to discuss in further detail before we can confirm.
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Exclusions: Replacement of an existing intact breast implant** if the earlier breast implant was performed as a Cosmetic Procedure is not covered (does not exclude when initial breast implant followed mastectomy).	Yes	We can support this for physicians. Medical Review / Pre-Authorization would apply.
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Home Health Care Max** - One visit equals four hours of skilled home health care services.	No	We can support one visit = all services performed in one day. Also, Home health requires precertification.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Pharmacy: Exclusions -** Certain Prescription Drug Products that have not been prescribed by a specialist physician are not covered.	No	Cannot determine "Certain Drugs". We would need to discuss in further detail to ensure we can administer.
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Rehab (Outpatient -** Physical, Speech and Occupational Therapy; Cardiac Rehab; Cognitive Rehab; pulmonary rehab - have no calendar year maxes but Medical claim review applies after 30 visits	No	We can support a limit of 30 visits for each type of services, however, services would deny after 30 visits. Medical Claim review would apply after 30 visits.
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Newborn Admission:** A Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	No	All newborn services must be subject to the family plan deductible. The only exception is for services coded by the provider as routine or preventive.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Pharmacy: Mail Order -** Copays for insulin needles/syringes and/or diabetic supplies are waived when dispensed on the same day as your insulin (Byetta, Victoza, Symlin or Oral Agent), but only when the insulin or oral agent is dispensed first.	No	All benefits and pharmacy must be subject to the plan deductible. The only exception is ACA-mandated prescriptions and services coded by the provider as routine or preventive.
CDHP PLAN DESIGN (Exhibit 7-8)	No	**pr: Diabetes Program/Drugs -** A participant can receive Tier 1 diabetes medication and supplies for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the Healthy Connections Diabetes Program. This benefit does not include medications prescribed for related issues and durable medical equipment. Supplies for the continuous glucose monitors are covered if obtained through a retail pharmacy provider.	No	All prescription and diabetes supplies must be subject to the plan deductible.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Outpatient Diagnostic Services:** In Network: 100% deduct waived; Out of Network: 60% after deduct.	No	We cannot support. Diagnostic services must apply deductible unless they care considered 'routine' and billed with a 'routine diagnosis.
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Pharmacy:** Expanded Preventive Drug List - 80% deduct waived	No	We can support. This would be the addition categories on the non-ACA preventive list. Also, all prescriptions must be subject to the plan deductible. The only exception is ACA-mandated pharmacy.

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Benefit Description	Administer Exactly As Described Yes/No	Benefit Design	Indicate if Manual Processing Yes/No	Alternative Solutions
CDHP PLAN DESIGN (Exhibit 7-8)	No	**Pharmacy: Tobacco Cessation Program/Drugs -** A participant can receive FDA-approved tobacco-cessation drugs for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the Healthy Connections Tobacco Cessation Program. Must obtain a prescription for tobacco cessation drugs from your physician. This applies to prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.	Yes	For the HDHP-HSA plan, this must be limited to the ACA-mandated smoking cessation requirements. The first-dollar coverage can only be for 2 – 90-day sessions of smoking cessation prescriptions. Beyond this, the prescription must be subject to the plan deductible. Details to be discussed and confirmed during implementation.

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SELF-FUNDED MEDICAL, STOP LOSS COVERAGE, PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES
SOLICITATION NUMBER: RFP 5800 RWS0504
ATTACHMENT 10: R EQUIRED REPORTS

Confirm the following Reports will be provided separately for the three (3) major groups: active employees, retirees under 65 and retirees over 65 by plan.

1. CLAIMS AND FINANCIAL REPORTS				Available	
Month	**Quarter**	**Annual**		**Yes**	**No**
X			**Claims exceeding $100,000 and diagnosis and prognosis of each**	X	
X			**Claims exceeding mid-point of specific stop-loss insurance retention level**	X	
Upon Request			**Claims by City Department (No. of Claims Paid and Amount Paid)**	X	
	X		**Top 100 Diagnosis Codes by frequency and by amount paid**	X	
X			**Lag report indicating the time between the date a claim is incurred and the date paid, presented in mutually agreed upon format**	X	
	X	**X**	**Hospital admissions, inpatient days per thousand lives, and average length of stay. Number of admissions by procedure and by diagnosis**	X	
	X	**X**	**Outpatient Hospital Utilization Reports by Category of Service (ER, lab, x-ray, etc.)**		
X			**Claims paid, number enrolled and number of claimants for each major group and plan with dependents broken out**	X	
	X		**Subrogation**	X	

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2. PRESCRIPTION DRUG REPORTS				Available	
Month	**Quarter**	**Annual**		**Yes**	**No**
X			**Summary of prescription activity by delivery system (retail vs. mail), eligibility and utilization by cardholders and members, savings due to discounts and costs for plan, members and total**	X	
	X		**Summary of savings by delivery system. Report to show gross prescription costs, reductions due to discounts, generic substitution rate, generic dispensing rate, formulary compliance and formulary dispensing rate**	X	
X			**Generic substitution summary which shows the dispensing of brand drugs without generics, brand drugs with generics and generics by mail and retail**	X	
X			**Utilization analysis of selected, high cost therapeutic class spending**	X	
X			**Top 50 drugs by dollar volume for mail service**	X	
X			**Top 50 drugs by dollar volume for retail service**	X	
X			**Claims paid, number enrolled and number of claimants for each major group and plan with dependents broken out**	X	
Explain any limitations you have with customizing standard reports.			[redacted] *The information in this response is confidential and proprietary.*		

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	[redacted] *The information in this response is confidential and proprietary.*
The City requires online access to reporting; describe how you will make your system available to the City.	[redacted] *The information in this response is confidential and proprietary.*
Discuss the City's capacity to create/modify/extract/validate data.	[redacted]

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	[redacted] *The information in this response is confidential and proprietary.*
What is the standard turnaround time for ad hoc reports?	The turnaround time for custom reporting and support requests will vary depending upon your specific request. Our average turnaround time associated with such requests for analysis, modeling, and reporting is typically five to 10 business days.
What is your unit's availability to provide reporting support and assistance to the City staff?	In addition to Donald Coronado, the City's account executive, we will provide a designated client consultant to support your reporting needs. You can meet regularly with your consultant to discuss report analytics and outcomes as well as any support or assistance you need with reporting.

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Describe any reports either financial or clinical in nature that would be provided to the City in order to help manage benefit costs. Provide examples of these reports.	[redacted] *The information in this response is confidential and proprietary.*

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[redacted]

The information in this response is confidential and proprietary.

1. HEALTH IMPROVEMENT REPORTS				Available	
Month	**Quarter**	**Annual**		**Yes**	**No**
X			**Engagement rates by program and reported overall, for Covered Persons**	X	
X			**Engagement rates by Member diagnostic category, health status to include definitions of health status categories including risk level ranges**		X
	X	**X**	**Progress on clinical measures**	X	
	X	**X**	**Progress on gap closures**	X	
	X	**X**	**Program specific engagement rates by health status including definitions of health status categories including risk level ranges**	X	
	X		**Quarterly High Utilizers of ER Services Report**	X	
		X	**ROI overall and by specific Wellness and/or Disease Management Program describing program components, improvements, and specific clinical and financial outcomes for each component of the program and the overall program**	X	
			Recommendations regarding how to enhance the Member experience and Member engagement, how to close clinical gaps in	X	

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		X	care and otherwise engage the provider community, incentive and other programs to consider, ideas to improve Wellness service program outcomes, etc.		
4. HEALTH IMPROVEMENT REPORTS				Available	
Month	Quarter	Annual		Yes	No
X			Health Risk Assessment completion report	X	
		X	Health Risk Assessment summary report with top health risks	X	
		X	Completion of preventive services tied to the City's incentive program, Healthy Rewards	X Yes, if the City uses our vendor partner for these services (i.e. onsite biometrics, onsite flu shots) and/or they have our Incentive Processor product.	

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BlueCross BlueShield of Texas

CITY OF AUSTIN

SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES SOLICITATION NUMBER: RFP 800 RWS0504

ATTACHMENT 1: BUSINESS ORGANIZATION

Requested Information	Response
Name of Company	Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company
Name of Parent Company (if applicable)	Health Care Service Corporation, a Mutual Legal Reserve Company
Location of corporate office	**Blue Cross and Blue Shield of Texas** 1001 East Lookout Drive Richardson, Texas 75082 **Health Care Service Corporation** 300 East Randolph Street Chicago, Illinois 60601-5099
Legal form of organization (corporation, partnership, non-profit, etc.)	Mutual Legal Reserve Company
Years of operation	Blue Cross and Blue Shield of Texas (BCBSTX) traces its origin to the non-profit Baylor Plan, founded by Dr. Justin Ford Kimball in 1929 as the nation's first hospital pre-payment plan.
Date plan services first provided in Austin	We have provided services in Austin since BCBSTX began in 1929. We have had a local presence in the Austin market for more than 50 years.
Office servicing the contract:	9442 Capital of TX Hwy N, Suite 500 Austin TX 78759

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Location **Number of staff as of 2017** **Number of clients as of 2017**	There were more than 140 employees employed by our Austin office in 2017. [redacted] *This information is considered confidential and proprietary.*
Self- Funded - Number of covered lives in: **2016** **2017** **January 2018**	[redacted] *This information is considered confidential and proprietary.*
Number of participating employer groups	[redacted] *This information is considered confidential and proprietary.*
Number of public sector employer groups	[redacted] *This information is considered confidential and proprietary.*
Number of employer groups with more than 5,000 employees	[redacted] *This information is considered confidential and proprietary.*
Number of public sector employer groups with more than 5,000 employees	[redacted] *This information is considered confidential and proprietary.*

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Have you been the subject of litigation by a client or employer? List any litigation identified by complaint in the past five (5) years.	[redacted] *This information is considered confidential and proprietary.*
Provide a disclosure of all State and Federal regulatory actions taken against your organization in the last five (5) years. Include all settlements with federal regulators, state regulators, state insurance departments, and/or Attorney General which are currently pending or have been completed in the last five (5) years.	[redacted] *This information is considered confidential and proprietary.*

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	[redacted] *This information is considered confidential and proprietary.*

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	[redacted] *The information in this response is confidential and proprietary.*
Provide a copy of your organization's Business Continuity Plan which must include a plan between the City and your company to continue services should the City's functions and operations (e.g. Designated contact, hotline to customer service for employees to use, website for employees to access, etc.) cease due to an unexpected event or disaster.	[redacted] *This information is considered confidential and proprietary.*

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

	[redacted] *The information in this response is confidential and proprietary.*
Has your company ever failed to complete any work awarded to you? If so, where and why?	[redacted] *The information in this response is confidential and proprietary.*
Has your firm ever been terminated from a contract? If so, where and why?	[redacted] *The information in this response is confidential and proprietary.*
Provide your organization's most current financial rating as described by the following rating sources: **Comdex** **A.M. Best**	As the largest non-investor-owned health insurer in the country, HCSC views health care financing, access and delivery with a long-term perspective

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Fitch, Moody's Standard & Poor's Weiss	that promotes the entire health care system, not just the company's position. Financial health is critical to fulfilling our obligations to our clients and members. Our ratings reflect the strong financial health of the company. This illustrates our constant commitment to financial stability, which has always been the foundation of our success. We pride ourselves on the fact that we are among the highest rated health insurers in the U.S. In part, our strength comes from our unique structure as a mutual legal reserve company, not a publicly traded, for-profit insurer. This structure gives us three distinct advantages: • Operating our business for the benefit of our policyholders, who are our owners. Our incentives are aligned with theirs, and we can together take a longer-term view of the market. • Focusing on customer value. In contrast, investor-owned or publicly traded companies must balance customer needs and shareholder value. • Paying claims and providing other services is supported in part by a disciplined, conservative investment philosophy that results in a highly diversified and liquid portfolio. The following are our recent ratings: Comdex — Not applicable. A.M. Best — HCSC's financial strength was an A (excellent) on July 29, 2016. The outlook is stable. This rating was most recently affirmed November 2, 2017.

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	Fitch — HCSC's financial strength is A (Strong) from Fitch as of September 21, 2017. Service Corporation's (HCSC) 'A' (Strong) Insurer Financial Strength (IFS) rating. Moody's — HCSC's outlook from Moody's is negative. HCSC does not have a formal relationship with Moody's. The rating and outlook is an independent assessment from Moody's Investors Service. Standard & Poor's — HCSC's outlook from Standard and Poor's is Positive.

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Certificate Number: HUM004041 - 3308

Certificate of Full Accreditation

is awarded to

Health Care Service Corporation, a Mutual Legal Reserve Company (operating through its five Divisions; BCBS of Illinois, BCBS of New Mexico, BCBS of Oklahoma, BCBS of Montana, and BCBS of Texas) Behavioral Health
1001 E. Lookout Dr.
Richardson, TX 75082

for compliance with

Health Utilization Management Accreditation Program

pursuant to the

Health Utilization Management, Version 7.2

Effective from the Thursday 1st of October of 2015 through the Monday 1st of October of 2018

Kylanne Green
President & Chief Executive Officer

ACCREDITED

URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.

Certificate Number: HUM004379 - 99193

CERTIFICATE OF Full Accreditation

is awarded to

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation
1001 East Lookout
Richardson, Texas 75082

for compliance with

Health Utilization Management Accreditation Program

pursuant to the

Health Utilization Management, 7.2

Effective from the 06/01/2016 through the 06/01/2019

Kylanne Green
President & Chief Executive Officer

ACCREDITED

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NCQA
Measuring quality.
Improving health care.

National Committee for Quality Assurance

has awarded

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation

Marketplace HMO

the status of

Provisional

for service and clinical quality that meet some basic requirements

for consumer protection and quality improvement.

CHAIR, BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

12/14/2017	03/14/2019
DATE GRANTED	EXPIRATION DATE

NCQA
Measuring quality.
Improving health care.

National Committee for Quality Assurance

has awarded

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation (FEP)

Commercial PPO

an accreditation status of

ACCREDITED

for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.

CHAIR, BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

March 28, 2017	*March 28, 2020*
DATE GRANTED	EXPIRATION DATE

BlueCross BlueShield of Texas

Experience & Qualifications

1. Your company's relevant experience, qualifications, and expertise providing services described in the Scope of Work. If partnerships/subcontractors are proposed, describe your company's experience in managing these relationships. Letters of Recommendation that your company has received may be included.

We trace our origin to the non-profit Baylor Plan, founded by Dr. Justin Ford Kimball in 1929 as the nation's first hospital pre-payment plan. Today, Blue Cross and Blue Shield of Texas (BCBSTX) covers more than 5.4 million members – far more than any other group health insurance company in the state – and is part of the Blue Cross and Blue Shield Association, whose independent plans cover more than one in three Americans.

Corporate Structure

BCBSTX is the Texas-based division of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company established and licensed in 1936. HCSC is the largest customer-owned health insurer in the United States and fourth largest overall. Headquartered in Chicago, HCSC also operates as Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, and Blue Cross and Blue Shield of Oklahoma. HCSC serves more than 15 million members.

Financial Strength

Financial health is critical to fulfilling our obligations to our clients and members. HCSC recognizes that its clients and members depend on the company to provide health-related financial security and protection from overwhelming health care costs. Our ratings reflect the strong financial health and resources of the company. This illustrates our constant commitment to financial stability, which has always been the foundation of our success. We pride ourselves on the fact that we are among the highest rated health insurers in the U.S.

In part, our strength comes from our unique structure as a mutual legal reserve company, not a publicly traded, for-profit insurer. This structure gives us three distinct advantages:

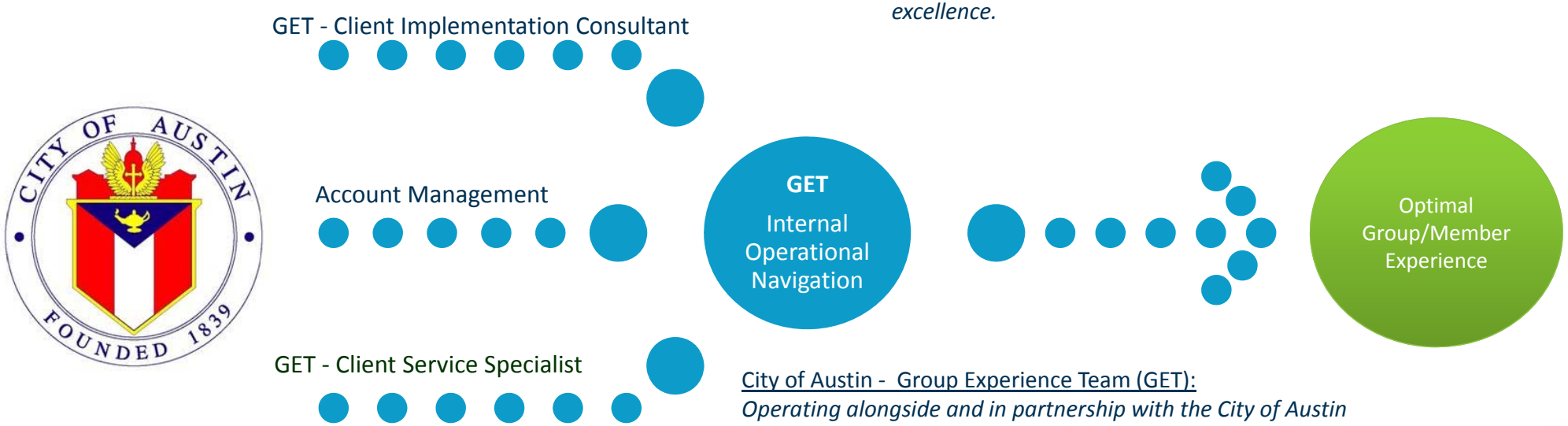
- Operating our business for the benefit of our policyholders, who are our owners. Our incentives are aligned with theirs, and we can together take a longer-term view of the market.
- Focusing on customer value. In contrast, investor-owned or publicly traded companies must balance customer needs and shareholder value.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Group Experience Team (GET) – City of Austin Support Model

<u>Mission Statement:</u> The GET will manage internal key operational service level agreements in support of delivering on key performance indicators, provide seamless implementation and renewal installation support, and resolve escalated service inquiries, thus allowing Account Management to focus on the strategy and overall relationship.

<u>City of Austin - Account Management Team</u>
Responsible for establishing and maintaining the overall relationship with the City of Austin and other stakeholders. Provides strategic leadership to the City of Austin's health plan design, provide guidance on industry topics, trends and regulatory changes, and operational excellence.



<u>City of Austin - Group Experience Team (GET):</u>
Operating alongside and in partnership with the City of Austin account management team. GET leads operational activities, spearheads global problem solving, escalated customer service and membership inquiries, and is accountable for the installation and renewal of products and services.

Dedicated City of Austin GET Team - Roles & Responsibilities

Client Implementation Consultant (CIC): Works in collaboration with City of Austin and Account Management on the operational strategy.

- Identifies Benefit Solutions
- Integration of new Products & Services
- Annual City of Austin Benefit Review
- Downstream Systems Installation
- Escalation Support / Liaison / Operational Navigation
- Additional project management support provided by Implementation Analyst (as needed)

Client Service Specialist (CSS) key responsibilities include: day to day customer support, issue resolution, and internal organizational navigation.

- Day-to-day Support
- Claims/Benefit Inquiries & Issues
- Eligibility
- Patient Share
- Provider on Contract / Status
- High $ Notification
- Liaison / Operational Navigation.

Overview - Initial Onboarding Timeline

09/03: Carrier decision/scope confirmed

09/05: SBC provided

10/06: SBC's finalized

10/15-11/16: Open Enrollment

11/30*: OE production file received

12/07: OE second file/ discrepancy report

AUG | SEP | OCT | NOV | DEC

09/06: Transition planning & account set up

09/12-10/29: AEP File testing process

12/10: ID Cards Mailed

**Dependent on AEP vendor timeline*

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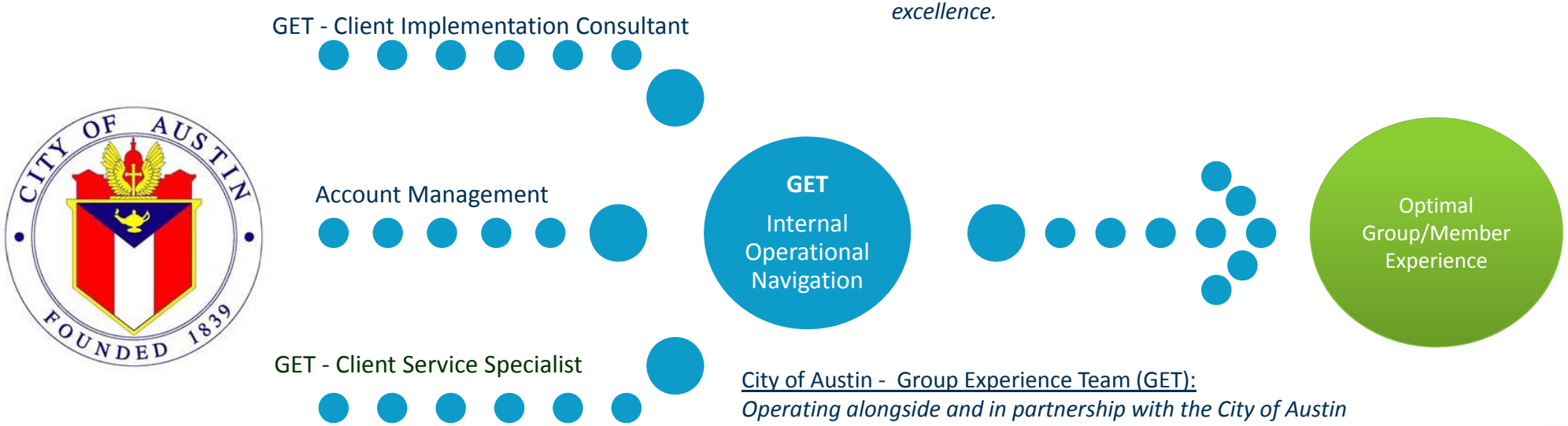

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**Dependent on AEP vendor timeline*

BlueCross BlueShield of Texas

Part 3 - Auditing

Include in Tab 8 Part 3 your organization's most recent Standards for Attestation Engagement 16 (SSAE-16) – Reports on the Processing of Transactions by Service Organizations.

Prime Therapeutics, LLC (Prime) releases its SOC1 report to current clients who have signed a non-disclosure agreement.

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BlueCross BlueShield of Texas

CITY OF AUSTIN PURCHASING OFFICE
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES SOLICITATION NUMBER: RFP 5800 RWS0504
ATTACHMENT 4: CUSTOMER SERVICE INFORMATION

Question	Response
CUSTOMER SERVICE:	
Location of the Customer Service unit?	The City of Austin's (the City's) account will be managed out of our Wichita Falls, Texas Service Center.
Number of Customer Service Representatives (CSRs)?	We have 65 Customer Advocates in our Wichita Falls Service Center.
Number of supervisors, trainers, and management staff?	5 Customer Service Supervisors (Average 17 years' experience) 7 Claims Supervisors (Average 16 years' experience) 2 Claims Managers (Average 23 years' experience) 4 Developmental Specialists for claims, group membership and essential services. (Average 16 years' experience)
Number of dedicated CSRs to service the City?	Six customer advocates that are part of a specialized team will support the City. Exceptional customer service is at the core of member services. Through this philosophy, we recommend a specialized team of customer advocates that would handle the City and other like-sized performance guarantee large/major clients. These customer advocates would be highly specialized and trained to support the City's medical plan and members. We feel that our specialized team model is better tailored to meet these needs by enabling more efficient cross training, flexibility with work sharing, and increased customer advocate capacity to meet the City's needs.

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Number of dedicated CSRs that speak Spanish?	Blue Cross and Blue Shield of Texas (BCBSTX) has 33 Spanish-speaking bilingual customer advocates to assist members who prefer to speak Spanish. Our bilingual customer advocates communicate with Spanish-speaking members without the assistance of Language Line interpreters. While not dedicated, this entire pool would be trained and available to support Spanish-speaking members for the City. For members who speak a language other than English or Spanish, BCBSTX utilizes Language Line Services. The Language Line provides over-the-telephone and written correspondence interpretation from English to more than 175 languages, which represent approximately 98.6 percent of all customer requests from the 6,809 languages spoken in the world today.

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What is the average length of service for the dedicated CSRs? Describe the level of experience for the CSR staff that will serve the City's members. What was your average CSR turnover rate for 2016, and 2017?	Customer advocates located in the Wichita Falls Service Center have an average of five years' experience. Customer advocates are provided with extensive training to prepare them to handle all written and phone inquiries to consistently meet our customers' needs. Part of their role includes receiving, researching, and processing information from members or providers to ensure all customer questions are addressed. Customer advocates are experienced with reading and interpreting contract language, gathering appropriate documents [e.g., claim copies, claim history data, cancelled checks, online status, Explanation of Benefits (EOBs)], and utilizing applicable terminal screens, including online documentation, intranet, and Internet navigation. Customer advocates have access to claims data, eligibility information and benefit information. They can collaborate with providers, families, and patients by ensuring communication is open and information shared appropriately and in compliance with HIPAA regulations to ensure members' and providers' needs are met. Customer advocates provide guidance to members when determining what products best suit their needs, such as providing information on what coverages are available and explaining what the coverage means. They can also assist members with making decisions about complex health issues, such as coordinating effective medical care management. The voluntary inquiry turnover rate for the Wichita Falls Service Center was 16.53 percent in 2016, and 5.52 percent in 2017.
Do you record all incoming calls? If yes, how often are calls purged?	Yes. All calls are recorded. The voice portion of recorded calls is currently retained for 11 years. The screen capture portion is retained for approximately 60 days.
How many months of claims history are available to CSRs?	Claims data is available to customer advocates up to 11 years through our claims processing system (Blue Chip).

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Target ratio of CSRs to enrolled participants?	[redacted] *The information in this response is confidential and proprietary.*
Do you issue an ID card per employee/retiree or each covered person?	**PPO** Two cards are normally provided per family, one for the employee and one for the spouse; however, additional cards can be furnished upon request. **HMO** ID cards are issued to all eligible family members.

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What on-line services are available to covered persons?	[redacted] *The information in this response is confidential and proprietary.*

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Detail how you measure enrollee satisfaction.	[redacted]

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	[redacted] *The information in this response is confidential and proprietary.*	
Rollover rate (% of calls redirected from dedicated unit)	**2016** Not tracked. With the specialized team model being proposed, there is not a set number of dedicated Customer Advocates to the account. The Customer Advocates would handle other like-sized large/major clients, including the City.	**2017** Not tracked. With the specialized team model being proposed, there is not a set number of dedicated Customer Advocates to the account. The Customer Advocates would handle other like-sized large/major clients, including the City.

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Abandonment Rate	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*
Average Speed to Answer in Seconds	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*
Member Satisfaction Level	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*

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First Call Resolution Rate	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*
Turnover Rate for Unit	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*

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Average response time for resolving customer inquiries and complaints	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*	[redacted] *The information in this response is specific to the Wichita Falls Service Center and is considered confidential and proprietary.* [redacted] *The information in this response is specific to the Pharmacy Service Center and is considered confidential and proprietary.*

Are all member service representatives, clinical staff and other applicable team members appropriately licensed or certified in the state in which they are employed? Confirm your ability to meet this requirement.	**Agree** Confirmed.	**Disagree** Not applicable.
Proposer shall have staff available to the City during the hours of 8:00 a.m. through 8:00 p.m. CT, Monday through Friday excluding holidays specified by the City. Confirm your ability to meet this requirement.	**Agree** Confirmed. Customer service representative staff will be available to the City from 8 a.m. to 8 p.m., Central time, Monday through Friday.	**Disagree** Not applicable.
Describe your firm's process for providing training to CSRs in all areas, including, but	With a primary goal of providing best-in-class service for our members, we set aside five weeks of training before advocates begin assisting our members. An additional five weeks of	

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not limited to, covered services, provider network, and any prior approval or pre-certification requirement related to the City.	learning and hands on experience is included for a total of a 10-week curriculum. **Customer Advocate Curriculum** The 10-week advocate course is delivered using a format that blends web-based training (conceptual and simulation lessons), instructor-led components, hands-on practice, and timed and quality-checked application exercises. Hands-on claims practice and application exercises are performed on a test system that mirrors our live environment, and hands-on calls take place in a simulated call center environment. In the first week, trainees complete the required corporate and divisional HIPAA training. They then progress into our business fundamentals, where they learn foundational information about the insurance industry, BCBSTX plans, and how we do business. Week two focuses on key components of handling membership eligibility inquiries, documenting calls, and answering benefit inquiries. This is also when the first round of simulated calls take place. Weeks three and four include the second round of simulated calls and begin the process of learning to adjudicate basic professional, institutional, and batch input system (BIS) claims, and then more advanced claims, such as Medicare and manual pricing. Week five delves into claim status inquiries, including BlueCard® out of area claims. This week also includes the third and fourth rounds of simulated phone calls. Week six focuses on the differences between claim types (major medical, loose bill, ambulance, anesthesia, and surgery), and offers the first opportunity to answer live calls and process live claims in the classroom with the support of their performance specialist, developmental specialist, and/or learning coaches. Weeks seven through 10 allow more time for live application on claims and member inquiries, while intermittently training concierge service and more advanced situations, such as cost containment and adjustments. Following formal training, advocates have support available at all time and are scheduled for 30 minutes per week of additional training activities which may include huddle topics, performance solutions, seminars, workshops, or other online courses available through our learning management system, myLearning, to continue to enhance and broaden their

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	customer advocate skills. We release advocates from a step program for quality, and the sample number of quality reviews are reduced once they reach the expected level of quality performance.
How do you track member complaints?	BCBSTX tracks inquiries and complaints from receipt to resolution using an online, real-time inquiry tracking system. This system allows the customer advocate to document the source and nature of the inquiry and any important notes. The system also includes a history of all inquiries by the member, provider, or group. To ensure timely resolution of inquiries, system reports are generated for management review.
What is your process for handling grievances? Provide the response time to a member if a grievance is filed.	Members or their representatives are always welcome to contact BCBSTX through its Customer Service Department or online through our secure member portal for any grievance with the partial or total denial of reimbursement for services rendered. Upon receipt of a complaint regarding a denied or partially denied claim, we send a written acknowledgment to the member stating the claim will be researched and reconsidered. **Appealing a Claims Determination** Within 60 days of receiving the request for review, we consider the prior determination and provide written notification of the decision.
Briefly describe your member website capabilities including whether your member website includes the following: **Can Covered Persons receive directions to provider's office provided by Map Quest or other mapping/direction applications?**	[redacted] *The information in this response is confidential and proprietary.*

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Ability to review a history of claims payments (medical and pharmacy), including deductible status, out-of-pocket maximum status, etc. **Can Covered Persons contact member services online?** **Can Covered Persons review physician and hospital quality or outcomes data?** **Can Covered Persons review information about diseases and conditions?**	[redacted] *The information in this response is confidential and proprietary.*

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Do you have an online plan selector tool to help eligible members determine their plan election? **Can claims information (medical and pharmacy) be downloaded into the tool if the PBM is a separate vendor?**	BCBSTX does not have an online plan selector tool or claims information for external PBM vendors other than Prime Therapeutics LLC; however, we can provide decision support tools for an additional charge through our Blue Directions program. Blue Directions is a web-based enrollment and benefits administration platform focused on increasing employee engagement and consumerism. Blue Directions provides an online decision support tool that will match employees with plans that fit their individual or family needs. In the enrollment website, employees will be prompted to take a brief survey that addresses their health, risk adversity, and budget considerations. The tool will then generate a tailored list of plans that are considered "great matches" based on the employee's survey answers. Additional features of Blue Directions include: • Educational resources: Before they enroll in their benefits, employees can access the Blue Directions employee website to learn about the different types of plans available, how the Blue Directions enrollment process works and about all the value-added programs and tools that will be available to them as a BCBSTX member. • Online enrollment: During enrollment, employees can log into the secure enrollment website that makes shopping for benefits easy. As with most online shopping experiences, employees will be able to use filters and side-by-side product comparisons to choose their benefit plans. • More health plan options: Employees can select from three to five different BCBSTX health plans in the enrollment website. There is no "one size fits all" approach to benefits as employees can choose between plans that range from comprehensive coverage down to minimum essential coverage, depending on their needs. • Ancillary coverage: In addition to BCBSTX health plans, Blue Directions can integrate with industry-leading carriers to offer dental, vision, life and disability, critical illness, and

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	other specialty products. The enrollment website is a one-stop shop for employees – all benefits in one place. • Live agents: Blue Directions also provides a call center staffed with noncommissioned licensed agents who are available to assist members with their benefit selections. The agents can answer employees' questions about the enrollment website, plan designs and eligibility. They can even enroll employees in their benefits over the phone. Over 90 percent of surveyed employees said the advisors exceeded their expectations and made them feel confident about their enrollment decisions.
Are you able to message members on more cost-effective treatment options? For example, if a member has a non-emergent emergency room visit that does not result in a hospital admission, will you message them to suggest alternatives? **Is member messaging available electronically, telephonically, and/or through the mail?** **What types of messages do you send members?**	[redacted] *The information in this response is confidential and proprietary.*
Do you utilize applications for mobile devices for messaging, provider lookup, general health information or other services? Please describe.	[redacted] *The information in this response is confidential and proprietary.*

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	[redacted] *The information in this response is confidential and proprietary.*

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CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE,
PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES
SOLICITATION NUMBER: REP 5800 RWS0504
ATTACHMENT 24: FORMULARY DISRUPTION DETAIL

Instructions: To be used to respond to Attachment 20- PBM Questionnaire. Use the claims file obtained from Segal to complete the table below. Populate the "Proposed Tier" column with one of the following values - "Y" = in formulary; "N" = non formulary; or "X" = not covered.

Drug Name	Drug NDC	Current Formulary Indicator	Proposed Tier (Y, N, X)	Prescriptions	Claimants	Claim Dollars
VENTOLIN HFA	00173068220		Y	2385	1285	
LEVEMIR FLEXTOUCH	00169643810		Y	1622	366	
PROAIR HFA	59310057922		Y	1302	987	
ONETOUCH ULTRA BLUE	53885024510		N	1030	427	
ONETOUCH VERIO TEST	53885027210		N	1016	412	
DEXILANT	64764017530		N	858	172	
INVOKANA	50458014130		Y	710	127	
VICTOZA	00169406013		Y	685	145	
ADDERALL XR	54092038701		N	649	131	
NUVARING	00052027303		Y	630	131	
VOLTAREN	63481068447		N	609	383	
ADVAIR DISKUS	00173069600		Y	607	197	
BYSTOLIC	00456141030		N	594	119	
SYMBICORT	00186037020		Y	578	204	
NOVOLOG FLEXPEN	00169633910		Y	576	134	
XARELTO	50458057930		Y	571	105	
ONETOUCH DELICA LANC	53885013610		N	568	314	
ADDERALL XR	54092039101		N	546	106	
LO LOESTRIN FE	00430042014		N	531	136	
ELIQUIS	00003089421		Y	499	98	
TRULICITY	00002143480		N	493	93	
BASAGLAR KWIKPEN	00002771559		N	450	145	
HUMALOG	00002751001		N	448	112	
VYVANSE	59417010610		Y	432	80	
VYVANSE	59417010310		Y	421	135	

BlueCross BlueShield of Texas

CITY OF AUSTIN
SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES SOLICITATION NUMBER: RFP 5800 RWS0504
ATTACHMENT 23: SELF-FUNDED EGWP OPTIONS

QUESTIONS	RESPONSE
Describe your overall EGWP capabilities including:	
Years providing EGWP plans to ASO plan sponsors.	Blue Cross and Blue Shield of Texas (BCBSTX) is not able to provide a self-insured EGWP quote at this time. We have answered the questions below based on a fully insured EGWP offering. BCBSTX and Prime Therapeutics, LLC (Prime)have supported the administration of EGWP with their health plan clients since the inception of the Medicare Part D program in 2006.
Total current (2017) and projected 2018 EGWP membership, separately by insured and self-insured.	Prime provides pharmacy benefits for 1.2 million Medicare Part D members, including more than 800 unique EGWPs, 200 employers, and 78,000 lives. Of the 78,000 lives, 57,000 are fully insured. The EGWPs supported include Medicare Advantage Prescription Drug (MAPD), Prescription Drug Plan (PDP), and fully insured. BCBSTX and Prime anticipate a dramatic growth in our EGWP membership. Efforts in 2018 across people, process, technology, and overall support will culminate in several best-in-class EGWP solutions. These solutions include market-leading employer group summary reporting, turn-key implementations, ready-to-use drug lists, supplemental lists, and network options to meet the demands of the City. Our Synchronized Claim Adjudication functionality simplifies the member and pharmacy experience while maintaining compliance with CMS and maximizing the flow of funds from CMS and coverage gap discounts.

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Total current (2017) and projected 2018 number of employer EGWP plans separately by insured and self-insured.	There are over 200 employers and 78,000 EGWP lives. For 2019, we anticipate a 10 to 15 percent increase.
Describe the available formulary options and explain the differences between your standard formulary and the formulary used with your EGWP. Please provide the EGWP formulary.	Prime's Medicare Part D drug list management program is designed to ensure that the clinical integrity of the drug lists is maintained while managing prescription drug spend. To ensure clinical integrity, therapeutic classes are first evaluated to ensure that safety, efficacy, and uniqueness considerations are met. Where those three criteria are similar among drug products, we select the most cost-effective medications in the therapeutic category for drug list position. Prime offers Medicare Part D drug lists that fully comply with CMS regulations. The drug lists have been designed to meet the requirements of CMS, assure clinical integrity, and provide the best drug selection and net cost value for our clients. Prime's Medicare Part D drug lists have been extremely successful in encouraging clinically appropriate drug use and driving generic utilization to help manage Medicare Part D drug spend. EGWP plans leverage Medicare Part D drug lists as the foundation of the benefit. The City may enhance or "wrap" benefits through the addition of drug coverage through the supplemental drugs lists which include non-Medicare Part D eligible drugs (e.g., over-the- counter (OTCs), vitamins, cough/cold, and other categories) or by providing additional member cost-share coverage. These options provide solutions to meet the City's strategy, from cost savings to virtually no disruption. We have provided the Prime Expanded Drug List in the Exhibits section of this proposal.

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	We also offer five coverage options for EGWP groups, included with one of the two supplemental drug lists. If the City chooses one of the two standard supplemental lists, they have the option to allow coverage for OTC smoking products. If the City chooses not to add one of the supplemental lists, they have the option to add any or all of the five standard ancillary lists, which are: 1. Sexual dysfunction 2. Cough and cold and OTC cough and cold, such as allergy or cough agents 3. Hair loss 4. OTC smoking cessation 5. Vitamins and minerals such as folic acid, fluoride, or vitamin B Refer to the Exhibits section of this proposal for the supplemental drug list #2.

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Provide an overview of your structure for employer post-65 pharmacy benefits including:	
How group retiree benefits fit into PBM's overall business strategy.	We have developed a retiree strategy to address key industry trends and client needs. Our strategic plan is focused on driving a greater level of affordability, standard options that meet group retiree needs, robust reporting, compliance, clinical care, and account support. We have designated staff for our group retiree benefits, which allows us to build expertise and provide you the support you need. Key areas of focus include: opioid abuse, rising drug costs (plans and beneficiaries), medication adherence, biosimilars, fraud waste and abuse, quality and outcome management, preferred network management, and compound management. A core set of quality programs are covered under our retrospective DUR program at no additional charges other than what is included in the clinical administration fee. Our retiree strategy outlines a roadmap to extend existing capabilities and to develop new capabilities.
Employer facing consultative and financial support services.	BCBSTX has an integrated account management team that will work with the City to understand and provide account management support for your Medicare Part D needs. BCBSTX works with Prime to manage group retiree accounts. Prime has a separate Government Programs Department specifically dedicated to supporting the Medicare Part D and EGWP programs for our clients, adhering to the requirements of CMS. Prime's government department is experienced and familiar with CMS guidance and can provide expert consultation in coordination with BCBSTX to the City. Prime also invests in an annual market assessment and financial consideration impacts from a top industry consultant, Milliman.

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Employer administration services including eligibility, billing, etc.	**Eligibility** Enrollment files should be submitted via an agreed upon format. Files are received and processed within 24 hours, and all eligibility transactions are then sent to CMS for processing. As we receive updates from CMS, member correspondence is generated and mailed to the member. BCBSTX can send the City an eligibility file with updated enrollment transactions three times a week. **Billing** Premium billing will be handled by BCBSTX. For premium billing (when we are billing the City and not the retiree), the group can select paper mail or electronic delivery of their bills. The billing process is managed in accordance with the City's policies and procedures and meets all CMS regulations. Billing statements are submitted monthly, and payment is due the first of the following month. Statements for employers include an invoice for total payment due along with a summary report listing each member, the current premium, past due amount, and the late enrollment penalty associated with that member (and included in the total due) on the statement. Premium payment can be completed by paper check, electronic wire transfer, or ACH/EFT. We can also accommodate customization of statements such as formatting the billing in Excel. **Appeals** We will work with the City to communicate appeal procedures to Medicare Part D members at initial enrollment; upon notification of adverse coverage determination or denial; and annually thereafter through the evidence of coverage (EOC), explanation of benefits (EOB), and other written communication materials. Information on the appeals process is also available to members on our Medicare Part D website, MyPrime.com, including where to inquire about complaints, appeals, exceptions, and step-by-step instructions on how to file an appeal according to various categories or coverage determinations.

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	Instructions on how to request a standard or expedited appeal to an adverse coverage determination or redetermination are provided in the applicable member denial notification letter.
Participant facing member services and communications support.	Prime and BCBSTX stay updated on CMS guidance related to Medicare Part D communication materials. We take special care to ensure communication materials conform to CMS guidelines, including compliance requirements. Member materials requiring CMS approvals are reviewed by our clients and approved by CMS before distribution to members. Materials that have been approved by CMS for Prime and our clients to distribute include the following: • clinical review letters • drug list and drug change letters • pharmacy directory • pharmacy termination notifications • prescriber/pharmacy debarment notifications • EOB • AllianceRx Walgreens Prime home delivery materials • generics materials • transition/temporary fill letters • Medication Therapy Management (MTM) cover letter, personal medication list (PML), and mediation action plan (MAP) • ad hoc/CMS-required member communications
Part D (non-EGWP) market presence and membership.	Prime administers the Medicare Part D benefit on BCBSTX's behalf and currently covers over 1,200,000 Medicare Part D lives. With an established nationwide Medicare Part D pharmacy network, EGWP members can access trusted pharmacies anywhere they may reside or travel.

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BlueCross BlueShield of Texas

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PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES
SOLICITATION NUMBER: RFP 5800 RWS0504
ATTACHMENT 20 - PBM QUESTIONNAIRE

Please answer all questions in this document assuming the pharmacy business is on a stand- alone basis only, independent of medical and/or any other benefits.

Pharmacy Questionnaire

Member Services

Describe the escalation process for urgent drug claim issues where claims are rejecting at the pharmacy and members need immediate assistance and resolution.

Members calling to the pharmacy unit will have access to a live person, 24 hours a day, seven days a week, including holidays. Our goal is to minimize member disruption related to denied claims. Customer advocate specialists can assist members with urgent issues related to eligibility by manually updating pharmacy eligibility in real-time as appropriate. For denials related to Utilization Management (PA, Step Therapy, etc), we educate the member on next steps, and if necessary will reach out to the pharmacy and/or ordering physician to discuss partial medication fills or covered alternatives while a medication goes through the review process. In addition, pharmacy customer service works closely with Blue Cross and Blue Shield of Texas (BCBSTX) pharmacy clinicians to address other critical needs such as vacation fills and lost medication fills (per the group contract.

Alliance Walgreens Prime's contact center is equipped to address such incidents. There is a special team designated to resolve urgent issues at the pharmacy. Any escalated issue would be handled by the contact center, which has access to all necessary pharmacy resources. In addition, the home delivery contact center has direct access to the pharmacy operations and account management teams.

Does your drug look-up tool on your member website capture retailer's U&C price? If not, would you be willing to develop this capability or provide a link to this information? Does your website drug pricing tool allow members to see the cost differences between different retailers in the pharmacy network? Does it show cost differences between pharmacies within the same retailer?

Yes. Our drug look-up tool on our member website captures retailer's U&C price. The website drug pricing tool also allows members to see the cost different between retailers in the pharmacy network and between pharmacies within the same retailer.

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Drug Pricing

The Drug Pricing feature allows members to calculate estimated costs for any generic or brand product. For a member who has logged into the secure member area of our website, the Drug Pricing feature uses plan-specific cost information specifically based on the member's coverage and pharmacy benefit plan.

Does your drug look-up tool on your member website capture retailer's U&C price? If not, would you be willing to develop this capability or provide a link to this information? Does your website drug pricing tool allow members to see the cost differences between different retailers in the pharmacy network? Does it show cost differences between pharmacies within the same retailer?

Yes. Our drug look-up tool on our member website captures retailer's U&C price. The website drug pricing tool also allows members to see the cost different between retailers in the pharmacy network and between pharmacies within the same retailer.

Drug Pricing
The Drug Pricing feature allows members to calculate estimated costs for any generic or brand product. For a member who has logged into the secure member area of our web site, the Drug Pricing feature uses plan-specific cost information specifically based on the member's coverage and pharmacy benefit plan.

When a member enters a drug, form, quantity, strength, and package size (when applicable), the Drug Pricing feature returns the amount the member would typically expect to pay at that time. This estimate is based on the member's copay and other benefit design features.

Price Shopping by Location
Members can also price shop by location by selecting a pharmacy based on address or ZIP code. The feature automatically prices at the member's last used pharmacy, but another pharmacy can be easily selected.

Do you provide member letters to highlight their individual pharmacy spending patterns and suggest more cost-effective alternatives? What is the frequency of the communication, and describe any additional charges.

Yes. We recognize the value of promoting cheaper drug alternatives and channels where appropriate. Increasing generic drug prescribing rates is one of the most efficient ways to reduce drug costs. Our comprehensive generic programs help increase utilization rates and build awareness of cost savings for generic products including:

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Generic Promoting Communication

- Home delivery pharmacists routinely use a fax-back communication system with physicians. Through this system, physicians are encouraged to prescribe generic medications whenever appropriate.
- Home delivery's counseling pharmacists promote a message of generics with members and providers in all discussions. Home delivery counseling pharmacists often make suggestions for members to help them ensure that they are receiving their pharmacy benefit for their lowest out-of-pocket (OOP) cost.
- An easy-to-navigate tool for members is provided through MyPrime.com. This tool only allows members to effortlessly order medications through AllianceRx Walgreens Prime home delivery, but also provides generic alternatives for any brand drugs they may use.

AllianceRx Walgreens Prime home delivery actively promotes generic utilization rates to measure the effectiveness of all programs.

Generic-promoting Website

The member-directed pharmacy website, MyPrime.com, offers drug pricing tools, drug list search capabilities, and generic alternative information, all in an easy-to-use format designed to highlight the advantages of generic drug use.

Members can easily identify and research drug list alternatives through our website. Using the link to search for "therapeutic alternatives" through the Find Drugs feature, members create a personalized drug list and can view the drug list status and drug pricing of alternatives for any drug on their list.

Members may also view or print their entire drug list directly from our website. In addition, our websites offer generic equivalents to brand drugs automatically when available. Our website exemplifies our overarching goal to deliver a superior experience and make it easier for people to get the medicine they need.

Claims System Messaging

A "generic available" message can be sent to the pharmacy to help pharmacists identify generic alternatives on the formulary, thus increasing the use of generic and formulary drugs. Generic Substitution

Generic Substitution

AllianceRx Walgreens Prime home delivery actively substitutes generic medications whenever appropriate by law. Home delivery systems are programmed to notify staff when an equivalent generic medication is available.

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Home delivery pharmacists then review the prescription and ensure that a substitution is appropriate. Members are provided clear education materials with each prescription order notifying them that a generic medication has been substituted.

The prescription label specifically identifies the brand-name drug for which the substitution was made. For example, if generic Fluoxetine was substituted for Prozac®, the label would state, "Fluoxetine 20mg, Generic For: Prozac." The cost savings (to the member and plan) are also included in the materials provided to members.

AllianceRx Walgreens Prime home delivery closely monitors any changes in the generic laws and updates its drug files accordingly. If a drug is not eligible for generic substitution under the applicable regulation, home delivery programs are programmed so that substitution is not possible. AllianceRx Walgreens Prime home delivery's order form also allows the member to indicate that generic substitution is not desired for that order or prescription in question.

- We also offer several other programs promoting generic substitution. Home delivery pharmacists routinely use a fax-back communication system with physicians. Through this system, physicians are encouraged to prescribe generic medications whenever appropriate.
- Home delivery's counseling pharmacists promote a message of generics with members and providers in all discussions. Home delivery counseling pharmacists often make suggestions for members to help them ensure that they are receiving their pharmacy benefit for their lowest out-of-pocket (OOP) cost.

An easy-to-navigate tool for members is provided through MyPrime.com. This tool not only allows members to effortlessly order medications through AllianceRx Walgreens Prime home delivery, but also provides them generic alternatives for any brand drugs that they may use. AllianceRx Walgreens Prime home delivery actively monitors generic utilization rates to measure the effectiveness of all programs.
Generic-promoting Website

The member-directed pharmacy website, MyPrime.com, offers drug pricing tools, drug list search capabilities, and generic alternative information, all in an easy-to-use format designed to highlight the advantages of generic drug use. Members can easily identify and research drug list alternatives through our website. Using the link to search for "therapeutic alternatives" through the Find Drugs feature, members create a personalized drug list and can view the drug list status and drug pricing of alternatives for any drug on their list. Members may also view or print their entire drug list directly from our website. In addition, our websites offer generic equivalents to brand drugs automatically when available. Our website exemplifies our overarching goal to deliver a superior experience and make it easier for people to get the medicine they need.

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Does your website have the capability to allow physicians to submit and complete prior authorization requests on-line? If no, please explain.

Prime accepts prior authorization by fax, e-mail, electronic, mail, or telephone. Currently, most prior authorizations are received via fax from physician offices. After Prime reviews requests, decisions are faxed back to the physician office upon completion. Prime also receives and approves administrative prior authorizations by telephone through the Pharmacy Help Desk.

If authorized, customer service representatives (CSRs) provide the pharmacist with the override code to process the prior authorization on the claim and fill the prescription immediately.

Describe how physicians, pharmacies and members are informed regarding prior authorization programs.

BCBSTX provides written notification of prior authorization approvals and denials. Members will receive notification via mail; physicians will receive a fax notification. Verbal notifications are not common; however Prime will work with the City of Austin (the City) to put a verbal process in place if regulatory requirements dictate the need for one.

Are you able to coordinate with other health plan vendors to issue a single ID card? If so, which national and/or regional vendors have you successfully integrated with?

This is not applicable as BCBSTX is proposing an integrated medical and pharmacy program. With our integrated program, we can provide a single ID card.

Retail Network

Do you offer a narrower retail network with greater discounts? If so, describe which chain pharmacies would be excluded and the total number of pharmacies (chains and independents) participate in the narrower network.

Yes. We offer a narrower retail network with greater discounts. We are quoting BCBSTX's Traditional Select network, a wide-ranging, national network with approximately 66,000 retail pharmacies, including all major chains. This network consists of 41,709 traditional chain pharmacies, and 1,403 independent pharmacies, and 23,094 participants in Pharmacy Services Administration Organizations (PSAOs). On BCBSTX's behalf, Prime contracts directly with pharmacies to provide aggressive discounts while offering excellent access for members and convenient nationwide coverage.

Advantage Network

Our Advantage Network is a narrower network option that includes 55,000+ pharmacies. Pharmacies in the network include most major national pharmacy chains, national retailers, and many regional/local grocers and chains. This network excludes CVS pharmacies.

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Conduct a retail network disruption analysis using Exhibit 14 and populate the following table in the following format for current retail pharmacies that are not in your network.

Note that *Miles to your nearest network pharmacy* should be based on driving distance.

Refer to the network disruption analysis in the Exhibits section of this proposal. We provided a retail network disruption for the list of independent pharmacies, as they were the only ones that have a NCPDP provided. We can perform a full disruption once we receive NCPDPs for the rest of the pharmacies.

Pharmacy in the City network that is not in your network	City, State	Nearest pharmacy in your network	Miles to your nearest network pharmacy	Additional Notes
(List all that apply)				

Mail Order Operations

Describe the Mail Service facility you are proposing for the City. Provide prior year results.

	Response
Location	We have two home delivery pharmacy sites located in Irving, TX and Tempe, AZ. Tempe is the primary shipping location.
Operating Hours	The home delivery pharmacy customer service and pharmacist consultation is available 365 days a year, 24/7. The pharmacy hours of operation for dispensing vary by site, but both are operational Monday through Saturday,

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	anywhere from eight to 16 hours per day.
Capacity (# of claims paid per day/maximum capacity of claims paid per day)	65% *Planned capacity ceiling at 85 percent of total capacity
Fill accuracy (2017)	99.999%
Avg Turnaround Time (Claims not requiring intervention)	Less than one day
Avg Turnaround Time (Claims requiring intervention)	Less than two days
Percent capacity at which mail order service centers are functioning	61%

Is the mail order service owned by your company? If not, identify the name of the vendor.

Yes. AllianceRx Walgreens Prime home delivery is owned by Prime and Walgreens.

Does the mail order program's system coordinate with the retail network on a real-time basis? If no, explain.

Yes. The City will benefit from an integrated approach to claims management. The pharmacy claims processing system uses online, real-time eligibility verification and claims processing capabilities via electronic point-of-sale technology. All data from network retail pharmacies, mail services, manual retail claims, and specialty claims is fully integrated into the same claims system.

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Describe your ability to accept electronically prescribed medications within your mail service pharmacies. Note that ability to receive faxes is not considered an electronic prescription in this question.

We understand that members need convenient access to their medications. In support of this philosophy, we provide members with several ways to fill a new prescription which include phone, mail, fax, web and ePrescribing.

Members may have their physician phone in and/or fax prescriptions and order forms directly. In addition, AllianceRx Walgreens Prime home delivery is connected via the Surescripts National Health Information Network for those physicians to submit orders through ePrescribing. We do not accept any controlled substance prescriptions through ePrescribe nor any phone, or fax prescriptions for Schedule II controlled substances

The most common way for members to begin using home delivery is by calling the contact center to initiate their first home delivery fill. Order forms are also available through Walgreens.com/PrimeMail, by calling the home delivery Contact Center, and/or from a member's introductory packet. Members simply need to fill out the order form and mail it to AllianceRx Walgreens Prime home delivery along with their prescription.

After a member begins using home delivery, we can accept refill home delivery prescriptions through additional avenues including over the phone, through Interactive Voice Recognition (IVR), and through our Walgreens.com/PrimeMail, as well as contacting our Member Contact Center to initiate the refill.

Are all of your Mail Order pharmacies capable of filling and shipping controlled medications? How are CII through CIV narcotics delivered to members?

Yes; AllianceRx Walgreens Prime home delivery is certified and licensed to process and ship Schedule II (Class II or C II) prescriptions in accordance with federal and state regulations.

Due to the refill restrictions and regulations around controlled substances, we do not accept transfer files for controlled substances. During the conversion, members are informed to obtain a new prescription from their physicians, have their physician fax or call in new prescription(s), or contact us and request we contact their physician for new prescription(s). Members mailing in new prescription(s) or having their physician fax in a new prescription(s) should also send a competed order form.

We have strict security policies for the review, processing, handling and shipping of Schedule II controlled substances. Designated pharmacists have exclusive access to the restricted inventory location of Schedule II controlled substances. These designated pharmacists continually validate and maintain an accounting of Schedule II controlled substances through a perpetual inventory management system.

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Describe the action you take if a patient attempts to reorder an Rx with no refills remaining.

If there are no more refills available for a prescription, the final refill receipt directs members to contact their physician to obtain a new prescription. If using our self-service options, the member is also notified of last fill remaining and/or prescription expiration date and is given the option to have the pharmacy contact their physician for a new prescription.

The member may also utilize our web services to request the pharmacy contact their physician to renew an expired or no refills remaining prescription (filled at mail) or to obtain new prescriptions (not previously filled at mail).

Does your organization ever dispense a Multi-Source Brand at mail when a generic is available? If yes, explain and indicate what discount is applied?

Yes. However, it is not often that the actual cost of brand name drugs is lower than generic drugs. We are sometimes provided opportunities for rebate procurement that make brand drugs cost less than generics. We will review these opportunities for rebate savings and work with clients when there are significant savings available. Member outreach can be completed to educate members about this program and when a brand is temporarily promoted over a brand.

We provide web-based interactive tools for members to identify the lowest cost options for the drugs they may take. By using these tools, members can identify savings opportunities. We will work with you to determine the programs that best meet your pharmacy benefit goals.

The brand effective rate is 1 – brand discounted ingredient cost/brand AWP.

The generic effective rate is 1 – generic discounted ingredient cost/brand AWP.

Briefly, describe your policy regarding prescription orders received without copayment/coinsurance:
c: Credit extended and prescription is filled (describe credit amount extended)

If a member neglects to include full payment with an order, as a standard of practice, the member is extended up to a $125.00 credit maximum. AllianceRx Walgreens Prime home delivery will release an order without full payment if the total order charges do not exceed this designated credit maximum and there is no outstanding coinsurance balance. The prescription is filled and the member receives a “balance due” amount on the member receipt.

Invoice Process
AllianceRx Walgreens Prime home delivery sends an invoice to members that have an outstanding balance, after 30 days. Future orders can be placed, by the member, but may not be dispensed until the balance has been paid. The member may also be contacted via telephone by AllianceRx Walgreens Prime’s Accounting department in attempt to make payment arrangements.

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After 60 days, the member may receive a telephone call by our Accounting department. Invoices will continue to be issued until the balance is resolved.

For prescription orders received without copayment/coinsurance where the member's credit or debit card is automatically charged, what is your threshold for charging the account before notifying member?

For prescription orders received without copayment/coinsurance where the member's credit or debit card is automatically charged, our threshold is $125 for charging the account before notifying the member.

How long will you hold a prescription that requires further information and how do you track the "hold time"? Please be specific on what the "further information" is that would require a hold time.

Using their professional judgment, pharmacists conduct interventions on prescriptions that require additional information before dispensing. Reasons for intervention may include a potentially harmful drug interaction, duplicate drug therapy, an illegible prescription, or missing prescription information. The pharmacist contacts the physician as appropriate.

Orders are inspected for irregularities and missing information upon receipt. If we find that information is either missing or unclear we will verify it manually. To verify the information, we attempt to contact the physician or member multiple times (using phone, fax, or email, as appropriate to the audience) over several business days. If it becomes necessary to reach out to the physician for additional clarification, we inform the member about it through an automated message.

Process
AllianceRx Walgreens Prime Exceptions Handlers conduct outreach to both the member and physician to resolve any issues. We contact the physician (and the member if necessary) to resolve the issue via fax, phone call, ePrescribe, email, and/or letter mail as appropriate. Our typical timeline is to contact the physician within 24 business hours of identifying the incomplete information. If no response is obtained from the physician within 48 business hours, we will contact the member to discuss the incomplete information. Once the information is obtained and the problem is resolved the prescription is entered into the normal work stream.

Tracking
All pharmacist and technician communications and activities are entered in Promise, our proprietary computer system, and become a part of the member's prescription record.

AllianceRx Walgreens Prime home delivery pharmacy will make every attempt to contact the member and/or physician to obtain any missing information to avoid returns and potential interruption of therapy. Calls and/or faxes are placed to the physician to clarify information written on the prescription.

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Calls are placed to the member if payment, demographic, or address information is missing, or if clarification is needed.

At that time, an explanation regarding any delays or an inability to process the prescriptions is discussed. Our home delivery pharmacy returns prescriptions at the member's request or upon determination that pharmacy benefits are not provided by our home delivery pharmacy.

Formulary Management

Provide a non PDF'd (Microsoft Excel preferred) copy of the formulary (by clinical category) you are proposing for the City.

Please refer to the Exhibits section for a copy of our Basic Drug List.

How do you propose to transition the City's members from their current preferred drug products to your preferred drug products?

Member disruption can be successfully managed by working with BCBSTX and the City of Austin to create an implementation plan. We will work closely with the City of Austin to ensure a smooth implementation.

Kick-off Meeting
First, we schedule an implementation kick-off to ensure all needs are identified. We work together to evaluate the current benefit design set up and programs including copay/coinsurance structure, utilization management and other clinical programs, home delivery, and specialty. We discuss any applicable changes with a focus on both pharmacy strategy and minimal disruption. Transition of all pharmacy benefit elements including open refill files and prior authorizations will be planned as part of the implementation process with all data loaded prior to your effective date.

Consultation
During the kick-off meeting and throughout our relationship, we will provide consultation on your pharmacy program. For example, we can collaborate on verbiage for communications and design a AllianceRx Walgreens Prime home delivery communication and outreach strategy. We will present program options and suggestions on what will work for your members and business.

Follow-up Actions and Meetings
In the following weeks after the kick-off, there will be follow-up discussions with the City as well as your previous PBM to ensure receipt of all applicable files (i.e., open refill), and an overall smooth transition to Prime. Your integrated account management team will be accessible to the City and focused on both a successful implementation and ongoing relationship.

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Testing and Loading

We perform testing of all benefit design parameters applicable to the City's plan.
During implementation, member eligibility data and benefit applications are loaded into the pharmacy claims system. Benefit applications are tested, reviewed, and approved prior to the benefit effective date. Plan designs are analyzed via a review form by a peer reviewer for completeness and accuracy. The Quality Assurance team conducts the testing process; if an error is identified, a Quality Assurance Analyst troubleshoots the issue to determine the cause and correct it. Once we "go live," we will perform additional quality checks and testing to ensure claims are processing correctly. BCBSTX also provides drug list information, including updates about deletions and additions, through bcbstx.com. The website is linked to MyPrime.com, the member pharmacy website.

With the member-directed website, members have the advantage of using the online formulary search feature to search from the group-level drug list (specific to your benefit design). Benefit-specific information provides members the most accurate drug list status possible. In addition to web access, we can send Drug List Change Notification Letters that detail drug list changes, the impact on the member, and available drug alternatives to both members and physicians.

Provide a Formulary Disruption Analysis using the claims detail file. Use the format shown in Attachment 24 – Formulary Disruption Detail to summarize the results.

Refer to Attachment 24 in Tab 8 of this proposal for our formulary disruption analysis.

Provide a complete list of excluded drugs from your proposed formulary as well as their preferred therapeutic equivalents.

We are offering the City our Basic Drug List. As an open drug list, coverage for medications is available whether the products are listed on the drug list or not. The benefit design tiers determine the difference in member cost share between drug list and non- drug list products. Therefore, the Basic Drug List does not have exclusions.

Indicate whether you receive payments from drug companies to promote specific products.

Prime does not engage in "front-end" contracting as it relates to rebate programs. Prime does not receive any monies from manufacturers by using pricing margins, selling data, educational grants, or co-promotional programs. Prime's business strategy is designed to derive a majority of earned revenue from services provided, rather than exchanging drug formulary status for manufacturer rebates or other incentives. Front-end purchasing discounts would only occur for the procurement of pharmaceuticals for AllianceRx Walgreens Prime home delivery and specialty pharmacy. This savings is then passed on to the City in the form of reduced drug spend.

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Describe your capabilities to communicate on a regular basis with the City's top utilizing physicians by providing physician-specific reporting and benchmark data.

Physician profiling implies the provision of physician (and/or clinic level) specific drug use/prescribing history compared to a benchmark or target. We have the capability to report all pertinent information at the physician level and provide benchmarks for pre-defined metrics.

Reports
Current reports include:

- **Top Prescriber Report**: We offer reporting of top physicians prescribing through a top prescriber report from our reporting tool. The Top Prescriber report is a ranking report of top physicians during a selected time period by cost, volume or other key metrics.
- **Controlled Substance Prescriber Outlier Report:** We provide reporting to assist clients in identifying and prioritizing those prescribers who may have demonstrated potentially egregious controlled substance prescribing behavior. This report provides the top 25 physicians in nine different specialty groupings based on the percentage of their overall prescription volume that is for controlled substances.
- **GuidedHealth® Reports**: GuidedHealth is a comprehensive suite of retrospective drug utilization review (DUR) clinical programs that are designed to communicate with and/or positively impact and encourage action by physicians and members based on medication adherence patterns and important drug therapy opportunities which result in improved care, better outcomes, and lower total cost of care. Through GuidedHealth, we identify physicians with members that have opportunities and engage them. The reporting that we provide could be used to identify physicians within a quarter that have a higher than usual number of member opportunities. Drug categories of focus may include diabetes, hypertension, cholesterol, respiratory, depression for adherence/gaps, controlled substance overutilization, overall generic prescribing, and preferred drugs for select traditional and specialty categories such as rheumatoid arthritis.

  Note: GuidedHealth Reports are considered confidential and proprietary and should not be distributed or shared outside of this proposal without prior written permission from Prime.

Intervention Strategies

In addition to these reports, we offer adjunctive materials and activities that are recommended as part of a timed intervention strategy to increase generic prescribing. These may include the following components:

- Timely clinical information related to generic drug availability, member copay information, and its effect on adherence to therapy.

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- Brochures to help members communicate with their physician about drug therapy.

Clinical Management

The City will be active in promoting optimal utilization. How do you plan to deliver programs aimed at physicians and employees that will help mitigate future prescription costs?

Prime offers tailored programs that tackle adherence barriers, helping members take medicine as prescribed. Non-adherence can result from forgetfulness, lack of pharmacy access, side effects, cost, or treatment plan confusion. It could also result from ineffective communication between health care professionals. No matter what the reason, not taking medicine as prescribed can have serious consequences. It can lead to more hospitalization, greater incidence of disease, and even death.

Together, BCBSTX and Prime can help solve this issue. Our solution provides program choices to employers. These programs help members take medicine as prescribed. We target costly, prevalent chronic conditions including high blood pressure, diabetes, high cholesterol, and multiple sclerosis. This approach can lead to improved employee health and productivity, and a lower cost of care. We promote benefit designs with low-cost options — for each $1 decrease in member cost share, adherence has been shown to increase by 0.4 percent.

Efforts to improve adherence benefit members, physicians and employers.

- **Members** get personalized education and access to affordable medicines so they can stick to prescribed treatment plans.
- **Physicians** are more informed and can deliver coordinated, evidence-based care more easily.
- **Employers** have program choices that help foster employee adherence, leading to healthier employees, increased productivity

Program Options at a Glance

Prime and BCBSTX offer several clinical program options that can be tailored to your needs. Each product and opportunity within the solution helps to optimize adherence, including:

- **GuidedHealth — delivering actionable information**. GuidedHealth identifies drug therapy opportunities and reaches out to plans, members and their doctors to improve care and lower total costs.
- **90-day supplies — with more choices.** Providing 90-day supplies of long-term medicines helps improve adherence, which helps decrease medical costs. We make it easier with home delivery, our extended supply network (ESN), and 90DayMyWay, giving members the choice between home delivery and retail.

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- **AllianceRx Walgreens Prime specialty pharmacy — proven to increase adherence.** Coordinated care, specialized education and 24/7 access to experts helps improve adherence, safety, outcomes — and satisfaction — for members taking critical specialty medicines.

BCBSTX and Prime help connect key stakeholders across the spectrum of care, all focused on improving adherence for the member. Together, we can package product and service combinations that can be implemented to promote adherence. Strategies include value-based benefit design, clinical solutions and network management. These services are all designed to increase adherence and drive down overall costs.

Provide a sample of your client clinical management performance report.

Refer to the Exhibits section for a sample of our clinical report.

Do you monitor individual physician prescribing patterns? If so, what action is taken with physicians who have a high degree of non-compliance, to improve their compliance? Provide an example of reports used to analyze and influence physician prescribing patterns.

Yes. We can track and report on the prescribing and dispensing patterns of physicians and pharmacies.

Outreach Summary and Top 10 Providers
The Outreach Summary report provides the Top 10 providers submitting expedited requests and the Top 10 providers with requests denied due to unresponsiveness related to outreach attempts.

Pharmacies
Prime communicates with the pharmacies, as requested, on specific metrics. Metrics that can be communicated to the pharmacy include:

- average claim cost by generic, single-source brand, and multi-source brand
- Dispense as written (DAW) 1 and DAW 2 utilization percentages
- formulary utilization rates
- generic substitution rates
- generic utilization rates
- U&C costs and percent of claims priced at U&C

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Prime will communicate in person, by phone, or by email the metrics requested by the pharmacy on a quarterly basis. Additionally, ad-hoc reporting is also available based on your need.

Additional Reports

- **Poly Pharmacy Report-** Prime provides information about a member who is receiving the same medication at different pharmacies.
- **Controlled Substance Outlier Prescriber Report -** Prime offers the Controlled Substance Prescriber Outlier report. The report summarizes and ranks physicians based on their controlled substance prescribing habits. Physician level detail is also reported, providing metrics such as number of members treated with controlled substances, percent of physicians' claims that are controlled substances, and top products prescribed by physician (both controlled substance and non-controlled substance related).
- **Prescriber History:** Prime lists claims data for selected prescriber(s) during a selected time period.

Top Pharmacies: The pharmacy information and can be sorted by claim, dispensing fee/claim, dispensing fee, ingredient cost/claim, ingredient cost, plan paid, plan paid/claim, and generic claim pct.

Fraud, Waste and Abuse

Prime detects potential fraud, waste, and abuse (FWA) through several mechanisms, including but not limited to:

- FWA Hotline
- Retrospective DUR
- Pharmacy Audits
- Internal Monitoring and Auditing
- Proprietary Data Analytics
- Monitoring Industry FWA Trends
- Industry FWA Association Participation

When a member or physician is identified with potential FWA, Prime promptly refers this information to BCBSTX for further investigation and potential referral to the MEDIC. In cases where potential FWA is identified within a pharmacy, a pharmacy investigation is conducted. Any identified findings are resolved through recoveries or claims adjustment as determined by Prime's Recovery Guidelines. If the investigation findings warrant a corrective action plan, the pharmacy is placed on formal action plan and a follow-up audit is scheduled.

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If the pharmacy's investigation findings are significant or the pharmacy fails to comply with the action plan, the pharmacy may be recommended for termination from Prime's Networks.

BCBSTX promptly provides information to the City as requested by MEDIC or BCBSTX's Special Investigative Unit (SIU) related to pharmacy FWA investigations. Prime performs the investigations into allegations of potential pharmacy FWA and works collaboratively with BCBSTX's SIU's related to their member and physician fraud investigations. Prime gathers and shares available information to assist BCBSTX in their investigations, including relevant claims history and other member, pharmacy, or physician information. Refer to the Exhibits section for samples or our prescriber reports.

Provide a copy of any physician scorecard or other reporting that is provided to clients.

Refer to the Exhibits section or a copy of our physician scorecard.

Based on the utilization data provided please propose a best-in-class custom suite of clinical programs designed to achieve lowest net cost utilization and improved member health outcomes that the City should consider implementing, including expected fees, return on investment and clinical performance guarantees. If the City were to implement your proposed programs, would it change your financial proposal included in this response, and if so, please explain e.g. rebate impact.

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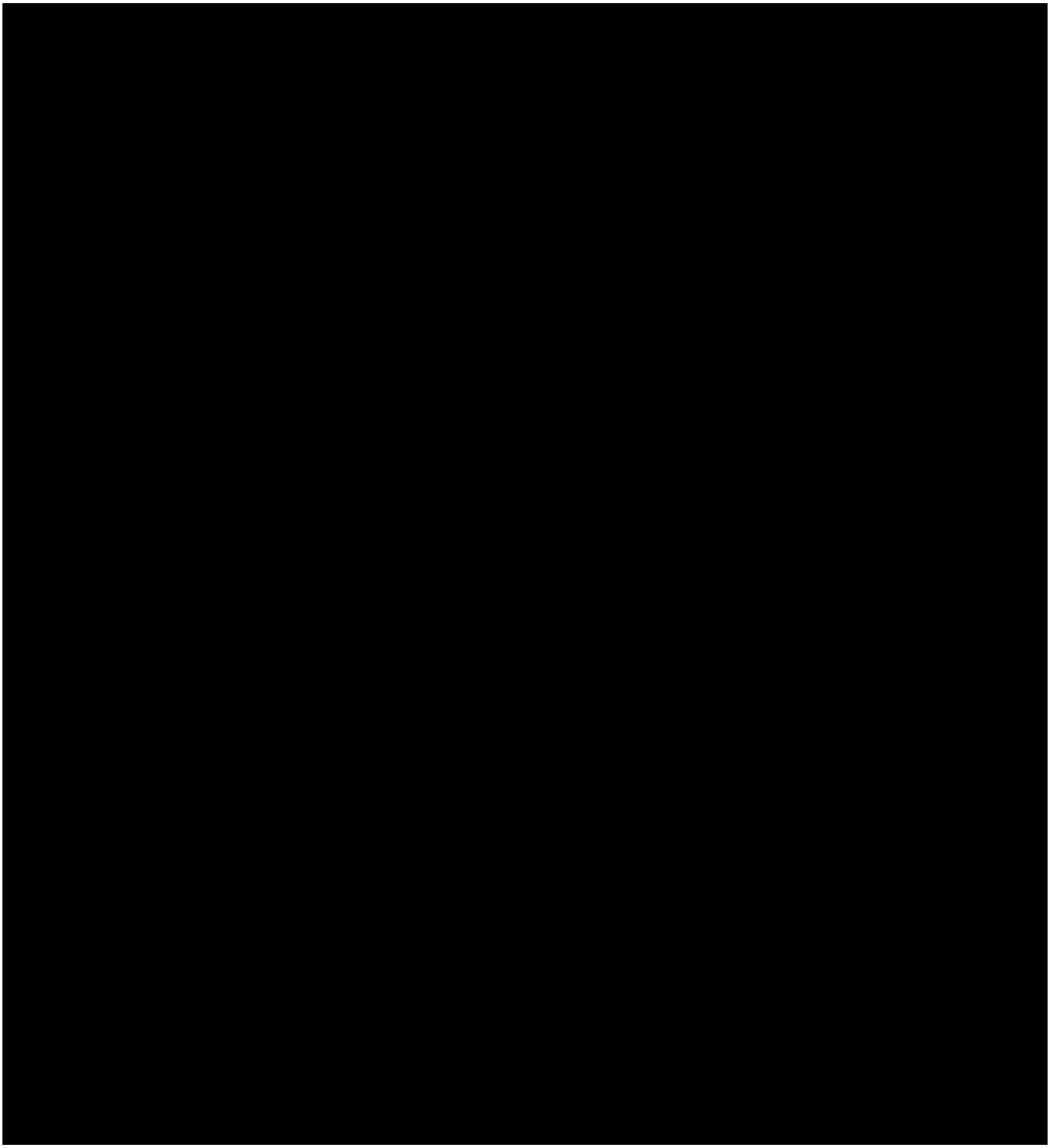

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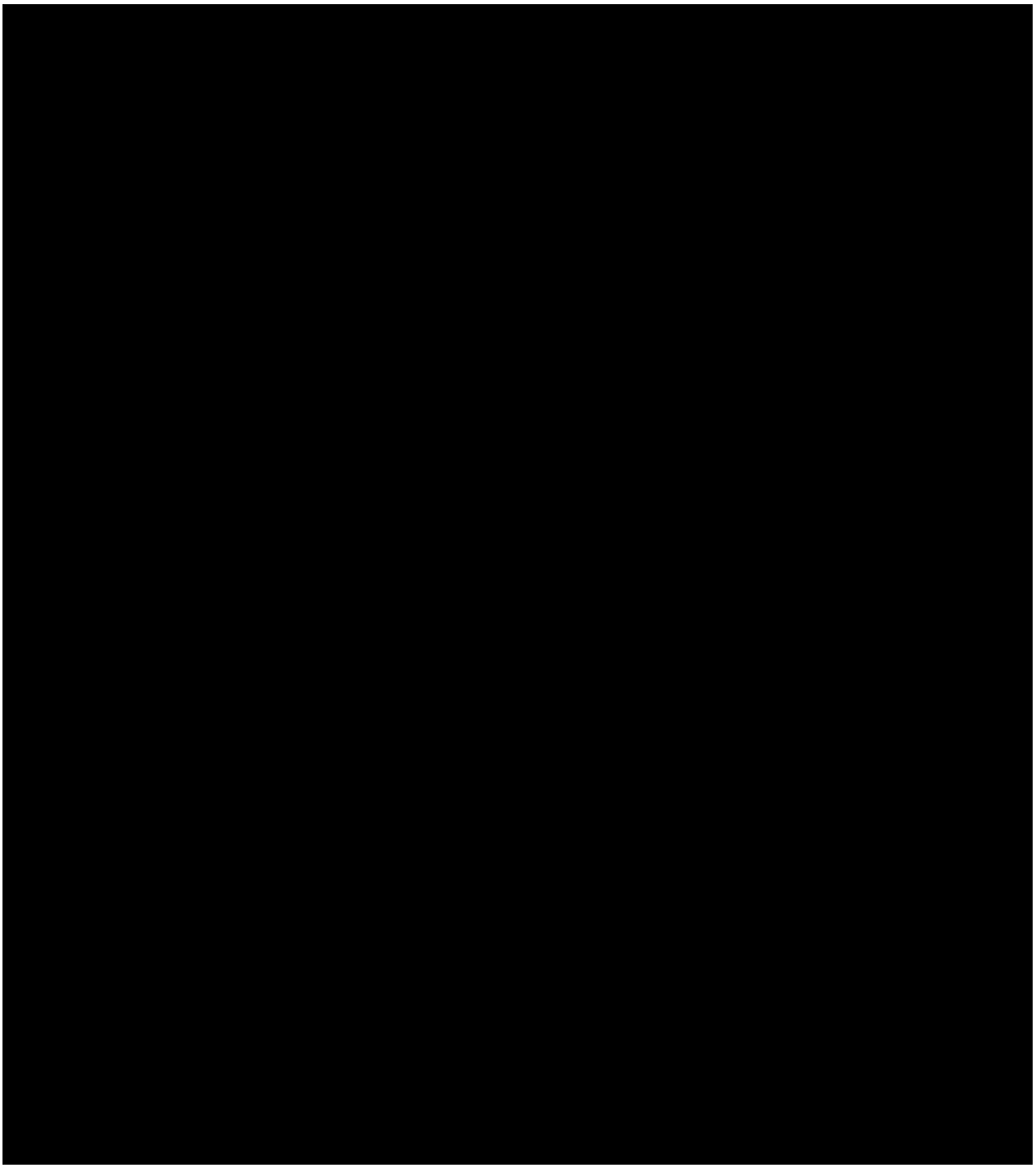

This information in this response is confidential and proprietary.

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Describe how you work with employer clients today in their effort to integrate pharmacy with disease management, health advocate, and/or wellness programs using another vendor?

Together, BCBSTX and Prime offer drug management for key diseases through our integrated GuidedHealth clinical programs as well as through our specialty program.

Our unique connections give us a more complete view — across both the medical and pharmacy benefit, including disease and case managers provided through BCBSTX. We leverage our integrated medical and pharmacy offering to deliver programs that coordinate across medical, pharmacy, and wellness benefits to achieve better health outcomes and lower overall costs. Our synchronization allows us to track how pharmacy utilization and management programs impact overall medical experience and costs including:

- early member identification of potential case, disease and/or disability management
- enhanced quality due to the ability to identify members at risk based on diagnosis
- seamless interface between programs for timely and accurate data exchange
- greater ability to identify overutilization and underutilization of medications based on medical diagnosis and greater opportunity for effective interventions
- ability to identify and close gaps in care related to member non-compliance with prescribed medications

AllianceRx Walgreens Prime's team works closely with BCBSTX's case/disease managers. The pharmacy team has expertise in specialty disease states and drugs which complement BCBSTX's programs. For example, we have programs were a pharmacist reviews certain cases identified by the case or disease manager where a drug and or polypharmacy issue is noted.

We also leverage integrated data to create trigger reports. These reports automatically notify BCBSTX of members requiring support related to depression risk, adherence or additional services to help drive BCBSTX's ability to engage with members where case management may be appropriate. For example, we have reports that identify members new to taking oral oncology or anti-emetic therapies.

Our timely exchange of claims data with our health plan clients and our access to a wealth of medical data provides a holistic view needed to truly manage specialty cost and member health. We also offer reports triggered from AllianceRx Walgreens Prime to our Blue plans to share information quickly to benefit our clients and members. We also work closely with our Blue plans to identify points of contact in key areas, especially plan care management.

Specialty Data Integration

Through BCBSTX's integrated specialty program managed by Prime, BCBSTX's disease management case managers receive a biweekly claims file from Prime.

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The case managers can then better manage the member's total health. One of the many advantages of our unique specialty program is pharmacy and medical integration. Specialty claims data from both medical and pharmacy claims is available, allowing a more complete picture of member health and overall specialty spend.

Care Management Program and Specialty Pharmacy Review (SRU): Working Together

Cost containment strategies must also include integrated approaches related to pharmacy and specialty areas such as behavioral health. BCBSTX's Care Management Program and Specialty Pharmacy Review Unit (SRU) work together to provide the most cost-effective treatments. The SRU integration is a key component to our cost containment strategy. Our SRU, staffed by pharmacists, provide medical necessity authorizations, site of care redirection, and consultation on pharmaceutical alternatives. These actions may result in savings to the member and employer. The pharmacist will also refer members to our care management clinicians for long-term follow-up and intervention.

Indicate whether you are willing to offer specific generic dispensing rate improvement guarantees, and if so, what are the target GDRs by therapeutic category, how would they be measured, and what would be the proposed penalty for under-performance.

Refer to our offer sheet for our generic dispensing rate guarantee.

What is your most recently measured book of business medication possession ratios for the following classes?

Condition	Number of Covered Lives in BOB	MPR*
Hypertension	116,939	77.4%
Dyslipidemia	82,577	69.2%
Diabetes	17,941	73.0%
Asthma/COPD	35,304	38.8%
Depression	72,675	64.0%
Antiplatelets/ Anticoagulants	****	****

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Rheumatoid Arthritis* **	3098**	60.4%**
Multiple Sclerosis	723**	73%**
Hepatitis	****	****

*We have provided our book of business for proportion of days covered (PDC) for the classes included in our GuidedHealth programs. We use PDC, which provides an industry-accepted measure of whether a member is taking his or her medications on a regular basis based on several factors (e.g., prescription fill rates, days' supply).

**Numbers indicated here are representative for the entire book of business who have elected such category.

***Figures indicated here are reflective of entire Autoimmune category and not representative exclusively for Rheumatoid Arthritis.

****Figures not available. Recent advancements in the treatment of Hepatitis C have significantly decreased duration of treatment with now providing the possibility of a cure. Hepatitis C medications are filled through our specialty pharmacy on a month by month basis where our clinical staff offers one-on-one support and assists members when a new prescription or refill is needed.

How will you work with the City's wellness program to increase MPR and health outcomes?

We believe in the importance of realizing the investment made in drug therapy through improved health. Together, BCBSTX and Prime seek to understand our member needs holistically, and engage the member and physician with information in meaningful ways that can lead to improved health outcomes and lower total cost of care. We are excited for the opportunity to work with the City of Austin to determine how our programs could be used to supplement your wellness program.

Knowing that diabetes management is an important part of the City's wellness program, we are proud to offer our diabetes Glucose Meter Program. The Glucose Meter Program provides select glucometers to members at no charge and is available at no additional charge to the City. We are also willing to make a clinical pharmacist available for health fairs and/or education presentations to supplement your wellness program.

Refer to the Exhibits section of this proposal for the Pharmacy Glucose Meter member flier.

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What strategies or technology do you currently deploy to increase MPR and overall patient outcomes?

We offer tailored programs that tackle adherence barriers, helping members take medicine as prescribed. Non-adherence can result from forgetfulness, lack of pharmacy access, side effects, cost, or treatment plan confusion. It could also result from ineffective communication between health care professionals. No matter what the reason, not taking medicine as prescribed can have serious consequences. It can lead to more hospitalization, greater incidence of disease, and even death.

Together, BCBSTX and Prime can help solve this issue. Our solution provides program choices to employers. These programs help members take medicine as prescribed. We target costly, prevalent chronic conditions including high blood pressure, diabetes, high cholesterol, and multiple sclerosis. This approach can lead to improved employee health and productivity, and a lower cost of care. We promote benefit designs with low-cost options — for each $1 decrease in member cost share, adherence has been shown to increase by 0.4 percent.

Efforts to improve adherence benefit members, physicians and employers.

- **Members** get personalized education and access to affordable medicines so they can stick to prescribed treatment plans.
- **Physicians** are more informed and can deliver coordinated, evidence-based care more easily.
- **Employers** have program choices that help foster employee adherence, leading to healthier employees, increased productivity

Program Options at a Glance
Prime and BCBSTX offer several clinical program options that can be tailored to your needs. Each product and opportunity within the solution helps to optimize adherence, including:

Controlled Substance Alert Program
We offer a controlled substance retrospective DUR alert program through GuidedHealth. The goal of the program is to reduce overuse of controlled substances by identifying members whose pharmacy claims history suggests patterns of potential misuse or abuse. This is accomplished by notifying physicians of this potential activity to inform decisions and encourage action. More specifics on program rules include:

- The Controlled Substance Alert program utilizes internally developed proprietary rules to identify potential at-risk members by examining the member's controlled substance use pattern and calculating a “usage score”. The parameters factoring into the “usage score” include the number of controlled substance claims during a specified period of time, the number of different physicians, and the number of different dispensing pharmacies associated with those claims.

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This “usage scores” serves as a benchmark for identifying members for this particular retrospective DUR program and potential intervention.

- Controlled substances are defined as all prescription drugs in (DEA) controlled substance classes II-V including, but not limited to the following: narcotic analgesics, stimulants, benzodiazepines, barbiturates, sedative-hypnotics, androgens and anabolic steroids.
- Members with pharmacy or medical claims for cancer are excluded as they likely have a reason for the high utilization of controlled medications

Targeted Adherence Program

The Targeted Adherence program supports medication adherence. The goal of the program is to encourage treatment for members who are at the highest risk for a future medical event and may not be taking their medications as prescribed. This is accomplished by notifying physicians and/or members to inform decisions and encourage action.

By integrating and evaluating medical claims data, the program can target members with a chronic disease (cholesterol, depression, diabetes, hypertension, schizophrenia, asthma and chronic obstructive pulmonary disease (COPD)) who are at the highest risk of suffering a future adverse medical event. It is these high-risk members that will gain the largest benefit from being adherent to their medications, as supported by medical literature.

These high-risk members are assessed for adherence to their current prescription medications for those specific disease states. Analysis of pharmacy claims data reveals a proportion of days covered (PDC), which provides an industry-accepted measure of whether a member is taking his or her medications on a regular basis based on a number of factors (e.g., prescription fill rates, days’ supply).

If an adherence issue is identified (PDC less than 80%), the member and/or physician can be sent an adherence message designed to improve adherence as part of their health guide.

The goal of this program is to increase appropriate utilization of prescription medications and may result in increased pharmacy spend. However, because of the relationship between BCBSTX and Prime, we focus on lowering the total cost of care, which could include avoiding future medical costs.

Gaps in Care Program

Our Gaps in Care program encourages treatment for members who are at risk for a future medical event (based on diagnosis) and may not be taking a medication to treat the condition (there is no pharmacy claim on record for their condition). This is accomplished by notifying physicians and/or members to inform decisions and encourage action.

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Like our targeted adherence program, the gaps in care program can target members with a chronic disease (cholesterol, depression, diabetes, epilepsy, hypertension, and respiratory including asthma and COPD) or specialty condition (rheumatoid arthritis and pulmonary arterial hypertension), who are at the highest risk of suffering a future adverse medical event by integrating and evaluating medical claims data. It is these high-risk members that will gain the largest benefit from being adherent to treatment guidelines, as supported by medical literature.

The pharmacy claims of these high-risk members are evaluated to identify members who have a gap in care (i.e., are not currently receiving a medicine for their chronic disease state). If a gap in care is identified for a member, their physician can be sent a letter to encourage appropriate medication use.

The goal of this program is to increase appropriate utilization of prescription medications and may result in increased pharmacy spend. However, because of the relationship between BCBSTX and Prime, we focus on lowering the total cost of care, which could include avoiding future medical costs.

Finally, BCBSTX can deploy additional adherence related information derived from a Gaps in Care Report, which combines medical claims data and pharmacy claims data to provide insight to physicians and plan sponsors about the optimal therapy options for that member.

BCBSTX also has an adherence program that provides insight into the MPR for a member that could be turned into a set of data provided to physicians via an ePrescribing channel in the future.

High Dose Acetaminophen Program

This GuidedHealth program was created in response to increasing concern over intentional or unintentional acetaminophen overdoses each year. The objective is to reduce the use of products containing acetaminophen by members consuming more than four grams of acetaminophen daily.

The High Dose Acetaminophen program reviews pharmacy claims for prescription products containing acetaminophen. Total milligrams of acetaminophen consumed within a 90-day window are tallied and an average daily dose is calculated. Members taking greater than or equal to four grams per day on average are identified for intervention. Prescribing physicians are sent a letter with each member's profile and medication list included. The letter requests that physicians review the therapy and make necessary changes.

Stimulant Polypharmacy Program

The objective of this GuidedHealth program is to identify members receiving multiple attention-deficit/hyperactivity disorder (ADHD) medications or multiple strengths from two or more physicians to ensure the intended regimen is being followed.

Prescribing physicians are sent a letter with each member's profile and medication list included. The letter requests that physicians review current therapies to ensure that there is an appropriate medical indication for all medications and that there is no unnecessary duplication.

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Psychotropic Polypharmacy Program

The objective of this GuidedHealth program is to identify members receiving multiple psychotherapeutic medications or multiple strengths from two or more physicians to ensure the intended regimen is being followed.

Prescribing physicians are sent a letter with each member's profile and medication list included. The letter requests that physicians review current therapies to ensure that there is an appropriate medical indication for all medications and that there is no unnecessary duplication.

High Risk Medications in the Elderly

The objective of this GuidedHealth program is to reduce the use of potentially high-risk drugs in persons' age 64 years and older. Studies have shown as many as one in five older Americans are exposed to medications offering more potential risks than benefits. In addition, this program also supports HEDIS and Medicare Star Rating quality measures.

Consensus criteria for safe medication use in the elderly are widely used to improve drug therapy in this population. Prime uses the Pharmacy Quality Alliance (PQA) as the basis for the selection of the high-risk medications for this program.

This list is supported by the American Geriatrics Society's Beers Criteria and is also used by NCQA. Efforts aimed at reducing potentially inappropriate medication use in the elderly may have an impact on reducing medication-related morbidity.

Prescribing physicians are sent a letter with each member's profile. Physicians are asked to review the therapy and weigh the risk and benefits of continuing therapy. To assist the review, potentially safer alternatives are provided.

AllianceRx Walgreens Prime specialty pharmacy

Coordinated care, specialized education and 24/7 access to experts helps improve adherence, safety, outcomes — and satisfaction — for members taking critical specialty medicines. BCBSTX and Prime help connect key stakeholders across the spectrum of care, all focused on improving adherence for the member. Together, we can package product and service combinations that can be implemented to promote adherence. Strategies include value-based benefit design, clinical solutions and network management. These services are all designed to increase adherence and drive down overall costs.

Medication Therapy Management

In addition to the above programs our clinical expertise and advanced analytics allow us to perform population identification, eligibility, and create criteria for a positive outcome through Medication Therapy Management. Our MTM team reviews information using a robust integrated approach where algorithms, criteria, and data can be input to obtain the best results in different scenarios.

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Our MTM team provides outreach with use of a call center, mail, telephone, internal pharmacy and certified pharmacists, or a network of retail pharmacies to perform interventions with members when the cases are identified. Outreach to the member is a comprehensive focus on personalized review of barriers to adherence while advancing patient education and behavior. Our MTM team will also take referrals from other health care providers for member outreach.

Our integrated clinical offering delivers programs that coordinate across both medical and pharmacy benefit management goals to achieve better outcomes and lower total cost of care. BCBSTX and Prime work collaboratively (made possible through aligned incentives and ability to share data) to understand our member needs holistically, and engage the member and physician with information in meaningful ways that can lead to improved health outcomes and lower total cost of care.

Specialty Pharmacy Management

Discuss the following regarding your specialty program:

	Response
How long has the specialty pharmacy been in place?	Prime has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company. Prime has been providing specialty pharmacy services since 2004 through a network of providers. In 2012, Prime began operating a wholly owned specialty pharmacy, Prime Therapeutics Specialty Pharmacy. In 2016, Prime and Walgreens collaborated to create a unique connection between the health plan and the pharmacy, bringing the whole system together to deliver industry leading pricing and services. The collaboration includes a long-term retail pharmacy agreement as well as the creation of a new home

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	delivery and specialty pharmacy, AllianceRx Walgreens Prime.
How many patients do you currently provide services to?	We average about 89,000 specialty utilizers per month. While 17,014,457 members have access to our specialty pharmacy.
From what location do you dispense specialty medications?	We have specialty pharmacy dispensing locations in Pennsylvania, Michigan, Oregon, Florida and Texas.

What are the criteria used to designate a prescription as a specialty medication for your program? Provide a list of the drugs and drug categories currently included in your specialty services package. How are new drugs added to this list?

Specialty Drug(s) are defined as certain pharmaceuticals, biotech or biological drugs, as offered by a PBM, that are used in the management of chronic or genetic disease, including but not limited to a drug that may be administered orally, by injection or by infusion; and typically having one or more of several characteristics including: frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes; intensive patient training and compliance assistance to facilitate therapeutic goals; limited or exclusive or limited product availability or exclusive product availability and distribution; special handling and/or administration requirements; and distribution or purchase arrangements from the manufacturer; that may require more support or patient educational services than commonly required for pharmaceutical products obtained from retail pharmacies; including those without limitation.

Specialty medications are prescribed to treat complex and chronic (long-term) conditions. Examples include multiple sclerosis (MS), hemophilia, hepatitis C, and rheumatoid arthritis. Specialty medications usually meet one or more of the following criteria:

- Must be injected or infused, though some may be taken by mouth
- Have unique storage or shipment requirements
- Require additional education and support from a health care professional

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Within the broad definition of specialty drugs, a subset of specialty drugs exists that are appropriate for more comprehensive management through strategies such as utilization management (UM) programs and distribution through a specialty pharmacy. The specialty drug list provides a defined list of those drugs deemed appropriate for specialty pharmacy management. Drugs on the list may be covered under either the pharmacy or the medical benefit, depending on the client's preference. The list may be used to determine those specialty drugs suitable for benefit designs such as retail lockouts.

We have a dedicated committee for our specialty drug program. The Specialty Drug Management Committee meets monthly to review new drugs for inclusion on the specialty drug list. The committee is comprised of Prime clinical pharmacists from the Specialty Clinical Programs and Formulary Development departments who have current knowledge relevant to the drugs under review.

Clinical pharmacists review safety and efficacy of each drug being reviewed and present that evidence to the committee. Refer to the Exhibits section for our specialty list.

How many drugs were added to this list:

	Response
2015-2016	21*
2017	68
2018	0

**We have provided the number of drugs for 2016 only, as the tool to track this information was not launched until early 2016.*

Describe additional utilization management programs you offer for specialty medications.

One of the important ways in which the specialty program clinically manages appropriate and cost-effective use is through utilization management programs. When properly executed, a utilization management program will save members and payers money while still providing members access to quality prescription medications and the specialty care they need.

The unique design of utilization management for specialty drugs provides the following benefits:

- Helps the City of Austin manage benefit costs for targeted drugs in high cost/profile categories
- Gives members and physicians a tool to make the right prescription drug choices based on better health, lower out of pocket costs (lower copayment or coinsurance), and built-in safety protection
- Program development and approval is independent of pharmaceutical manufacturer funding

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- Programs are reviewed and approved annually by an external and independent panel of practicing physicians and pharmacists to ensure clinical appropriateness
- Allows the City to review savings reports which detail program impact and savings per quarter

All the clinical protocols for step therapy and prior authorization are evidence-based, meaning they are based on published medical research and literature. The utilization management programs available for specialty drugs are described below.

Step Therapy
Step therapy programs take a "step" approach to providing members a drug to help treat their condition. This means that members may first need to try a first-line drug before coverage is provided for a second-line drug.

A first-line drug is usually a generic drug (or preferred brand if a generic is not available) and represents a more cost-effective alternative for the member and the City.

Prior Authorization
BCBSTX offers prior authorization programs as a part of your pharmacy benefit. Prior authorization is an important tool in the management of high-cost medications with a significant potential for inappropriate utilization. If a member does not meet the prior authorization criteria, the claim is rejected at the point of sale or point of care with a message returned to the pharmacy or physician stating that prior authorization is required.

Through the prior authorization process, whereby specific criteria must be met before the medication is covered, medical necessity can be determined and managed. Medications are selected for prior authorization on the basis of evidence from Food and Drug Administration (FDA)-approved labeling, scientific literature, and nationally-recognized guidelines. Selected prior authorization medications must have potential for misuse, overuse or inappropriate use that could be of clinical concern, economic concern, or both. Prior authorization helps improve member care while managing costs.

Split Fill
We offer an Oral Oncology Management Program that provides a higher level of member care than other programs on the market through a split fill program focused on high-cost therapies that are prone to discontinuation. When therapy begins, the member will receive a partial fill, (typically 16 days of a 28-day cycle) with a pro-rated cost share amount. Before completion of the partial fill, the clinical team engages with the member to assess tolerance and continued course of treatment. If there are serious side effects, an alternative plan of action is coordinated along with the physician, improving outcomes, preventing waste and avoiding unnecessary costs for the member and the plan.

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Additionally, care management services identify members at risk for depression. Depression is recognized as a predictor of overall outcomes and our nurse assessments identify members at risk. Once identified, the care managers notify the health plan for further assessment.

What strategy do you propose specific to the City based on their utilization and expected trends for managing the appropriate utilization and costs of specialty drugs?

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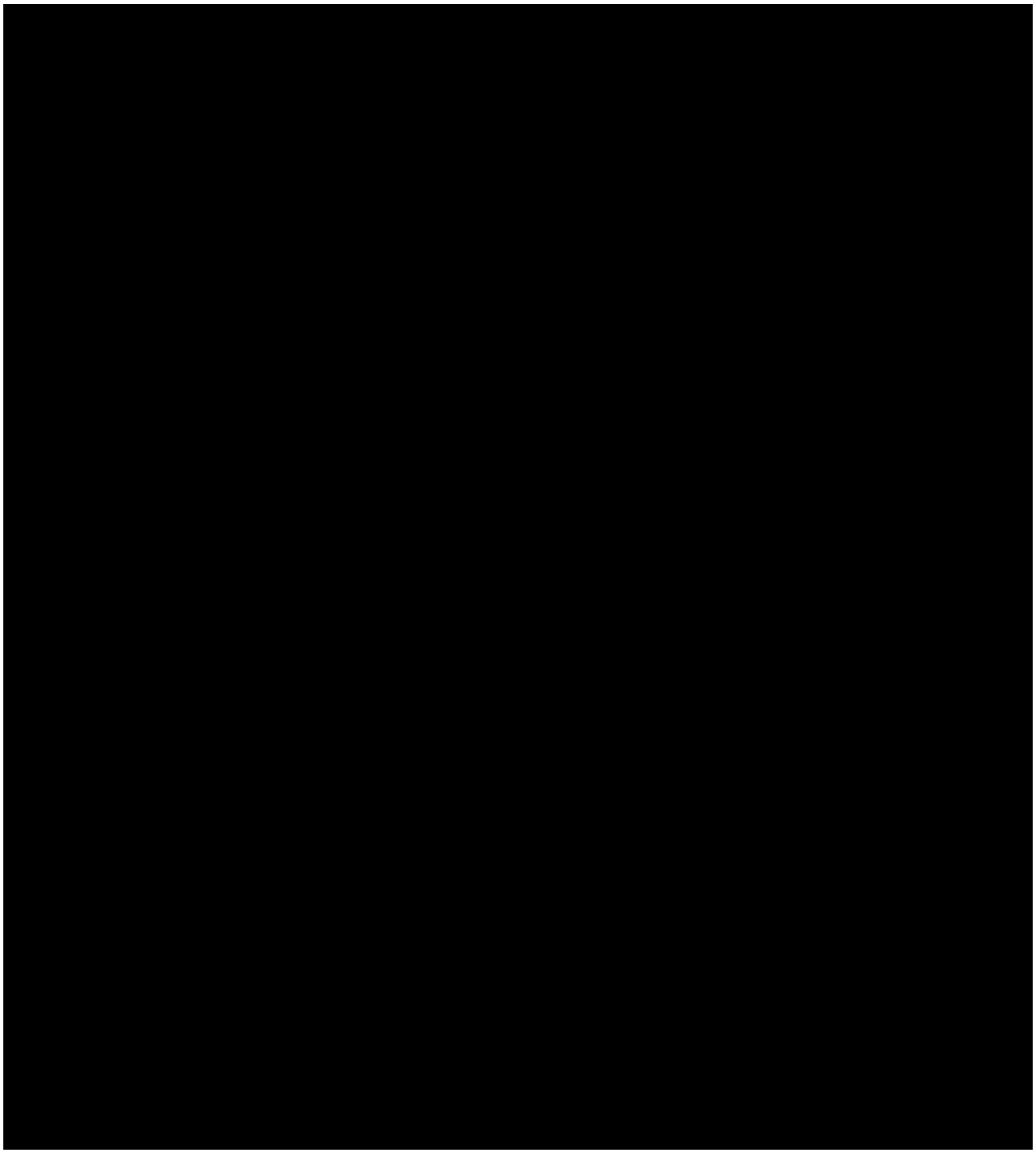

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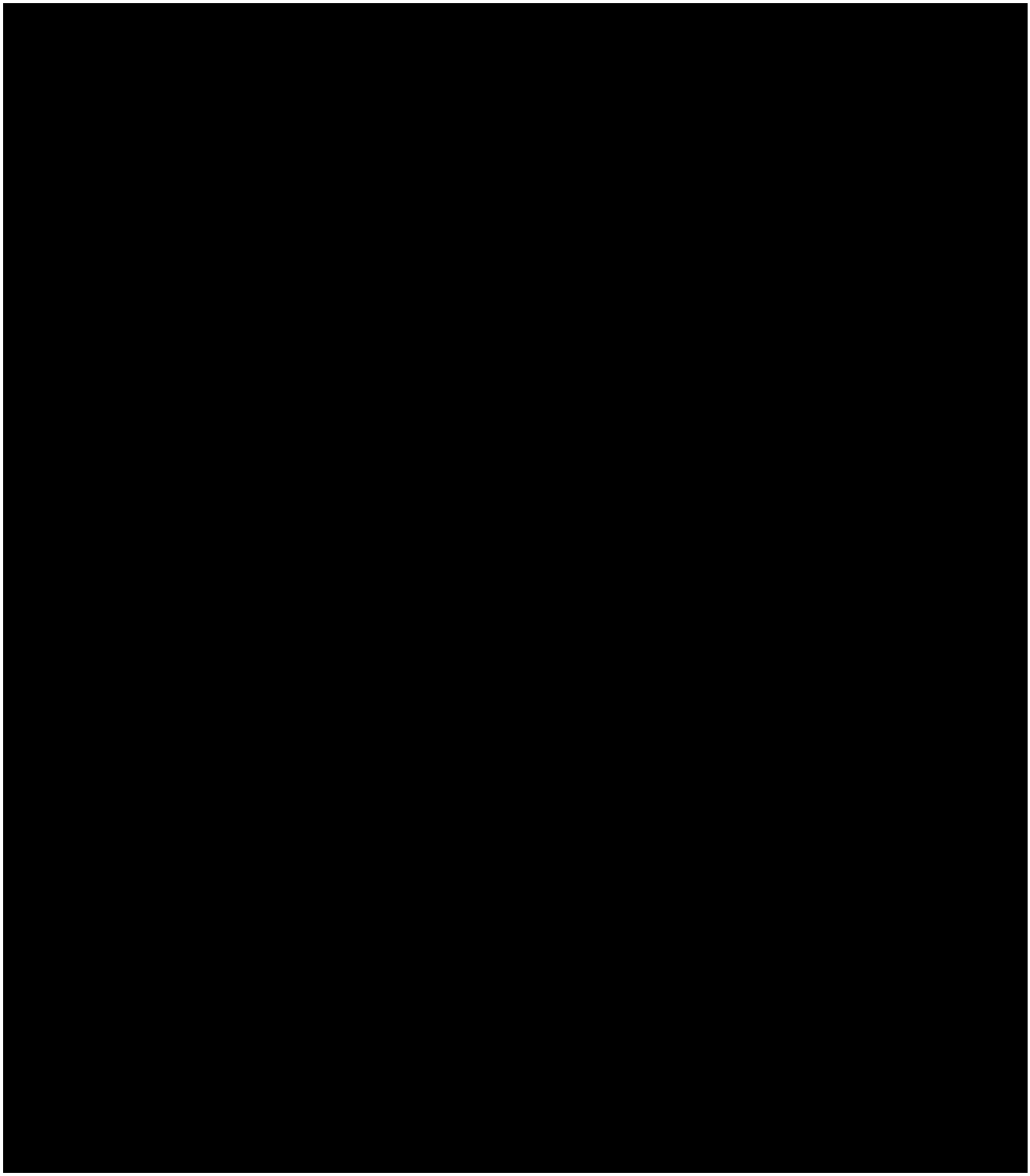

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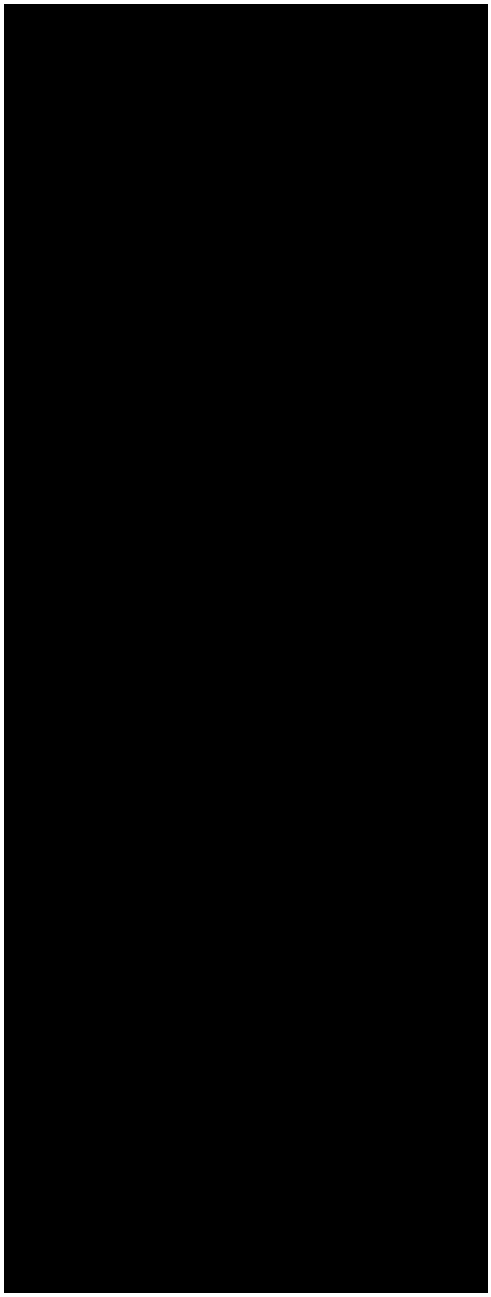

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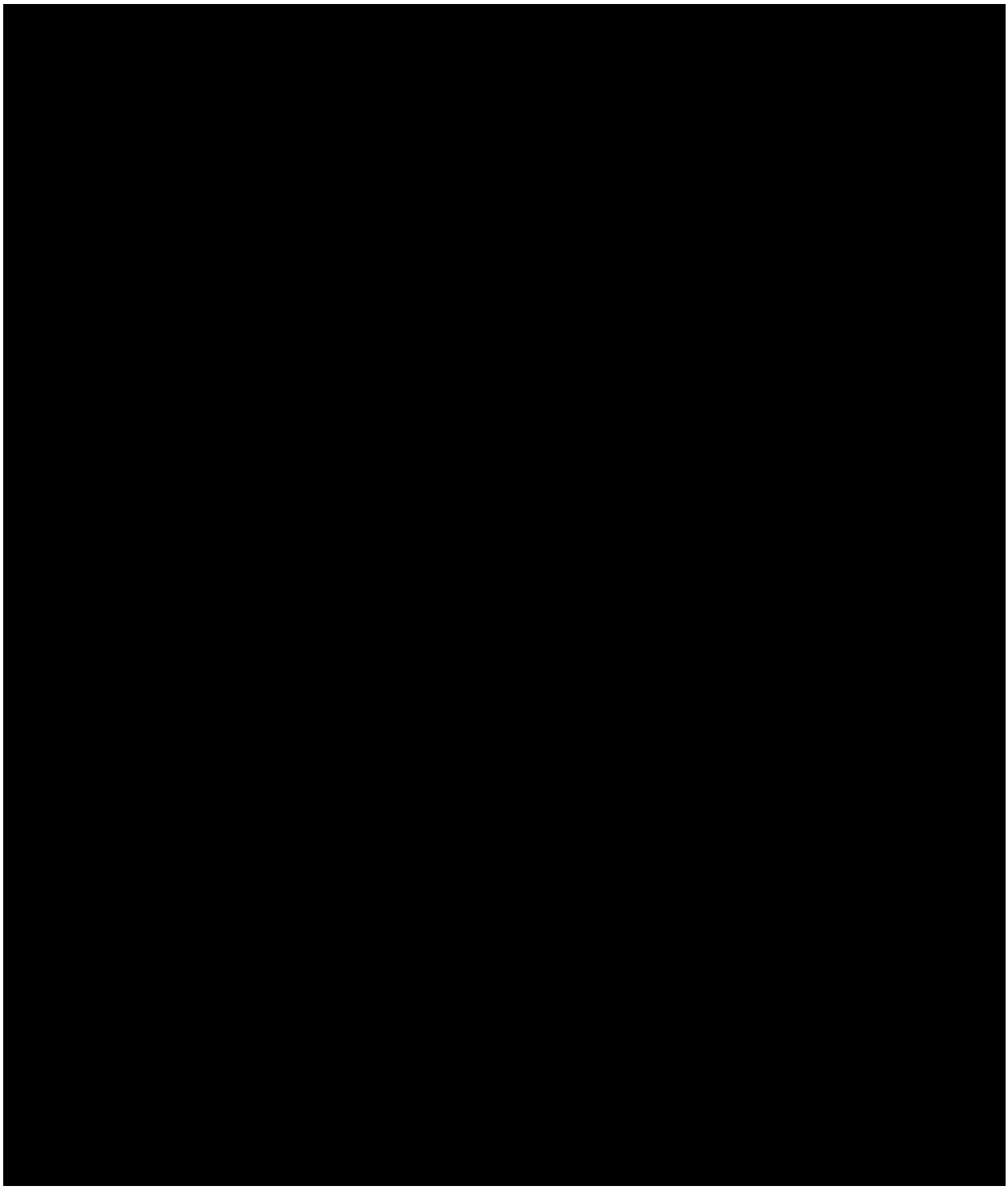

The information in this response is confidential and proprietary.

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Describe how you improve the compliance of participants receiving specialty pharmacy products. Include methods used to measure compliance, reports for documentation, frequency of measurement, and any associated costs.

We encourage and monitor patient compliance via our Connected Care clinical programs.

Through our Connected Care clinical programs, we speak with and assess each member prior to each dispense – every month. These ongoing conversations promote a more personal, trusted relationship that gives us a better understanding of how the member is progressing with therapy. We can also identify a member's needs to help them remain adherent.

We closely track and monitor members via these systems-driven clinical programs. Patient Care coordinators and pharmacists use our proprietary guidelines (skip-path logic), to interview members and take appropriate actions to promote the appropriate use of therapy. Activities include checks on patient days' supply on hand and medication regimens, helping to ensure appropriate use of therapy.

Our outbound to inbound call ratio averages nearly 2 to 1. Our Patient Care teams are proactive Clinicians and Operations professionals, dedicated to helping our members realize optimal therapy. Our calls are scheduled to allow time for prescriber outreach activities to acquire new prescriptions due to changes in dose, strength, quantity, or drug based on member reported behaviors. Interventions and Pharmacist counseling steps are built into our programs, ensuring appropriate counseling is provided and prescriber outreach is performed when appropriate.

Since we actively discuss with the member their progress on therapy and need for a medication refill prior to any fulfillment activities occur, we can assess the member's supply on hand and progress on therapy (missed doses, side effects). We monitor and report adherence via MPR. MPR indicates how well patients take their medications as prescribed. MPR for specific disease categories is reported via the *Specialty Business Review* report.

Each Connected Care program includes certain attributes:

- Real-time, customizable counseling to all members
- Medication-specific education at the start of treatment and throughout therapy as needed
- Proactive refill reminder calls prior to the next anticipated needs by date
- Screening for adherence/adherence barriers prior to each dispense
- Proactive side effect counseling at therapy initiation and side effect monitoring prior to each dispense
- Escalation to a clinician for member-specific side effect counseling and/or management of adherence barriers

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- Side effect and non-adherence reporting to the member's physician and care team
- Physician outreach for member-reported events and clinical best practices
- Patient profile data collection, including medication history
- Data capture for outcomes reporting

Common touchpoints of our Connected Care programs are described below:

Member Care and Clinical Interventions
We use a proprietary clinical platform as the basis for our Connected Care programs. Programs are administered by our pharmacy staff. Depending on the program or type of call, members may speak to either a Patient Care coordinator (PCC) or a pharmacist. This Patient Care team leads members through assessments that solicit information valuable to the ongoing care of the member and to outcomes tracking. Each member response directs the flow of the question set, which branches to specific, indicated education and counseling. Retrospectively, these data responses provide clinical outcomes.

Member education touchpoints include:

- member outreach, performed before each refill to provide the best opportunity for education, counseling, and monitoring
- opportunity for members to speak to a pharmacist during our regularly scheduled calls as well as 24/7 using our comprehensive live support solution
- mail distribution of educational materials based on the member's disease state
- access to education and materials for prescribers, payers, and members via our website

Core Assessments
Each Connected Care program includes key questions designed to make our clinical approach comprehensive and consistent. Clinical counseling branches are included in the Core Assessments when a pharmacist conducts the outreach.

Counseling Assessments
The Patient Care team has access to assessments that guide interventions based on member reported issues. While these assessments are generally administered by a Pharmacist, Patient Care Coordinators are qualified to conduct select calls (e.g., some patient discharge summaries).

Physician Notifications
Part of the ongoing success of our programs is effective, efficient communication with the prescribing community.

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In addition to phone calls and faxes on specific member-reported issues, system-generated alerts are automatically produced and sent to the prescriber based on member responses to our questions. Alerts can address any number of member issues, including non-adherence, side effects, depression, fatigue, discontinuation, and “medication not started.”

Reporting

Adherence tracking and reporting is via MPR. We define MPR as the ratio of the number of days a member was in possession of his or her medication over a set observation period. MPR tracks the percentage of time the prescribed medication(s) are available. MPR indicates how well members take their medications as prescribed. MPR assumes members who have better possession are more likely to consume those medications regularly; persist in acquiring their medications; and comply with their providers' overall recommendations and therapy related prescriptions.

We report plan-specific data, including trend changes and outcomes of any applicable programs, via the Specialty Business Review report. The Specialty Business Review includes pharmacy and medical prescription data and provides quarterly trending to streamline high-level clinical and utilization data.

Separately, deferred costs (e.g., reduced waste, re-hospitalization due to lack of adherence) can drive significant cost savings. Our Connected Care clinical programs are included at no additional cost.

Describe how you work with medical vendors to actively manage patients using specialty drugs and monitor the effectiveness of treatment for the following classes: Rheumatoid Arthritis, Cancer, and Multiple Sclerosis.

Prime and our exclusive specialty pharmacy works closely with BCBSTX's case/disease managers. The pharmacy team has expertise in specialty disease states and drugs which complement BCBSTX’s programs. For example, we have programs were a pharmacist reviews certain cases identified by the case or disease manager where a drug and or polypharmacy issue is noted. We also leverage integrated data to create trigger reports. These reports automatically notify BCBSTX of members requiring support related to depression risk, adherence or additional services to help drive BCBSTX's ability to engage with members where case management may be appropriate. For example, we have reports that identify members new to taking oral oncology or anti-emetic therapies.

In addition, Prime has reviewed BCBSTX medical fee schedules to identify opportunities to either: 1) reduce network provider payments, using our knowledge of how other health plans are contracting, or 2) advise of areas where physicians can be reimbursed at higher rates for using lower cost drugs (generally recommended in the injectible oncology adjunctive therapy space).

GuidedHealth Clinical Programs

Another way Prime collaborates with BCBSTX's care/case managers is through the GuidedHealth program.

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GuidedHealth includes an extensive suite of retrospective DUR programs designed to identify potential misuse and abuse, close gaps in care, improve adherence, and discontinue unsafe medication use. Potential intervention opportunities are identified by reviewing medical and pharmacy claims history for specific prescribing patterns in targeted diseases such as asthma, depression, diabetes, high cholesterol, hypertension, and others.

Physicians and/or members are then targeted for an intervention to encourage more appropriate utilization.

Outreach also includes a Care Management/Disease Management (CM/DM) data file which is sent to BCBSTX and their vendors for use. This valuable file contains opportunities for changing members' drug therapy to improve their care. The file also includes supporting information, such as the pharmacy and medical claims from which the drug therapy opportunities are built.

BCBSTX uses this CM/DM data file in many areas of the organization. The data provides information to help improve care and control costs. For example, the file can be integrated into plan PCMH solutions (e.g. integrate with physician portals to enhance member data and inform decisions within current physician workflows like population management solutions). Prime and BCBSTX will work with the City to identify new and innovative uses for this data.

Describe your oncology management program and approach.

While AllianceRx Walgreens Prime will work with third-party infusion centers to administer applicable specialty medications, we believe that knowing where the drug is in the process of its administration is the best approach. Consequently, by being able to track it and interact with the member, physician and provide a Care Management team, we can more accurately ensure the member obtains the medication as recommended, thus improving outcomes, cost savings, and minimizing waste. We provide a member-physician engagement program. With this program, the member receives optimized clinical management for complex oral oncology medications.

Physician support is performed simultaneously throughout the process. This program is triggered for members who are new to specific oral oncology regimens by providing a comprehensive 'start of therapy' assessment.

The member will receive educational support, ongoing monitoring, and interventions as identified within their course of therapy. Physician communications will be provided when determined by protocol. Both a prior-to-therapy and a first-cycle intervention will be scheduled for 15 oral oncology medications.

Do you offer a short fill or first-dose program for specialty medications?

Yes. We provide a split fill program through our Oral Oncology Cycle Management Program, which focuses on high-cost specialty oncology therapies that members are often unable to tolerate.

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When therapy begins, the member will receive a partial initial fill (typically a 14-16-day supply). Subsequently, if it is determined that the member can tolerate the medication, the member will receive the balance of the prescribed days' supply with a pro-rated cost share amount. Before completion of the partial fill, the clinical team performs an assessment to determine if the member is tolerating the therapy and whether to dispense the balance of the split fill quantity.

If there are serious side effects or other clinical concerns, an alternative plan of action is developed with the goals of improving outcomes, preventing waste, and avoiding unnecessary costs for the member and the plan.

The current medications offered for Prime's split fill program include Bosulif®, Lysodren®, Nexavar®, Sutent®, Tarceva®, Targretin®, Zolinza® and Zytiga®.Program benefits include the following:

- **Optimized member and clinical management** – By design, this program supplies a higher level of member care than other oral oncology management programs currently in the marketplace. Through clinical protocols that are executed at pre-determined intervals during the member's medication therapy, adverse events are recognized early, and the member is provided access to valuable clinical support between physician visits to address therapy adherence issues including regimen compliance and persistency.
- **Enhanced physician support** – It is not uncommon for physicians to have concerns about a member's ability to take oral oncology medications as prescribed, recognize a medication side effect, or seek medical attention when experiencing an adverse reaction. This program offers supplemental clinical expertise and enhanced communication with physicians throughout the member's medication regimen. The physician will be contacted when required by protocol focusing on member adherence, adverse reactions, or side effects experienced. Details including the Medication Possession Ratio (MPR) while the member was on therapy, interventions performed, and the date that therapy was started (and discontinued) can also be provided.
- **Monitored dispensing component** – The split fill program focuses on therapy that is poorly tolerated. When therapy is started, the member will receive only half of the fill (typically 16 days of a 28-day cycle), with a pro-rated cost share amount. The prior-to-therapy assessment will be conducted, which provides the member with information on what to expect from both the pharmacy and the therapy. Before the completion of the partial fill, the clinical team will perform the first-cycle assessment to determine if therapy is tolerated and should be continued. If intolerable side effects exist, the member will be informed about physician outreach and the fill will be held until the physician is contacted and a plan of action is decided. When the medication is not completed, both the member and the plan will have saved in unnecessary costs. When tolerated, the fill will be completed and the remaining portion of the member's cost will be charged. With this program, clients save money by avoiding lost costs due to waste when a medication is not tolerated.

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- **Savings** - This program offers the opportunity for direct cost savings for the client. The benefit provides the potential for reducing expenses resulting from medication waste associated with early termination or dose reductions due to side effects from the therapy. In addition, due to increased therapy monitoring, clients may benefit from a decrease in incremental healthcare costs resulting from averting adverse events.

Describe any available programs and capabilities to capture specialty pharmaceutical manufacturer copay assistance for the City and include all conditions for the City to participate in any such programs.

At AllianceRx Walgreens Prime specialty pharmacy, we will work within the City plan design, offering the support of a Patient Financial Services (PFS) team to find suitable coverage for patients through the available manufacturer, charitable, and non-profit assistance resources. Our dedicated PFS team's mission is to match financially qualified patients with the appropriate manufacturer or non-profit resource.

Our patient care team asks *all* patients if they have any financial concerns at the point of order scheduling. If the patient hesitates or expresses concern, we offer to transfer them to a member of our PFS team to evaluate the appropriate assistance options.

Our experienced team members conduct an initial qualification assessment of patients based on the applicable criteria and help patients submit qualified applications for assistance using internal processes. Our approach to patient assistance is proactive – our team will fax the application or otherwise refer it to the appropriate source as allowed, and follow-up with the patient until the assistance determination is reached.

We regularly work with many charitable programs, including but not limited to Angel Care Foundation, Cancer Care, Caring Voices, Chronic Disease Fund (CDF), Churches, Health Well, Leukemia Lymphoma Society, Loyalty, MS Society, NORD, Opus, Patient Access Network Foundation, Patient Advocate Foundation, Patient Services Inc., Red Cross, and the Salvation Army. We also work with manufacturer programs. In 2017, we helped patients across all disease categories secure **$186 million** in financial assistance (Central, Local and Retail dispensing channels), through manufacturer programs and charitable foundations.

Patient Financial Services are included in our offering and are only limited by your plan design.

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BlueCross BlueShield of Texas

CITY OF AUSTIN

SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES SOLICITATION NUMBER: RFP 800 RWS0504

ATTACHMENT 19: PHARMACY PROGRAMS DESCRIPTION

Provide a description of the following pharmacy programs.	
Exclude at Launch	Exclusion of new-to-market drug products must be administered through a manual process. The new drugs to be excluded would need to be identified individually by the City of Austin (the City) and maintained on an exclusion list. If the City is willing to monitor and provide the drugs to be added and removed from exclusion, Prime can create and update the exclusion list. The claims system can reject claims for excluded drugs. Within the plan design, a drug list(s) of specific medications would be created and associated to the plan. This allows for either rejecting the claim or applying a specific benefit per plan parameters. The member responsibility can be set to waive the copay, apply coinsurance, or apply a different member responsibility amount based on benefit design. When a claim is rejected at the point of sale, the pharmacy will receive a rejection message. Prime offers a toll-free Pharmacy Help Desk number to support pharmacists with questions regarding system messages and/or overrides, as authorized by the benefit plan.
Permanent Exclusions	Performance Select is our most aggressive drug list (formulary) strategy combining competitive discounts, drug exclusions, utilization management, and employee satisfaction. Performance Select drives the most cost-effective care and allows employees to get the medicine they need to feel better and live well. Performance Select is an efficient closed drug list that drives savings by maximizing rebates and reducing pharmacy costs by:

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	• **Driving utilization toward discounted products –** to achieve competitive rebates, Performance Select includes differentiated preferred and non-preferred drugs. • **Excluding non-essential drugs** – to reduce extraneous costs to health care system. • **Promoting therapeutic alternatives** – to capitalize on over-the-counter availability of therapeutic alternatives and reduce pharmacy costs. • **Excluding high-cost generic and brand drugs** – to manage rampant price increases from pharmaceutical companies and reduce costs.
Medical Necessity	In partnership with Blue Cross and Blue Shield of Texas (BCBSTX), Prime will provide the City with clinical expertise and support for medical necessity reviews. When a claim denies at the point of sale due to prior authorization, step therapy, quantity limit, or formulary exception, the member has their physician complete the appropriate paperwork which is then faxed to Prime's Clinical Review for consideration. Prime's Clinical Review department, staffed by certified pharmacy technicians and pharmacists, reviews established criteria to determine whether coverage is granted for the medication. Prior authorizations are performed according to the City's established criteria. If the prior authorization request is approved, an authorization record is entered into the claims system. The following steps are taken for clinical prior authorizations delegated to Prime for review: Physicians initiate the prior authorization process any time by faxing or mailing the prior authorization form to us or submitting the prior authorization form to Prime electronically via Electronic Prior Authorization (ePA). Members may also initiate the process by contacting their physicians. The physician completes and faxes the prior authorization form for the requested medication. Once the request is received, a case is opened and eligibility and benefits are verified. The Clinical Review department reviews the request and works with the physician to get any additional information needed to make a

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	decision. If the request cannot be approved by Prime, it is sent to BCBSTX for physician review and final determination. The outcome is documented in the claims system and internal database. The physician is notified of the outcome via fax, a member outcome letter is generated, and the case is closed. If a request is denied, the outcome notification includes: • criteria that were not met • re-direction to other covered agents, if applicable • formal appeal rights customized to the City • request for a copy of the criteria • request to speak to the reviewer who made the determination The contact center has emergency processes in place in the event the member needs the medication while the claim is being reviewed. In this situation, the standard is to provide a temporary supply of medication to allow time for the physician to send the applicable information to Prime's Clinical Review department. Urgent prior authorizations are handled on an expedited basis.
Step Therapy	Step therapy targets high-cost drugs with a high potential for misuse or those with specific clinical uses for certain populations. Members must first use other drugs before medications on the step therapy list will be approved. The first step in this process occurs online at the pharmacy (i.e., point of sale) or physician office (i.e., point of care); medications are automatically covered if the member has met the step therapy requirements and the prescribing physician has submitted the necessary documentation. If not, the claim is rejected with a point-of-sale/care message transmitted to the dispensing pharmacist or prescribing physician to inform them that an exception request is required. At this point, members and physicians are encouraged to consider therapeutic alternative(s). Alternatively, the member's prescribing physician can request an exception on the member's behalf. Once the exception request is received by Prime's Clinical Review department, a decision is made based on client-approved criteria, and

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	both the member and physician are notified in writing of the outcome. If approved, an authorization record is entered into the claims system for that member. Our step therapy program includes the following features: • an algorithm for clinical evaluation, rationale, and references • established step therapy clinical protocols that support a standard list of medications and claims adjudication capabilities • management of drug benefit costs for targeted drugs • consulting to assist reduction of drug spend for specific classes of medications with available options, price, and benchmarks • standard reporting on program impact, savings and impact on per member per month (PMPM) • step therapy process that is totally independent of pharmaceutical manufacturer funding • ability to update criteria when new information becomes available and at regular intervals
Specialty Network with 0 grace fills	If the City is interested in a specialty drug lock out program, BCBSTX can implement a benefit mandating use of our specialty pharmacy program. However, our recommendation is not to provide a grace fill, but to instead connect members with our exclusive specialty pharmacy at first fill. This allows the member to immediately get assistance with drug administration, care management support, establish adherence, and allows the pharmacy to leverage Connected Care clinical programs to support the member's care. These clinical programs educate and assist members dealing with certain disease states and to help members adhere to their prescribed medications. These programs target members with treatment regimens for complex illnesses that involve high-touch, often high-cost specialty prescriptions. Members are automatically enrolled in our Connected Care programs. Through these programs, every medication we dispense is accompanied by system-driven clinical protocols that promote

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	member adherence and provide multiple opportunities for education, counseling, and compliance monitoring. With this benefit design, we also employ a transition strategy to mitigate member disruption. During the implementation process, BCBSTX works with Prime to create a detailed communication plan. This can include sending letters and brochures explaining the benefits of our exclusive specialty pharmacy, along with step-by-step instructions on how to begin using the program. Outreach specialists also call members to guide them through the enrollment process.
Quantity Level Limits	Our quantity limit program encourages appropriate drug utilization to enhance member outcomes and reduce drug benefit costs. The criteria used to support specific quantity limits are supported by the Food and Drug Administration (FDA) approved labeling, scientific literature, and nationally recognized guidelines. Benefit coverage for quantity limit drugs is approved up to the pre-defined quantity limit and processes at the pharmacy point of sale. When a prescription exceeds the pre-defined quantity limits, the claim will be rejected with a message sent to the pharmacist stating that the prescription quantity exceeded the limit for that specific medication. Prescribing physicians may request an exception to override the edit. Established criteria are reviewed to determine whether the member will be granted additional quantities per month. Quantity limits can be set up per prescription, days' supply, or a combination of both. If the exception request is approved, an authorization is entered into the claims system for up to one year. The authorization defines the specific circumstances when coverage can be granted for a quantity exceeding the limit.
Half Tab	We offer an Oral Oncology Management Program that provides a higher level of member care than other programs on the market through a split fill program focused on high-cost therapies that are prone to discontinuation. When therapy is started, the member will receive only half of the fill (typically 16 days of a 28-day cycle), with a pro-rated cost share amount. The prior-to-therapy assessment will be conducted, which provides the member with information on what to

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	expect from both the pharmacy and the therapy. Before the completion of the partial fill, the clinical team will perform the first-cycle assessment to determine if therapy is tolerated and should be continued. If intolerable side effects exist, the member will be informed about physician outreach and the fill will be held until the physician is contacted and a plan of action is decided. When the medication is not completed, both the member and the plan will have saved in unnecessary costs. When tolerated, the fill will be completed and the remaining portion of the member's cost will be charged. With this program, clients save money by avoiding lost costs due to waste when a medication is not tolerated.
Compounds with $50 Threshold	BCBSTX and Prime work to support our members' access to safe, affordable medicines together. To achieve this, we have leveraged our industry experience and unique connection to develop strategies to help control the risks and costs associated with compound claims including: **Benefit Strategy Consultation and Support** Prime can set up the City's benefit plans to adjudicate compound medications according to your unique needs. • **Drug exclusions:** We have developed a robust drug "reject" list to help improve safety and reduce unnecessary costs. The list is made up of bulk chemicals and other costly ingredients that are not clinically recommended for compounding. • **Prior Authorization**: BCBSTX's standard threshold is $300. Claims over the chosen threshold will require prior authorization. In addition, in compliance with the HIPAA 5010 transaction standards final rule, which mandates compliance with version D.0 for pharmacy transactions, we will only accept for adjudication those compounds that submit each ingredient (by NDC), including quantity and cost. "Dummy" numbers will no longer be necessary or supported. **Strong Network Credentialing** We set up pharmacy reviews prior to finalizing contracts with pharmacies with 50 percent or more of business is from compound drugs. In fact, based on pre-contract reviews:

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	• In 2015, we denied 92 percent of pharmacies that compounded 50 percent or more. • In 2016, we denied 98 percent of pharmacies that compounded 10 percent* or more. • In 2017, we denied 92 percent of pharmacies that compounded 10 percent or more. **The threshold changed from 50 percent to 10 percent as of 12/1/2015* **Robust Pharmacy Audit Program** As part of our onsite audits, we review and observe practices and claim risks that are specific to compounds. We also examine invoices from wholesalers to verify fulfillment accuracy during our on-site and desk audits. We offer a comprehensive pharmacy education program to support pharmacy compliance with our billing standards. We also actively participate in government fraud investigations related to compound pharmacies. **Managing How Compound Ingredients are Priced** In 2015, we implemented a new pricing structure for compounds. A Compound Fee Schedule was created for compound ingredients that are not available commercially or have not been approved by the FDA. Additionally, pharmacies will no longer be reimbursed for compound medications at the lesser of the pharmacy's Usual and Customary (U&C) or Average Wholesale Price (AWP). With this pricing change, our clients will see a reduction in the approved ingredient cost for compound claims that include non-FDA approved ingredients. Compound drugs are priced online at the point of sale. To comply with HIPAA D.O. standards, Prime processes compound drug claims according to HIPAA transaction standards D.0 from the Centers of Medicare and Medicaid Services (CMS) and National Council for Prescription Drug Programs (NCPDP). With D.0, each ingredient must be submitted in the claim, allowing up to 25 ingredients per compound claim. There are two options to determine the member cost share for a compound: • Option 1: Prime can configure compounds to take any tier determined by the plan (e.g., All Compounds take Tier 3 - All compounds process as Tier 3).

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	• Option 2: Prime can configure compounds to determine the copay based on the most expensive ingredient within the compound (e.g., 2 Drug Compound - Drug A = $50, Drug B = $25 - The compound will charge the copay tier associated with Drug A). Processing compound drugs as multiple ingredients allows BCBSTX greater precision in determining what you are willing to cover. For example, if BCBSTX does not want to pay for a compound drug that contains ingredients in which the FDA has evaluated as less than effective, our claims system can be set to deny a compound drug that contains such an ingredient. We price based upon each individual covered ingredient submitted by the pharmacy for processing. The compound claim is then reimbursed at the negotiated contract rate for compound medications.
Refill and Save	When permitted, our home delivery (mail) pharmacy, AllianceRx Walgreens Prime home delivery, offers an optional auto refill program to home delivery members. This program helps members stay compliant with their medications by providing members with an easy and convenient way to keep track of refills and to receive medication shipment notifications. Auto Refill calls on every refill through an automated outbound call. We will send an email reminder if the member has provided us with their email address. The purpose of this outreach is twofold; first it confirms for the member that their prescription is still on auto refill and we are planning to fill their next refill. Secondly, members are only instructed to contact us if they do not want to receive the prescription. No action is required by the member if they want to continue receiving their refills via the auto refill program. **Key components of the Auto Refill program:** • Emails are sent or automated outbound calls are made to the member 17 days prior to the member taking their last dose of medication. • Seven days after the initial email or outbound call, and ten days prior to the day the member runs out of medication, we will adjudicate the claim and dispense/ship the refill. • In addition to sending emails and making automated calls on prescriptions that have refills available, we will also be sending

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	emails and making calls when the member has zero refills available and due for a new prescription. • When all the refills on an auto refill prescription have been exhausted (or the prescription has expired), we will reach out to the physician's office for a new prescription on behalf of the member without them needing to initiate. • If the plan allows auto refill, members can manage their auto refill prescriptions online Walgreens.com/PrimeMail. When members receive the auto refill reminder email or call, they can either call our Contact Center to cancel within the seven-day period or they can log into their web account and remove the auto refill indicator to cancel. Members can also select which prescriptions they want on auto refill through their web account.
Pharmacy Lock-In	Prime's system supports pharmacy lock-in programs, (also referred to as "restricted recipient"). The system has the flexibility to accept both manual or file transfer updates. Because data provided by the client serves as the primary source of information, Prime relies on the City's data to establish and maintain lock-in status. The City will either manually enter the lock-in information (e.g., From Date, Thru Date, Pharmacy NCDPD #, Provider NPI #), into the claims adjudication system, or can send a file containing this information to update the member's status. This file can be sent as often as daily. The lock-in status is effectuated immediately upon a change to the member's record. A member may be restricted to use a single pharmacy, or restricted to a provider chosen by the client. Once the lock-in status is set, claims initiated outside of the lock-in parameters will reject with a message returned to the pharmacy. To assist clients with administration and reconciliation, Prime generates four reports for the City for review: • Lock –In Current Eligibility Report for Active Members: A weekly report which captures all active members with lock-in information. The report contains the active eligibility for the member, lock-in information for pharmacy or provider; lock-in To and From Dates, and Type of lock-in. • Lock-In Termed Eligibility Report for Terminated Members: A weekly report which captures all terminated members with active lock-in information.

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	• Lock-In Termed Eligibility Multiple Group Report for Terminated Members that were enrolled in multiple groups: A weekly report which captures all terminated members that have had a group change with lock-in information. • Lock-In Activity Report: A monthly report which captures additions, terminated and/or changes to the restricted pharmacy or provider information to all members' records during the previous month. The City may review these reports to determine if corrections are required. If so, the City may manually correct these members, or send the corrections on their next scheduled file.

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BlueCross BlueShield of Texas

Attachment 16: Optional Services

Per Addendum 4, dated March 12, 2018, Attachment 16: Optional Services is no longer part of this Request for Proposal.

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BlueCross BlueShield of Texas

SELF-FUNDED MEDICAL, STOP LOSS COVERAGE, PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES
SOLICITATION NUMBER: RFP 5800 RWS0504
ATTACHMENT 10: R EQUIRED REPORTS

Confirm the following Reports will be provided separately for the three (3) major groups: active employees, retirees under 65 and retirees over 65 by plan.

1. CLAIMS AND FINANCIAL REPORTS				Available	
Month	**Quarter**	**Annual**		**Yes**	**No**
X			**Claims exceeding $100,000 and diagnosis and prognosis of each**	X	
X			**Claims exceeding mid-point of specific stop-loss insurance retention level**	X	
Upon Request			**Claims by City Department (No. of Claims Paid and Amount Paid)**	X	
	X		**Top 100 Diagnosis Codes by frequency and by amount paid**	X	
X			**Lag report indicating the time between the date a claim is incurred and the date paid, presented in mutually agreed upon format**	X	
	X	**X**	**Hospital admissions, inpatient days per thousand lives, and average length of stay. Number of admissions by procedure and by diagnosis**	X	
	X	**X**	**Outpatient Hospital Utilization Reports by Category of Service (ER, lab, x-ray, etc.)**		
X			**Claims paid, number enrolled and number of claimants for each major group and plan with dependents broken out**	X	
	X		**Subrogation**	X	

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2. PRESCRIPTION DRUG REPORTS				Available	
Month	Quarter	Annual		Yes	No
X			Summary of prescription activity by delivery system (retail vs. mail), eligibility and utilization by cardholders and members, savings due to discounts and costs for plan, members and total	X	
	X		Summary of savings by delivery system. Report to show gross prescription costs, reductions due to discounts, generic substitution rate, generic dispensing rate, formulary compliance and formulary dispensing rate	X	
X			Generic substitution summary which shows the dispensing of brand drugs without generics, brand drugs with generics and generics by mail and retail	X	
X			Utilization analysis of selected, high cost therapeutic class spending	X	
X			Top 50 drugs by dollar volume for mail service	X	
X			Top 50 drugs by dollar volume for retail service	X	
X			Claims paid, number enrolled and number of claimants for each major group and plan with dependents broken out	X	
Explain any limitations you have with customizing standard reports.			[redacted] *The information in this response is confidential and proprietary.*		

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	[redacted] *The information in this response is confidential and proprietary.*
The City requires online access to reporting; describe how you will make your system available to the City.	[redacted] *The information in this response is confidential and proprietary.*
Discuss the City's capacity to create/modify/extract/validate data.	[redacted]

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	[redacted] *The information in this response is confidential and proprietary.*
What is the standard turnaround time for ad hoc reports?	The turnaround time for custom reporting and support requests will vary depending upon your specific request. Our average turnaround time associated with such requests for analysis, modeling, and reporting is typically five to 10 business days.
What is your unit's availability to provide reporting support and assistance to the City staff?	In addition to Donald Coronado, the City's account executive, we will provide a designated client consultant to support your reporting needs. You can meet regularly with your consultant to discuss report analytics and outcomes as well as any support or assistance you need with reporting.

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Describe any reports either financial or clinical in nature that would be provided to the City in order to help manage benefit costs. Provide examples of these reports.	[redacted] *The information in this response is confidential and proprietary.*

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[redacted]

The information in this response is confidential and proprietary.

1. HEALTH IMPROVEMENT REPORTS				Available	
Month	**Quarter**	**Annual**		**Yes**	**No**
X			**Engagement rates by program and reported overall, for Covered Persons**	X	
X			**Engagement rates by Member diagnostic category, health status to include definitions of health status categories including risk level ranges**		X
	X	**X**	**Progress on clinical measures**	X	
	X	**X**	**Progress on gap closures**	X	
	X	**X**	**Program specific engagement rates by health status including definitions of health status categories including risk level ranges**	X	
	X	**X**	**Average SF-12 outcomes for physical and mental health measures**		X
	X		**Quarterly High Utilizers of ER Services Report**	X	
		X	**ROI overall and by specific Wellness and/or Disease Management Program describing program components, improvements, and specific clinical and financial outcomes for each component of the program and the overall program**	X	
			Recommendations regarding how to enhance the Member experience and Member engagement, how to close clinical gaps in	X	

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		X	care and otherwise engage the provider community, incentive and other programs to consider, ideas to improve Wellness service program outcomes, etc.		
4. HEALTH IMPROVEMENT REPORTS				Available	
Month	Quarter	Annual		Yes	No
X			Health Risk Assessment completion report	X	
		X	Health Risk Assessment summary report with top health risks	X	
		X	Completion of preventive services tied to the City's incentive program, Healthy Rewards	X Yes, if the City uses our vendor partner for these services (i.e. onsite biometrics, onsite flu shots) and/or they have our Incentive Processor product.	

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BlueCross BlueShield of Texas

CITY OF AUSTIN

SELF-FUNDED MEDICAL PROGRAM, STOP-LOSS COVERAGE, PHARMACY BENEFIT MANAGER, OPTIONAL SERVICES SOLICITATION NUMBER: RFP 800 RWS0504

ATTACHMENT 5: ACCOUNT TEAM INFORMATION

Provide a one-page diagram of your account team's service hierarchy. Include resume for the proposed account team members and the following information.	
ACCOUNT TEAM STAFF	**RESPONSE**
Name and Location:	Abby Sterner, director of Account Management for National Accounts is responsible for leading the account management team for the City of Austin (the City). Donald Coronado, account executive III, will serve as the City's day-to-day contact. Both Abby and Donald are backed by a team providing full support to the City, and are supported by Debbie Burns, marketing account representative. Implementation Consultant Lori Hebblewhite, will assist the account management team to provide a smooth transition to Blue Cross and Blue Shield of Texas (BCBSTX) as the City's medical, pharmacy, and stop loss carrier. In addition, our account management team will be backed by our pharmacy benefit manager (PBM), Prime Therapeutics LLC's (Prime's) experienced pharmacy team – Jessica Ashlock, director, Employer Account Executives – South Region; Shavsha Davis, account executive; and Dorothy Holdbrook, account manager. Together, this integrated team will consult and collaborate with the City to address specific business and pharmacy benefit needs. Prime complements the BCBSTX account management team by providing seasoned pharmacy expertise. This enhances overall account management capabilities, including problem

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	resolution, reporting, benefit design consultation, and employer/member communications. Refer to the one-page diagram of the Account Service team and biographies of each team member immediately following this section.
Years with Organization:	Abby has been with BCBSTX for 15 years and Donald has been with BCBSTX for 13 years. Debbie has been with BCBSTX for 36 years and Lori has been with BCBSTX for 12 years. Jessica has been with Prime for 4 years. Shavsha has been with Prime for less than one year, and Dorothy has been with Prime for 10 years.
Number of Accounts to Service:	[redacted] *The response to this question is considered confidential and proprietary.*
Public Sector Experience: (Yes or No and brief summary of relevant experience)	[redacted] *The response to this question is considered confidential and proprietary.*

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	[redacted] *The response to this question is considered confidential and proprietary.*
Percent of time dedicated to City of Austin:	Our goal is to provide the City with the highest quality of account management and service. We will provide the level of support that is needed to ensure we are proactive and respond to your inquiries in a timely manner.
The City reserves the right to accept or decline the above account management personnel as well as other key staff designated for its program both initially and in future Contract years. Confirm your acceptance of this requirement.	Confirmed.
Proposer must effectively advance the interest of the City's staff through the corporate structure to facilitate resolution of issues. Describe your organization's process to escalate problems or concerns through the corporate structure to facilitate resolution of issues. Describe how your organization will track this requirement and report your findings to the City's staff.	Donald will be the City's primary point of contact with any resolution of issues. Working in concert with Shavsha and Dorothy, Donald and BCBSTX's account management team will work to identify early and manage promptly any issues that may arise. We have communication tools and a corporate culture dedicated to taking proactive measures to

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	prevent issues and resolve problems quickly and efficiently when they occur. Tools that assist in proactively preventing and solving problems include the following: • quarterly and annual meetings (more if needed) • compliance 360 tracking log • project dashboards • quality control processes for every aspect of program management Our Compliance 360 issue management tool tracks client issues by: • type of issues • where it was found • when the issue is closed • what steps were taken to remediate the issue Our experience has proven that the most effective method to identify problems is through team meetings, which include the integrated account management team and the City's designated representatives. The account management team also trains internal staff, including customer service teams on upcoming programs and benefit design changes that will be implemented so they can better service your members.

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Section 0840, Service-Disabled Veteran Business Enterprise Preference

Offeror Name
Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Additional Solicitation Instructions.

1. ☒ **By checking this box, Offeror states they are NOT a certified Service-Disabled Veteran Business Enterprise seeking to claim preference points under the City of Austin's SDVBE Program.**

2. **Offerors seeking to claim the Service-Disabled Veteran Business Enterprise (SDVBE) preference shall be certified under one of the two following scenarios. Offerors shall check one of the following boxes, input the data in the applicable table below and include this completed form in their Proposal.**

   ☐ **HUB/SV. Offeror is certified as a Service-Disabled Veteran (SV) Historically Underutilized Business (HUB) by the Texas State Comptroller of Public Accounts.**

Texas State HUB/SV Certification	
13-Digit Vendor ID (VID)	
HUB/SV Issue Date	
HUB/SV Expiration Date	

   ☐ **HUB/OTHER + Federal SDVOSB. Offeror is certified by the Texas State Comptroller of Public Accounts as a Historically Underutilized Business in a HUB Eligibility Category other than Service-Disabled Veteran (SV) AND is verified by the US Veterans Administration as a Service-Disabled Veteran-Owned Small Business (SDVOSB).**
   Texas HUB Eligibility Categories: HUB/BL (Black), HUB/AS (Asian), HUB/HI (Hispanic), HUB/AI (Native American), or HUB/WO (Women Owned).

Texas State HUB/OTHER Certification	
13-Digit Vendor ID (VID)	
HUB Eligibility Category	
HUB Issue Date	
HUB Expiration Date	

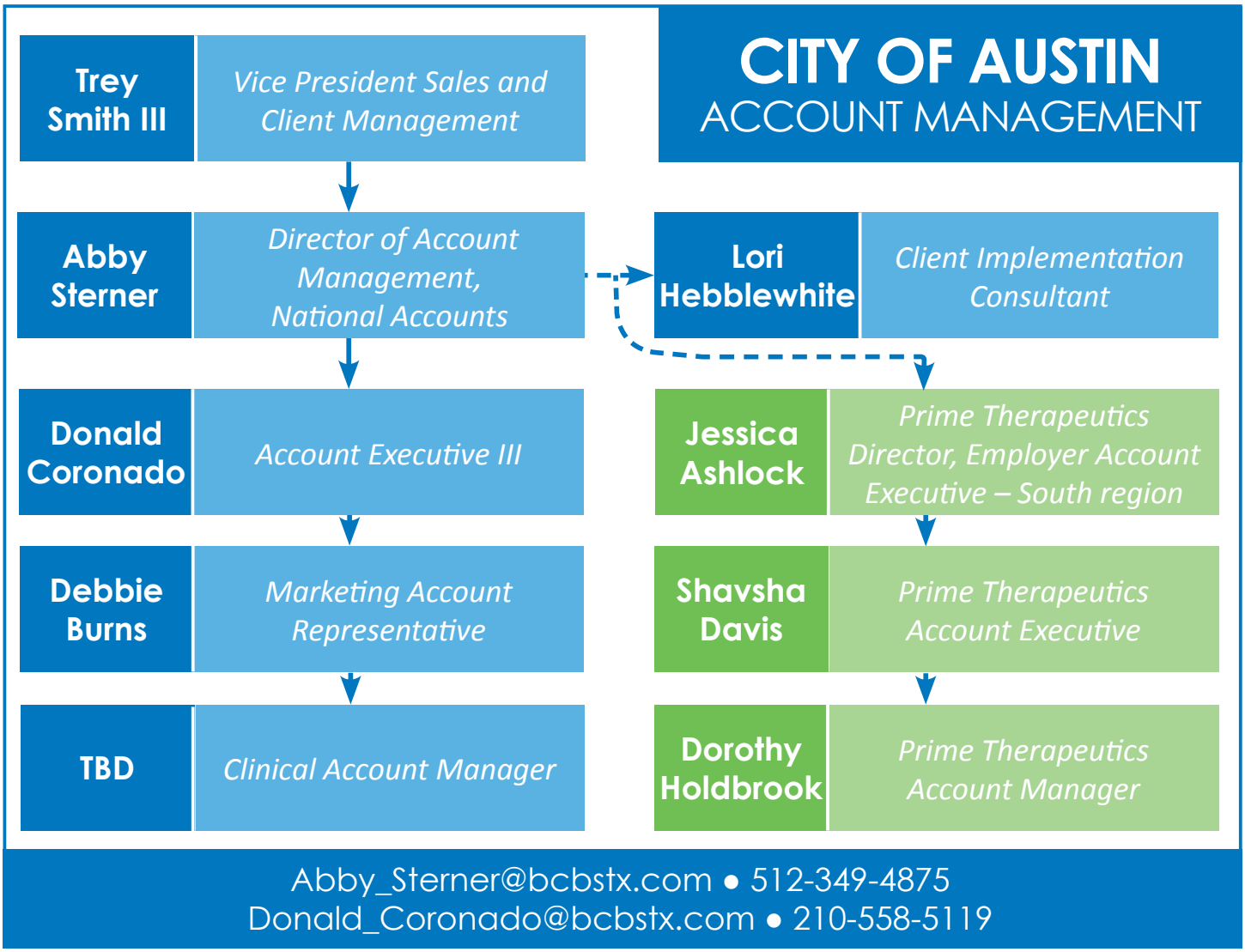
Federal SDVOSB Verification	
9-Digit DUNS	
SDVOSB Issue Date	
SDVOSB Expiration Date	

3. **Offeror Identity. The Offeror submitting the Proposal shall be the same entity that is certified by the Texas State Comptroller of Public Accounts, AND if applicable as verified by the US Veterans Administration.**

4. **Certification Status. Offeror's certification(s) must be active on or before the Solicitation's due date for Proposals and shall not expire prior to the award and execution of any resulting contract.**

5. **Confirmation of Certification(s). Upon receipt of this completed form, the City will confirm the Offeror's certification(s): State: https://mycpa.cpa.state.tx.us/tpasscmblsearch. Federal: https://www.vip.vetbiz.gov/ The City will direct any questions concerning an Offeror's State or Federal certification status to the Offeror's contact person as designated on the Offer Form of their Proposal.**

6. **Misrepresentation. If the City determines that the Offeror requesting this preference is not certified by the State or Federal government if applicable, the Offeror will not receive the preference points. If the City determines that this misrepresentation was intentional, the City may also find the Offeror not responsible and may report the Offeror to the Texas State Comptroller of Public Accounts or if applicable to the US Veterans Administration. If the misrepresentation is discovered after contract award, the City reserves the right to void the contract.**


CITY OF AUSTIN
ACCOUNT MANAGEMENT
Trey Smith III
Vice President Sales and Client Management
Abby Sterner
Director of Account Management, National Accounts
Donald Coronado
Account Executive III
Debbie Burns
Marketing Account Representative
TBD
Clinical Account Manager
Lori Hebblewhite
Client Implementation Consultant
Jessica Ashlock
Prime Therapeutics Director, Employer Account Executive – South region
Shavsha Davis
Prime Therapeutics Account Executive
Dorothy Holdbrook
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HCSC Business Resiliency Program Overview

June 2017

HCSC | Health Care Service Corporation
Business Resiliency

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Executive Summary

Health Care Service Corporation (HCSC) operates Blue Cross and Blue Shield plans in Illinois, Montana, New Mexico, Oklahoma and Texas, as well as several subsidiaries. Our comprehensive enterprise Business Resiliency Program (BRP) is comprised of Business Continuity (BC), Disaster Recovery (DR) and Crisis Management (CM) services. The BRP is designed to ensure operational resiliency and minimize the impact of disruptions on our membership and business partners: In short, the goal of the program is to ensure HCSC remains "open for business."

The foundation of HCSC's enterprise resiliency is a Business Impact Analysis (BIA). The BIA identifies HCSC's business functions, measures the projected impact of a disruption, determines the risk and sets desired recovery times for each critical business process. Critical processes are then mapped to people, data, technology, facilities, key business partners, and third-parties to strive for seamless reallocation of resources during a disruption. The BIA and associated business requirements serve as the foundation for HCSC's recovery plans, which are maintained by two core components of the BRP, Business Continuity and Disaster Recovery.

During a disruption, BRP leadership and team members serve as incident commanders and duty officers to coordinate enterprise crisis management functions, disaster recovery or business continuity activation and response protocol. These teams leverage BIA data as follows:

- Drive enterprise program strategy and governance
- Identify minimum critical operations objectives
- Set recovery objectives
- Monitor acceptable thresholds and escalation requirements
- Support maintenance and recovery of critical processes and assets

Crisis Management is another service that is closely aligned with the BRP and manages the communications during events and manages escalation and coordination of emerging incidents. Crisis Management provides a consistent structure to engage predefined Crisis Management Team (CMT) members at tactical and strategic levels.

HCSC recognizes that threats to the organization can be triggered by natural, technological, or human-induced disasters initiated from a wide variety of sources. The following describes program components that work in unison to create an umbrella of protection for the enterprise and the members we serve.

Business Resiliency Program Organizational Structure

The Chief Information Security Officer (CISO) has been assigned responsibility for the construction, implementation, and management of an enterprise-wide BRP, formally established by HCSC Policy (12.02). The Business Resiliency Team is comprised of certified professionals responsible for program strategy, governance, preparedness and event management.

Business Resiliency Program Service Model

HCSC utilizes enterprise risk management concepts to balance the risks and potential impacts of a business disruption or disaster against the cost of mitigation, as well as sizing the appropriate recovery investments for the organization. The goal of the BRP is to ensure disrupting events are identified and managed effectively, as well as ensure plans exist to recover critical operations in the event of a major disruption. BRP governs achievement of these objectives through the following key service model components.

Strategy

Program strategy is based on the results of the BIA, which is driven by Business Resiliency Officers and approved by executive leadership. A comprehensive BIA is conducted annually, and incremental revisions are made as needed to drive necessary updates to plans, program procedures and recovery capabilities. The objectives of the BIA include:

- Develop business-driven critical process recovery time and minimum critical operating objectives
- Ensure business recovery objectives address critical tangible, intangible, and financial impacts of disruption
- Ensure business recovery objectives represent true “needs” and not “wants”
- Validate enterprise priorities with Business Resiliency Officers and executive leadership
- Map critical processes to people, facilities, technology and key third-parties
- Establish Business Resiliency Program objectives based on confirmed business requirements

Business Resiliency Plan Objectives and Methodology

HCSC’s primary objective is to maintain minimum critical operations and work toward full operational recovery once the situation has stabilized. The BIA provides standard metrics to establish critical process recovery order priorities defined as follows:

- **Recovery Time Objective (RTO):** is the elapsed time from when the disaster event is declared, to the time when business operations need to resume before the disruption causes an impact to the organization. The business may initially be operating in a constrained manner, but access to critical processes and systems will have been restored. The RTO must ensure that the maximum tolerable period of disruption for each activity is not exceeded.

BC/DR plans follow enterprise standards that include critical processes, associated technology, and internal and external inter-dependencies. Plans are built to enable an individual with a defined skill set to implement requirements without being intimately familiar with the business or technical environment. Updates to plans are required on an annual basis, upon a major organizational change, or after an exercise (if required). In addition, triggers are in place to signal organizational or system changes that prompt updates or new plans.

BC/DR plans focus on:

- Clearly defined objectives and recovery dependencies
- Stated course of action, roles and responsibilities
- Consistent communication, chain of command and contact information
- Lead and alternate personnel required for strategic decisions and execution of tasks
- Resource requirements for business operations and plan execution
- Steps necessary to recover and validate systems at an alternate data center
- Steps necessary to recover the business at an alternate site
- Strategies and requirements to ensure continued business operations
- Steps necessary to return to normal operations once the disruption has been stabilized

Business Continuity Strategy

HCSC takes a functional approach to ensure the continuation of business operations with BC plans owned by divisional leadership. This approach permits the use of resources that may span multiple locations and reduces single points of failure. It enables cost effective, efficient and reliable continuation of business operations.

BC plans focus on critical process activity definition and prioritization measured by minimum operating objectives, and strategies to address impacts to our facilities, technological infrastructure, human resources or key third-parties. Business risks, decision criteria and activation tasks are well-detailed in the plans to facilitate appropriate attention to key requirements.

Alternate Business Recovery Sites

HCSC's primary loss of facility strategy is to shift work to cross-trained employees at another location. Claims and customer service functions are performed in numerous Full Service Units spread across Illinois, Montana, New Mexico, Oklahoma and Texas, and monitored 24/7 via a state-of-the-art technology that can re-route work upon a business disruption. Additional business continuity options include:

- Work remote through pre-approved remote access technology
- Move employees to an alternate HCSC site with pre-confirmed, compatible infrastructure
- Outsource critical functions to trained, high availability contingency contractors
- Suspend non-critical operations and reallocate to critical process achievement
- Perform manual work-arounds and/or leverage alternate, pre-approved technology

Disaster Recovery Strategy

HCSC utilizes two data centers with redundant physical and environmental controls to minimize the likelihood that an event could disrupt data center operations. Should a catastrophic event render the

primary data center unusable, critical technology is designed to be recovered at the secondary data center within pre-defined RTOs. HCSC has made a significant investment in industry leading technologies for security, backup and reclamation of data to remain compliant with the HIPAA Security Rule and applicable National Association of Insurance Commissioners Model Audit Rule (NAIC MAR) controls.

Alternate Data Recovery Sites

Primary data center operations reside in Waukegan, Illinois and the secondary in Fort Worth, Texas. Thus, mitigating impacts caused by regional events through a geographically diverse, dual data center model. The secondary data center site serves as offsite storage for backup data with center-to-center data replication. This strategy reduces reliance on vendors, enables flexibility in exercise schedules, and supports shortened systems recovery times. In addition, HCSC sustains a hardware footprint in the recovery environment to support highly critical applications, and vendor contracts to procure hardware to support all other applications/services.

Governance

Policies and Procedures

HCSC Information Security and Business Resiliency departments maintain corporate policies that act in conjunction with those published by the HCSC Regulatory Oversight Office, Human Resources, Corporate Compliance and Program Partners. The BRP governance model supports corporate policy and provides direction through an audited methodology, data standards, procedures, event playbooks, and training/awareness initiatives.

Roles and Responsibilities

Formal roles, teams and committees have been established to ensure enterprise-wide representation and stakeholder understanding of responsibilities. These include:

- **Business Resiliency Officer (BRO):** BROs are divisional leaders who provide business oversight for BRP requirements and objectives. BROs also serve on the CMT, and are responsible for the identification and approval of business critical processes and recovery time objectives during a BIA.
- **Disaster Recovery Officer (DRO):** DROs are information technology leaders who provide oversight to reduce the risk and impact of a disruption to HCSC data centers and/or field site locations. They support key technology requirements and approve disaster recovery documentation.
- **Business Continuity Management Team Lead (MTL):** MTLs are divisional business leaders who own functional BC plans that may span multiple locations. They are accountable for plan strategy, activation, issue escalation and employee expectations for BRP protocol.

- **DR Steering Committee (DRSC):** Chaired by the CIO and CISO, the DRSC is a team of IT executives responsible for guiding the strategic direction of the DR program, approving large scale DR related activities and to ensure DR concerns are considered across the IT division.

Program Controls

Program control is managed through mechanisms and process such as:

- Defined BC/DR plan methodology, standards and metrics based on authoritative data sources
- Annual plan reviews to ensure changes in technology and business operations are maintained and updated.
- Annual table-top and physical exercises include self-audit checklists for coverage of key areas, identification of gaps and evidence to demonstrate compliance or remediation efforts
- The HCSC Internal Audit organization regularly evaluates the viability, recoverability and maturity of program components
- Business Resiliency considerations are included in HCSC projects and initiatives

HCSC maintains a pervasive and robust Information Security and Business Resiliency Awareness, Training and Exercise program. The goal of the program is to reinforce objectives, requirements, roles and responsibilities, communication protocol and incident management expectations. Specific training is provided to plan owners and subject matter experts who participate in program activities or daily operational change management initiatives. Annual recovery exercises vary in scope and participants to ensure breadth of coverage. Exercise results are documented and include lessons learned to facilitate continuous program improvement. Exercise goals include:

- Validation that plans are kept current and meet business requirements
- Identification of recovery gaps and corresponding remediation plans
- Confirmation of event management decisions and activation criteria, resource requirements, scheduling, communication processes, roles, responsibilities and tactics
- Training and preparing our workforce

Scenarios and/or areas of focus include, but are not limited to, the following:

- A loss of one or more facilities in a local or large geographic region
- Significant loss of human resources or key employees
- Loss of technology required to perform certain business functions
- Loss of the primary data center, requiring recovery at the secondary data center
- A cyber security incident

HCSC engages in three primary types of preparedness exercises consisting of the following:

- **Table Top Simulation:** A review of an event scenario and discussion of incident management and strategy execution requirements. It may be conducted with one or more BC/DR plans or focused on business interruption requirements at the tactical, executive or enterprise level

- **Physical Exercise:** An actual execution of components coordinated with associated program stakeholders in end-to-end testing for a specific focus area. Includes physical exercise scenarios, such as recovering IT systems, enabling alternate work sites, and movement of human resources. It may include multiple plans and/or Incident Command Centers

Business Interruption Event Management

HCSC performs 24/7 monitoring of corporate infrastructure and for factors such as weather, community and facility security, public health notices, on-line social and standard media to maintain awareness of potential threats to HCSC operations and/or the health and well-being of our members and workforce. Crisis communications channels include:

- Mechanisms that support specific audience or type of messaging within HCSC and subsidiary operations
- The HCSC Employee Emergency Notification system, an externally-hosted mass communications product with the ability to deliver messages to corporate and personal devices, and request a reply to ensure employees and their families are safe. In addition, a dedicated recorded message line provides 24/7 information updates
- The CMT partners with HCSC external communications teams who ensure that members, employer groups, providers and other external stakeholders are reached through communication channels applicable to the audience

HCSC Business Resiliency strives to build and maintain a world-class program. The program continues to mature and evolve as our business changes.

Appendix

HCSC Core Processes and Recovery Time Objectives

The following table highlights recovery time objectives (RTOs) for minimum core operations. This is not a full representation of HCSC's critical business processes and corresponding RTO's or full recovery effort.

Provide Health Insurance: *< 1 Hour Critical – Tier 1*	
Emergency Response / Emergency Operations Center	Timely and effective event management supports our ability to contain cascading effects, minimize the impact to the organization, and reduce risk to employee safety and member services.
Crisis Communications	HCSC employs multiple channels to ensure timely communication to internal and external stakeholders (members, providers, government agencies, etc.) and set expectations for event management or when services will be restored to full capacity.
Provide Member Services: *4 Hours Critical – Tier 1*	
Phone Call Receipt	HCSC's Contact Management Center and Full Service Units require the ability to receive calls, play back an informative message or queue and hold questions for a later response. This supports customer requirements until normal operations are restored.
Provide Provider Services: *24 Hours Critical – Tier 2*	
Benefits and Eligibility	HCSC employs several solutions due to the potential impact on member health, safety and access to care. During a community disaster (i.e. Hurricane Katrina), HCSC will relax policy and provide blanket approvals for treatment to ensure service to members.
Member Inquiry	This process has the potential to affect HCSC's member health and safety and provider services. Solutions focus on a minimum of the ability to answer calls, with non-urgent follow-up completed at a later time.
Provider Inquiry	The ability to respond to nonclinical intake inquiries, receive and resolve written inquires related to pre-certification, clinical information, appeals and claims issues is a priority to service providers and members.
Provide Provider Services: *72 Hours Critical – Tier 3*	
Provider Benefits & Eligibility	This process is a key component of providers' determination of eligibility for services/treatments to members. A backlog in volume would cause an unacceptable risk/impact to the health and safety of our members, and impacts on provider services.
Claims Processing and Payment Services: *72 Hours Critical – Tier 3*	
Medical Claims Processing	HCSC's goal is to reduce the risk of data loss, claims tracking and ability to meet performance guarantees and/or contractual timeliness objectives.

Acronyms

Business Continuity (BC)
Business Continuity Management Team Lead (MTL)
Business Impact Analysis (BIA)
Business Resiliency Officers (BRO)
Business Resiliency Program (BRP)
Chief Information Security Officer (CISO)
Crisis Management (CM)
Crisis Management Team (CMT)
Disaster Recovery (DR)
Disaster Recovery Officer (DRO)
DR Steering Committee (DRSC)
Health Care Service Corporation (HCSC)
National Association of Insurance Commissioners Model Audit Rule (NAIC MAR)
Recovery Time Objective (RTO)

CITY OF AUSTIN, TEXAS
SECTION 0810
NON-COLLUSION,
NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION

The term "Offeror", as used in this document, includes the individual or business entity submitting the Offer. For the purpose of this Affidavit, an Offeror includes the directors, officers, partners, managers, members, principals, owners, agents, representatives, employees, other parties in interest of the Offeror, and any person or any entity acting for or on behalf of the Offeror, including a subcontractor in connection with this Offer.

1. Anti-Collusion Statement. The Offeror has not in any way directly or indirectly:

   a. colluded, conspired, or agreed with any other person, firm, corporation, Offeror or potential Offeror to the amount of this Offer or the terms or conditions of this Offer.

   b. paid or agreed to pay any other person, firm, corporation Offeror or potential Offeror any money or anything of value in return for assistance in procuring or attempting to procure a contract or in return for establishing the prices in the attached Offer or the Offer of any other Offeror.

2. Preparation of Solicitation and Contract Documents. The Offeror has not received any compensation or a promise of compensation for participating in the preparation or development of the underlying Solicitation or Contract documents. In addition, the Offeror has not otherwise participated in the preparation or development of the underlying Solicitation or Contract documents, except to the extent of any comments or questions and responses in the solicitation process, which are available to all Offerors, so as to have an unfair advantage over other Offerors, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.
3. Participation in Decision Making Process. The Offeror has not participated in the evaluation of Offers or other decision making process for this Solicitation, and, if Offeror is awarded a Contract no individual, agent, representative, consultant, subcontractor, or sub-consultant associated with Offeror, who may have been involved in the evaluation or other decision making process for this Solicitation, will have any direct or indirect financial interest in the Contract, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.
4. Present Knowledge. Offeror is not presently aware of any potential or actual conflicts of interest regarding this Solicitation, which either enabled Offeror to obtain an advantage over other Offerors or would prevent Offeror from advancing the best interests of the City in the course of the performance of the Contract.

5. City Code. As provided in Sections 2-7-61 through 2-7-65 of the City Code, no individual with a substantial interest in Offeror is a City official or employee or is related to any City official or employee within the first or second degree of consanguinity or affinity.

6. Chapter 176 Conflict of Interest Disclosure. In accordance with Chapter 176 of the Texas Local Government Code, the Offeror:

   a. does not have an employment or other business relationship with any local government officer of the City or a family member of that officer that results in the officer or family member receiving taxable income;

b. has not given a local government officer of the City one or more gifts, other than gifts of food, lodging, transportation, or entertainment accepted as a guest, that have an aggregate value of more than $100 in the twelve month period preceding the date the officer becomes aware of the execution of the Contract or that City is considering doing business with the Offeror. and
c. does not have a family relationship with a local government officer of the City in the third degree of consanguinity or the second degree of affinity.

7. As required by Chapter 176 of the Texas Local Government Code, Offeror must file a Conflict of Interest Questionnaire with the Office of the City Clerk no later than 5:00 P.M. on the seventh (7th) business day after the commencement of contract discussions or negotiations with the City or the submission of an Offer, or other writing related to a potential Contract with the City. The questionnaire is available on line at the following website for the City Clerk:

   http://www.austintexas.gov/department/conflict-interest-questionnaire

There are statutory penalties for failure to comply with Chapter 176.

If the Offeror cannot affirmatively swear and subscribe to the forgoing statements, the Offeror shall provide a detailed written explanation with any solicitation responses on separate pages to be annexed hereto.

8. Anti-Lobbying Ordinance. As set forth in the Solicitation Instructions, Section 0200, paragraph 7N, between the date that the Solicitation was issued and the date of full execution of the Contract, Offeror has not made and will not make a representation to a City official or to a City employee, other than the Authorized Contact Person for the Solicitation, except as permitted by the Ordinance.

Company: Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Signature: Melissa Tessier

Print Name: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

Date: March 14, 2018

City of Austin, Texas
Section 0805
NON-SUSPENSION OR DEBARMENT CERTIFICATION

The City of Austin is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from Federal, State, or City of Austin Contracts. Covered transactions include procurement contracts for goods or services equal to or in excess of $25,000.00 and all non-procurement transactions. This certification is required for all Vendors on all City of Austin Contracts to be awarded and all contract extensions with values equal to or in excess of $25,000.00 or more and all non-procurement transactions.

The Offeror hereby certifies that its firm and its principals are not currently suspended or debarred from bidding on any Federal, State, or City of Austin Contracts.

Company: Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Signature: Melissa Tessier

Print Name: Melissa Tessier

Title: Vice President, Sales Enterprise National Accounts

Date: March 14, 2018

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company *See #5 below.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

Not Applicable

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No Not Applicable

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No Not Applicabe

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

BCBSTX has no knowledge of officers, employees, or agents who have an employment or other business relationship with local government officers or relatives of the City of Austin. BCBSTX does not currently ask this question of officers, employees, or agents. If selected, BCBSTX would conduct a diligent inquiry annually to ensure no conflict exists that would impact its ability to perform its obligations under the contract.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Melissa Tessier, Vice President, Sales Enterprise National Accounts

Signature of vendor doing business with the governmental entity

3/14/18

Date

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
BRIOVARX	1564930	Y	N	OPEN		
EXPRESS SCRIPTS SPECIALTY DIST SVCS	2633611	Y	N	OPEN		
BRIOVARX	2992750	Y	N	OPEN		
HEB PHARMACY	4567662	Y	Y	OPEN		
HEB PHARMACY	4571748	Y	Y	OPEN		
BRIOVARX	2993942	N	N	OPEN		
HEB PHARMACY	4516540	Y	Y	OPEN		
BRIOVARX	4539079	Y	N	OPEN		
HEB PHARMACY	4520258	Y	Y	OPEN		
HEB PHARMACY	4558687	Y	Y	OPEN		
HEB PHARMACY	5908554	Y	Y	OPEN		
HEB PHARMACY	4540731	Y	Y	OPEN		
HEB PHARMACY	4529535	Y	Y	OPEN		
HEB PHARMACY	4570683	Y	Y	OPEN		
BIOLOGICS INC	3430369	Y	N	OPEN		
HEB PHARMACY	4575099	Y	Y	OPEN		
HEB PHARMACY	4543751	Y	Y	OPEN		
HEB PHARMACY	4513532	Y	Y	OPEN		
HEB PHARMACY	4572497	Y	Y	OPEN		
HEB PHARMACY	4544361	Y	Y	OPEN		
HEB PHARMACY	5900192	Y	Y	OPEN		
HEB PHARMACY	4502402	Y	Y	OPEN		
BRIOVARX OF FLORIDA	1098979	N	N	OPEN	*NOCNT	114/07/01
HEB PHARMACY	4503240	Y	Y	OPEN		
FOUNDATION CARE LLC	2635564	Y	N	OPEN		
HEB PHARMACY	4519320	Y	Y	OPEN		
BRIOVARX	1565398	N	N	OPEN		
HEB PHARMACY	4582385	Y	Y	OPEN		
HEB PHARMACY	4500321	Y	Y	OPEN		
HEB PHARMACY	4560214	Y	Y	OPEN		
HEB PHARMACY	4546428	Y	Y	OPEN		
HEB PHARMACY	4508632	Y	Y	OPEN		
SAMS PHARMACY 10-8259	5903198	Y	N	OPEN		
HEB PHARMACY	4569541	Y	Y	OPEN		
HEB PHARMACY	4579162	Y	Y	OPEN		
HEB PHARMACY	4599253	Y	Y	OPEN		
HEB PHARMACY	4537239	Y	Y	OPEN		
HEB PHARMACY	4520284	Y	Y	OPEN		
HEB PHARMACY	4590003	Y	Y	OPEN		
HEB PHARMACY	4549804	Y	Y	OPEN		
HEB PHARMACY	4569010	Y	Y	OPEN		
CARE PLUS PHARMACY	5901803	N	N	OPEN		

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
HEB PHARMACY	4563094	Y	Y	OPEN		
HEB PHARMACY	4579605	Y	Y	OPEN		
HEB PHARMACY	4580381	Y	Y	OPEN		
TARRYTOWN SPECIALTY PHARMACY	5917452	N	N	OPEN	*NOCNT	116/02/29
HEB PHARMACY	5909594	Y	Y	OPEN		
SAMS PHARMACY 10-4720	4521010	Y	N	OPEN		
HEB PHARMACY	4546113	Y	Y	OPEN		
SAMS PHARMACY	4516146	Y	N	OPEN		
GREATER AUSTIN PAIN CENTER	5915333	Y	N	OPEN		
HEB PHARMACY	4546416	Y	Y	OPEN		
LINCOLN PHARMACY INC	5900786	Y	N	OPEN		
HEB PHARMACY	4597918	Y	Y	OPEN		
HEB PHARMACY	4505612	Y	Y	OPEN		
HEB PHARMACY	4578312	Y	Y	OPEN		
ABI PHARMACY	5906930	N	N	OPEN	*NOCNT	113/01/01
HEB PHARMACY	4534132	Y	Y	OPEN		
NEIGHBORHOOD PHARMACY	4513291	Y	N	OPEN		
HEB PHARMACY	5903972	Y	Y	OPEN		
MCMAHAN PHARMACY SERVICES	4521123	Y	N	OPEN		
HEB PHARMACY	5905039	Y	Y	OPEN		
CARDINAL HEALTH SPECIALTY PHARMACY	2135095	Y	N	OPEN		
AVELLA OF AUSTIN	5901031	Y	N	OPEN		
HEB PHARMACY	4553079	Y	Y	OPEN		
HEB PHARMACY	4579833	Y	Y	OPEN		
LAKES AREA PHARMACY	4515271	Y	Y	OPEN		
INNOVATIVE RX LLC	4612671	Y	N	OPEN		
SAM'S CLUB PHARMACY 10-6188	5914014	Y	N	OPEN		
HEB PHARMACY	4513520	Y	Y	OPEN		
EL DORADO PHARMACY, LLC	5912109	N	N	OPEN		
HEB PHARMACY	4521995	Y	Y	OPEN		
HEB PHARMACY	4524648	Y	Y	OPEN		
CORNER DRUG STORE	4592235	Y	Y	OPEN		
HEB PHARMACY	4594962	Y	Y	OPEN		
HEB PHARMACY	4594493	Y	Y	OPEN		
HEB PHARMACY	5900205	Y	Y	OPEN		
THE UNIVERSITY OF TEXAS MD ANDERSON	4541480	Y	N	OPEN		
HEB PHARMACY	4534043	Y	Y	OPEN		
SAMS PHARMACY 10-4948	4539788	Y	N	OPEN		

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
FIFTY50 PHARMACY	4552914	N	N	OPEN		
BELLE PHARMACY LLC	4538510	Y	N	OPEN		
DOUGHERTYS HOLDINGS INC	4542153	Y	N	OPEN		
HEB PHARMACY	4505915	Y	Y	OPEN		
HEB PHARMACY	4560771	Y	Y	OPEN		
SAMS PHARMACY 10-6347	3210642	Y	N	OPEN		
AVITA DRUGS	5904063	Y	Y	OPEN		
PROCARE PHARMACY CARE	1098121	Y	N	OPEN		
HEB PHARMACY	4502921	Y	Y	OPEN		
HEB PHARMACY	4511108	Y	Y	OPEN		
ALBRECHTS PHARMACY	4564945	Y	Y	OPEN		
HEB PHARMACY	5900673	Y	Y	OPEN		
HEB PHARMACY	4582602	Y	Y	OPEN		
SAMS PHARMACY	4515916	Y	N	OPEN		
SAMS PHARMACY 10-4958	4544032	Y	N	OPEN		
BIOPLUS SPECIALTY PHARMACY SERVICES	1078535	Y	N	OPEN		
HEB PHARMACY	4566052	Y	Y	OPEN		
HEB PHARMACY	4521779	Y	Y	OPEN		
MAJORIA DRUGS	1917977	Y	Y	OPEN		
HEB PHARMACY	4573716	Y	Y	OPEN		
GENRX	0358653	N	N	OPEN	*NOCNT	117/01/11
HEB PHARMACY	4530324	Y	Y	OPEN		
PHARMACY SPECIALISTS	5911068	Y	N	OPEN		
HEB PHARMACY	4515029	Y	Y	OPEN		
CAPROCK COMPOUNDING PHARMACY	5914583	N	N	OPEN		
BROOKSIDERX LLC	2819122	Y	N	OPEN		
HEB PHARMACY	4594506	Y	Y	OPEN		
HEB PHARMACY	5904164	Y	Y	OPEN		
HEB PHARMACY	4520804	Y	Y	OPEN		
HEB PHARMACY	4554588	Y	Y	OPEN		
HEB PHARMACY	4567167	Y	Y	OPEN		
HEB PHARMACY	4554437	Y	Y	OPEN		
HEB PHARMACY	5911323	Y	Y	OPEN		
WELLNESS PHARMACY LLC	5903869	N	N	OPEN		
HEB PHARMACY	4561278	Y	Y	OPEN		
HEB PHARMACY	4580444	Y	Y	OPEN		
RX-DIRECT HOME DELIVERY	4534447	Y	N	OPEN		
HEB PHARMACY	5903706	Y	Y	OPEN		
HEB PHARMACY	4599140	Y	Y	OPEN		
MEDTRONIC PHARMACY	5900990	Y	N	OPEN		
BROOKSHIRES PHARMACY	4513479	Y	N	OPEN		

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
HEB PHARMACY	4582791	Y	Y	OPEN		
FREEDOM FERTILITY PHARMACY	2233916	N	N	OPEN	*TERM	115/01/22
BROOKSHIRES PHARMACY	4589377	Y	N	OPEN		
PURDUE UNIVERSITY PHARMACY	1514618	Y	N	OPEN		
CHICKASAW NATION REFILL CENTER	3721265	Y	N	OPEN		
HEB PHARMACY	4529559	Y	Y	OPEN		
BROOKSHIRES PHARMACY	4533914	Y	N	OPEN		
SAMS PHARMACY	4510017	Y	N	OPEN		
HEB PHARMACY	4563967	Y	Y	OPEN		
HEB PHARMACY	4567179	Y	Y	OPEN		
BRIOVARX	2006890	Y	N	OPEN		
HEB PHARMACY	4571988	Y	Y	OPEN		
TWIN LAKES PHARMACY	5912515	N	N	CLOSED		
HEB PHARMACY	4581648	Y	Y	OPEN		
HEB PHARMACY	4572651	Y	Y	OPEN		
PRO COMPOUNDING PHARMACY	4444446	N	N	OPEN	*TERM	116/12/01
HEB PHARMACY	4528406	Y	Y	OPEN		
HEB PHARMACY	4554223	Y	Y	OPEN		
HEB PHARMACY	5915496	Y	Y	OPEN		
SAMS PHARMACY 10-8284	4520448	Y	N	OPEN		
HEB PHARMACY	4590837	Y	Y	OPEN		
HEB PHARMACY	4530401	Y	Y	OPEN		
HEB PHARMACY	4577877	Y	Y	OPEN		
HEB PHARMACY	4585761	Y	Y	OPEN		
APOTHECARY OF MED ASSOCIATES	4568929	Y	N	OPEN		
HEB PHARMACY	4592552	Y	Y	OPEN		
HEB PHARMACY	4508959	Y	Y	OPEN		
UNIVERSITY HEALTH SERVICE PHRMCY	0127565	Y	N	OPEN		
SAMS PHARMACY 10-6338	4545173	Y	N	OPEN		
HEB PHARMACY	4596093	Y	Y	OPEN		
HEB PHARMACY	4569553	Y	Y	OPEN		
HEB PHARMACY	4520309	Y	Y	OPEN		
PINT SIZE PRESCRIPTIONS	3992244	Y	N	OPEN		
HEB PHARMACY	4558702	Y	Y	OPEN		
BROOKSHIRE PHARMACY	4548333	Y	N	OPEN		
HEB PHARMACY	5904265	Y	Y	OPEN		
SAMS PHARMACY	4515310	Y	N	OPEN		

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
KENTUCKY CLINIC PHARMACY	1809613	Y	N	OPEN		
KABAFUSION NJ	3143233	Y	N	OPEN		
HEB PHARMACY	5903655	Y	Y	OPEN		
HEB PHARMACY	4581369	Y	Y	OPEN		
HEB PHARMACY	4556087	Y	Y	OPEN		
SAMS PHARMACY 10-4769	4524511	Y	N	OPEN		
MAYO CLINIC PHARMACY MARY BRIGH	2424997	Y	N	OPEN		
DUKE CAMPUS CENTER PHARMACY	3466845	Y	N	OPEN		
CHELSEA DRUG STORE	5300277	N	N	OPEN		
DUKE OUTPATIENT PHARMACY	3414947	Y	N	OPEN		
HEB PHARMACY	4521464	Y	Y	OPEN		
HEB PHARMACY	4524600	Y	Y	OPEN		
HEB PHARMACY	4549905	Y	Y	OPEN		
CORDELE PHARMACY	3463988	N	N	OPEN	*TERM	116/12/14
MERCY WEST PHARMACY	1621362	Y	N	OPEN		
HEB PHARMACY	4580278	Y	Y	OPEN		
INVERNESS LONE STAR PHARMACY, LLC	5909758	Y	Y	OPEN		
HEB PHARMACY	4527911	Y	Y	OPEN		
HEB PHARMACY	4559057	Y	Y	OPEN		
HEB PHARMACY	4594481	Y	Y	OPEN		
HEB PHARMACY	4557128	Y	Y	OPEN		
BROOKSHIRES PHARMACY	4521818	Y	N	OPEN		
HEB PHARMACY	4581636	Y	Y	OPEN		
HEB PHARMACY	4595457	Y	Y	OPEN		
HEB PHARMACY	4524597	Y	Y	OPEN		
HEB PHARMACY	4534790	Y	Y	OPEN		
HEB PHARMACY	5907184	Y	Y	OPEN		
HEB PHARMACY	4556506	Y	Y	OPEN		
HEB PHARMACY	4555415	Y	Y	OPEN		
SAM'S CLUB PHARMACY 10-8158	1167394	Y	N	OPEN		
HEB PHARMACY	5911816	Y	Y	OPEN		
HEB PHARMACY	4534524	Y	Y	OPEN		
HEB PHARMACY	4529004	Y	Y	OPEN		
HEB PHARMACY	4546125	Y	Y	OPEN		
KILLEEN PHARMACY	5909897	N	N	OPEN	*TERM	118/01/26
HEB PHARMACY	4524585	Y	Y	OPEN		
TCU HEALTH CENTER PHARMACY	4595293	Y	N	OPEN		

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
HEB PHARMACY	4538522	Y	Y	OPEN		
PHARMACY HEALTH SERVICES	2517083	Y	N	OPEN		
HEB PHARMACY	5915105	Y	Y	OPEN		
HEB PHARMACY	5900243	Y	Y	OPEN		
INTEGRIS PHARMACY 4188	3726001	Y	Y	OPEN		
BROOKSHIRE PHARMACY #127	5908059	Y	N	OPEN		
HEB PHARMACY	5908201	Y	Y	OPEN		
BAYLOR SCOTT & WHITE PHARMACY #105	5906411	Y	N	OPEN		
UNKNOWN PHARMACY NAME	FOREIGN	N	N	CLOSED		
SCOTT AND WHITE MEMORIAL HOSPITAL P	4599506	Y	N	OPEN		
HANNAFORD SUPERMARKET & PHARMACY	2008577	Y	N	OPEN		
UNIVERSITY MEDICAL CENTER PHARMACY	4548650	Y	N	OPEN		
HEB PHARMACY	4528987	Y	Y	OPEN		
HEB PHARMACY	4569806	Y	Y	OPEN		
JEMEZ HEALTH CENTER PHARMACY	3209308	Y	N	OPEN		
SCHNUCKS PHARMACY	2638724	Y	N	OPEN		
HEB PHARMACY	4525917	Y	Y	OPEN		
HEB PHARMACY	4580379	Y	Y	OPEN		
APRIA PHARMACY NETWORK	3968445	N	N	CLOSED		
ARROW PHARMACY AND NUTRITION CENTER	0717061	Y	N	OPEN		
AUSTIN PREFERRED INTEGRATIVE MEDICI	5914242	Y	N	OPEN		
BAYLOR SCOTT & WHITE PHARMACY #101	4517100	Y	N	OPEN		
BAYLOR SCOTT & WHITE PHARMACY #107	5908972	Y	N	OPEN		
BOYNTON HEALTH PHARMACY	2411104	Y	N	OPEN		
BROOKSHIRES PHARMACY	4505422	Y	N	OPEN		
BROOKSHIRES PHARMACY	4509228	Y	N	OPEN		
BROOKSHIRES PHARMACY	4515384	Y	N	OPEN		
BROOKSHIRES PHARMACY	4522187	Y	N	OPEN		
CHARLES B GODDARD HEALTH CENTER PHA	3706263	Y	N	OPEN		
COMMUNITY MEDICAL CENTER PHARMACY	5640289	Y	N	OPEN		
GIANT EAGLE PHARMACY 6515	3679353	Y	N	OPEN		

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
HAGGEN PHARMACY #3439	4937629	Y	Y	OPEN		
HANNAFORD FOOD AND DRUG	4703977	Y	N	OPEN		
HEB PHARMACY	4506056	Y	Y	OPEN		
HEB PHARMACY	4507907	Y	Y	OPEN		
HEB PHARMACY	4524838	Y	Y	OPEN		
HEB PHARMACY	4525905	Y	Y	OPEN		
HEB PHARMACY	4530968	Y	Y	OPEN		
HEB PHARMACY	4541719	Y	Y	OPEN		
HEB PHARMACY	4542987	Y	Y	OPEN		
HEB PHARMACY	4544373	Y	Y	OPEN		
HEB PHARMACY	4550910	Y	Y	OPEN		
HEB PHARMACY	4550922	Y	Y	OPEN		
HEB PHARMACY	4552990	Y	Y	OPEN		
HEB PHARMACY	4556493	Y	Y	OPEN		
HEB PHARMACY	4559045	Y	Y	OPEN		
HEB PHARMACY	4563979	Y	Y	OPEN		
HEB PHARMACY	4567016	Y	Y	OPEN		
HEB PHARMACY	4591156	Y	Y	OPEN		
HEB PHARMACY	4597122	Y	Y	OPEN		
HEB PHARMACY	5903592	Y	Y	OPEN		
HEB PHARMACY	5908035	Y	Y	OPEN		
HEB PHARMACY	5912844	Y	Y	OPEN		
HILL COUNTRY APOTHECARY	5910155	Y	N	OPEN		
HILLTOP PHARMACY	3389168	N	N	OPEN		
HY-VEE DRUGSTORE #4 (7025)	1614951	Y	N	OPEN		
HY-VEE PHARMACY #1 (1465)	2810910	Y	N	OPEN		
INTEGRIS PHARMACY 4177	3728079	Y	Y	OPEN		
MAJORIA DRUGS	1924415	Y	Y	OPEN		
MAYO CLINIC BUILDING PHOENIX OUTPAT	0360533	N	N	OPEN		
MAYO PHARMACY SCOTTSDALE	0315134	Y	N	OPEN		
NORTH COUNTRY HEALTHCARE PHARMACY	0325464	Y	N	OPEN		
OAKDELL PHARMACY	4510029	Y	Y	OPEN		
OUTPATIENT PHARMACY AT THE CANCER C	5902881	Y	N	OPEN		
PHARMACY SOLUTIONS	4593275	Y	N	OPEN		
PINNACLE PHARMACY	5908023	N	N	CLOSED		
PLAZA PHARMACY	4584531	Y	N	OPEN		
RAYFORD ACP	4554211	N	N	OPEN	*TERM	117/05/01
RIVERFRONT RX, LLC	1624748	N	N	OPEN	*TERM	115/06/18

Pharmacy Name	NCPDP	Broad Plus Y/N	TX Preferred Y/N	Open Closed	Term	Term Date
SAFEWAY PHARMACY #4202	0903422	Y	Y	OPEN		
SAM'S PHARMACY 10-4914	5910484	Y	N	OPEN		
SAMS PHARMACY 10-6562	2361587	Y	N	OPEN		
SANTA CLARA VALLEY MEDICAL CENTER O	0546169	N	N	OPEN		
SCOTT & WHITE MEDICAL CENTER-TEMPL	4532568	Y	N	OPEN		
UNIVERSITY HEALTH SERVICES PHARMACY	3927095	Y	N	OPEN		
VASHON PHARMACY	4910039	Y	N	OPEN		
WELLS PHARMACY NETWORK, LLC	1002752	N	N	OPEN	*TERM	116/12/01
WILLSBORO PHARMACY	3353517	Y	N	OPEN		
XPRESS COMPOUNDING	4593958	N	N	CLOSED		
Total		N	N	CLOSED		

BlueCross BlueShield of Texas

It's All About **Diabetes**

Living with diabetes can be a challenge. But maintaining close-to-normal levels of blood sugar has been shown to reduce the risk of diabetes-related problems. That's why monitoring your blood sugar levels with a blood glucose meter is important for managing diabetes.

Choosing a Blood Glucose Meter

When choosing a meter, it often comes down to the features you're looking for. Here are a few things to consider when making your choice:

- How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?
- Does the meter fit in your backpack, supplies kit or purse?
- How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.
- How much blood does the meter require? Less is better.
- Do you want to download results to a computer or email them to your doctor's office?
- Interested in alternative site testing? There are meters that can test samples from various places on the body.

For more information about diabetes, go to **bcbstx.com**, log in to Blue Access for Members℠ (BAM℠) and click the 'My Health' tab.

Checking Your Blood Glucose

Regular blood glucose checks and consistent record-keeping give you a good picture of where you are in your diabetes care.

Checks tell you how often your blood glucose levels are in your target range. Your target range is a personalized blood glucose range that you set with your doctor. Once you know how often and when to check, stick to the schedule and check at those times each day.

Keep a daily log recording your levels. Then take your log with you when you visit your doctor or other members of your diabetes care team. The information in your log will let them know how you are doing.

Blue Cross and Blue Shield of Texas (BCBSTX) offers certain blood glucose meters to members with diabetes at no additional charge. See other side for details.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

731029.1017

Glucose Meters Are Available to You

BCBSTX is offering you a choice of the blood glucose meters below at no additional charge for a limited time to help you manage your condition. **This offer is available through December 31, 2018.**

If you have BCBSTX prescription drug coverage, CONTOUR®NEXT test strips for the meters below are listed as preferred brands on your drug list. Coverage and payment levels for non-preferred brand test strips may vary, depending on your pharmacy benefit plan.

Please review these options and ask your doctor which meter best fits your needs.

CONTOUR®NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call **800-401-8440**. Be sure to identify yourself as a BCBSTX member and mention ID code "BDC-BTX." Or you can visit **ContourNextFreeMeter.com**.

CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM

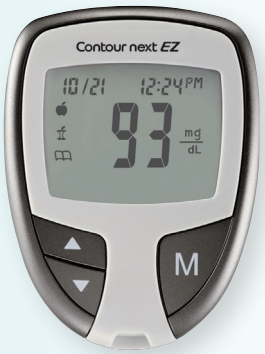
- Easy to use and most accurate meter yet[1*]
- Receive immediate results on your Bluetooth®-connected smart phone or tablet
- Second-Chance® technology gives you 60 seconds to reapply blood to the same strip which may help prevent wasted strips

Download the free CONTOUR®DIABETES app to get your results right on your smartphone or tablet.

- Seamlessly connects to your Android or iOS smartphone
- Electronic log book to keep all your data in one place
- Review easy to read, color-coded trends
- Easily share your info with your health care professional

CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM

- The easy-to-use features you want with the proven accuracy you expect
- Ready to test, right out of the box
- Easy-to-read display
- No Coding® technology makes testing easy by automatically setting the correct code each time a test strip is inserted into the meter
- Proven accuracy: CONTOUR NEXT test strips deliver results close to those obtained in a professional lab



Visit **contournext.com** for more detailed descriptions on these meters.

[1]Christiansen M et al. Accuracy and user performance evaluation of a new blood glucose monitoring system in development for use with CONTOUR®NEXT test strips. Poster presented at the 15th Annual Meeting of the Diabetes Technology Society (DTS); 22–24 October, 2015; Bethesda, Maryland, USA.

*Ad hoc analysis demonstrated 95% of results fell within ±8.4 mg/dL or ±8.4% of the laboratory reference values for glucose concentrations <100 mg/dL or ≥100 mg/dL, respectively, when tested via subject-obtained capillary fingertip results (patients).

Disclaimer: This information is not intended to be a substitute for professional medical advice. If you are under the care of a doctor and receive advice different from the information contained in this flier, follow the doctor's advice. See your doctor if you are experiencing any diabetes symptoms or health problems.

Drug Name	Requirements/Limits
Cough and Cold	
benzonatate cap 100 mg	
benzonatate cap 200 mg	
guaifenesin-codeine soln 100-10 mg/5ml	
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	
hydrocodone w/ homatropine tab 5-1.5 mg	
promethazine w/ codeine syrup 6.25-10 mg/5ml	
promethazine-dm syrup 6.25-15 mg/5ml	
TESSALON PERLES - benzonatate cap 100 mg	
TUSSIONEX PENNKINETIC EXTENDED RELEASE - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	
Sexual Dysfunction	
CAVERJECT - alprostadil for inj 20 mcg	
CAVERJECT - alprostadil for inj 40 mcg	
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg	
CAVERJECT IMPULSE - alprostadil for inj kit 20 mcg	
CIALIS - tadalafil tab 2.5 mg	
CIALIS - tadalafil tab 5 mg	
CIALIS - tadalafil tab 10 mg	
CIALIS - tadalafil tab 20 mg	
EDEX - alprostadil for inj kit 40 mcg	
INTRAROSA - prasterone vaginal insert 6.5 mg	
LEVITRA - vardenafil hcl tab 2.5 mg	
LEVITRA - vardenafil hcl tab 5 mg	
LEVITRA - vardenafil hcl tab 10 mg	
LEVITRA - vardenafil hcl tab 20 mg	
MUSE - alprostadil urethral pellet 125 mcg	
MUSE - alprostadil urethral pellet 250 mcg	
MUSE - alprostadil urethral pellet 500 mcg	
MUSE - alprostadil urethral pellet 1000 mcg	
OSPHENA - ospemifene tab 60 mg	
PAPAVERINE-ALPROSTADIL - papaverine-alprostadil inj 30 mg/ml-10 mcg/ml	
PAPAVERINE-ALPROSTADIL - papaverine-alprostadil inj 30 mg/ml-20 mcg/ml	
PAPAVERINE-PHENTOLAMINE MESYLATE - papaverine-phentolamine inj 30-1 mg/ml	
PAPAVERINE-PHENTOLAMINE MESYLATE - papaverine-phentolamine-alprostadil inj 30-1-0.02 mg/ml	
PAPAVERINE/PHENTOLAMINE MESYLATE - papaverine-phentolamine-alprostadil inj 12-1-0.01 mg/ml	
PHENTOLAMINE MESYLATE-ALPROSTADIL - phentolamine-alprostadil inj 0.5 mg/ml-20 mcg/ml	
sildenafil citrate tab 25 mg	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Requirements/Limits
sildenafil citrate tab 50 mg	
sildenafil citrate tab 100 mg	
STAXYN - vardenafil hcl orally disintegrating tab 10 mg	
STENDRA - avanafil tab 50 mg	
STENDRA - avanafil tab 100 mg	
STENDRA - avanafil tab 200 mg	
VIAGRA - sildenafil citrate tab 25 mg	
VIAGRA - sildenafil citrate tab 50 mg	
VIAGRA - sildenafil citrate tab 100 mg	
Prescription Vitamins/Combos	
AMINOBENZOATE POTASSIUM - potassium aminobenzoate packet 2 gm	
AQUASOL A PARENTERAL - vitamin a inj 50000 unit/ml	
ascorbic acid inj 500 mg/ml	
b-complex w/ c & folic acid cap 1 mg	
b-complex w/ c & folic acid tab 1 mg	
cyanocobalamin inj 1000 mcg/ml	
DRISDOL - ergocalciferol cap 50000 unit	
ergocalciferol cap 50000 unit	
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	
FOLGARD RX - folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg	
FOLIC ACID - folic acid inj 5 mg/ml	
folic acid tab 1 mg	
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg	
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg	
FOLTANX - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	
L-METHYL-B6-B12 - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	
MEPHYTON - phytonadione tab 5 mg	
NASCOBAL - cyanocobalamin nasal spray 500 mcg/0.1ml	
NEPHRO-VITE RX - b-complex w/ c & folic acid tab 1 mg	
NEPHROCAPS - b-complex w/ c & folic acid cap 1 mg	
phytonadione inj 1 mg/0.5ml (2 mg/ml)	
POTABA - potassium aminobenzoate cap 500 mg	
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	
sodium ascorbate inj 250 mg/ml	
thiamine hcl inj 100 mg/ml	
VITAMIN K1 - phytonadione inj 10 mg/ml	
DESI Drugs and Other Non-FDA Approved Drugs	
ANALPRAM E - hc-pramoxine emol cream 2.5-1% & pramoxine wipe 1% kit	
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine rectal cream 1-1%	
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Requirements/Limits
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine rectal lotn 2.5-1%	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	
DISALCID - salsalate tab 500 mg	
DISALCID - salsalate tab 750 mg	
GRANULEX - trypsin w/ castor oil & peruvian balsam spray	
hc-pramoxine emol cream 2.5-1% & pramoxine wipe 1% kit	
hydrocortisone acetate suppos 25 mg	
hydrocortisone acetate w/ pramoxine rectal cream 1-1%	
hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%	
hyoscyamine sulfate tab 0.125 mg	
KLOR-CON 25 - potassium chloride powder packet 25 meq	
LEVSIN - hyoscyamine sulfate tab 0.125 mg	
NATURE-THROID - thyroid tab 16.25 mg	
NATURE-THROID - thyroid tab 32.5 mg	
NATURE-THROID - thyroid tab 48.75 mg (3/4 grain)	
NATURE-THROID - thyroid tab 65 mg	
NATURE-THROID - thyroid tab 81.25 mg	
NATURE-THROID - thyroid tab 97.5 mg	
NATURE-THROID - thyroid tab 113.75 mg	
NATURE-THROID - thyroid tab 130 mg	
NATURE-THROID - thyroid tab 195 mg	
NATURE-THROID - thyroid tab 260 mg	
NATURE-THROID - thyroid tab 325 mg (5 grain)	
NATURE-THROID - thyroid tab 146.25 mg	
NATURE-THROID NT-2.5 - thyroid tab 162.5 mg (2 1/2 grain)	
phenazopyridine hcl tab 100 mg	
phenazopyridine hcl tab 200 mg	
PREVIDENT 5000 BOOSTER PL - sodium fluoride paste 1.1%	
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	
PROCORT - hydrocortisone acetate w/ pramoxine rectal cream 1.85-1.15%	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine rectal foam 1-1%	
PYRIDIUM - phenazopyridine hcl tab 100 mg	
PYRIDIUM - phenazopyridine hcl tab 200 mg	
salsalate tab 500 mg	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Requirements/Limits
salsalate tab 750 mg	
sodium fluoride cream 1.1%	
sodium fluoride gel 1.1% (0.5% f)	
sodium fluoride paste 1.1%	
TBC - trypsin w/ castor oil & peruvian balsam spray	
thyroid tab 15 mg (1/4 grain)	
thyroid tab 30 mg (1/2 grain)	
thyroid tab 60 mg (1 grain)	
thyroid tab 90 mg (1 1/2 grain)	
OTC Drugs	
all day allergy childrens - cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
ALLEGRA ALLERGY - fexofenadine hcl tab 60 mg	
ALLEGRA ALLERGY - fexofenadine hcl tab 180 mg	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl orally disintegrating tab 30 mg	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl tab 30 mg	
ALLEGRA-D 12 HOUR ALLERGY - fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	
ALLEGRA-D 24 HOUR ALLERGY - fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	
aspirin tab delayed release 81 mg	
cetirizine hcl cap 10 mg	
cetirizine hcl chew tab 5 mg	
cetirizine hcl chew tab 10 mg	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
cetirizine hcl syrup 1 mg/ml (5 mg/5ml)	
cetirizine hcl tab 5 mg	
cetirizine hcl tab 10 mg	
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	
CLARITIN - loratadine cap 10 mg	
CLARITIN - loratadine chew tab 5 mg	
CLARITIN - loratadine syrup 5 mg/5ml	
CLARITIN - loratadine tab 10 mg	
CLARITIN REDITABS - loratadine orally disintegrating tab 5 mg	
CLARITIN REDITABS - loratadine rapidly-disintegrating tab 10 mg	
CLARITIN-D 12 HOUR - loratadine & pseudoephedrine tab er 12hr 5-120 mg	
CLARITIN-D 24 HOUR - loratadine & pseudoephedrine tab er 24hr 10-240 mg	
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	
fexofenadine hcl tab 60 mg	
fexofenadine hcl tab 180 mg	
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Requirements/Limits
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	
loratadine & pseudoephedrine tab er 12hr 5-120 mg	
loratadine & pseudoephedrine tab er 24hr 10-240 mg	
loratadine cap 10 mg	
loratadine rapidly-disintegrating tab 10 mg	
loratadine syrup 5 mg/5ml	
loratadine tab 10 mg	
OMEPRAZOLE - omeprazole delayed release tab 20 mg	
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	
PRILOSEC OTC - omeprazole magnesium delayed release tab 20 mg (base equiv)	
ZYRTEC ALLERGY - cetirizine hcl cap 10 mg	
ZYRTEC ALLERGY - cetirizine hcl tab 10 mg	
ZYRTEC ALLERGY CHILDRENS - cetirizine hcl orally disintegrating tab 10 mg	
ZYRTEC CHILDRENS ALLERGY - cetirizine hcl chew tab 5 mg	
ZYRTEC CHILDRENS ALLERGY - cetirizine hcl chew tab 10 mg	
ZYRTEC CHILDRENS ALLERGY - cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
ZYRTEC-D ALLERGY/CONGESTION - cetirizine-pseudoephedrine tab er 12hr 5-120 mg	

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ANALPRAM-HC.....3
AQUASOL A PARENTERAL.....2
ARMOUR THYROID.....3
ARMOUR THYROID.....3
ARMOUR THYROID.....3
ARMOUR THYROID.....3
ARMOUR THYROID.....3
ARMOUR THYROID.....3
ARMOUR THYROID.....3
ARMOUR THYROID.....3
ascorbic acid inj 500 mg/ml.....2
aspirin tab delayed release 81 mg.....4

B

b-complex w/ c & folic acid cap 1 mg.....2
b-complex w/ c & folic acid tab 1 mg.....2
benzonatate cap 100 mg.....1
benzonatate cap 200 mg.....1

C

CAVERJECT.....1
CAVERJECT.....1
CAVERJECT IMPULSE.....1
CAVERJECT IMPULSE.....1
cetirizine hcl cap 10 mg.....4
cetirizine hcl chew tab 10 mg.....4
cetirizine hcl chew tab 5 mg.....4
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....4
cetirizine hcl syrup 1 mg/ml (5 mg/5ml).....4
cetirizine hcl tab 10 mg.....4
cetirizine hcl tab 5 mg.....4
cetirizine-pseudoephedrine tab er 12hr 5-120 mg.....4
CIALIS.....1
CIALIS.....1
CIALIS.....1
CLARITIN.....4
CLARITIN.....4
CLARITIN.....4
CLARITIN.....4
CLARITIN-D 12 HOUR.....4
CLARITIN-D 24 HOUR.....4
CLARITIN REDITABS.....4
CLARITIN REDITABS.....4
cyanocobalamin inj 1000 mcg/ml.....2

D

DISALCID.....3
DISALCID.....3
DRISDOL.....2

E

EDEX.....1
ergocalciferol cap 50000 unit.....2

F

fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg.....2
fexofenadine hcl susp 30 mg/5ml (6 mg/ml).....4
fexofenadine hcl tab 180 mg.....4
fexofenadine hcl tab 60 mg.....4
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg.....4
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg.....5
FOLGARD RX.....2
FOLIC ACID.....2
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg.....2
folic acid tab 1 mg.....2
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg.....2
folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg.....2
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg.....2
FOLTANX.....2

G

GRANULEX.....3
guaifenesin-codeine soln 100-10 mg/5ml.....1

H

hc-pramoxine emol cream 2.5-1% & pramoxine wipe 1% kit......3
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml......1
hydrocodone w/ homatropine tab 5-1.5 mg......1
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml......1
hydrocortisone acetate suppos 25 mg......3
hydrocortisone acetate w/ pramoxine rectal cream 1-1%......3
hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%......3
hyoscyamine sulfate tab 0.125 mg......3

I

INTRAROSA......1

J

K

KLOR-CON 25......3

L

LEVITRA......1
LEVITRA......1
LEVITRA......1
LEVITRA......1
LEVSIN......3
L-METHYL-B6-B12......2
loratadine & pseudoephedrine tab er 12hr 5-120 mg......5
loratadine & pseudoephedrine tab er 24hr 10-240 mg......5
loratadine cap 10 mg......5
loratadine rapidly-disintegrating tab 10 mg......5
loratadine syrup 5 mg/5ml......5
loratadine tab 10 mg......5

M

MEPHYTON......2
MUSE......1
MUSE......1
MUSE......1
MUSE......1

N

NASCOBAL......2
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID......3
NATURE-THROID NT-2.5......3
NEPHROCAPS......2
NEPHRO-VITE RX......2

O

OMEPRAZOLE......5
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)......5
OSPHENA......1

P

PAPAVERINE/PHENTOLAMINE MESYLATE......1
PAPAVERINE-ALPROSTADIL......1
PAPAVERINE-ALPROSTADIL......1
PAPAVERINE-PHENTOLAMINE MESYLATE......1
PAPAVERINE-PHENTOLAMINE MESYLATE......1
phenazopyridine hcl tab 100 mg......3
phenazopyridine hcl tab 200 mg......3
PHENTOLAMINE MESYLATE-ALPROSTADIL......1
phytonadione inj 1 mg/0.5ml (2 mg/ml)......2
POTABA......2
PREVIDENT 5000 BOOSTER PL......3
PREVIDENT 5000 DRY MOUTH......3
PREVIDENT 5000 PLUS......3
PRILOSEC OTC......5
PROCORT......3
PROCTOFOAM HC......3
promethazine-dm syrup 6.25-15 mg/5ml......1
promethazine w/ codeine syrup 6.25-10 mg/5ml......1
PYRIDIUM......3
PYRIDIUM......3
PYRIDOXINE HCL......2

Q

R

S

salsalate tab 500 mg......3

salsalate tab 750 mg.....4
sildenafil citrate tab 100 mg.....2
sildenafil citrate tab 25 mg.....1
sildenafil citrate tab 50 mg.....2
sodium ascorbate inj 250 mg/ml.....2
sodium fluoride cream 1.1%.....4
sodium fluoride gel 1.1% (0.5% f).....4
sodium fluoride paste 1.1%.....4
STAXYN.....2
STENDRA.....2
STENDRA.....2
STENDRA.....2

T

TBC.....4
TESSALON PERLES.....1
thiamine hcl inj 100 mg/ml.....2
thyroid tab 15 mg (1/4 grain).....4
thyroid tab 30 mg (1/2 grain).....4
thyroid tab 60 mg (1 grain).....4
thyroid tab 90 mg (1 1/2 grain).....4
TUSSIONEX PENNKINETIC EXTENDED RELEASE.....1

U

V

VIAGRA.....2
VIAGRA.....2
VIAGRA.....2
VITAMIN K1.....2

W

X

Y

Z

ZYRTEC ALLERGY.....5
ZYRTEC ALLERGY.....5
ZYRTEC ALLERGY CHILDRENS.....5
ZYRTEC CHILDRENS ALLERGY.....5
ZYRTEC CHILDRENS ALLERGY.....5
ZYRTEC CHILDRENS ALLERGY.....5
ZYRTEC-D ALLERGY/CONGESTION.....5

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ABSTRAL - fentanyl citrate sl tab 100 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 200 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 300 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 400 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 600 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 800 mcg	5	PA, QL (120 tablets/30 days)
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tablets/30 days)
ANAPROX DS - naproxen sodium tab 550 mg	4	QL (90 tablets/30 days)
ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	QL (120 tablets/30 days)
ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	QL (90 tablets/30 days)
butalbital-acetaminophen tab 50-325 mg#	4	PA, QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg#	4	PA, QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg#	4	PA, QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#	4	PA, QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#	4	PA, QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	3	
butorphanol tartrate inj 2 mg/ml	2	
butorphanol tartrate nasal soln 10 mg/ml	2	QL (87.5 mls/30 days)
BUTRANS - buprenorphine td patch weekly 5 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 7.5 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 10 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 15 mcg/hr	4	PA, QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 20 mcg/hr	4	PA, QL (4 patches/28 days)
CELEBREX - celecoxib cap 50 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 100 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 200 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 400 mg	4	QL (30 capsules/30 days)
celecoxib cap 50 mg	2	QL (60 capsules/30 days)
celecoxib cap 100 mg	2	QL (60 capsules/30 days)
celecoxib cap 200 mg	2	QL (60 capsules/30 days)
celecoxib cap 400 mg	2	QL (30 capsules/30 days)
codeine sulfate tab 15 mg	2	QL (180 tablets/30 days)
codeine sulfate tab 30 mg	2	QL (180 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
codeine sulfate tab 60 mg	2	QL (180 tablets/30 days)
DAYPRO - oxaprozin tab 600 mg	4	QL (90 tablets/30 days)
diclofenac potassium tab 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium gel 1%	2	ST
diclofenac sodium tab delayed release 25 mg	2	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg	2	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg	2	QL (60 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	QL (120 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	QL (90 tablets/30 days)
DOLOPHINE - methadone hcl tab 5 mg	4	QL (180 tablets/30 days)
DOLOPHINE - methadone hcl tab 10 mg	4	QL (360 tablets/30 days)
EC-NAPROSYN - naproxen tab ec 375 mg	4	QL (120 tablets/30 days)
EC-NAPROSYN - naproxen tab ec 500 mg	4	QL (90 tablets/30 days)
etodolac cap 200 mg	2	QL (150 capsules/30 days)
etodolac cap 300 mg	2	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg	2	QL (60 tablets/30 days)
etodolac tab er 24hr 500 mg	2	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg	2	QL (30 tablets/30 days)
etodolac tab 400 mg	2	QL (60 tablets/30 days)
etodolac tab 500 mg	2	QL (60 tablets/30 days)
FELDENE - piroxicam cap 10 mg	4	QL (60 capsules/30 days)
FELDENE - piroxicam cap 20 mg	4	QL (30 capsules/30 days)
fentanyl citrate lozenge on a handle 200 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 400 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 600 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 800 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1200 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1600 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr	2	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr	2	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 50 mcg/hr	2	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 75 mcg/hr	2	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 100 mcg/hr	2	PA, QL (15 patches/30 days)
flurbiprofen tab 50 mg	2	QL (180 tablets/30 days)
flurbiprofen tab 100 mg	2	QL (90 tablets/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 5-300 mg	2	QL (360 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	2	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (360 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 10-300 mg	2	QL (180 tablets/30 days)
hydrocodone-ibuprofen tab 5-200 mg	2	QL (150 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tablets/30 days)
hydrocodone-ibuprofen tab 10-200 mg	2	QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml	2	QL (1440 mls/30 days)
hydromorphone hcl preservative free inj 10 mg/ml	2	BD
hydromorphone hcl tab 2 mg	2	QL (180 tablets/30 days)
hydromorphone hcl tab 4 mg	2	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg	2	QL (180 tablets/30 days)
ibuprofen susp 100 mg/5ml	1	QL (4800 mls/30 days)
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
ketoprofen cap 50 mg	2	QL (180 capsules/30 days)
ketoprofen cap 75 mg	2	QL (120 capsules/30 days)
LAZANDA - fentanyl citrate nasal spray 100 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 300 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 400 mcg/act	5	PA, QL (30 bottles/30 days)
LEVORPHANOL TARTRATE - levorphanol tartrate tab 2 mg	4	QL (120 tablets/30 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg	2	QL (180 tablets/30 days)
methadone hcl tab 10 mg	2	QL (360 tablets/30 days)
MOBIC - meloxicam tab 7.5 mg	4	QL (60 tablets/30 days)
MOBIC - meloxicam tab 15 mg	4	QL (30 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	4	QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	4	QL (180 tablets/30 days)
morphine sulfate inj pf 0.5 mg/ml	2	BD
morphine sulfate inj pf 1 mg/ml	2	BD
morphine sulfate oral soln 10 mg/5ml	2	QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml	2	QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2	QL (270 mls/30 days)
morphine sulfate tab er 15 mg	2	PA, QL (90 tablets/30 days)
morphine sulfate tab er 30 mg	2	PA, QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 60 mg	2	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg	2	PA, QL (90 tablets/30 days)
morphine sulfate tab er 200 mg	2	PA, QL (90 tablets/30 days)
nabumetone tab 500 mg	2	QL (120 tablets/30 days)
nabumetone tab 750 mg	2	QL (60 tablets/30 days)
NAPROSYN - naproxen tab 500 mg	4	QL (90 tablets/30 days)
naproxen sodium tab 275 mg	1	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	1	QL (90 tablets/30 days)
naproxen susp 125 mg/5ml	2	QL (1800 mls/30 days)
naproxen tab ec 375 mg	2	QL (120 tablets/30 days)
naproxen tab ec 500 mg	2	QL (90 tablets/30 days)
naproxen tab 250 mg	1	QL (180 tablets/30 days)
naproxen tab 375 mg	1	QL (120 tablets/30 days)
naproxen tab 500 mg	1	QL (90 tablets/30 days)
NUCYNTA - tapentadol hcl tab 50 mg	4	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 75 mg	4	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 100 mg	4	QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	3	PA, QL (60 tablets/30 days)
oxaprozin tab 600 mg	2	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg	2	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	2	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg	2	QL (180 tablets/30 days)
oxycodone hcl tab 20 mg	2	QL (180 tablets/30 days)
oxycodone hcl tab 30 mg	2	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg	2	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	2	QL (180 tablets/30 days)
oxycodone-aspirin tab 4.8355-325 mg	2	QL (360 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 15 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 20 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 30 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 40 mg	3	PA, QL (60 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg	3	PA, QL (120 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 80 mg	3	PA, QL (120 tablets/30 days)
piroxicam cap 10 mg	2	QL (60 capsules/30 days)
piroxicam cap 20 mg	2	QL (30 capsules/30 days)
ROXICODONE - oxycodone hcl tab 5 mg	4	QL (360 tablets/30 days)
ROXICODONE - oxycodone hcl tab 15 mg	4	QL (180 tablets/30 days)
ROXICODONE - oxycodone hcl tab 30 mg	4	QL (180 tablets/30 days)
sulindac tab 150 mg	2	QL (60 tablets/30 days)
sulindac tab 200 mg	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	PA, QL (180 tablets/30 days)
TOLMETIN SODIUM - tolmetin sodium cap 400 mg	3	QL (120 capsules/30 days)
tramadol hcl tab er 24hr 100 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 300 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	1	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tablets/30 days)
ULTRACET - tramadol-acetaminophen tab 37.5-325 mg	4	QL (240 tablets/30 days)
ULTRAM - tramadol hcl tab 50 mg	4	QL (240 tablets/30 days)
VOLTAREN - diclofenac sodium gel 1%	4	ST
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg	4	PA, QL (60 capsules/30 days)
Anesthetics		
lidocaine hcl gel 2%	1	PA, QL (150 mls/30 days)
lidocaine hcl local inj 1%	1	
lidocaine hcl local preservative free inj 1%	1	
lidocaine hcl soln 4%	2	PA
lidocaine hcl viscous soln 2%	1	
lidocaine oint 5%	2	PA, QL (100 grams/30 days)
lidocaine patch 5%	2	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	2	PA, QL (60 grams/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LIDODERM - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
XYLOCAINE - lidocaine hcl local inj 1%	4	
XYLOCAINE - lidocaine hcl soln 4%	4	PA
XYLOCAINE-MPF - lidocaine hcl local preservative free inj 1%	4	
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	2	
ANTABUSE - disulfiram tab 250 mg	4	
ANTABUSE - disulfiram tab 500 mg	4	
buprenorphine hcl sl tab 2 mg	2	PA, QL (90 tablets/30 days)
buprenorphine hcl sl tab 8 mg	2	PA, QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg	2	PA, QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg	2	PA, QL (90 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	2	
CHANTIX - varenicline tartrate tab 0.5 mg	3	
CHANTIX - varenicline tartrate tab 1 mg	3	
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg	3	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	3	
disulfiram tab 250 mg	2	
disulfiram tab 500 mg	2	
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml	3	
NALOXONE HCL - naloxone hcl soln prefilled syringe 2 mg/2ml	3	
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	2	
naltrexone hcl tab 50 mg	2	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	4	PA, QL (120 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg	4	PA, QL (30 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg	4	PA, QL (60 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg	4	PA, QL (60 films/30 days)
VIVITROL - naltrexone for im extended release susp 380 mg	5	
ZYBAN - bupropion hcl (smoking deterrent) tab er 12hr 150 mg	4	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	2	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	2	
amoxicillin (trihydrate) cap 250 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg	4	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin cap 500 mg	1	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	4	
ampicillin sodium for inj 250 mg	2	
ampicillin sodium for inj 500 mg	2	
ampicillin sodium for inj 1 gm	2	
ampicillin sodium for inj 2 gm	2	
ampicillin sodium for iv soln 2 gm	2	
ampicillin sodium for iv soln 10 gm	2	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2	
AUGMENTIN - amoxicillin & k clavulanate tab 500-125 mg	4	
AUGMENTIN - amoxicillin & k clavulanate tab 875-125 mg	4	
AVELOX - moxifloxacin hcl tab 400 mg	4	
AVELOX - moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	3	
AZACTAM - aztreonam for inj 1 gm	4	
AZACTAM - aztreonam for inj 2 gm	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE - aztreonam in dextrose inj 1 gm/50 ml	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE - aztreonam in dextrose inj 2 gm/50 ml	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin iv for soln 500 mg	2	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
aztreonam for inj 1 gm	2	
aztreonam for inj 2 gm	2	
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	4	
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 1200000 unit/2ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	4	
cefaclor cap 250 mg	2	
cefaclor cap 500 mg	2	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	2	
cefadroxil tab 1 gm	2	
CEFAZOLIN SODIUM - cefazolin sodium for inj 20 gm	3	
cefazolin sodium for inj 500 mg	2	
cefazolin sodium for inj 1 gm	2	
cefazolin sodium for inj 10 gm	2	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	2	
cefepime hcl for inj 1 gm	2	
cefepime hcl for inj 2 gm	2	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg	3	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 1 gm	3	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 2 gm	3	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 10 gm	3	
cefoxitin sodium for inj 10 gm	2	
cefoxitin sodium for iv soln 1 gm	2	
cefoxitin sodium for iv soln 2 gm	2	
cefpodoxime proxetil for susp 50 mg/5ml	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil for susp 100 mg/5ml	2	
cefpodoxime proxetil tab 100 mg	2	
cefpodoxime proxetil tab 200 mg	2	
cefprozil for susp 125 mg/5ml	2	
cefprozil for susp 250 mg/5ml	2	
cefprozil tab 250 mg	2	
cefprozil tab 500 mg	2	
ceftazidime for inj 1 gm	2	
ceftazidime for inj 2 gm	2	
ceftazidime for inj 6 gm	2	
ceftazidime for iv soln 1 gm	2	
ceftazidime for iv soln 2 gm	2	
CEFTIN - cefuroxime axetil for susp 125 mg/5ml	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 20 mg/ml	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 40 mg/ml	4	
ceftriaxone sodium for inj 250 mg	2	
ceftriaxone sodium for inj 500 mg	2	
ceftriaxone sodium for inj 1 gm	2	
ceftriaxone sodium for inj 2 gm	2	
ceftriaxone sodium for inj 10 gm	2	
ceftriaxone sodium for iv soln 1 gm	2	
ceftriaxone sodium for iv soln 2 gm	2	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74%	4	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 2 gm and dextrose 2.22%	4	
cefuroxime axetil tab 250 mg	2	
cefuroxime axetil tab 500 mg	2	
cefuroxime sodium for inj 750 mg	2	
cefuroxime sodium for inj 1.5 gm	2	
cefuroxime sodium for inj 7.5 gm	2	
cefuroxime sodium for iv soln 1.5 gm	2	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	4	
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	4	
CIPRO - ciprofloxacin hcl tab 250 mg	4	
CIPRO - ciprofloxacin hcl tab 500 mg	4	
CIPRO I.V.-IN D5W - ciprofloxacin 400 mg/200ml in d5w	4	
CIPROFLOXACIN - ciprofloxacin iv soln 200 mg/20ml (1%)	3	
CIPROFLOXACIN - ciprofloxacin iv soln 400 mg/40ml (1%)	3	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	2	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
ciprofloxacin hcl tab er 24hr 500 mg	2	
ciprofloxacin hcl tab er 24hr 1000 mg	2	
ciprofloxacin hcl tab 250 mg	1	
ciprofloxacin hcl tab 500 mg	1	
ciprofloxacin hcl tab 750 mg	1	
ciprofloxacin 200 mg/100ml in d5w	2	
ciprofloxacin 400 mg/200ml in d5w	2	
clarithromycin for susp 125 mg/5ml	2	
clarithromycin for susp 250 mg/5ml	2	
clarithromycin tab er 24hr 500 mg	2	
clarithromycin tab 250 mg	2	
clarithromycin tab 500 mg	2	
CLEOCIN - clindamycin hcl cap 75 mg	4	
CLEOCIN - clindamycin hcl cap 150 mg	4	
CLEOCIN - clindamycin hcl cap 300 mg	4	
CLEOCIN - clindamycin phosphate vaginal cream 2%	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 900 mg/50ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE - clindamycin phosphate inj 300 mg/2ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 600 mg/4ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 900 mg/6ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 9 gm/60ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 300 mg/2ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 600 mg/4ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 900 mg/6ml	4	
CLEOCIN-T - clindamycin phosphate gel 1%	4	
CLEOCIN-T - clindamycin phosphate lotion 1%	4	
CLEOCIN-T - clindamycin phosphate soln 1%	4	
CLEOCIN-T - clindamycin phosphate swab 1%	4	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin phosphate gel 1%	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	
clindamycin phosphate inj 300 mg/2ml	1	
clindamycin phosphate inj 600 mg/4ml	1	
clindamycin phosphate inj 900 mg/6ml	1	
clindamycin phosphate inj 9 gm/60ml	1	
clindamycin phosphate iv soln 300 mg/2ml	1	
clindamycin phosphate iv soln 600 mg/4ml	1	
clindamycin phosphate iv soln 900 mg/6ml	1	
clindamycin phosphate lotion 1%	2	
clindamycin phosphate soln 1%	2	
clindamycin phosphate swab 1%	2	
clindamycin phosphate vaginal cream 2%	2	
colistimethate sodium for inj 150 mg	5	
CUBICIN - daptomycin for iv soln 500 mg	5	
CUBICIN RF - daptomycin for iv soln 500 mg	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
daptomycin for iv soln 500 mg	5	
demeclocycline hcl tab 150 mg	2	
demeclocycline hcl tab 300 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
DIFICID - fidaxomicin tab 200 mg	5	
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate for inj 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 75 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate cap 150 mg	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 100 mg	2	
doxycycline monohydrate tab 150 mg	2	
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERY-TAB - erythromycin tab delayed release 250 mg	4	
ERY-TAB - erythromycin tab delayed release 333 mg	4	
ERY-TAB - erythromycin tab delayed release 500 mg	4	
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4	
ERYTHROMYCIN BASE - erythromycin tab 250 mg	4	
ERYTHROMYCIN BASE - erythromycin tab 500 mg	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	2	
erythromycin pads 2%	2	
erythromycin soln 2%	2	
FLAGYL - metronidazole cap 375 mg	4	
FLAGYL - metronidazole tab 250 mg	4	
FLAGYL - metronidazole tab 500 mg	4	
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin sulfate inj 10 mg/ml	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate inj 40 mg/ml	2	
gentamicin sulfate iv soln 10 mg/ml	2	
HIPREX - methenamine hippurate tab 1 gm	4	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	
IMPAVIDO - miltefosine cap 50 mg	5	
INVANZ - ertapenem sodium for inj 1 gm	4	
INVANZ - ertapenem sodium for iv inj 1 gm	4	
KLARON - sulfacetamide sodium lotion 10%	4	
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	3	
levofloxacin in d5w iv soln 250 mg/50ml	2	
levofloxacin in d5w iv soln 500 mg/100ml	2	
levofloxacin in d5w iv soln 750 mg/150ml	2	
levofloxacin iv soln 25 mg/ml	2	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	5	
linezolid for susp 100 mg/5ml	5	PA
linezolid iv soln 600 mg/300ml (2 mg/ml)	2	
linezolid tab 600 mg	2	PA
meropenem iv for soln 500 mg	2	
meropenem iv for soln 1 gm	2	
MERREM - meropenem iv for soln 500 mg	4	
MERREM - meropenem iv for soln 1 gm	4	
methenamine hippurate tab 1 gm	2	
METRO IV - metronidazole in nacl 0.74% iv soln 500 mg/100ml	4	
METROGEL-VAGINAL - metronidazole vaginal gel 0.75%	4	
metronidazole cap 375 mg	2	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	2	
metronidazole iv soln 5 mg/ml	2	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
metronidazole vaginal gel 0.75%	2	
MINOCIN - minocycline hcl cap 50 mg	4	
MINOCIN - minocycline hcl cap 100 mg	4	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl cap 100 mg	2	
minocycline hcl tab 50 mg	2	
minocycline hcl tab 75 mg	2	
minocycline hcl tab 100 mg	2	
moxifloxacin hcl tab 400 mg	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	4	
nafcillin sodium for inj 1 gm	2	
nafcillin sodium for inj 2 gm	2	
nafcillin sodium for inj 10 gm	5	
neomycin sulfate tab 500 mg	2	
neomycin-polymyxin b gu irrigation soln	2	
nitrofurantoin macrocrystalline cap 50 mg#	4	PA
nitrofurantoin macrocrystalline cap 100 mg#	4	PA
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	4	PA
nitrofurantoin susp 25 mg/5ml#	4	PA
ofloxacin tab 400 mg	2	
paromomycin sulfate cap 250 mg	2	
penicillin g potassium for inj 5000000 unit	2	
penicillin g potassium for inj 20000000 unit	2	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PFIZERPEN-G - penicillin g potassium for inj 20000000 unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium lotion 10%	2	
SULFADIAZINE - sulfadiazine tab 500 mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
SUPRAX - cefixime cap 400 mg	4	
SUPRAX - cefixime chew tab 100 mg	4	
SUPRAX - cefixime chew tab 200 mg	4	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
tetracycline hcl cap 250 mg	2	
tetracycline hcl cap 500 mg	2	
tigecycline for iv soln 50 mg	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	4	
tobramycin sulfate for inj 1.2 gm	2	
tobramycin sulfate inj 10 mg/ml	2	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml)	2	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)	2	
trimethoprim tab 100 mg	2	
TYGACIL - tigecycline for iv soln 50 mg	5	
vancomycin hcl cap 125 mg	2	
vancomycin hcl cap 250 mg	2	
vancomycin hcl for inj 100 gm	2	
vancomycin hcl for inj 500 mg	2	
vancomycin hcl for inj 750 mg	2	
vancomycin hcl for inj 1000 mg	2	
vancomycin hcl for inj 5000 mg	2	
vancomycin hcl for inj 10 gm	2	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose 5% inj 500 mg/100ml	4	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose 5% inj 750 mg/150ml	4	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose 5% inj 1 gm/200ml	4	
VIBRAMYCIN - doxycycline hyclate cap 100 mg	4	
ZINACEF - cefuroxime in sterile water inj 1.5 gm/50ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX - azithromycin for susp 100 mg/5ml	4	
ZITHROMAX - azithromycin for susp 200 mg/5ml	4	
ZITHROMAX - azithromycin iv for soln 500 mg	4	
ZITHROMAX - azithromycin tab 250 mg	4	
ZITHROMAX - azithromycin tab 500 mg	4	
ZITHROMAX - azithromycin tab 600 mg	4	
ZITHROMAX TRI-PAK - azithromycin tab 500 mg	4	
ZITHROMAX Z-PAK - azithromycin tab 250 mg	4	
ZOSYN - piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
ZYVOX - linezolid for susp 100 mg/5ml	5	PA
ZYVOX - linezolid iv soln 200 mg/100ml (2 mg/ml)	5	
ZYVOX - linezolid iv soln 600 mg/300ml (2 mg/ml)	5	
ZYVOX - linezolid tab 600 mg	5	PA
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg	5	
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg	4	
BANZEL - rufinamide tab 400 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
carbamazepine cap er 12hr 100 mg	2	
carbamazepine cap er 12hr 200 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
carbamazepine cap er 12hr 300 mg	2	
carbamazepine chew tab 100 mg	2	
carbamazepine susp 100 mg/5ml	2	
carbamazepine tab er 12hr 100 mg	2	
carbamazepine tab er 12hr 200 mg	2	
carbamazepine tab er 12hr 400 mg	2	
carbamazepine tab 200 mg	2	
CARBATROL - carbamazepine cap er 12hr 100 mg	4	
CARBATROL - carbamazepine cap er 12hr 200 mg	4	
CARBATROL - carbamazepine cap er 12hr 300 mg	4	
CELONTIN - methsuximide cap 300 mg	4	
DEPACON - valproate sodium inj 100 mg/ml	4	
DEPAKENE - valproic acid cap 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 125 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 500 mg	4	
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg	4	
DEPAKOTE ER - divalproex sodium tab er 24 hr 500 mg	4	
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
DILANTIN - phenytoin sodium extended cap 100 mg	4	
DILANTIN INFATABS - phenytoin chew tab 50 mg	4	
DILANTIN-125 - phenytoin susp 125 mg/5ml	4	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ethosuximide cap 250 mg	2	
ethosuximide soln 250 mg/5ml	2	
felbamate susp 600 mg/5ml	5	
felbamate tab 400 mg	2	
felbamate tab 600 mg	2	
fosphenytoin sodium inj 100 mg/2ml	2	
fosphenytoin sodium inj 500 mg/10ml	2	
FYCOMPA - perampanel susp 0.5 mg/ml	5	
FYCOMPA - perampanel tab 2 mg	4	
FYCOMPA - perampanel tab 4 mg	5	
FYCOMPA - perampanel tab 6 mg	5	
FYCOMPA - perampanel tab 8 mg	5	
FYCOMPA - perampanel tab 10 mg	5	
FYCOMPA - perampanel tab 12 mg	5	
gabapentin cap 100 mg	1	QL (1080 capsules/30 days)
gabapentin cap 300 mg	1	QL (360 capsules/30 days)
gabapentin cap 400 mg	1	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	2	QL (2160 mls/30 days)
gabapentin tab 600 mg	2	QL (180 tablets/30 days)
gabapentin tab 800 mg	2	QL (135 tablets/30 days)
GABITRIL - tiagabine hcl tab 2 mg	4	
GABITRIL - tiagabine hcl tab 4 mg	4	
GABITRIL - tiagabine hcl tab 12 mg	4	
GABITRIL - tiagabine hcl tab 16 mg	4	
KEPPRA - levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
KEPPRA - levetiracetam oral soln 100 mg/ml	4	
KEPPRA - levetiracetam tab 250 mg	4	
KEPPRA - levetiracetam tab 500 mg	4	
KEPPRA - levetiracetam tab 750 mg	4	
KEPPRA - levetiracetam tab 1000 mg	4	
LAMICTAL - lamotrigine tab 25 mg	5	
LAMICTAL - lamotrigine tab 100 mg	5	
LAMICTAL - lamotrigine tab 150 mg	5	
LAMICTAL - lamotrigine tab 200 mg	5	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 25 mg	5	
lamotrigine tab chewable dispersible 5 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab chewable dispersible 25 mg	2	
lamotrigine tab 25 mg	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
levetiracetam inj 500 mg/5ml (100 mg/ml)	2	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 750 mg	2	
levetiracetam tab 1000 mg	2	
LYRICA - pregabalin cap 25 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 50 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 75 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 100 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 150 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 200 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg	3	QL (60 capsules/30 days)
LYRICA - pregabalin cap 300 mg	3	QL (60 capsules/30 days)
LYRICA - pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
MYSOLINE - primidone tab 50 mg	5	
MYSOLINE - primidone tab 250 mg	5	
NEURONTIN - gabapentin cap 100 mg	4	QL (1080 capsules/30 days)
NEURONTIN - gabapentin cap 300 mg	4	QL (360 capsules/30 days)
NEURONTIN - gabapentin cap 400 mg	4	QL (270 capsules/30 days)
NEURONTIN - gabapentin oral soln 250 mg/5ml	4	QL (2160 mls/30 days)
NEURONTIN - gabapentin tab 600 mg	4	QL (180 tablets/30 days)
NEURONTIN - gabapentin tab 800 mg	4	QL (135 tablets/30 days)
ONFI - clobazam suspension 2.5 mg/ml	5	PA, QL (480 mls/30 days)
ONFI - clobazam tab 10 mg	5	PA, QL (60 tablets/30 days)
ONFI - clobazam tab 20 mg	5	PA, QL (60 tablets/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2	
oxcarbazepine tab 150 mg	2	
oxcarbazepine tab 300 mg	2	
oxcarbazepine tab 600 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PEGANONE - ethotoin tab 250 mg	4	
PHENOBARBITAL - phenobarbital tab 15 mg#	4	PA
PHENOBARBITAL - phenobarbital tab 30 mg#	4	PA
PHENOBARBITAL - phenobarbital tab 60 mg#	4	PA
PHENOBARBITAL - phenobarbital tab 100 mg#	4	PA
phenobarbital elixir 20 mg/5ml#	4	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 65 mg/ml#	4	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 130 mg/ml#	4	PA
phenobarbital tab 16.2 mg#	4	PA
phenobarbital tab 32.4 mg#	4	PA
phenobarbital tab 64.8 mg#	4	PA
phenobarbital tab 97.2 mg#	4	PA
PHENYTEK - phenytoin sodium extended cap 200 mg	4	
PHENYTEK - phenytoin sodium extended cap 300 mg	4	
phenytoin chew tab 50 mg	2	
phenytoin sodium extended cap 100 mg	2	
phenytoin sodium extended cap 200 mg	2	
phenytoin sodium extended cap 300 mg	2	
phenytoin susp 125 mg/5ml	2	
primidone tab 50 mg	2	
primidone tab 250 mg	2	
SABRIL - vigabatrin powd pack 500 mg*	4	
SABRIL - vigabatrin tab 500 mg*	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	5	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
TEGRETOL - carbamazepine susp 100 mg/5ml	4	
TEGRETOL - carbamazepine tab 200 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 200 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 400 mg	4	
tiagabine hcl tab 2 mg	2	
tiagabine hcl tab 4 mg	2	
topiramate sprinkle cap 15 mg	2	
topiramate sprinkle cap 25 mg	2	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
TRILEPTAL - oxcarbazepine tab 150 mg	4	
TRILEPTAL - oxcarbazepine tab 300 mg	4	
TRILEPTAL - oxcarbazepine tab 600 mg	4	
valproate sodium inj 100 mg/ml	2	
valproate sodium oral soln 250 mg/5ml	2	
valproic acid cap 250 mg	2	
*vigabatrin powd pack 500 mg**	2	
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	3	
VIMPAT - lacosamide oral solution 10 mg/ml	3	
VIMPAT - lacosamide tab 50 mg	3	
VIMPAT - lacosamide tab 100 mg	3	
VIMPAT - lacosamide tab 150 mg	3	
VIMPAT - lacosamide tab 200 mg	3	
ZARONTIN - ethosuximide cap 250 mg	4	
ZONEGRAN - zonisamide cap 25 mg	5	
ZONEGRAN - zonisamide cap 100 mg	5	
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
Antidementia Agents		
ARICEPT - donepezil hydrochloride tab 5 mg	4	
ARICEPT - donepezil hydrochloride tab 10 mg	4	
donepezil hydrochloride orally disintegrating tab 5 mg	2	
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	2	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	3	PA
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr	4	
EXELON - rivastigmine td patch 24hr 9.5 mg/24hr	4	
EXELON - rivastigmine td patch 24hr 13.3 mg/24hr	4	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg	2	
galantamine hydrobromide cap er 24hr 16 mg	2	
galantamine hydrobromide cap er 24hr 24 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide tab 4 mg	2	
galantamine hydrobromide tab 8 mg	2	
galantamine hydrobromide tab 12 mg	2	
memantine hcl oral solution 2 mg/ml	2	PA
memantine hcl tab 5 mg	2	PA
memantine hcl tab 10 mg	2	PA
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	2	PA
NAMENDA - memantine hcl tab 5 mg	4	PA
NAMENDA - memantine hcl tab 10 mg	4	PA
NAMENDA TITRATION PAK - memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	4	PA
RAZADYNE - galantamine hydrobromide tab 4 mg	4	
RAZADYNE - galantamine hydrobromide tab 8 mg	4	
RAZADYNE - galantamine hydrobromide tab 12 mg	4	
RAZADYNE ER - galantamine hydrobromide cap er 24hr 8 mg	4	
RAZADYNE ER - galantamine hydrobromide cap er 24hr 16 mg	4	
RAZADYNE ER - galantamine hydrobromide cap er 24hr 24 mg	4	
rivastigmine tartrate cap 1.5 mg	2	
rivastigmine tartrate cap 3 mg	2	
rivastigmine tartrate cap 4.5 mg	2	
rivastigmine tartrate cap 6 mg	2	
rivastigmine td patch 24hr 4.6 mg/24hr	2	
rivastigmine td patch 24hr 9.5 mg/24hr	2	
rivastigmine td patch 24hr 13.3 mg/24hr	2	
Antidepressants		
amitriptyline hcl tab 10 mg#	4	PA
amitriptyline hcl tab 25 mg#	4	PA
amitriptyline hcl tab 50 mg#	4	PA
amitriptyline hcl tab 75 mg#	4	PA
amitriptyline hcl tab 100 mg#	4	PA
amitriptyline hcl tab 150 mg#	4	PA
AMOXAPINE - amoxapine tab 25 mg#	4	PA
AMOXAPINE - amoxapine tab 50 mg#	4	PA
AMOXAPINE - amoxapine tab 100 mg#	4	PA
AMOXAPINE - amoxapine tab 150 mg#	4	PA
bupropion hcl tab er 12hr 100 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 200 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	2	QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 24hr 300 mg	2	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	2	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	2	QL (120 tablets/30 days)
CELEXA - citalopram hydrobromide tab 10 mg	4	QL (45 tablets/30 days)
CELEXA - citalopram hydrobromide tab 20 mg	4	QL (45 tablets/30 days)
CELEXA - citalopram hydrobromide tab 40 mg	4	QL (30 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	2	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 20 mg	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg#	4	PA
clomipramine hcl cap 50 mg#	4	PA
clomipramine hcl cap 75 mg#	4	PA
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg	4	QL (90 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 60 mg	4	QL (60 capsules/30 days)
desipramine hcl tab 10 mg#	3	PA
desipramine hcl tab 25 mg#	3	PA
desipramine hcl tab 50 mg#	3	PA
desipramine hcl tab 75 mg#	3	PA
desipramine hcl tab 100 mg#	3	PA
desipramine hcl tab 150 mg#	3	PA
desvenlafaxine succinate tab er 24hr 25 mg	2	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg	2	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg	2	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#	4	PA
doxepin hcl cap 25 mg#	4	PA
doxepin hcl cap 50 mg#	4	PA
doxepin hcl cap 75 mg#	4	PA
doxepin hcl cap 100 mg#	4	PA
doxepin hcl cap 150 mg#	4	PA
doxepin hcl conc 10 mg/ml#	3	PA
duloxetine hcl enteric coated pellets cap 20 mg	2	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg	2	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg	2	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 37.5 mg	4	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 75 mg	4	QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 150 mg	4	QL (30 capsules/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	
escitalopram oxalate soln 5 mg/5ml	2	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg	1	QL (45 tablets/30 days)
escitalopram oxalate tab 10 mg	1	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	2	QL (4 capsules/28 days)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	2	QL (600 mls/30 days)
fluoxetine hcl tab 10 mg	2	QL (90 tablets/30 days)
fluoxetine hcl tab 20 mg	2	QL (120 tablets/30 days)
fluvoxamine maleate tab 25 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 50 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	2	QL (90 tablets/30 days)
imipramine hcl tab 10 mg#	4	PA
imipramine hcl tab 25 mg#	4	PA
imipramine hcl tab 50 mg#	4	PA
LEXAPRO - escitalopram oxalate tab 5 mg	4	QL (45 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 10 mg	4	QL (45 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 20 mg	4	QL (30 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 25 mg	4	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 50 mg	4	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 75 mg	4	QL (90 tablets/30 days)
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg	2	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg	2	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg	2	QL (45 tablets/30 days)
mirtazapine tab 30 mg	2	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
mirtazapine tab 45 mg	2	QL (30 tablets/30 days)
NARDIL - phenelzine sulfate tab 15 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 100 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 150 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 200 mg	4	
nefazodone hcl tab 50 mg	2	
nefazodone hcl tab 250 mg	2	
NORPRAMIN - desipramine hcl tab 10 mg#	4	PA
NORPRAMIN - desipramine hcl tab 25 mg#	4	PA
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	4	PA
nortriptyline hcl cap 10 mg#	4	PA
nortriptyline hcl cap 25 mg#	4	PA
nortriptyline hcl cap 50 mg#	4	PA
nortriptyline hcl cap 75 mg#	4	PA
PARNATE - tranylcypromine sulfate tab 10 mg	5	
paroxetine hcl tab 10 mg#	4	PA, QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	4	PA, QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	4	PA, QL (60 tablets/30 days)
paroxetine hcl tab 40 mg#	4	PA, QL (45 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#	4	PA, QL (900 mls/30 days)
PAXIL - paroxetine hcl tab 10 mg#	4	PA, QL (45 tablets/30 days)
PAXIL - paroxetine hcl tab 20 mg#	4	PA, QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 30 mg#	4	PA, QL (60 tablets/30 days)
PAXIL - paroxetine hcl tab 40 mg#	4	PA, QL (45 tablets/30 days)
phenelzine sulfate tab 15 mg	2	
PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab er 24hr 50 mg	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab er 24hr 100 mg	4	QL (30 tablets/30 days)
protriptyline hcl tab 5 mg#	4	PA
protriptyline hcl tab 10 mg#	4	PA
PROZAC - fluoxetine hcl cap 10 mg	4	QL (90 capsules/30 days)
PROZAC - fluoxetine hcl cap 20 mg	4	QL (120 capsules/30 days)
PROZAC - fluoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
REMERON - mirtazapine tab 15 mg	4	QL (45 tablets/30 days)
REMERON - mirtazapine tab 30 mg	4	QL (30 tablets/30 days)
REMERON - mirtazapine tab 45 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 30 mg	4	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB - mirtazapine orally disintegrating tab 45 mg	4	QL (30 tablets/30 days)
sertraline hcl oral conc 20 mg/ml	2	QL (300 mls/30 days)
sertraline hcl tab 25 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
SURMONTIL - trimipramine maleate cap 25 mg#	4	PA
SURMONTIL - trimipramine maleate cap 50 mg#	4	PA
SURMONTIL - trimipramine maleate cap 100 mg#	4	PA
tranylcypromine sulfate tab 10 mg	2	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
trimipramine maleate cap 25 mg#	4	PA
trimipramine maleate cap 50 mg#	4	PA
trimipramine maleate cap 100 mg#	4	PA
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg	2	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg	2	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg	2	QL (30 capsules/30 days)
venlafaxine hcl tab er 24hr 37.5 mg	2	QL (60 tablets/30 days)
venlafaxine hcl tab er 24hr 75 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab er 24hr 150 mg	2	QL (30 tablets/30 days)
venlafaxine hcl tab 25 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 37.5 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 50 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 75 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 100 mg	2	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 100 mg	4	QL (90 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 150 mg	4	QL (60 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 200 mg	4	QL (60 tablets/30 days)
WELLBUTRIN XL - bupropion hcl tab er 24hr 150 mg	5	QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL - bupropion hcl tab er 24hr 300 mg	5	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral conc 20 mg/ml	4	QL (300 mls/30 days)
ZOLOFT - sertraline hcl tab 25 mg	4	QL (45 tablets/30 days)
ZOLOFT - sertraline hcl tab 50 mg	4	QL (45 tablets/30 days)
ZOLOFT - sertraline hcl tab 100 mg	4	QL (60 tablets/30 days)
Antiemetics		
ALOXI - palonosetron hcl iv soln 0.25 mg/5ml	4	
aprepitant capsule therapy pack 80 & 125 mg	2	BD
aprepitant capsule 40 mg	2	BD
aprepitant capsule 80 mg	2	BD
aprepitant capsule 125 mg	2	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4	PA
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4	PA
chlorpromazine hcl tab 10 mg	2	PA
chlorpromazine hcl tab 25 mg	2	PA
chlorpromazine hcl tab 50 mg	2	PA
chlorpromazine hcl tab 100 mg	2	PA
chlorpromazine hcl tab 200 mg	2	PA
dronabinol cap 2.5 mg	2	BD
dronabinol cap 5 mg	2	BD
dronabinol cap 10 mg	2	BD
EMEND - aprepitant capsule 40 mg	4	BD
EMEND - aprepitant capsule 80 mg	4	BD
EMEND - aprepitant capsule 125 mg	4	BD
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg	4	
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	4	BD
granisetron hcl inj 1 mg/ml	2	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	2	
granisetron hcl tab 1 mg	2	BD
meclizine hcl tab 12.5 mg#	4	
meclizine hcl tab 25 mg#	4	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	2	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	2	
ondansetron hcl oral soln 4 mg/5ml	2	BD
ondansetron hcl tab 4 mg	2	BD
ondansetron hcl tab 8 mg	2	BD
ondansetron hcl tab 24 mg	2	BD
ondansetron orally disintegrating tab 4 mg	2	BD

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ondansetron orally disintegrating tab 8 mg	2	BD
perphenazine tab 2 mg	2	PA
perphenazine tab 4 mg	2	PA
perphenazine tab 8 mg	2	PA
perphenazine tab 16 mg	2	PA
prochlorperazine edisylate inj 5 mg/ml	2	
prochlorperazine maleate tab 5 mg	1	
prochlorperazine maleate tab 10 mg	1	
prochlorperazine suppos 25 mg	2	
promethazine hcl suppos 12.5 mg#	4	PA
promethazine hcl suppos 25 mg#	4	PA
promethazine hcl syrup 6.25 mg/5ml#	4	PA
promethazine hcl tab 12.5 mg#	4	PA
promethazine hcl tab 25 mg#	4	PA
promethazine hcl tab 50 mg#	4	PA
ZOFRAN - ondansetron hcl oral soln 4 mg/5ml	4	BD
ZOFRAN - ondansetron hcl tab 4 mg	4	BD
ZOFRAN - ondansetron hcl tab 8 mg	4	BD
ZOFRAN ODT - ondansetron orally disintegrating tab 4 mg	4	BD
ZOFRAN ODT - ondansetron orally disintegrating tab 8 mg	4	BD
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for inj 50 mg	4	BD
CANCIDAS - caspofungin acetate for iv soln 50 mg	5	
CANCIDAS - caspofungin acetate for iv soln 70 mg	5	
caspofungin acetate for iv soln 50 mg	5	
caspofungin acetate for iv soln 70 mg	5	
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77%	2	
ciclopirox olamine susp 0.77%	2	
ciclopirox shampoo 1%	2	
ciclopirox solution 8%	2	
clotrimazole cream 1%	1	
clotrimazole troche 10 mg	2	
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	PA
DIFLUCAN - fluconazole for susp 10 mg/ml	4	
DIFLUCAN - fluconazole for susp 40 mg/ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN - fluconazole tab 50 mg	4	
DIFLUCAN - fluconazole tab 100 mg	4	
DIFLUCAN - fluconazole tab 150 mg	4	
DIFLUCAN - fluconazole tab 200 mg	4	
econazole nitrate cream 1%	2	
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole in dextrose inj 200 mg/100ml	2	
fluconazole in dextrose inj 400 mg/200ml	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	
fluconazole in nacl 0.9% inj 400 mg/200ml	2	
fluconazole tab 50 mg	2	
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
flucytosine cap 250 mg	5	
flucytosine cap 500 mg	5	
GRIS-PEG - griseofulvin ultramicrosize tab 125 mg	4	
GRIS-PEG - griseofulvin ultramicrosize tab 250 mg	4	
griseofulvin microsize susp 125 mg/5ml	2	
griseofulvin ultramicrosize tab 125 mg	2	
griseofulvin ultramicrosize tab 250 mg	2	
itraconazole cap 100 mg	2	
ketoconazole cream 2%	2	
ketoconazole shampoo 2%	2	
ketoconazole tab 200 mg	2	
LAMISIL - terbinafine hcl tab 250 mg	4	
LOPROX SHAMPOO - ciclopirox shampoo 1%	4	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	
MYCAMINE - micafungin sodium for iv soln 100 mg	5	
NIZORAL - ketoconazole shampoo 2%	4	
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
NOXAFIL - posaconazole tab delayed release 100 mg	5	PA
nystatin cream 100000 unit/gm	2	
nystatin oint 100000 unit/gm	2	
nystatin susp 100000 unit/ml	2	
nystatin tab 500000 unit	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
nystatin topical powder 100000 unit/gm	2	
SPORANOX - itraconazole cap 100 mg	5	
SPORANOX PULSEPAK - itraconazole cap 100 mg	5	
TERAZOL 7 - terconazole vaginal cream 0.4%	4	
terbinafine hcl tab 250 mg	1	
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	2	
VFEND IV - voriconazole for inj 200 mg	4	PA
voriconazole for inj 200 mg	2	PA
voriconazole for susp 40 mg/ml	5	PA
voriconazole tab 50 mg	5	PA
voriconazole tab 200 mg	5	PA
Antigout Agents		
allopurinol sodium for inj 500 mg	2	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
ALOPRIM - allopurinol sodium for inj 500 mg	4	
colchicine w/ probenecid tab 0.5-500 mg	2	
COLCRYS - colchicine tab 0.6 mg	3	
probenecid tab 500 mg	2	
ULORIC - febuxostat tab 40 mg	3	ST
ULORIC - febuxostat tab 80 mg	3	ST
ZYLOPRIM - allopurinol tab 100 mg	4	
ZYLOPRIM - allopurinol tab 300 mg	4	
Antimigraine Agents		
AMERGE - naratriptan hcl tab 1 mg	4	QL (18 tablets/30 days)
AMERGE - naratriptan hcl tab 2.5 mg	4	QL (18 tablets/30 days)
IMITREX - sumatriptan nasal spray 5 mg/act	4	QL (12 units (2 packages)/30 days)
IMITREX - sumatriptan nasal spray 20 mg/act	4	QL (12 units (2 packages)/30 days)
IMITREX - sumatriptan succinate inj 6 mg/0.5ml	4	
IMITREX - sumatriptan succinate tab 25 mg	4	QL (18 tablets/30 days)
IMITREX - sumatriptan succinate tab 50 mg	4	QL (18 tablets/30 days)
IMITREX - sumatriptan succinate tab 100 mg	4	QL (18 tablets/30 days)
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml	4	
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 6 mg/0.5ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	
MAXALT - rizatriptan benzoate tab 5 mg	4	QL (18 tablets/30 days)
MAXALT - rizatriptan benzoate tab 10 mg	4	QL (18 tablets/30 days)
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 5 mg	4	QL (18 tablets/30 days)
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg	4	QL (18 tablets/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	3	QL (8 mls/28 days)
naratriptan hcl tab 1 mg	2	QL (18 tablets/30 days)
naratriptan hcl tab 2.5 mg	2	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg	2	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg	2	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg	2	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg	2	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act	2	QL (12 units (2 packages)/30 days)
sumatriptan nasal spray 20 mg/act	2	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	2	
sumatriptan succinate solution auto-injector 4 mg/0.5ml	2	
sumatriptan succinate solution auto-injector 6 mg/0.5ml	2	
sumatriptan succinate solution cartridge 4 mg/0.5ml	2	
sumatriptan succinate solution cartridge 6 mg/0.5ml	2	
sumatriptan succinate tab 25 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 50 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg	2	QL (18 tablets/30 days)
zolmitriptan orally disintegrating tab 2.5 mg	2	QL (12 tablets/30 days)
zolmitriptan orally disintegrating tab 5 mg	2	QL (12 tablets/30 days)
Antimyasthenic Agents		
GUANIDINE HCL - guanidine hcl tab 125 mg	4	
MESTINON - pyridostigmine bromide syrup 60 mg/5ml	5	
MESTINON - pyridostigmine bromide tab 60 mg	5	
MESTINON TIMESPAN - pyridostigmine bromide tab er 180 mg	5	
pyridostigmine bromide tab er 180 mg	2	
pyridostigmine bromide tab 60 mg	2	
Antimycobacterials		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4	
CYCLOSERINE - cycloserine cap 250 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
dapsone tab 25 mg	2	
dapsone tab 100 mg	2	
ethambutol hcl tab 100 mg	2	
ethambutol hcl tab 400 mg	2	
ISONIAZID - isoniazid inj 100 mg/ml	3	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYCOBUTIN - rifabutin cap 150 mg	5	
PASER - aminosalicylic acid er granules packet 4 gm	4	
PRIFTIN - rifapentine tab 150 mg	4	
pyrazinamide tab 500 mg	2	
rifabutin cap 150 mg	2	
RIFADIN - rifampin cap 150 mg	4	
RIFADIN - rifampin for inj 600 mg	5	
rifampin cap 150 mg	2	
rifampin cap 300 mg	2	
rifampin for inj 600 mg	5	
SIRTURO - bedaquiline fumarate tab 100 mg	5	
TRECATOR - ethionamide tab 250 mg	4	
Antineoplastics		
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	
AFINITOR - everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIMTA - pemetrexed disodium for iv soln 100 mg	5	
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg	5	PA, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg	5	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	1	
ARIMIDEX - anastrozole tab 1 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
AROMASIN - exemestane tab 25 mg	5	
ARRANON - nelarabine iv soln 5 mg/ml	5	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	
BELEODAQ - belinostat for iv inj 500 mg*	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	
bexarotene cap 75 mg	5	PA
bicalutamide tab 50 mg	2	
BICNU - carmustine for inj 100 mg	4	
bleomycin sulfate for inj 15 unit	2	BD
bleomycin sulfate for inj 30 unit	2	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD
BOSULIF - bosutinib tab 100 mg	5	PA, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
busulfan inj 6 mg/ml	5	
CABOMETYX - cabozantinib s-malate tab 20 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg	5	PA, QL (60 capsules/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
carboplatin iv soln 50 mg/5ml	2	
carboplatin iv soln 150 mg/15ml	2	
carboplatin iv soln 450 mg/45ml	2	
carboplatin iv soln 600 mg/60ml	2	
CASODEX - bicalutamide tab 50 mg	4	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)	2	
cisplatin inj 50 mg/50ml (1 mg/ml)	2	
cisplatin inj 100 mg/100ml (1 mg/ml)	2	
cladribine iv soln 10 mg/10ml (1 mg/ml)	5	BD
clofarabine iv soln 1 mg/ml	5	
CLOLAR - clofarabine iv soln 1 mg/ml	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COSMEGEN - dactinomycin for inj 0.5 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide cap 25 mg	4	BD
CYCLOPHOSPHAMIDE - cyclophosphamide cap 50 mg	4	BD
cyclophosphamide for inj 500 mg	5	
cyclophosphamide for inj 1 gm	5	
cyclophosphamide for inj 2 gm	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	
CYTARABINE - cytarabine inj 20 mg/ml	2	BD
cytarabine inj pf 20 mg/ml	2	BD
cytarabine inj pf 100 mg/ml	2	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
dacarbazine for inj 200 mg	2	
dactinomycin for inj 0.5 mg	5	
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	
daunorubicin hcl inj 5 mg/ml	2	
decitabine for inj 50 mg	5	
dexrazoxane for inj 250 mg	5	
dexrazoxane for inj 500 mg	5	
DOCETAXEL - docetaxel for inj conc 20 mg/ml	5	
DOCETAXEL - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
DOCETAXEL - docetaxel for inj conc 160 mg/8ml (20 mg/ml)	5	
DOCETAXEL - docetaxel for inj conc 200 mg/10ml (20 mg/ml)	5	
DOCETAXEL - docetaxel soln for iv infusion 20 mg/2ml	5	
DOCETAXEL - docetaxel soln for iv infusion 80 mg/8ml	5	
DOCETAXEL - docetaxel soln for iv infusion 160 mg/16ml	5	
DOCETAXEL - docetaxel soln for iv infusion 200 mg/20ml	5	
docetaxel for inj conc 20 mg/ml	5	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
DOXORUBICIN HCL - doxorubicin hcl for inj 10 mg	4	BD
DOXORUBICIN HCL - doxorubicin hcl for inj 50 mg	4	BD
doxorubicin hcl inj 2 mg/ml	2	BD
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	5	BD

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Drug Name	Drug Tier	Requirements/Limits
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	4	
EMPLICITI - elotuzumab for iv soln 300 mg	5	
EMPLICITI - elotuzumab for iv soln 400 mg	5	
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	2	
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	2	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERWINAZE - asparaginase erwinia chrysanthemi for inj 10000 unit	5	
ETHYOL - amifostine for inj 500 mg	5	
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
etoposide inj 100 mg/5ml (20 mg/ml)	2	
etoposide inj 500 mg/25ml (20 mg/ml)	2	
etoposide inj 1 gm/50ml (20 mg/ml)	2	
EVOMELA - melphalan hcl for inj 50 mg*	5	
exemestane tab 25 mg	2	
FARESTON - toremifene citrate tab 60 mg	5	
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 15 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
FASLODEX - fulvestrant inj 250 mg/5ml	5	
FEMARA - letrozole tab 2.5 mg	5	
fludarabine phosphate for inj 50 mg	2	
fludarabine phosphate inj 25 mg/ml	2	
fluorouracil inj 500 mg/10ml (50 mg/ml)	1	BD
fluorouracil inj 1 gm/20ml (50 mg/ml)	1	BD
fluorouracil inj 2.5 gm/50ml (50 mg/ml)	1	BD
fluorouracil inj 5 gm/100ml (50 mg/ml)	1	BD
flutamide cap 125 mg	2	
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	
gemcitabine hcl for inj 200 mg	2	
gemcitabine hcl for inj 1 gm	2	
gemcitabine hcl for inj 2 gm	2	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)	2	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)	2	
GILOTRIF - afatinib dimaleate tab 20 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg	5	PA, QL (30 tablets/30 days)
GLEEVEC - imatinib mesylate tab 100 mg	5	PA, QL (90 tablets/30 days)
GLEEVEC - imatinib mesylate tab 400 mg	5	PA, QL (60 tablets/30 days)
GLEOSTINE - lomustine cap 5 mg	4	
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	4	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	
HERCEPTIN - trastuzumab for iv soln 440 mg*	5	
HEXALEN - altretamine cap 50 mg	5	PA
HYDREA - hydroxyurea cap 500 mg	4	
hydroxyurea cap 500 mg	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
ICLUSIG - ponatinib hcl tab 15 mg	5	PA, QL (60 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg	5	PA, QL (30 tablets/30 days)
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	5	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	5	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	5	
IDHIFA - enasidenib mesylate tab 50 mg	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
ifosfamide for inj 1 gm	2	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	2	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	2	
imatinib mesylate tab 100 mg	5	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 140 mg	5	PA, QL (120 capsules/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml*	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml*	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	2	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	2	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	2	
ISTODAX - romidepsin for iv inj 10 mg	5	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	
KEYTRUDA - pembrolizumab for iv soln 50 mg*	5	
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)*	5	
KISQALI - ribociclib succinate tab 200 mg	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KYPROLIS - carfilzomib for inj 30 mg	5	
KYPROLIS - carfilzomib for inj 60 mg	5	
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg*	5	PA, QL (90 capsules/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg*	5	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	1	
LEUCOVORIN CALCIUM - leucovorin calcium for inj 500 mg	2	
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	3	
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	4	
leucovorin calcium for inj 50 mg	2	
leucovorin calcium for inj 100 mg	2	
leucovorin calcium for inj 200 mg	2	
leucovorin calcium for inj 350 mg	2	
leucovorin calcium tab 5 mg	2	
leucovorin calcium tab 25 mg	2	
LEUKERAN - chlorambucil tab 2 mg	3	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LYNPARZA - olaparib cap 50 mg*	5	PA, QL (480 capsules/30 days)
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
MARQIBO - vincristine sulfate liposome iv susp 5 mg/31ml (0.16 mg/ml)	5	
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
melphalan hcl for inj 50 mg	5	
mercaptopurine tab 50 mg	2	
mesna inj 100 mg/ml	2	
MESNEX - mesna tab 400 mg	4	
MITOMYCIN - mitomycin for iv soln 5 mg	4	
mitomycin for iv soln 20 mg	2	
mitomycin for iv soln 40 mg	5	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	2	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	2	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	2	
MUSTARGEN - mechlorethamine hcl for inj 10 mg	4	
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NERLYNX - neratinib maleate tab 40 mg	5	PA, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	5	
nilutamide tab 150 mg	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	
OPDIVO - nivolumab iv soln 40 mg/4ml*	5	
OPDIVO - nivolumab iv soln 100 mg/10ml*	5	
OPDIVO - nivolumab iv soln 240 mg/24ml*	5	
oxaliplatin for iv inj 50 mg	5	
oxaliplatin for iv inj 100 mg	5	
oxaliplatin iv soln 50 mg/10ml	2	
oxaliplatin iv soln 100 mg/20ml	2	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	2	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	2	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	2	
PANRETIN - alitretinoin gel 0.1%	5	
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1600-26800 mg-unit/13.4ml	5	PA
RUBRACA - rucaparib camsylate tab 200 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	4	
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
SUTENT - sunitinib malate cap 12.5 mg	5	PA, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 37.5 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 50 mg	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	
TABLOID - thioguanine tab 40 mg	4	
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAGRISSO - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 80 mg*	5	PA, QL (30 tablets/30 days)
tamoxifen citrate tab 10 mg	2	
tamoxifen citrate tab 20 mg	2	
TARCEVA - erlotinib hcl tab 25 mg	5	PA, QL (60 tablets/30 days)
TARCEVA - erlotinib hcl tab 100 mg	5	PA, QL (30 tablets/30 days)
TARCEVA - erlotinib hcl tab 150 mg	5	PA, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg	5	PA
TARGRETIN - bexarotene gel 1%	5	
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAXOTERE - docetaxel for inj conc 20 mg/ml	5	
TAXOTERE - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	
TEMODAR - temozolomide for iv soln 100 mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
thiotepa for inj 15 mg	5	
TOPOTECAN HCL - topotecan hcl inj 4 mg/4ml (for infusion)	5	
topotecan hcl for inj 4 mg	5	
TORISEL - temsirolimus soln for iv infusion 25 mg/ml	5	
TREANDA - bendamustine hcl for iv soln 25 mg	5	
TREANDA - bendamustine hcl for iv soln 100 mg	5	
tretinoin cap 10 mg	5	PA
TRISENOX - arsenic trioxide inj 10 mg/10ml (1 mg/ml)	4	
TRISENOX - arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)*	5	
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	
VELCADE - bortezomib for inj 3.5 mg	5	
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	4	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	4	BD
vincristine sulfate iv soln 1 mg/ml	2	BD
vinorelbine tartrate inj 10 mg/ml	2	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)	2	
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	
XALKORI - crizotinib cap 200 mg*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (60 capsules/30 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
YONDELIS - trabectedin for inj 1 mg	5	
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate cap 100 mg	5	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib cap 150 mg*	5	PA, QL (150 capsules/30 days)
ZYTIGA - abiraterone acetate tab 250 mg*	5	PA, QL (120 tablets/30 days)
ZYTIGA - abiraterone acetate tab 500 mg*	5	PA, QL (60 tablets/30 days)
Antiparasitics		
ALBENZA - albendazole tab 200 mg	5	
ALINIA - nitazoxanide for susp 100 mg/5ml	5	
ALINIA - nitazoxanide tab 500 mg	5	
atovaquone susp 750 mg/5ml	5	
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
BILTRICIDE - praziquantel tab 600 mg	4	
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	3	
chloroquine phosphate tab 500 mg	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
hydroxychloroquine sulfate tab 200 mg	2	
ivermectin tab 3 mg	2	
LINDANE - lindane shampoo 1%	3	
MALARONE - atovaquone-proguanil hcl tab 62.5-25 mg	4	
MALARONE - atovaquone-proguanil hcl tab 250-100 mg	4	
malathion lotion 0.5%	2	
mefloquine hcl tab 250 mg	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	BD
OVIDE - malathion lotion 0.5%	4	
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	BD
permethrin cream 5%	2	
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg	4	
STROMECTOL - ivermectin tab 3 mg	4	
Antiparkinson Agents		
amantadine hcl cap 100 mg	2	
amantadine hcl syrup 50 mg/5ml	2	
amantadine hcl tab 100 mg	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
AZILECT - rasagiline mesylate tab 0.5 mg	4	
AZILECT - rasagiline mesylate tab 1 mg	4	
benztropine mesylate tab 0.5 mg#	3	PA
benztropine mesylate tab 1 mg#	3	PA
benztropine mesylate tab 2 mg#	3	PA
bromocriptine mesylate cap 5 mg	2	
bromocriptine mesylate tab 2.5 mg	2	
carbidopa & levodopa orally disintegrating tab 10-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa tab 25 mg	5	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 25-100-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 50-200-200 mg	3	
COMTAN - entacapone tab 200 mg	5	
ELDEPRYL - selegiline hcl cap 5 mg	4	
entacapone tab 200 mg	2	
MIRAPEX - pramipexole dihydrochloride tab 0.125 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.25 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX - pramipexole dihydrochloride tab 0.5 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.75 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 1 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 1.5 mg	4	
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	3	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
rasagiline mesylate tab 0.5 mg	2	
rasagiline mesylate tab 1 mg	2	
REQUIP - ropinirole hydrochloride tab 0.25 mg	4	
REQUIP - ropinirole hydrochloride tab 0.5 mg	4	
REQUIP - ropinirole hydrochloride tab 1 mg	4	
REQUIP - ropinirole hydrochloride tab 2 mg	4	
REQUIP - ropinirole hydrochloride tab 3 mg	4	
REQUIP - ropinirole hydrochloride tab 4 mg	4	
REQUIP - ropinirole hydrochloride tab 5 mg	4	
ropinirole hydrochloride tab er 24hr 2 mg	2	
ropinirole hydrochloride tab er 24hr 4 mg	2	
ropinirole hydrochloride tab er 24hr 6 mg	2	
ropinirole hydrochloride tab er 24hr 8 mg	2	
ropinirole hydrochloride tab er 24hr 12 mg	2	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	
ropinirole hydrochloride tab 5 mg	2	
selegiline hcl cap 5 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
selegiline hcl tab 5 mg	2	
SINEMET - carbidopa & levodopa tab 10-100 mg	4	
SINEMET - carbidopa & levodopa tab 25-100 mg	4	
SINEMET - carbidopa & levodopa tab 25-250 mg	4	
SINEMET CR - carbidopa & levodopa tab er 25-100 mg	4	
SINEMET CR - carbidopa & levodopa tab er 50-200 mg	4	
TASMAR - tolcapone tab 100 mg	5	
tolcapone tab 100 mg	5	
Antipsychotics		
ABILIFY - aripiprazole tab 2 mg	5	PA, QL (45 tablets/30 days)
ABILIFY - aripiprazole tab 5 mg	5	PA, QL (45 tablets/30 days)
ABILIFY - aripiprazole tab 10 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 15 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 20 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 30 mg	5	PA, QL (30 tablets/30 days)
ADASUVE - loxapine aerosol powder breath activated 10 mg	4	PA
aripiprazole oral solution 1 mg/ml	2	PA, QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg	5	PA, QL (60 tablets/30 days)
aripiprazole orally disintegrating tab 15 mg	5	PA, QL (60 tablets/30 days)
aripiprazole tab 2 mg	2	PA, QL (45 tablets/30 days)
aripiprazole tab 5 mg	2	PA, QL (45 tablets/30 days)
aripiprazole tab 10 mg	2	PA, QL (30 tablets/30 days)
aripiprazole tab 15 mg	2	PA, QL (30 tablets/30 days)
aripiprazole tab 20 mg	2	PA, QL (30 tablets/30 days)
aripiprazole tab 30 mg	2	PA, QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	PA, QL (1 syringe/56 days)
clozapine orally disintegrating tab 25 mg	2	PA, QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg	2	PA, QL (270 tablets/30 days)
clozapine tab 25 mg	2	PA, QL (90 tablets/30 days)
clozapine tab 50 mg	2	PA, QL (90 tablets/30 days)
clozapine tab 100 mg	2	PA, QL (270 tablets/30 days)
clozapine tab 200 mg	2	PA, QL (120 tablets/30 days)
CLOZARIL - clozapine tab 25 mg	4	PA, QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL - clozapine tab 100 mg	4	PA, QL (270 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA, QL (7 packs (56 tablets)/28 days)
FAZACLO - clozapine orally disintegrating tab 25 mg	4	PA, QL (270 tablets/30 days)
FAZACLO - clozapine orally disintegrating tab 100 mg	4	PA, QL (270 tablets/30 days)
fluphenazine decanoate inj 25 mg/ml	2	PA
FLUPHENAZINE HCL - fluphenazine hcl elixir 2.5 mg/5ml	4	PA
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4	PA
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA
fluphenazine hcl tab 1 mg	2	PA
fluphenazine hcl tab 2.5 mg	2	PA
fluphenazine hcl tab 5 mg	2	PA
fluphenazine hcl tab 10 mg	2	PA
GEODON - ziprasidone hcl cap 20 mg	5	PA, QL (90 capsules/30 days)
GEODON - ziprasidone hcl cap 40 mg	5	PA, QL (90 capsules/30 days)
GEODON - ziprasidone hcl cap 60 mg	5	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 80 mg	5	PA, QL (60 capsules/30 days)
GEODON - ziprasidone mesylate for inj 20 mg	4	PA, QL (60 vials/30 days)
HALDOL - haloperidol lactate inj 5 mg/ml	4	PA
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	4	PA
HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml	4	PA
haloperidol decanoate im soln 50 mg/ml	2	PA
haloperidol decanoate im soln 100 mg/ml	2	PA
haloperidol lactate inj 5 mg/ml	2	PA
haloperidol lactate oral conc 2 mg/ml	2	PA
haloperidol tab 0.5 mg	2	PA
haloperidol tab 1 mg	2	PA
haloperidol tab 2 mg	2	PA
haloperidol tab 5 mg	2	PA
haloperidol tab 10 mg	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
haloperidol tab 20 mg	2	PA
INVEGA - paliperidone tab er 24hr 1.5 mg	5	PA, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 3 mg	5	PA, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 6 mg	5	PA, QL (60 tablets/30 days)
INVEGA - paliperidone tab er 24hr 9 mg	5	PA, QL (30 tablets/30 days)
INVEGA SUSTENNA - paliperidone palmitate im extend-release susp 117 mg/0.75ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 39 mg/0.25ml	4	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 78 mg/0.5ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 156 mg/ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 234 mg/1.5ml	5	PA, QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 273 mg/0.875ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 410 mg/1.315ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 546 mg/1.75ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 819 mg/2.625ml	5	PA, QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA, QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	PA, QL (30 tablets/30 days)
loxapine succinate cap 5 mg	2	PA
loxapine succinate cap 10 mg	2	PA
loxapine succinate cap 25 mg	2	PA
loxapine succinate cap 50 mg	2	PA
NUPLAZID - pimavanserin tartrate tab 17 mg*	5	PA, QL (60 tablets/30 days)
olanzapine for im inj 10 mg	2	PA, QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg	2	PA, QL (30 tablets/30 days)
olanzapine orally disintegrating tab 10 mg	2	PA, QL (30 tablets/30 days)
olanzapine orally disintegrating tab 15 mg	2	PA, QL (30 tablets/30 days)
olanzapine orally disintegrating tab 20 mg	2	PA, QL (30 tablets/30 days)
olanzapine tab 2.5 mg	2	PA, QL (45 tablets/30 days)
olanzapine tab 5 mg	2	PA, QL (45 tablets/30 days)
olanzapine tab 7.5 mg	2	PA, QL (45 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 10 mg	2	PA, QL (45 tablets/30 days)
olanzapine tab 15 mg	2	PA, QL (30 tablets/30 days)
olanzapine tab 20 mg	2	PA, QL (30 tablets/30 days)
ORAP - pimozide tab 1 mg	4	
ORAP - pimozide tab 2 mg	4	
paliperidone tab er 24hr 1.5 mg	2	PA, QL (30 tablets/30 days)
paliperidone tab er 24hr 3 mg	2	PA, QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg	2	PA, QL (60 tablets/30 days)
paliperidone tab er 24hr 9 mg	5	PA, QL (30 tablets/30 days)
pimozide tab 1 mg	2	
pimozide tab 2 mg	2	
quetiapine fumarate tab er 24hr 50 mg	2	PA, QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg	2	PA, QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 200 mg	2	PA, QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg	2	PA, QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 400 mg	2	PA, QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg	2	PA, QL (120 tablets/30 days)
quetiapine fumarate tab 50 mg	2	PA, QL (120 tablets/30 days)
quetiapine fumarate tab 100 mg	2	PA, QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg	2	PA, QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg	2	PA, QL (60 tablets/30 days)
quetiapine fumarate tab 400 mg	2	PA, QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA, QL (30 tablets/30 days)
RISPERDAL - risperidone soln 1 mg/ml	4	PA, QL (480 mls/30 days)
RISPERDAL - risperidone tab 0.25 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 0.5 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 3 mg	5	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 4 mg	5	PA, QL (120 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	4	PA, QL (2 vials/28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5	PA, QL (2 vials/28 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 0.5 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 1 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 3 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 4 mg	4	PA, QL (120 tablets/30 days)
risperidone orally disintegrating tab 0.25 mg	2	PA, QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg	2	PA, QL (60 tablets/30 days)
risperidone orally disintegrating tab 1 mg	2	PA, QL (60 tablets/30 days)
risperidone orally disintegrating tab 2 mg	2	PA, QL (60 tablets/30 days)
risperidone orally disintegrating tab 3 mg	2	PA, QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	2	PA, QL (120 tablets/30 days)
risperidone soln 1 mg/ml	2	PA, QL (480 mls/30 days)
risperidone tab 0.25 mg	1	PA, QL (60 tablets/30 days)
risperidone tab 0.5 mg	1	PA, QL (60 tablets/30 days)
risperidone tab 1 mg	1	PA, QL (60 tablets/30 days)
risperidone tab 2 mg	1	PA, QL (60 tablets/30 days)
risperidone tab 3 mg	1	PA, QL (60 tablets/30 days)
risperidone tab 4 mg	1	PA, QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 25 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 50 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 100 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 200 mg	4	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 400 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 50 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 150 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 200 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 400 mg	4	PA, QL (60 tablets/30 days)
thioridazine hcl tab 10 mg	4	PA
thioridazine hcl tab 25 mg	4	PA
thioridazine hcl tab 50 mg	4	PA
thioridazine hcl tab 100 mg	4	PA
thiothixene cap 1 mg	2	PA
thiothixene cap 2 mg	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
thiothixene cap 5 mg	2	PA
thiothixene cap 10 mg	2	PA
trifluoperazine hcl tab 1 mg	2	PA
trifluoperazine hcl tab 2 mg	2	PA
trifluoperazine hcl tab 5 mg	2	PA
trifluoperazine hcl tab 10 mg	2	PA
VERSACLOZ - clozapine susp 50 mg/ml	5	PA, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	5	PA, QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg	2	PA, QL (90 capsules/30 days)
ziprasidone hcl cap 40 mg	2	PA, QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg	2	PA, QL (60 capsules/30 days)
ziprasidone hcl cap 80 mg	2	PA, QL (60 capsules/30 days)
ZYPREXA - olanzapine for im inj 10 mg	4	PA, QL (90 vials/30 days)
ZYPREXA - olanzapine tab 2.5 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 5 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 7.5 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 10 mg	4	PA, QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 20 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA, QL (1 vial/28 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 10 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 20 mg	4	PA, QL (30 tablets/30 days)
Antispasticity Agents		
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
DANTRIUM - dantrolene sodium cap 25 mg	4	
DANTRIUM - dantrolene sodium cap 50 mg	4	
dantrolene sodium cap 25 mg	2	
dantrolene sodium cap 50 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
dantrolene sodium cap 100 mg	2	
tizanidine hcl cap 2 mg	2	
tizanidine hcl cap 4 mg	2	
tizanidine hcl cap 6 mg	2	
tizanidine hcl tab 2 mg	2	
tizanidine hcl tab 4 mg	2	
ZANAFLEX - tizanidine hcl tab 4 mg	4	
Antivirals		
abacavir sulfate soln 20 mg/ml	2	QL (960 mls/30 days)
abacavir sulfate tab 300 mg	2	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	5	QL (30 tablets/30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
acyclovir cap 200 mg	1	
acyclovir oint 5%	2	
ACYCLOVIR SODIUM - acyclovir sodium for inj 500 mg	3	BD
acyclovir sodium iv soln 50 mg/ml	2	BD
acyclovir susp 200 mg/5ml	2	
acyclovir tab 400 mg	2	
acyclovir tab 800 mg	2	
adefovir dipivoxil tab 10 mg	5	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
APTIVUS - tipranavir oral soln 100 mg/ml	5	QL (380 mls/30 days)
atazanavir sulfate cap 150 mg	5	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg	5	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg	5	QL (30 capsules/30 days)
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BARACLUDE - entecavir tab 0.5 mg	5	
BARACLUDE - entecavir tab 1 mg	5	
cidofovir iv inj 75 mg/ml	5	
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 200 mg	3	QL (270 capsules/30 days)
CRIXIVAN - indinavir sulfate cap 400 mg	3	QL (180 capsules/30 days)
CYTOVENE - ganciclovir sodium for inj 500 mg	4	BD
DAKLINZA - daclatasvir dihydrochloride tab 30 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 60 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 90 mg	5	PA
DENAVIR - penciclovir cream 1%	5	

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Drug Name	Drug Tier	Requirements/Limits
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
didanosine delayed release capsule 125 mg	2	QL (30 capsules/30 days)
didanosine delayed release capsule 200 mg	2	QL (30 capsules/30 days)
didanosine delayed release capsule 250 mg	2	QL (30 capsules/30 days)
didanosine delayed release capsule 400 mg	2	QL (30 capsules/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
efavirenz cap 50 mg	2	QL (90 capsules/30 days)
efavirenz cap 200 mg	5	QL (60 capsules/30 days)
EMTRIVA - emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
entecavir tab 0.5 mg	2	
entecavir tab 1 mg	2	
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR - lamivudine oral soln 10 mg/ml	4	QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	4	QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	4	QL (30 tablets/30 days)
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3	
EPIVIR HBV - lamivudine tab 100 mg (hbv)	4	
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	5	QL (30 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
famciclovir tab 125 mg	2	
famciclovir tab 250 mg	2	
famciclovir tab 500 mg	2	
fosamprenavir calcium tab 700 mg	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
ganciclovir sodium for inj 500 mg	2	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg	4	QL (60 tablets/30 days)
INTELENCE - etravirine tab 200 mg	5	QL (60 tablets/30 days)
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit	5	
INTRON A - interferon alfa-2b for inj 18000000 unit	5	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 10000000 unit	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
INTRON A W/DILUENT - interferon alfa-2b for inj 18000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 50000000 unit	5	
INVIRASE - saquinavir mesylate cap 200 mg	5	QL (300 capsules/30 days)
INVIRASE - saquinavir mesylate tab 500 mg	5	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	5	QL (300 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
lamivudine oral soln 10 mg/ml	2	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	2	
lamivudine tab 150 mg	2	QL (60 tablets/30 days)
lamivudine tab 300 mg	2	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	2	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
LEXIVA - fosamprenavir calcium tab 700 mg	5	QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
NEVIRAPINE - nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 100 mg	2	QL (90 tablets/30 days)
nevirapine tab er 24hr 400 mg	2	QL (30 tablets/30 days)
nevirapine tab 200 mg	2	QL (60 tablets/30 days)
NORVIR - ritonavir cap 100 mg	4	QL (360 capsules/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	4	QL (480 mls/30 days)
NORVIR - ritonavir tab 100 mg	4	QL (360 tablets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
OLYSIO - simeprevir sodium cap 150 mg	5	PA
oseltamivir phosphate cap 30 mg	2	
oseltamivir phosphate cap 45 mg	2	
oseltamivir phosphate cap 75 mg	2	
oseltamivir phosphate for susp 6 mg/ml	2	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 135 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir ethanolate susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir ethanolate tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir ethanolate tab 150 mg	4	QL (180 tablets/30 days)
PREZISTA - darunavir ethanolate tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir ethanolate tab 800 mg	5	QL (30 tablets/30 days)
REBETOL - ribavirin soln 40 mg/ml	4	
RESCRIPTOR - delavirdine mesylate tab 100 mg	4	QL (360 tablets/30 days)
RESCRIPTOR - delavirdine mesylate tab 200 mg	4	QL (180 tablets/30 days)
RETROVIR - zidovudine cap 100 mg	4	QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate cap 150 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate cap 200 mg	5	QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
RIBASPHERE - ribavirin tab 400 mg	5	
RIBASPHERE - ribavirin tab 600 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 400 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 600 mg	5	
ribavirin cap 200 mg	2	
ribavirin tab 200 mg	2	
rimantadine hydrochloride tab 100 mg	2	
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 150 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
SOVALDI - sofosbuvir tab 400 mg	5	PA
stavudine cap 15 mg	2	QL (60 capsules/30 days)
stavudine cap 20 mg	2	QL (60 capsules/30 days)
stavudine cap 30 mg	2	QL (60 capsules/30 days)
stavudine cap 40 mg	2	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUSTIVA - efavirenz cap 50 mg	4	QL (90 capsules/30 days)
SUSTIVA - efavirenz cap 200 mg	5	QL (60 capsules/30 days)
SUSTIVA - efavirenz tab 600 mg	5	QL (30 tablets/30 days)
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	PA
TAMIFLU - oseltamivir phosphate cap 30 mg	4	
TAMIFLU - oseltamivir phosphate cap 45 mg	4	
TAMIFLU - oseltamivir phosphate cap 75 mg	4	
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml	4	
TECHNIVIE - ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg	5	PA
tenofovir disoproxil fumarate tab 300 mg	5	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg	2	
valacyclovir hcl tab 1 gm	2	
VALCYTE - valganciclovir hcl for soln 50 mg/ml	5	
VALCYTE - valganciclovir hcl tab 450 mg	5	
valganciclovir hcl for soln 50 mg/ml	5	
valganciclovir hcl tab 450 mg	5	
VALTREX - valacyclovir hcl tab 500 mg	4	
VALTREX - valacyclovir hcl tab 1 gm	4	
VIDEX - didanosine for soln 2 gm	4	QL (1200 mls/30 days)
VIDEX - didanosine for soln 4 gm	4	QL (1200 mls/30 days)
VIDEX EC - didanosine delayed release capsule 125 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 200 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 250 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 400 mg	4	QL (30 capsules/30 days)
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIEKIRA XR - dasab-ombit-paritap-riton tab er 24hr 200-8.33-50-33.33 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIRAMUNE - nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
VIRAMUNE XR - nevirapine tab er 24hr 100 mg	4	QL (90 tablets/30 days)
VIRAMUNE XR - nevirapine tab er 24hr 400 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
ZERIT - stavudine cap 15 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine cap 20 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine cap 30 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine cap 40 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine for oral soln 1 mg/ml	4	QL (2400 mls/30 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml	4	QL (960 mls/30 days)
ZIAGEN - abacavir sulfate tab 300 mg	4	QL (60 tablets/30 days)
zidovudine cap 100 mg	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	2	QL (1920 mls/30 days)
zidovudine tab 300 mg	2	QL (60 tablets/30 days)
ZOVIRAX - acyclovir cap 200 mg	4	
ZOVIRAX - acyclovir oint 5%	4	
ZOVIRAX - acyclovir susp 200 mg/5ml	4	
ZOVIRAX - acyclovir tab 400 mg	4	
Anxiolytics		
alprazolam tab 0.25 mg	1	QL (120 tablets/30 days)
alprazolam tab 0.5 mg	1	QL (120 tablets/30 days)
alprazolam tab 1 mg	1	QL (120 tablets/30 days)
alprazolam tab 2 mg	1	QL (150 tablets/30 days)
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 mg	2	
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	
buspirone hcl tab 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg	2	PA, QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg	2	PA, QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg	2	PA, QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
clonazepam orally disintegrating tab 1 mg	2	PA, QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	2	PA, QL (300 tablets/30 days)
clonazepam tab 0.5 mg	1	PA, QL (120 tablets/30 days)
clonazepam tab 1 mg	1	PA, QL (120 tablets/30 days)
clonazepam tab 2 mg	1	PA, QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	2	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	2	PA, QL (90 tablets/30 days)
clorazepate dipotassium tab 15 mg	2	PA, QL (180 tablets/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
diazepam conc 5 mg/ml	2	PA, QL (240 mls/30 days)
diazepam tab 2 mg	1	PA, QL (120 tablets/30 days)
diazepam tab 5 mg	1	PA, QL (120 tablets/30 days)
diazepam tab 10 mg	1	PA, QL (120 tablets/30 days)
hydroxyzine hcl syrup 10 mg/5ml#	4	PA
hydroxyzine hcl tab 10 mg#	4	PA
hydroxyzine hcl tab 25 mg#	4	PA
hydroxyzine hcl tab 50 mg#	4	PA
lorazepam tab 0.5 mg	1	PA, QL (120 tablets/30 days)
lorazepam tab 1 mg	1	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	1	PA, QL (150 tablets/30 days)
Bipolar Agents		
LITHIUM - lithium oral solution 8 meq/5ml	4	
lithium carbonate cap 150 mg	2	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	2	
lithium carbonate tab er 300 mg	2	
lithium carbonate tab er 450 mg	2	
lithium carbonate tab 300 mg	2	
LITHOBID - lithium carbonate tab er 300 mg	4	
Blood Glucose Regulators		
acarbose tab 25 mg	2	QL (360 tablets/30 days)
acarbose tab 50 mg	2	QL (180 tablets/30 days)
acarbose tab 100 mg	2	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 15 mg	4	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 30 mg	4	QL (30 tablets/30 days)
ACTOS - pioglitazone hcl tab 45 mg	4	QL (30 tablets/30 days)
ALCOHOL SWABS	3	
AMARYL - glimepiride tab 1 mg	4	QL (240 tablets/30 days)
AMARYL - glimepiride tab 2 mg	4	QL (120 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
AMARYL - glimepiride tab 4 mg	4	QL (60 tablets/30 days)
BYDUREON - exenatide for inj extended release susp 2 mg	3	QL (4 vials/28 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	QL (4 pens/28 days)
BYDUREON PEN - exenatide extended release for susp pen-injector 2 mg	3	QL (4 pens/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
GAUZE PADS 2" X 2"	3	
glimepiride tab 1 mg	1	QL (240 tablets/30 days)
glimepiride tab 2 mg	1	QL (120 tablets/30 days)
glimepiride tab 4 mg	1	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg	2	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	2	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	2	QL (60 tablets/30 days)
glipizide tab 5 mg	1	QL (240 tablets/30 days)
glipizide tab 10 mg	1	QL (120 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	2	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg	2	QL (120 tablets/30 days)
glipizide-metformin hcl tab 5-500 mg	2	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	
GLUCOPHAGE - metformin hcl tab 500 mg	4	QL (150 tablets/30 days)
GLUCOPHAGE - metformin hcl tab 850 mg	4	QL (90 tablets/30 days)
GLUCOPHAGE - metformin hcl tab 1000 mg	4	QL (75 tablets/30 days)
GLUCOPHAGE XR - metformin hcl tab er 24hr 500 mg	4	QL (120 tablets/30 days)
GLUCOPHAGE XR - metformin hcl tab er 24hr 750 mg	4	QL (60 tablets/30 days)
GLUCOTROL - glipizide tab 5 mg	4	QL (240 tablets/30 days)
GLUCOTROL - glipizide tab 10 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 2.5 mg	4	QL (240 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 5 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 10 mg	4	QL (60 tablets/30 days)
HUMALOG - insulin lispro inj 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD, QL (3 vials/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	4	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg	3	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	3	QL (6 vials/30 days)
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg	2	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	2	QL (60 tablets/30 days)
metformin hcl tab 500 mg	1	QL (150 tablets/30 days)
metformin hcl tab 850 mg	1	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	1	QL (75 tablets/30 days)
nateglinide tab 60 mg	2	QL (180 tablets/30 days)
nateglinide tab 120 mg	2	QL (90 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 2.5 mg	3	QL (60 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 5 mg	3	QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg	1	QL (30 tablets/30 days)
pioglitazone hcl tab 45 mg	1	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-2 mg	2	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-4 mg	2	QL (30 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	2	QL (90 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	2	QL (90 tablets/30 days)
PRECOSE - acarbose tab 25 mg	4	QL (360 tablets/30 days)
PRECOSE - acarbose tab 50 mg	4	QL (180 tablets/30 days)
PRECOSE - acarbose tab 100 mg	4	QL (90 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	4	
repaglinide tab 0.5 mg	2	QL (960 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
repaglinide tab 1 mg	2	QL (480 tablets/30 days)
repaglinide tab 2 mg	2	QL (240 tablets/30 days)
STARLIX - nateglinide tab 60 mg	4	QL (180 tablets/30 days)
STARLIX - nateglinide tab 120 mg	4	QL (90 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	3	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	3	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3	QL (40 pens/30 days)
TRADJENTA - linagliptin tab 5 mg	4	QL (30 tablets/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (1 package/30 days)
Blood Products/Modifiers/Volume Expanders		
AGGRENOX - aspirin-dipyridamole cap er 12hr 25-200 mg	4	
AGRYLIN - anagrelide hcl cap 0.5 mg	4	
anagrelide hcl cap 0.5 mg	2	
anagrelide hcl cap 1 mg	2	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
azacitidine for inj 100 mg	5	
BEVYXXA - betrixaban maleate cap 40 mg	4	QL (43 capsules/42 days)
BEVYXXA - betrixaban maleate cap 80 mg	4	QL (43 capsules/42 days)
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
clopidogrel bisulfate tab 75 mg	1	
COUMADIN - warfarin sodium tab 1 mg	4	
COUMADIN - warfarin sodium tab 2 mg	4	
COUMADIN - warfarin sodium tab 2.5 mg	4	
COUMADIN - warfarin sodium tab 3 mg	4	
COUMADIN - warfarin sodium tab 4 mg	4	
COUMADIN - warfarin sodium tab 5 mg	4	
COUMADIN - warfarin sodium tab 6 mg	4	
COUMADIN - warfarin sodium tab 7.5 mg	4	
COUMADIN - warfarin sodium tab 10 mg	4	
CYKLOKAPRON - tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	4	
dipyridamole tab 25 mg#	4	
dipyridamole tab 50 mg#	4	
dipyridamole tab 75 mg#	4	
EFFIENT - prasugrel hcl tab 5 mg	3	
EFFIENT - prasugrel hcl tab 10 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (120 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab 5 mg	3	QL (120 tablets/30 days)
enoxaparin sodium inj 30 mg/0.3ml	2	QL (30 syringes/90 days)
enoxaparin sodium inj 40 mg/0.4ml	2	QL (30 syringes/90 days)
enoxaparin sodium inj 60 mg/0.6ml	2	QL (30 syringes/90 days)
enoxaparin sodium inj 80 mg/0.8ml	2	QL (30 syringes/90 days)
enoxaparin sodium inj 100 mg/ml	2	QL (30 syringes/90 days)
enoxaparin sodium inj 120 mg/0.8ml	2	QL (30 syringes/90 days)
enoxaparin sodium inj 150 mg/ml	2	QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml	2	QL (10 vials/90 days)
EPOGEN - epoetin alfa inj 2000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 3000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 4000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 10000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 20000 unit/ml	4	PA
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	2	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	2	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2	
heparin sodium (porcine) 40 unit/ml in d5w	2	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	
LOVENOX - enoxaparin sodium inj 30 mg/0.3ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 40 mg/0.4ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 60 mg/0.6ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 80 mg/0.8ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 100 mg/ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 120 mg/0.8ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 150 mg/ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 300 mg/3ml	4	QL (10 vials/90 days)
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	5	
NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	5	
PLAVIX - clopidogrel bisulfate tab 75 mg	4	
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
prasugrel hcl tab 5 mg	2	
prasugrel hcl tab 10 mg	2	
PROCRIT - epoetin alfa inj 2000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	2	
tranexamic acid tab 650 mg	2	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
Cardiovascular Agents		
ACCUPRIL - quinapril hcl tab 5 mg	4	
ACCUPRIL - quinapril hcl tab 10 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL - quinapril hcl tab 20 mg	4	
ACCUPRIL - quinapril hcl tab 40 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 20-12.5 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 20-25 mg	4	
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	2	
acetazolamide tab 250 mg	2	
ADALAT CC - nifedipine tab er 24hr 30 mg	4	
ADALAT CC - nifedipine tab er 24hr 60 mg	4	
ADALAT CC - nifedipine tab er 24hr 90 mg	4	
ALDACTAZIDE - spironolactone & hydrochlorothiazide tab 25-25 mg	4	
ALDACTONE - spironolactone tab 25 mg	4	
ALDACTONE - spironolactone tab 50 mg	4	
ALDACTONE - spironolactone tab 100 mg	4	
ALTACE - ramipril cap 1.25 mg	4	
ALTACE - ramipril cap 2.5 mg	4	
ALTACE - ramipril cap 5 mg	4	
ALTACE - ramipril cap 10 mg	4	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 200 mg	2	
amiodarone hcl tab 400 mg	2	
amlodipine besylate tab 2.5 mg	1	
amlodipine besylate tab 5 mg	1	
amlodipine besylate tab 10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	2	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	2	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	2	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	2	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	2	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	2	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	2	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	2	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	2	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-80 mg	2	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-20 mg	2	
amlodipine besylate-benazepril hcl cap 5-40 mg	2	
amlodipine besylate-benazepril hcl cap 10-20 mg	2	
amlodipine besylate-benazepril hcl cap 10-40 mg	2	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	2	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	2	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	2	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	2	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg	2	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-320 mg	2	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-160 mg	2	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-320 mg	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	2	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	2	QL (30 tablets/30 days)
ATACAND - candesartan cilexetil tab 4 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 8 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 16 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 32 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	4	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
atorvastatin calcium tab 10 mg	1	QL (45 tablets/30 days)
atorvastatin calcium tab 20 mg	1	QL (45 tablets/30 days)
atorvastatin calcium tab 40 mg	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg	1	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg	4	QL (30 tablets/30 days)
AVALIDE - irbesartan-hydrochlorothiazide tab 300-12.5 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 75 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 150 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 300 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-40 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 10-20 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 10-40 mg	4	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg	2	
benazepril & hydrochlorothiazide tab 10-12.5 mg	2	
benazepril & hydrochlorothiazide tab 20-12.5 mg	2	
benazepril & hydrochlorothiazide tab 20-25 mg	2	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
BENICAR - olmesartan medoxomil tab 5 mg	4	QL (60 tablets/30 days)
BENICAR - olmesartan medoxomil tab 20 mg	4	QL (30 tablets/30 days)
BENICAR - olmesartan medoxomil tab 40 mg	4	QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	4	QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	4	QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	4	QL (30 tablets/30 days)
betaxolol hcl tab 10 mg	2	
betaxolol hcl tab 20 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
bumetanide inj 0.25 mg/ml	2	
bumetanide tab 0.5 mg	2	
bumetanide tab 1 mg	2	
bumetanide tab 2 mg	2	
CALAN - verapamil hcl tab 80 mg	4	
CALAN - verapamil hcl tab 120 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CALAN SR - verapamil hcl tab er 120 mg	4	
CALAN SR - verapamil hcl tab er 240 mg	4	
candesartan cilexetil tab 4 mg	2	QL (60 tablets/30 days)
candesartan cilexetil tab 8 mg	2	QL (60 tablets/30 days)
candesartan cilexetil tab 16 mg	2	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	2	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	2	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	2	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	2	QL (30 tablets/30 days)
captopril tab 12.5 mg	2	
captopril tab 25 mg	2	
captopril tab 50 mg	2	
captopril tab 100 mg	2	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-15 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-25 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-15 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-25 mg	4	
CARDIZEM - diltiazem hcl tab 30 mg	4	
CARDIZEM - diltiazem hcl tab 60 mg	4	
CARDIZEM - diltiazem hcl tab 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 180 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 240 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 360 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 120 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 180 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 240 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 300 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 360 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 420 mg	4	
CARDURA - doxazosin mesylate tab 1 mg	4	QL (60 tablets/30 days)
CARDURA - doxazosin mesylate tab 2 mg	4	QL (60 tablets/30 days)
CARDURA - doxazosin mesylate tab 4 mg	4	QL (60 tablets/30 days)
CARDURA - doxazosin mesylate tab 8 mg	4	QL (60 tablets/30 days)
carvedilol phosphate cap er 24hr 10 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate cap er 24hr 20 mg	2	
carvedilol phosphate cap er 24hr 40 mg	2	
carvedilol phosphate cap er 24hr 80 mg	2	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
CATAPRES - clonidine hcl tab 0.1 mg	4	
CATAPRES - clonidine hcl tab 0.2 mg	4	
CATAPRES - clonidine hcl tab 0.3 mg	4	
CATAPRES-TTS-1 - clonidine hcl td patch weekly 0.1 mg/24hr	4	
CATAPRES-TTS-2 - clonidine hcl td patch weekly 0.2 mg/24hr	4	
CATAPRES-TTS-3 - clonidine hcl td patch weekly 0.3 mg/24hr	4	
CHLOROTHIAZIDE - chlorothiazide tab 250 mg	4	
chlorothiazide tab 500 mg	2	
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
cholestyramine light powder packets 4 gm	2	
cholestyramine light powder 4 gm/dose	2	
cholestyramine powder packets 4 gm	2	
cholestyramine powder 4 gm/dose	2	
choline fenofibrate cap dr 45 mg	2	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg	2	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine hcl td patch weekly 0.1 mg/24hr	2	
clonidine hcl td patch weekly 0.2 mg/24hr	2	
clonidine hcl td patch weekly 0.3 mg/24hr	2	
COLESTID - colestipol hcl granule packets 5 gm	4	
COLESTID - colestipol hcl granules 5 gm	4	
COLESTID - colestipol hcl tab 1 gm	4	
COLESTID FLAVORED - colestipol hcl granule packets 5 gm	4	
COLESTID FLAVORED - colestipol hcl granules 5 gm	4	
colestipol hcl granule packets 5 gm	2	
colestipol hcl granules 5 gm	2	
colestipol hcl tab 1 gm	2	
COREG - carvedilol tab 3.125 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
COREG - carvedilol tab 6.25 mg	4	
COREG - carvedilol tab 12.5 mg	4	
COREG - carvedilol tab 25 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 10 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 20 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 40 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 80 mg	4	
CORGARD - nadolol tab 20 mg	4	
CORGARD - nadolol tab 40 mg	4	
CORGARD - nadolol tab 80 mg	4	
CORLANOR - ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
COZAAR - losartan potassium tab 25 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 50 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 100 mg	4	QL (30 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 5 mg	4	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 10 mg	4	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 20 mg	4	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 40 mg	4	QL (30 tablets/30 days)
DEMADEX - torsemide tab 10 mg	4	
DEMSER - metyrosine cap 250 mg	5	
DIGOXIN - digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg)#	2	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#	4	PA, QL (30 tablets/30 days)
diltiazem hcl cap er 12hr 60 mg	2	
diltiazem hcl cap er 12hr 90 mg	2	
diltiazem hcl cap er 12hr 120 mg	2	
diltiazem hcl cap er 24hr 120 mg	2	
diltiazem hcl cap er 24hr 180 mg	2	
diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl coated beads tab er 24hr 180 mg	2	
diltiazem hcl coated beads tab er 24hr 240 mg	2	
diltiazem hcl coated beads tab er 24hr 300 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads tab er 24hr 360 mg	2	
diltiazem hcl coated beads tab er 24hr 420 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
DIOVAN - valsartan tab 40 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 80 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 160 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 320 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-25 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-25 mg	4	QL (30 tablets/30 days)
dofetilide cap 125 mcg (0.125 mg)	2	
dofetilide cap 250 mcg (0.25 mg)	2	
dofetilide cap 500 mcg (0.5 mg)	2	
doxazosin mesylate tab 1 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 2 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 4 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 8 mg	2	QL (60 tablets/30 days)
DYAZIDE - triamterene & hydrochlorothiazide cap 37.5-25 mg	4	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
enalapril maleate tab 2.5 mg	2	
enalapril maleate tab 5 mg	2	
enalapril maleate tab 10 mg	2	
enalapril maleate tab 20 mg	2	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	PA, QL (60 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
eplerenone tab 25 mg	2	
eplerenone tab 50 mg	2	
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 5-320 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 10-160 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 10-320 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	4	QL (30 tablets/30 days)
ezetimibe tab 10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-20 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-40 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-80 mg	2	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
fenofibrate micronized cap 43 mg	2	QL (60 capsules/30 days)
fenofibrate micronized cap 67 mg	2	QL (30 capsules/30 days)
fenofibrate micronized cap 130 mg	2	QL (30 capsules/30 days)
fenofibrate micronized cap 134 mg	2	QL (30 capsules/30 days)
fenofibrate micronized cap 200 mg	2	QL (30 capsules/30 days)
fenofibrate tab 48 mg	2	QL (60 tablets/30 days)
fenofibrate tab 54 mg	2	QL (60 tablets/30 days)
fenofibrate tab 145 mg	2	QL (30 tablets/30 days)
fenofibrate tab 160 mg	2	QL (30 tablets/30 days)
flecainide acetate tab 50 mg	2	
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium tab 40 mg	1	
furosemide inj 10 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
gemfibrozil tab 600 mg	1	QL (60 tablets/30 days)
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
HYZAAR - losartan potassium & hydrochlorothiazide tab 50-12.5 mg	4	QL (30 tablets/30 days)
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-12.5 mg	4	QL (30 tablets/30 days)
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-25 mg	4	QL (30 tablets/30 days)
indapamide tab 1.25 mg	2	
indapamide tab 2.5 mg	2	
INDERAL LA - propranolol hcl cap er 24hr 60 mg	4	
INDERAL LA - propranolol hcl cap er 24hr 80 mg	4	
INDERAL LA - propranolol hcl cap er 24hr 120 mg	4	
INDERAL LA - propranolol hcl cap er 24hr 160 mg	4	
INSPRA - eplerenone tab 25 mg	4	
INSPRA - eplerenone tab 50 mg	4	
irbesartan tab 75 mg	2	QL (30 tablets/30 days)
irbesartan tab 150 mg	2	QL (30 tablets/30 days)
irbesartan tab 300 mg	2	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	2	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	2	QL (30 tablets/30 days)
ISORDIL TITRADOSE - isosorbide dinitrate tab 5 mg	4	
isosorbide dinitrate tab 5 mg	2	
isosorbide dinitrate tab 10 mg	2	
isosorbide dinitrate tab 20 mg	2	
isosorbide dinitrate tab 30 mg	2	
isosorbide mononitrate tab er 24hr 30 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate tab er 24hr 60 mg	2	
isosorbide mononitrate tab er 24hr 120 mg	2	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	2	
isradipine cap 2.5 mg	2	
isradipine cap 5 mg	2	
JUXTAPID - lomitapide mesylate cap 5 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 10 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 20 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 30 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 40 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 60 mg*	5	PA
KYNAMRO - mipomersen sodium soln prefilled syringe 200 mg/ml*	5	PA
labetalol hcl tab 100 mg	2	
labetalol hcl tab 200 mg	2	
labetalol hcl tab 300 mg	2	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg)#	4	QL (30 tablets/30 days)
LANOXIN - digoxin tab 125 mcg (0.125 mg)#	4	QL (30 tablets/30 days)
LANOXIN - digoxin tab 250 mcg (0.25 mg)#	4	PA, QL (30 tablets/30 days)
LASIX - furosemide tab 20 mg	4	
LASIX - furosemide tab 40 mg	4	
LASIX - furosemide tab 80 mg	4	
LIDOCAINE HCL - lidocaine hcl iv inj 10 mg/ml	4	
LIPITOR - atorvastatin calcium tab 10 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 20 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 40 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 80 mg	4	QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOPID - gemfibrozil tab 600 mg	4	QL (60 tablets/30 days)
LOPRESSOR - metoprolol tartrate tab 50 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR - metoprolol tartrate tab 100 mg	4	
LOPRESSOR HCT - metoprolol & hydrochlorothiazide tab 50-25 mg	4	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	QL (30 tablets/30 days)
losartan potassium tab 25 mg	1	QL (60 tablets/30 days)
losartan potassium tab 50 mg	1	QL (60 tablets/30 days)
losartan potassium tab 100 mg	1	QL (30 tablets/30 days)
LOTENSIN - benazepril hcl tab 20 mg	4	
LOTENSIN - benazepril hcl tab 40 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-12.5 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-25 mg	4	
lovastatin tab 10 mg	1	QL (60 tablets/30 days)
lovastatin tab 20 mg	1	QL (60 tablets/30 days)
lovastatin tab 40 mg	1	QL (60 tablets/30 days)
LOVAZA - omega-3-acid ethyl esters cap 1 gm	4	
MAXZIDE - triamterene & hydrochlorothiazide tab 75-50 mg	4	
MAXZIDE-25 - triamterene & hydrochlorothiazide tab 37.5-25 mg	4	
methazolamide tab 25 mg	2	
methazolamide tab 50 mg	2	
metolazone tab 2.5 mg	2	
metolazone tab 5 mg	2	
metolazone tab 10 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
metoprolol succinate tab er 24hr 25 mg	2	
metoprolol succinate tab er 24hr 50 mg	2	
metoprolol succinate tab er 24hr 100 mg	2	
metoprolol succinate tab er 24hr 200 mg	2	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 100 mg	1	
mexiletine hcl cap 150 mg	2	
mexiletine hcl cap 200 mg	2	
mexiletine hcl cap 250 mg	2	
MICARDIS - telmisartan tab 20 mg	4	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MICARDIS - telmisartan tab 40 mg	4	QL (30 tablets/30 days)
MICARDIS - telmisartan tab 80 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (60 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-25 mg	4	QL (30 tablets/30 days)
MICROZIDE - hydrochlorothiazide cap 12.5 mg	4	
midodrine hcl tab 2.5 mg	2	
midodrine hcl tab 5 mg	2	
midodrine hcl tab 10 mg	2	
MINIPRESS - prazosin hcl cap 1 mg	4	
MINIPRESS - prazosin hcl cap 2 mg	4	
MINIPRESS - prazosin hcl cap 5 mg	4	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
moexipril hcl tab 7.5 mg	2	
moexipril hcl tab 15 mg	2	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	2	
moexipril-hydrochlorothiazide tab 15-12.5 mg	2	
moexipril-hydrochlorothiazide tab 15-25 mg	2	
MULTAQ - dronedarone hcl tab 400 mg	3	
nadolol tab 20 mg	2	
nadolol tab 40 mg	2	
nadolol tab 80 mg	2	
niacin tab er 500 mg	2	QL (30 tablets/30 days)
niacin tab er 750 mg	2	QL (60 tablets/30 days)
niacin tab er 1000 mg	2	QL (60 tablets/30 days)
NIASPAN - niacin tab er 500 mg	4	QL (30 tablets/30 days)
NIASPAN - niacin tab er 750 mg	4	QL (60 tablets/30 days)
NIASPAN - niacin tab er 1000 mg	4	QL (60 tablets/30 days)
nicardipine hcl cap 20 mg	2	
nicardipine hcl cap 30 mg	2	
nifedipine tab er 24hr 30 mg	2	
nifedipine tab er 24hr 60 mg	2	
nifedipine tab er 24hr 90 mg	2	
nifedipine tab er 24hr osmotic release 30 mg	2	
nifedipine tab er 24hr osmotic release 60 mg	2	
nifedipine tab er 24hr osmotic release 90 mg	2	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
nisoldipine tab er 24hr 8.5 mg	2	
nisoldipine tab er 24hr 17 mg	2	
nisoldipine tab er 24hr 34 mg	2	
NITRO-BID - nitroglycerin oint 2%	4	
nitroglycerin sl tab 0.3 mg	2	
nitroglycerin sl tab 0.4 mg	2	
nitroglycerin sl tab 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr	2	
nitroglycerin td patch 24hr 0.2 mg/hr	2	
nitroglycerin td patch 24hr 0.4 mg/hr	2	
nitroglycerin td patch 24hr 0.6 mg/hr	2	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	2	
NITROLINGUAL PUMPSPRAY - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
NITROSTAT - nitroglycerin sl tab 0.3 mg	4	
NITROSTAT - nitroglycerin sl tab 0.4 mg	4	
NITROSTAT - nitroglycerin sl tab 0.6 mg	4	
NORTHERA - droxidopa cap 100 mg*	5	PA
NORTHERA - droxidopa cap 200 mg*	5	PA
NORTHERA - droxidopa cap 300 mg*	5	PA
NORVASC - amlodipine besylate tab 2.5 mg	4	
NORVASC - amlodipine besylate tab 5 mg	4	
NORVASC - amlodipine besylate tab 10 mg	4	
olmesartan medoxomil tab 5 mg	2	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg	2	QL (30 tablets/30 days)
olmesartan medoxomil tab 40 mg	2	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	2	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	2	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	2	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	2	
pentoxifylline tab er 400 mg	2	
perindopril erbumine tab 2 mg	2	
perindopril erbumine tab 4 mg	2	
perindopril erbumine tab 8 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg	2	
pindolol tab 10 mg	2	
PRALUENT - alirocumab subcutaneous soln pen-injector 75 mg/ml*	5	PA, QL (2 pens/28 days)
PRALUENT - alirocumab subcutaneous soln pen-injector 150 mg/ml*	5	PA, QL (2 pens/28 days)
PRAVACHOL - pravastatin sodium tab 20 mg	4	QL (45 tablets/30 days)
PRAVACHOL - pravastatin sodium tab 40 mg	4	QL (45 tablets/30 days)
PRAVACHOL - pravastatin sodium tab 80 mg	4	QL (30 tablets/30 days)
pravastatin sodium tab 10 mg	2	QL (45 tablets/30 days)
pravastatin sodium tab 20 mg	2	QL (45 tablets/30 days)
pravastatin sodium tab 40 mg	2	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	2	QL (30 tablets/30 days)
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	
PRINIVIL - lisinopril tab 5 mg	4	
PRINIVIL - lisinopril tab 10 mg	4	
PRINIVIL - lisinopril tab 20 mg	4	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 30 mg	4	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 60 mg	4	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 90 mg	4	
propafenone hcl cap er 12hr 225 mg	2	
propafenone hcl cap er 12hr 325 mg	2	
propafenone hcl cap er 12hr 425 mg	2	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	4	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	4	
propranolol hcl cap er 24hr 60 mg	2	
propranolol hcl cap er 24hr 80 mg	2	
propranolol hcl cap er 24hr 120 mg	2	
propranolol hcl cap er 24hr 160 mg	2	
propranolol hcl inj 1 mg/ml	2	
propranolol hcl tab 10 mg	2	
propranolol hcl tab 20 mg	2	
propranolol hcl tab 40 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl tab 60 mg	2	
propranolol hcl tab 80 mg	2	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	2	
quinapril-hydrochlorothiazide tab 20-12.5 mg	2	
quinapril-hydrochlorothiazide tab 20-25 mg	2	
quinidine gluconate tab er 324 mg	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	4	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	4	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
RANEXA - ranolazine tab er 12hr 500 mg	3	QL (60 tablets/30 days)
RANEXA - ranolazine tab er 12hr 1000 mg	3	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5	PA, QL (1 system/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5	PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg	2	QL (45 tablets/30 days)
rosuvastatin calcium tab 10 mg	2	QL (45 tablets/30 days)
rosuvastatin calcium tab 20 mg	2	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	2	QL (30 tablets/30 days)
RYTHMOL SR - propafenone hcl cap er 12hr 225 mg	4	
RYTHMOL SR - propafenone hcl cap er 12hr 325 mg	4	
RYTHMOL SR - propafenone hcl cap er 12hr 425 mg	4	
simvastatin tab 5 mg	1	QL (45 tablets/30 days)
simvastatin tab 10 mg	1	QL (45 tablets/30 days)
simvastatin tab 20 mg	1	QL (60 tablets/30 days)
simvastatin tab 40 mg	1	QL (45 tablets/30 days)
simvastatin tab 80 mg	1	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
SULAR - nisoldipine tab er 24hr 8.5 mg	4	
SULAR - nisoldipine tab er 24hr 17 mg	4	
SULAR - nisoldipine tab er 24hr 34 mg	4	
TEKTURNA - aliskiren fumarate tab 150 mg	3	QL (30 tablets/30 days)
TEKTURNA - aliskiren fumarate tab 300 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-25 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	3	QL (30 tablets/30 days)
telmisartan tab 20 mg	2	QL (30 tablets/30 days)
telmisartan tab 40 mg	2	QL (30 tablets/30 days)
telmisartan tab 80 mg	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg	2	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg	2	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	2	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	2	QL (60 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	2	QL (30 tablets/30 days)
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	4	
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	4	
TENORMIN - atenolol tab 25 mg	4	
TENORMIN - atenolol tab 50 mg	4	
TENORMIN - atenolol tab 100 mg	4	
terazosin hcl cap 1 mg	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg	1	QL (60 capsules/30 days)
terazosin hcl cap 5 mg	1	QL (60 capsules/30 days)
terazosin hcl cap 10 mg	1	QL (60 capsules/30 days)
TIAZAC - diltiazem hcl extended release beads cap er 24hr 120 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 180 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TIAZAC - diltiazem hcl extended release beads cap er 24hr 240 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 300 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 360 mg	4	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 420 mg	4	
TIKOSYN - dofetilide cap 125 mcg (0.125 mg)	4	
TIKOSYN - dofetilide cap 250 mcg (0.25 mg)	4	
TIKOSYN - dofetilide cap 500 mcg (0.5 mg)	4	
TIMOLOL MALEATE - timolol maleate tab 5 mg	4	
TIMOLOL MALEATE - timolol maleate tab 10 mg	4	
TIMOLOL MALEATE - timolol maleate tab 20 mg	4	
TOPROL XL - metoprolol succinate tab er 24hr 25 mg	4	
TOPROL XL - metoprolol succinate tab er 24hr 50 mg	4	
TOPROL XL - metoprolol succinate tab er 24hr 100 mg	4	
TOPROL XL - metoprolol succinate tab er 24hr 200 mg	4	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
trandolapril tab 1 mg	2	
trandolapril tab 2 mg	2	
trandolapril tab 4 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	4	QL (30 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	4	QL (30 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	4	QL (30 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	4	QL (30 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	4	QL (30 tablets/30 days)
valsartan tab 40 mg	2	QL (60 tablets/30 days)
valsartan tab 80 mg	2	QL (60 tablets/30 days)
valsartan tab 160 mg	2	QL (60 tablets/30 days)
valsartan tab 320 mg	2	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	2	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	2	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 160-25 mg	2	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	2	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	2	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	
VASCEPA - icosapent ethyl cap 1 gm	3	
VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg	4	
VASOTEC - enalapril maleate tab 2.5 mg	4	
VASOTEC - enalapril maleate tab 5 mg	4	
VASOTEC - enalapril maleate tab 10 mg	4	
VASOTEC - enalapril maleate tab 20 mg	4	
verapamil hcl cap er 24hr 100 mg	2	
verapamil hcl cap er 24hr 120 mg	2	
verapamil hcl cap er 24hr 180 mg	2	
verapamil hcl cap er 24hr 200 mg	2	
verapamil hcl cap er 24hr 240 mg	2	
verapamil hcl cap er 24hr 300 mg	2	
verapamil hcl cap er 24hr 360 mg	2	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
VERELAN - verapamil hcl cap er 24hr 120 mg	4	
VERELAN - verapamil hcl cap er 24hr 180 mg	4	
VERELAN - verapamil hcl cap er 24hr 240 mg	4	
VERELAN - verapamil hcl cap er 24hr 360 mg	4	
VERELAN PM - verapamil hcl cap er 24hr 100 mg	4	
VERELAN PM - verapamil hcl cap er 24hr 200 mg	4	
VERELAN PM - verapamil hcl cap er 24hr 300 mg	4	
VYTORIN - ezetimibe-simvastatin tab 10-10 mg	4	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-20 mg	4	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-40 mg	4	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-80 mg	4	QL (30 tablets/30 days)
WELCHOL - colesevelam hcl packet for susp 3.75 gm	4	
WELCHOL - colesevelam hcl tab 625 mg	4	
ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg	4	
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-12.5 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-25 mg	4	
ZESTRIL - lisinopril tab 2.5 mg	4	
ZESTRIL - lisinopril tab 5 mg	4	
ZESTRIL - lisinopril tab 10 mg	4	
ZESTRIL - lisinopril tab 20 mg	4	
ZESTRIL - lisinopril tab 30 mg	4	
ZESTRIL - lisinopril tab 40 mg	4	
ZETIA - ezetimibe tab 10 mg	4	QL (30 tablets/30 days)
ZIAC - bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	4	
ZIAC - bisoprolol & hydrochlorothiazide tab 5-6.25 mg	4	
ZIAC - bisoprolol & hydrochlorothiazide tab 10-6.25 mg	4	
ZOCOR - simvastatin tab 5 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 10 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 20 mg	4	QL (60 tablets/30 days)
ZOCOR - simvastatin tab 40 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 80 mg	4	QL (30 tablets/30 days)
Central Nervous System Agents		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg	2	QL (60 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tablets/30 days)
AMPYRA - dalfampridine tab er 12hr 10 mg*	5	PA
atomoxetine hcl cap 10 mg	2	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg	2	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg	2	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg	2	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg	2	QL (30 capsules/30 days)
atomoxetine hcl cap 80 mg	2	QL (30 capsules/30 days)
atomoxetine hcl cap 100 mg	2	QL (30 capsules/30 days)
AVONEX - interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/ vial)	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
clonidine hcl tab er 12hr 0.1 mg	2	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 5 mg	5	QL (90 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg	5	QL (120 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 15 mg	5	QL (120 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg	2	QL (60 tablets/30 days)
dexmethylphenidate hcl tab 5 mg	2	QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg	2	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	2	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	2	QL (120 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	2	QL (120 capsules/30 days)
dextroamphetamine sulfate tab 5 mg	2	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	2	QL (180 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 2.5 mg	4	QL (60 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 5 mg	4	QL (60 tablets/30 days)
FOCALIN - dexmethylphenidate hcl tab 10 mg	4	QL (60 tablets/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
methylphenidate hcl tab er 20 mg	2	QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg	2	QL (90 tablets/30 days)
methylphenidate hcl tab 10 mg	2	QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg	2	QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
riluzole tab 50 mg	2	
RITALIN - methylphenidate hcl tab 5 mg	4	QL (90 tablets/30 days)
RITALIN - methylphenidate hcl tab 10 mg	4	QL (90 tablets/30 days)
RITALIN - methylphenidate hcl tab 20 mg	4	QL (90 tablets/30 days)
STRATTERA - atomoxetine hcl cap 10 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 18 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 25 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 60 mg	4	QL (30 capsules/30 days)
STRATTERA - atomoxetine hcl cap 80 mg	4	QL (30 capsules/30 days)
STRATTERA - atomoxetine hcl cap 100 mg	4	QL (30 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
*tetrabenazine tab 12.5 mg**	5	PA, QL (240 tablets/30 days)
*tetrabenazine tab 25 mg**	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
XENAZINE - tetrabenazine tab 12.5 mg*	5	PA, QL (240 tablets/30 days)
XENAZINE - tetrabenazine tab 25 mg*	5	PA, QL (120 tablets/30 days)
Dental and Oral Agents		
cevimeline hcl cap 30 mg	2	
chlorhexidine gluconate soln 0.12%	1	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
pilocarpine hcl tab 5 mg	2	
pilocarpine hcl tab 7.5 mg	2	
SALAGEN - pilocarpine hcl tab 5 mg	4	
SALAGEN - pilocarpine hcl tab 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	2	
Dermatological Agents		
acitretin cap 10 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
acitretin cap 17.5 mg	2	
acitretin cap 25 mg	2	
alclometasone dipropionate cream 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
ALDARA - imiquimod cream 5%	5	PA
AZELEX - azelaic acid cream 20%	4	
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	4	
benzoyl peroxide-erythromycin gel 5-3%	2	
betamethasone dipropionate augmented cream 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	2	
betamethasone dipropionate augmented lotion 0.05%	2	
betamethasone dipropionate augmented oint 0.05%	2	
betamethasone dipropionate cream 0.05%	2	
betamethasone dipropionate lotion 0.05%	2	
betamethasone dipropionate oint 0.05%	2	
betamethasone valerate cream 0.1%	2	
betamethasone valerate lotion 0.1%	2	
betamethasone valerate oint 0.1%	2	
calcipotriene cream 0.005%	2	
calcipotriene oint 0.005%	2	
calcipotriene soln 0.005% (50 mcg/ml)	2	
CARAC - fluorouracil cream 0.5%	5	
clindamycin phosphate-benzoyl peroxide gel 1-5%	2	
clobetasol propionate cream 0.05%	2	
clobetasol propionate emollient base cream 0.05%	2	
clobetasol propionate gel 0.05%	2	
clobetasol propionate oint 0.05%	2	
clobetasol propionate soln 0.05%	2	
clotrimazole w/ betamethasone cream 1-0.05%	2	
clotrimazole w/ betamethasone lotion 1-0.05%	2	
DERMATOP - prednicarbate cream 0.1%	4	
desonide cream 0.05%	2	
desonide lotion 0.05%	2	
desonide oint 0.05%	2	
desoximetasone cream 0.05%	2	
desoximetasone cream 0.25%	2	
desoximetasone gel 0.05%	2	
desoximetasone oint 0.25%	2	

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Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium gel 3%	5	
DIFLORASONE DIACETATE - diflorasone diacetate oint 0.05%	4	
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	4	
DIPROLENE AF - betamethasone dipropionate augmented cream 0.05%	4	
DOVONEX - calcipotriene cream 0.005%	4	
ELIDEL - pimecrolimus cream 1%	4	PA
ELOCON - mometasone furoate cream 0.1%	4	
ELOCON - mometasone furoate oint 0.1%	4	
FINACEA - azelaic acid foam 15%	4	
FINACEA - azelaic acid gel 15%	4	
fluocinolone acetonide cream 0.01%	2	
fluocinonide cream 0.05%	2	
fluocinonide emulsified base cream 0.05%	2	
fluocinonide gel 0.05%	2	
fluocinonide oint 0.05%	2	
fluocinonide soln 0.05%	2	
fluorouracil cream 5%	2	
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
fluticasone propionate cream 0.05%	2	
fluticasone propionate oint 0.005%	2	
gentamicin sulfate cream 0.1%	2	
gentamicin sulfate oint 0.1%	2	
halobetasol propionate cream 0.05%	2	
halobetasol propionate oint 0.05%	2	
hydrocortisone butyrate cream 0.1%	2	
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	2	
hydrocortisone butyrate oint 0.1%	2	
hydrocortisone butyrate soln 0.1%	2	
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	2	
hydrocortisone valerate oint 0.2%	2	
imiquimod cream 5%	2	PA
isotretinoin cap 10 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
isotretinoin cap 20 mg	2	
isotretinoin cap 30 mg	2	
isotretinoin cap 40 mg	2	
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	1	
LOCOID - hydrocortisone butyrate cream 0.1%	4	
LOCOID LIPOCREAM - hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	
LOTRISONE - clotrimazole w/ betamethasone cream 1-0.05%	4	
methoxsalen rapid cap 10 mg	5	
METROCREAM - metronidazole cream 0.75%	4	
METROGEL - metronidazole gel 1%	4	
METROLOTION - metronidazole lotion 0.75%	4	
metronidazole cream 0.75%	2	
metronidazole gel 0.75%	2	
metronidazole gel 1%	2	
metronidazole lotion 0.75%	2	
mometasone furoate cream 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate solution 0.1% (lotion)	2	
mupirocin oint 2%	2	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	
ORACEA - doxycycline cap delayed release 40 mg	4	
PICATO - ingenol mebutate gel 0.015%	3	QL (3 tubes/30 days)
PICATO - ingenol mebutate gel 0.05%	3	QL (2 tubes/30 days)
podofilox soln 0.5%	2	
prednicarbate cream 0.1%	2	
prednicarbate oint 0.1%	2	
PRUDOXIN - doxepin hcl cream 5%	4	
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
RETIN-A - tretinoin cream 0.025%	4	
RETIN-A - tretinoin cream 0.05%	4	
RETIN-A - tretinoin cream 0.1%	4	
RETIN-A - tretinoin gel 0.01%	4	
RETIN-A - tretinoin gel 0.025%	4	
SANTYL - collagenase oint 250 unit/gm	3	
selenium sulfide lotion 2.5%	1	
SILVADENE - silver sulfadiazine cream 1%	4	

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Drug Name	Drug Tier	Requirements/Limits
silver sulfadiazine cream 1%	2	
SOOLANTRA - ivermectin cream 1%	3	
tacrolimus oint 0.03%	2	PA
tacrolimus oint 0.1%	2	PA
tazarotene cream 0.1%	2	
TAZORAC - tazarotene cream 0.05%	4	
TAZORAC - tazarotene gel 0.05%	4	
TAZORAC - tazarotene gel 0.1%	4	
TEMOVATE - clobetasol propionate soln 0.05%	4	
tretinoin cream 0.025%	2	
tretinoin cream 0.05%	2	
tretinoin cream 0.1%	2	
tretinoin gel 0.01%	2	
tretinoin gel 0.025%	2	
triamcinolone acetonide cream 0.025%	2	
triamcinolone acetonide cream 0.1%	2	
triamcinolone acetonide cream 0.5%	2	
triamcinolone acetonide lotion 0.025%	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide oint 0.025%	2	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
ULTRAVATE - halobetasol propionate cream 0.05%	4	
ULTRAVATE - halobetasol propionate oint 0.05%	4	
WESTCORT - hydrocortisone valerate oint 0.2%	4	
ZONALON - doxepin hcl cream 5%	4	
Electrolytes/Minerals/Metals/Vitamins		
amino acid infusion 6%	2	BD
amino acid infusion 15%	2	BD
AMINOSYN II - amino acid infusion 15%	4	BD
calcium acetate cap 667 mg	2	
calcium acetate tab 667 mg	2	
CARBAGLU - carglumic acid tab 200 mg	5	
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	4	
CARNITOR - levocarnitine tab 330 mg	4	
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	4	
CHEMET - succimer cap 100 mg	4	
dextrose inj 5%	1	

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Drug Name	Drug Tier	Requirements/Limits
dextrose inj 10%	1	
dextrose 5% in lactated ringers	2	
dextrose 2.5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.2%	2	
dextrose 5% w/ sodium chloride 0.33%	2	
dextrose 5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.9%	2	
EXJADE - deferasirox tab for oral susp 125 mg*	5	
EXJADE - deferasirox tab for oral susp 250 mg*	5	
EXJADE - deferasirox tab for oral susp 500 mg*	5	
fat emulsion iv soln 20%	2	BD
fomepizole inj 1 gm/ml (for iv infusion)	5	
FOSRENOL - lanthanum carbonate chew tab 500 mg	5	
FOSRENOL - lanthanum carbonate chew tab 750 mg	5	
FOSRENOL - lanthanum carbonate chew tab 1000 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	
HEPATAMINE - amino acid infusion 8%	3	BD
INTRALIPID - fat emulsion iv soln 30%	4	BD
JADENU - deferasirox tab 90 mg	5	
JADENU - deferasirox tab 180 mg	5	
JADENU - deferasirox tab 360 mg	5	
JADENU SPRINKLE - deferasirox granules packet 90 mg	5	
JADENU SPRINKLE - deferasirox granules packet 180 mg	5	
JADENU SPRINKLE - deferasirox granules packet 360 mg	5	
K-TAB - potassium chloride tab er 10 meq	4	
K-TAB - potassium chloride tab er 20 meq (1500 mg)	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
lactated ringer's solution	2	
lanthanum carbonate chew tab 500 mg	5	
lanthanum carbonate chew tab 750 mg	5	
lanthanum carbonate chew tab 1000 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
levocarnitine oral soln 1 gm/10ml (10%)	2	
levocarnitine tab 330 mg	2	
magnesium sulfate inj 50%	2	
MICRO-K - potassium chloride cap er 8 meq	4	
MICRO-K - potassium chloride cap er 10 meq	4	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	4	
PHOSLYRA - calcium acetate oral soln 667 mg/5ml	3	
potassium chloride cap er 8 meq	2	
potassium chloride cap er 10 meq	2	
POTASSIUM CHLORIDE ER - potassium chloride tab er 20 meq (1500 mg)	4	
potassium chloride inj 2 meq/ml	2	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	2	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	2	
POTASSIUM CHLORIDE/DEXTROSE - potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 40 meq/l (0.3%) in d5w lactated ringers	4	
potassium citrate tab er 5 meq (540 mg)	2	
potassium citrate tab er 10 meq (1080 mg)	2	
potassium citrate tab er 15 meq (1620 mg)	2	
RENVELA - sevelamer carbonate packet 0.8 gm	5	
RENVELA - sevelamer carbonate packet 2.4 gm	5	
RENVELA - sevelamer carbonate tab 800 mg	5	
SAMSCA - tolvaptan tab 15 mg	5	PA
SAMSCA - tolvaptan tab 30 mg	5	PA
sevelamer carbonate packet 0.8 gm	5	
sevelamer carbonate packet 2.4 gm	5	
sevelamer carbonate tab 800 mg	5	
sodium chloride inj 0.45%	2	
sodium chloride irrigation soln 0.9%	2	
sodium chloride iv soln 0.9%	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate powder	2	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	2	
SYPRINE - trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 6%	4	BD
water for irrigation, sterile irrigation soln	2	
Gastrointestinal Agents		
ACTIGALL - ursodiol cap 300 mg	4	
alosetron hcl tab 0.5 mg	2	
alosetron hcl tab 1 mg	5	
AMITIZA - lubiprostone cap 8 mcg	3	PA
AMITIZA - lubiprostone cap 24 mcg	3	PA
CARAFATE - sucralfate susp 1 gm/10ml	4	
CARAFATE - sucralfate tab 1 gm	4	
CHENODAL - chenodiol tab 250 mg*	5	
cimetidine hcl soln 300 mg/5ml	2	
cimetidine tab 200 mg	2	
cimetidine tab 300 mg	2	
cimetidine tab 400 mg	2	
cimetidine tab 800 mg	2	
COLYTE-FLAVOR PACKS - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	4	
cromolyn sodium oral conc 100 mg/5ml	2	
CYTOTEC - misoprostol tab 100 mcg	4	
CYTOTEC - misoprostol tab 200 mcg	4	
dicyclomine hcl cap 10 mg#	3	PA
dicyclomine hcl tab 20 mg#	4	PA
esomeprazole magnesium cap delayed release 20 mg	2	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg	2	QL (30 capsules/30 days)
ESOMEPRAZOLE SODIUM - esomeprazole sodium for intravenous soln 20 mg	4	
esomeprazole sodium for intravenous soln 40 mg	2	
famotidine for susp 40 mg/5ml	2	
famotidine inj 20 mg/2ml	1	
famotidine inj 40 mg/4ml	1	
famotidine inj 200 mg/20ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
glycopyrrolate tab 1 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate tab 2 mg	2	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm	4	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	4	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lansoprazole cap delayed release 15 mg	2	QL (30 capsules/30 days)
lansoprazole cap delayed release 30 mg	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	PA
LINZESS - linaclotide cap 145 mcg	3	PA
LINZESS - linaclotide cap 290 mcg	3	PA
loperamide hcl cap 2 mg	2	
LOTRONEX - alosetron hcl tab 0.5 mg	5	
LOTRONEX - alosetron hcl tab 1 mg	5	
methscopolamine bromide tab 2.5 mg	2	
methscopolamine bromide tab 5 mg	2	
metoclopramide hcl inj 5 mg/ml	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	2	
metoclopramide hcl tab 5 mg	1	
metoclopramide hcl tab 10 mg	1	
misoprostol tab 100 mcg	2	
misoprostol tab 200 mcg	2	
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NEXIUM - esomeprazole magnesium cap delayed release 20 mg	4	QL (30 capsules/30 days)
NEXIUM - esomeprazole magnesium cap delayed release 40 mg	4	QL (30 capsules/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 2.5 mg	4	QL (30 packets/30 days)
NEXIUM I.V. - esomeprazole sodium for intravenous soln 40 mg	4	
nizatidine cap 150 mg	2	
nizatidine cap 300 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
NULYTELY/FLAVOR PACKS - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	4	
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg	1	QL (60 capsules/30 days)
PAMINE - methscopolamine bromide tab 2.5 mg	4	
PAMINE FORTE - methscopolamine bromide tab 5 mg	4	
pantoprazole sodium ec tab 20 mg	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg	1	QL (60 tablets/30 days)
pantoprazole sodium for iv soln 40 mg	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
polyethylene glycol 3350 oral packet	2	
polyethylene glycol 3350 oral powder	2	
PREVACID - lansoprazole cap delayed release 15 mg	4	QL (30 capsules/30 days)
PREVACID - lansoprazole cap delayed release 30 mg	4	QL (30 capsules/30 days)
PROTONIX - pantoprazole sodium ec tab 20 mg	4	QL (30 tablets/30 days)
PROTONIX - pantoprazole sodium ec tab 40 mg	4	QL (60 tablets/30 days)
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	3	
rabeprazole sodium ec tab 20 mg	2	QL (30 tablets/30 days)
ranitidine hcl cap 150 mg	2	
ranitidine hcl cap 300 mg	2	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	2	
ranitidine hcl tab 150 mg	2	
ranitidine hcl tab 300 mg	2	
REGLAN - metoclopramide hcl tab 5 mg	4	
REGLAN - metoclopramide hcl tab 10 mg	4	
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide tab 150 mg	5	PA
ROBINUL - glycopyrrolate tab 1 mg	4	
ROBINUL FORTE - glycopyrrolate tab 2 mg	4	
sucralfate tab 1 gm	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/180ml	4	
ursodiol cap 300 mg	2	
ursodiol tab 250 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ursodiol tab 500 mg	2	
XIFAXAN - rifaximin tab 550 mg	5	
ZANTAC - ranitidine hcl tab 150 mg	4	
ZANTAC - ranitidine hcl tab 300 mg	4	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN - pegademase bovine inj 250 unit/ml*	5	
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
BUPHENYL - sodium phenylbutyrate tab 500 mg	5	
CEREZYME - imiglucerase for inj 400 unit*	5	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)*	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5	PA
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5	PA
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5	PA
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
OCALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORFADIN - nitisinone cap 2 mg*	5	
ORFADIN - nitisinone cap 5 mg*	5	
ORFADIN - nitisinone cap 10 mg*	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	
sodium phenylbutyrate tab 500 mg	5	
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	4	
VIOKACE - pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	4	
VPRIV - velaglucerase alfa for inj 400 unit	5	
ZAVESCA - miglustat cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-16000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-34000-55000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-51000-82000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-68000-109000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-85000-136000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-136000-218000 unit	3	
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	1	QL (30 tablets/30 days)
AVODART - dutasteride cap 0.5 mg	4	QL (30 capsules/30 days)
bethanechol chloride tab 5 mg	2	
bethanechol chloride tab 10 mg	2	
bethanechol chloride tab 25 mg	2	
bethanechol chloride tab 50 mg	2	
DEPEN TITRATABS - penicillamine tab 250 mg	5	
DETROL - tolterodine tartrate tab 1 mg	4	QL (60 tablets/30 days)
DETROL - tolterodine tartrate tab 2 mg	4	QL (60 tablets/30 days)
DETROL LA - tolterodine tartrate cap er 24hr 2 mg	4	QL (30 capsules/30 days)
DETROL LA - tolterodine tartrate cap er 24hr 4 mg	4	QL (30 capsules/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL - oxybutynin chloride tab er 24hr 5 mg	4	QL (30 tablets/30 days)
DITROPAN XL - oxybutynin chloride tab er 24hr 10 mg	4	QL (60 tablets/30 days)
DITROPAN XL - oxybutynin chloride tab er 24hr 15 mg	4	QL (60 tablets/30 days)
dutasteride cap 0.5 mg	2	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
FLOMAX - tamsulosin hcl cap 0.4 mg	4	QL (60 capsules/30 days)
METHERGINE - methylergonovine maleate tab 0.2 mg	5	
methylergonovine maleate tab 0.2 mg	5	
oxybutynin chloride syrup 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
PROSCAR - finasteride tab 5 mg	4	QL (30 tablets/30 days)
RAPAFLO - silodosin cap 4 mg	3	QL (30 capsules/30 days)
RAPAFLO - silodosin cap 8 mg	3	QL (30 capsules/30 days)
tamsulosin hcl cap 0.4 mg	2	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg	2	QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg	2	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg	2	QL (60 tablets/30 days)
tolterodine tartrate tab 2 mg	2	QL (60 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg	3	QL (30 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 8 mg	3	QL (30 tablets/30 days)
trospium chloride cap er 24hr 60 mg	2	QL (30 capsules/30 days)
trospium chloride tab 20 mg	2	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTEF - hydrocortisone tab 5 mg	4	
CORTEF - hydrocortisone tab 10 mg	4	
CORTEF - hydrocortisone tab 20 mg	4	
CORTISONE ACETATE - cortisone acetate tab 25 mg	4	
DEXAMETHASONE - dexamethasone tab 1 mg	4	
DEXAMETHASONE - dexamethasone tab 2 mg	4	
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone sodium phosphate inj 4 mg/ml	2	
dexamethasone sodium phosphate inj 20 mg/5ml	2	
dexamethasone sodium phosphate inj 120 mg/30ml	2	
dexamethasone tab 0.5 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
fludrocortisone acetate tab 0.1 mg	2	
H.P. ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
hydrocortisone tab 5 mg	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
MEDROL - methylprednisolone tab 4 mg	4	
MEDROL - methylprednisolone tab 8 mg	4	
MEDROL - methylprednisolone tab 16 mg	4	
MEDROL - methylprednisolone tab 32 mg	4	
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	4	
methylprednisolone sod succ for inj 40 mg	2	
methylprednisolone sod succ for inj 125 mg	2	
methylprednisolone sod succ for inj 1000 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
methylprednisolone tab 4 mg	2	
methylprednisolone tab 8 mg	2	
methylprednisolone tab 16 mg	2	
methylprednisolone tab 32 mg	2	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	
prednisolone sod phosphate oral soln 15 mg/5ml	2	
prednisolone syrup 15 mg/5ml	2	
PREDNISONE - prednisone oral soln 5 mg/5ml	3	
PREDNISONE - prednisone tab therapy pack 5 mg (21)	2	
PREDNISONE - prednisone tab therapy pack 5 mg (48)	2	
PREDNISONE - prednisone tab therapy pack 10 mg (21)	2	
PREDNISONE - prednisone tab therapy pack 10 mg (48)	2	
PREDNISONE - prednisone tab 50 mg	4	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	2	
prednisone tab 10 mg	2	
prednisone tab 20 mg	1	
SOLU-MEDROL - methylprednisolone sod succ for inj 40 mg	4	
SOLU-MEDROL - methylprednisolone sod succ for inj 125 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL - methylprednisolone sod succ for inj 500 mg	4	
SOLU-MEDROL - methylprednisolone sod succ for inj 1000 mg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin for im inj 10000 unit(chorionic gonadotropin, pregnyl)	2	PA
DDAVP - desmopressin acetate nasal spray soln 0.01%	5	
DDAVP - desmopressin acetate tab 0.1 mg	4	
DDAVP - desmopressin acetate tab 0.2 mg	4	
desmopressin acetate inj 4 mcg/ml	2	
desmopressin acetate nasal soln 0.01% (refrigerated)	2	
desmopressin acetate nasal spray soln 0.01%	2	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	2	
desmopressin acetate tab 0.1 mg	2	
desmopressin acetate tab 0.2 mg	2	
EGRIFTA - tesamorelin acetate for inj 1 mg*	5	PA
EGRIFTA - tesamorelin acetate for inj 2 mg*	5	PA
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	3	PA
OMNITROPE - somatropin inj 5 mg/1.5ml	5	PA
OMNITROPE - somatropin inj 10 mg/1.5ml	5	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ANADROL-50 - oxymetholone tab 50 mg	5	PA
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3	PA, QL (30 patches/30 days)
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3	PA, QL (30 patches/30 days)
ANDROGEL - testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
ANDROGEL - testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 packets/30 days)
ANDROGEL - testosterone td gel 20.25 mg/1.25gm (1.62%)	3	PA, QL (30 packets/30 days)
ANDROGEL - testosterone td gel 40.5 mg/2.5gm (1.62%)	3	PA, QL (60 packets/30 days)
ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%)	3	PA, QL (2 pump bottles/30 days)
AYGESTIN - norethindrone acetate tab 5 mg	4	
BREVICON-28 - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	4	
CYCLESSA - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	4	
danazol cap 50 mg	2	PA
danazol cap 100 mg	2	PA
danazol cap 200 mg	2	PA
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp 150 mg/ml	4	
DEPO-TESTOSTERONE - testosterone cypionate im inj in oil 100 mg/ml	4	PA
DEPO-TESTOSTERONE - testosterone cypionate im inj in oil 200 mg/ml	4	PA
DESOGEN - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	PA
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
ELLA - ulipristal acetate tab 30 mg	3	
ESTRACE - estradiol vaginal cream 0.1 mg/gm	4	
estradiol & norethindrone acetate tab 0.5-0.1 mg#	4	PA
estradiol & norethindrone acetate tab 1-0.5 mg#	4	PA
estradiol tab 0.5 mg#	4	PA
estradiol tab 1 mg#	4	PA
estradiol tab 2 mg#	4	PA
estradiol td patch weekly 0.025 mg/24hr#	4	PA
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	4	PA
estradiol td patch weekly 0.05 mg/24hr#	4	PA
estradiol td patch weekly 0.06 mg/24hr#	4	PA
estradiol td patch weekly 0.075 mg/24hr#	4	PA
estradiol td patch weekly 0.1 mg/24hr#	4	PA
estradiol vaginal cream 0.1 mg/gm	2	
estradiol vaginal tab 10 mcg	2	
ESTROPIPATE - estropipate tab 0.75 mg#	4	PA
ESTROPIPATE - estropipate tab 1.5 mg#	4	PA
ESTROPIPATE - estropipate tab 3 mg#	4	PA
ESTROSTEP FE - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
EVISTA - raloxifene hcl tab 60 mg	4	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
LOESTRIN FE 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
LOESTRIN FE 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
LOESTRIN 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
LOESTRIN 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
LOSEASONIQUE - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	4	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	2	
medroxyprogesterone acetate im susp 150 mg/ml	2	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 40 mg/ml#	4	PA
megestrol acetate tab 20 mg#	4	PA
megestrol acetate tab 40 mg#	4	PA
MENEST - esterified estrogens tab 0.3 mg#	4	PA
MENEST - esterified estrogens tab 0.625 mg#	4	PA
MENEST - esterified estrogens tab 1.25 mg#	4	PA
methyltestosterone cap 10 mg	2	PA
MIRCETTE - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	2	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
norethindrone acetate tab 5 mg	2	
norethindrone tab 0.35 mg	2	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
ORTHO MICRONOR - norethindrone tab 0.35 mg	4	
ORTHO TRI-CYCLEN - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	4	
ORTHO-CYCLEN - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	4	
ORTHO-NOVUM 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg	4	
ORTHO-NOVUM 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	4	
oxandrolone tab 2.5 mg	2	PA
oxandrolone tab 10 mg	5	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.45 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.625 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.9 mg#	4	PA
PREMARIN - estrogens, conjugated tab 1.25 mg#	4	PA
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	4	PA
PROVERA - medroxyprogesterone acetate tab 2.5 mg	4	
PROVERA - medroxyprogesterone acetate tab 5 mg	4	
PROVERA - medroxyprogesterone acetate tab 10 mg	4	
raloxifene hcl tab 60 mg	2	
SEASONIQUE - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	4	
testosterone cypionate im inj in oil 100 mg/ml	2	PA
testosterone cypionate im inj in oil 200 mg/ml	2	PA
testosterone enanthate im inj in oil 200 mg/ml	2	PA
testosterone td gel 25 mg/2.5gm (1%)	2	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	2	PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	2	PA, QL (4 pump bottles/30 days)
testosterone td soln 30 mg/act	2	PA, QL (2 pump bottles/30 days)
TRI-NORINYL 28 - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	4	
VAGIFEM - estradiol vaginal tab 10 mcg	4	
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg	4	
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL - liothyronine sodium tab 5 mcg	4	
CYTOMEL - liothyronine sodium tab 25 mcg	4	
CYTOMEL - liothyronine sodium tab 50 mcg	4	
levothyroxine sodium tab 25 mcg	2	
levothyroxine sodium tab 50 mcg	2	
levothyroxine sodium tab 75 mcg	2	
levothyroxine sodium tab 88 mcg	2	
levothyroxine sodium tab 100 mcg	2	
levothyroxine sodium tab 112 mcg	2	
levothyroxine sodium tab 125 mcg	2	
levothyroxine sodium tab 137 mcg	2	
levothyroxine sodium tab 150 mcg	2	
levothyroxine sodium tab 175 mcg	2	
levothyroxine sodium tab 200 mcg	2	
levothyroxine sodium tab 300 mcg	2	
liothyronine sodium tab 5 mcg	2	
liothyronine sodium tab 25 mcg	2	
liothyronine sodium tab 50 mcg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID - levothyroxine sodium tab 25 mcg	4	
SYNTHROID - levothyroxine sodium tab 50 mcg	4	
SYNTHROID - levothyroxine sodium tab 75 mcg	4	
SYNTHROID - levothyroxine sodium tab 88 mcg	4	
SYNTHROID - levothyroxine sodium tab 100 mcg	4	
SYNTHROID - levothyroxine sodium tab 112 mcg	4	
SYNTHROID - levothyroxine sodium tab 125 mcg	4	
SYNTHROID - levothyroxine sodium tab 137 mcg	4	
SYNTHROID - levothyroxine sodium tab 150 mcg	4	
SYNTHROID - levothyroxine sodium tab 175 mcg	4	
SYNTHROID - levothyroxine sodium tab 200 mcg	4	
SYNTHROID - levothyroxine sodium tab 300 mcg	4	
TIROSINT - levothyroxine sodium cap 13 mcg	4	
TIROSINT - levothyroxine sodium cap 25 mcg	4	
TIROSINT - levothyroxine sodium cap 50 mcg	4	
TIROSINT - levothyroxine sodium cap 75 mcg	4	
TIROSINT - levothyroxine sodium cap 88 mcg	4	
TIROSINT - levothyroxine sodium cap 100 mcg	4	
TIROSINT - levothyroxine sodium cap 112 mcg	4	
TIROSINT - levothyroxine sodium cap 125 mcg	4	
TIROSINT - levothyroxine sodium cap 137 mcg	4	
TIROSINT - levothyroxine sodium cap 150 mcg	4	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
Hormonal Agents, Suppressant (Pituitary)		
cabergoline tab 0.5 mg	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg	5	
leuprolide acetate inj kit 5 mg/ml	2	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	2	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	2	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	2	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	2	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 20 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 30 mg	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	4	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	4	
ARCALYST - rilonacept for inj 220 mg*	5	PA
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg	4	BD
ASTAGRAF XL - tacrolimus cap er 24hr 1 mg	4	BD
ASTAGRAF XL - tacrolimus cap er 24hr 5 mg	4	BD
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AZASAN - azathioprine tab 75 mg	4	BD
AZASAN - azathioprine tab 100 mg	4	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg	3	BD
azathioprine tab 50 mg	2	BD
BCG VACCINE - bcg vaccine inj	4	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	4	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	4	
CELLCEPT - mycophenolate mofetil cap 250 mg	5	BD

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Drug Name	Drug Tier	Requirements/Limits
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	5	BD
CELLCEPT - mycophenolate mofetil tab 500 mg	5	BD
CELLCEPT INTRAVENOUS - mycophenolate mofetil hcl for iv soln 500 mg	4	BD
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	5	PA
cyclosporine cap 25 mg	2	BD
cyclosporine cap 100 mg	2	BD
cyclosporine iv soln 50 mg/ml	2	BD
cyclosporine modified cap 25 mg	2	BD
cyclosporine modified cap 50 mg	2	BD
cyclosporine modified cap 100 mg	2	BD
cyclosporine modified oral soln 100 mg/ml	2	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	4	
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	4	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	4	BD
FIRAZYR - icatibant acetate inj 30 mg/3ml*	5	PA, QL (6 syringes/30 days)
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	4	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	4	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	4	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	4	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	4	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CROHNS DISEASE STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PSORIASIS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ILARIS - canakinumab for inj 180 mg*	5	PA
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	3	BD
IMURAN - azathioprine tab 50 mg	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	4	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	4	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	4	
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4	
leflunomide tab 10 mg	2	
leflunomide tab 20 mg	2	
M-M-R II - measles, mumps & rubella virus vaccines for inj	4	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	4	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	4	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)	2	
methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)	2	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium tab 2.5 mg	2	
mycophenolate mofetil cap 250 mg	2	BD
mycophenolate mofetil for oral susp 200 mg/ml	5	BD
mycophenolate mofetil hcl for iv soln 500 mg	2	BD
mycophenolate mofetil tab 500 mg	2	BD
mycophenolate sodium tab dr 180 mg	2	BD
mycophenolate sodium tab dr 360 mg	2	BD
NEORAL - cyclosporine modified cap 25 mg	4	BD
NEORAL - cyclosporine modified cap 100 mg	4	BD
NEORAL - cyclosporine modified oral soln 100 mg/ml	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	5	PA
OTEZLA - apremilast tab 30 mg	5	PA
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	4	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	4	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	4	
PROGRAF - tacrolimus cap 0.5 mg	4	BD
PROGRAF - tacrolimus cap 1 mg	4	BD
PROGRAF - tacrolimus cap 5 mg	4	BD
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for inj	4	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4	
RABAVERT - rabies vaccine, pcec for inj	4	BD
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	4	BD
REMICADE - infliximab for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
ROTARIX - rotavirus vaccine, live for oral susp	4	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	4	
SANDIMMUNE - cyclosporine cap 25 mg	4	BD
SANDIMMUNE - cyclosporine cap 100 mg	4	BD
SANDIMMUNE - cyclosporine iv soln 50 mg/ml	4	BD
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vaccine recombinant adjuvanted for im inj 50 mcg	4	QL (2 vaccines/lifetime)
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	5	BD

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Drug Name	Drug Tier	Requirements/Limits
sirolimus tab 0.5 mg	2	BD
sirolimus tab 1 mg	2	BD
sirolimus tab 2 mg	5	BD
STAMARIL - yellow fever vaccine for inj suspension	4	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYLVANT - siltuximab for iv infusion 100 mg	5	
SYLVANT - siltuximab for iv infusion 400 mg	5	
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
tacrolimus cap 0.5 mg	2	BD
tacrolimus cap 1 mg	2	BD
tacrolimus cap 5 mg	2	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	
TETANUS/DIPHTHERIA TOXOIDS ADSORBED - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	4	
TWINRIX - hepatitis a (inact)-hep b (recomb) vac inj 720-20 elu-mcg/ml	4	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	4	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	4	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	4	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	4	
XATMEP - methotrexate oral soln 2.5 mg/ml	5	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	4	
ZORTRESS - everolimus tab 0.25 mg	5	BD
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	4	QL (1 vaccine/lifetime)
Inflammatory Bowel Disease Agents		
APRISO - mesalamine cap er 24hr 0.375 gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ASACOL HD - mesalamine tab delayed release 800 mg	3	
AZULFIDINE - sulfasalazine tab 500 mg	4	
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	4	
balsalazide disodium cap 750 mg	2	
budesonide delayed release particles cap 3 mg	5	
CANASA - mesalamine suppos 1000 mg	3	
COLAZAL - balsalazide disodium cap 750 mg	5	
DELZICOL - mesalamine cap dr 400 mg	3	
DIPENTUM - olsalazine sodium cap 250 mg	5	
hydrocortisone enema 100 mg/60ml	2	
hydrocortisone rectal cream 1%	2	
hydrocortisone rectal cream 2.5%	2	
LIALDA - mesalamine tab delayed release 1.2 gm	4	
mesalamine enema 4 gm	2	
mesalamine rectal enema 4 gm & cleanser wipe kit	2	
mesalamine tab delayed release 1.2 gm	2	
PENTASA - mesalamine cap er 250 mg	4	
PENTASA - mesalamine cap er 500 mg	4	
ROWASA - mesalamine rectal enema 4 gm & cleanser wipe kit	4	
SFROWASA - mesalamine sulfite-free enema 4 gm/60ml	4	
sulfasalazine tab delayed release 500 mg	2	
sulfasalazine tab 500 mg	2	
Metabolic Bone Disease Agents		
alendronate sodium tab 5 mg	1	QL (30 tablets/30 days)
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg	1	QL (4 tablets/28 days)
ATELVIA - risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
BONIVA - ibandronate sodium iv soln 3 mg/3ml	4	
calcitonin (salmon) nasal soln 200 unit/act	2	
calcitriol cap 0.25 mcg	2	
calcitriol cap 0.5 mcg	2	
calcitriol inj 1 mcg/ml	2	
calcitriol oral soln 1 mcg/ml	2	
ETIDRONATE DISODIUM - etidronate disodium tab 200 mg	4	
ETIDRONATE DISODIUM - etidronate disodium tab 400 mg	4	
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	5	PA
FOSAMAX - alendronate sodium tab 70 mg	4	QL (4 tablets/28 days)

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Drug Name	Drug Tier	Requirements/Limits
ibandronate sodium iv soln 3 mg/3ml	2	
ibandronate sodium tab 150 mg	2	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	4	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
paricalcitol cap 1 mcg	2	
paricalcitol cap 2 mcg	2	
paricalcitol cap 4 mcg	2	
paricalcitol iv soln 2 mcg/ml	2	
paricalcitol iv soln 5 mcg/ml	2	
PROLIA - denosumab inj 60 mg/ml	4	PA
risedronate sodium tab delayed release 35 mg	2	QL (4 tablets/28 days)
risedronate sodium tab 5 mg	2	QL (30 tablets/30 days)
risedronate sodium tab 30 mg	2	QL (30 tablets/30 days)
risedronate sodium tab 35 mg	2	QL (4 tablets/28 days)
risedronate sodium tab 150 mg	2	QL (1 tablet/28 days)
ROCALTROL - calcitriol cap 0.25 mcg	4	
ROCALTROL - calcitriol cap 0.5 mcg	4	
ROCALTROL - calcitriol oral soln 1 mcg/ml	4	
SENSIPAR - cinacalcet hcl tab 30 mg	5	PA
SENSIPAR - cinacalcet hcl tab 60 mg	5	PA
SENSIPAR - cinacalcet hcl tab 90 mg	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	
ZEMPLAR - paricalcitol cap 1 mcg	4	
ZEMPLAR - paricalcitol cap 2 mcg	4	
ZEMPLAR - paricalcitol iv soln 2 mcg/ml	4	
ZEMPLAR - paricalcitol iv soln 5 mcg/ml	4	
zoledronic acid inj conc for iv infusion 4 mg/5ml	2	
zoledronic acid iv soln 5 mg/100ml	2	
ZOMETA - zoledronic acid iv soln 4 mg/100ml	5	
Ophthalmic Agents		
ACULAR - ketorolac tromethamine ophth soln 0.5%	4	
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	4	
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	4	

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Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	4	
azelastine hcl ophth soln 0.05%	2	
AZOPT - brinzolamide ophth susp 1%	4	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4	
BETAGAN - levobunolol hcl ophth soln 0.5%	4	
betaxolol hcl ophth soln 0.5%	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
brimonidine tartrate ophth soln 0.15%	2	
brimonidine tartrate ophth soln 0.2%	1	
bromfenac sodium ophth soln 0.09% (once-daily)	2	
carteolol hcl ophth soln 1%	1	
CILOXAN - ciprofloxacin hcl ophth soln 0.3%	4	
ciprofloxacin hcl ophth soln 0.3%	1	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
COSOPT - dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	4	
cromolyn sodium ophth soln 4%	1	
CYSTARAN - cysteamine hcl ophth soln 0.44%	5	
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	4	
diclofenac sodium ophth soln 0.1%	2	
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	
DUREZOL - difluprednate ophth emulsion 0.05%	3	
epinastine hcl ophth soln 0.05%	2	
erythromycin ophth oint 5 mg/gm	1	
fluorometholone ophth susp 0.1%	2	
flurbiprofen sodium ophth soln 0.03%	1	
FML LIQUIFILM - fluorometholone ophth susp 0.1%	4	
gentamicin sulfate ophth oint 0.3%	2	
gentamicin sulfate ophth soln 0.3%	2	
ILEVRO - nepafenac ophth susp 0.3%	3	
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	4	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LACRISERT - artificial tear ophth insert	4	
latanoprost ophth soln 0.005%	2	
levobunolol hcl ophth soln 0.5%	1	
LOTEMAX - loteprednol etabonate ophth gel 0.5%	3	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3	
LOTEMAX - loteprednol etabonate ophth susp 0.5%	3	
LUMIGAN - bimatoprost ophth soln 0.01%	3	
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	4	
MOXEZA - moxifloxacin hcl ophth soln 0.5% (2 times daily)	4	
moxifloxacin hcl ophth soln 0.5%	2	
NATACYN - natamycin ophth susp 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
OCUFLOX - ofloxacin ophth soln 0.3%	4	
ofloxacin ophth soln 0.3%	2	
olopatadine hcl ophth soln 0.1%	2	
olopatadine hcl ophth soln 0.2%	2	
OMNIPRED - prednisolone acetate ophth susp 1%	4	
PATADAY - olopatadine hcl ophth soln 0.2%	3	
PATANOL - olopatadine hcl ophth soln 0.1%	4	
PAZEO - olopatadine hcl ophth soln 0.7%	3	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4	
pilocarpine hcl ophth soln 1%	2	
pilocarpine hcl ophth soln 2%	2	
pilocarpine hcl ophth soln 4%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POLYTRIM - polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	4	
PRED FORTE - prednisolone acetate ophth susp 1%	4	
PRED MILD - prednisolone acetate ophth susp 0.12%	4	
prednisolone acetate ophth susp 1%	2	
PROLENSA - bromfenac sodium ophth soln 0.07%	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (2 bottles/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
sulfacetamide sodium ophth soln 10%	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
timolol maleate ophth gel forming soln 0.25%	2	
timolol maleate ophth gel forming soln 0.5%	2	
timolol maleate ophth soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	2	
TIMOPTIC - timolol maleate ophth soln 0.25%	4	
TIMOPTIC - timolol maleate ophth soln 0.5%	4	
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25%	4	
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.5%	4	
TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.25%	4	
TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.5%	4	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
TOBRADEX - tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
TRAVATAN Z - travoprost ophth soln 0.004%	3	
trifluridine ophth soln 1%	2	
TRUSOPT - dorzolamide hcl ophth soln 2%	4	
VIGAMOX - moxifloxacin hcl ophth soln 0.5%	3	
VIROPTIC - trifluridine ophth soln 1%	4	
Otic Agents		
acetic acid otic soln 2%	2	
ACETIC ACID/ALUMINUM ACETATE - acetic acid 2% in aluminum acetate otic soln	4	
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
fluocinolone acetonide (otic) oil 0.01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	2	
Respiratory Tract/Pulmonary Agents		
ACCOLATE - zafirlukast tab 10 mg	4	
ACCOLATE - zafirlukast tab 20 mg	4	
acetylcysteine inhal soln 10%	2	BD
acetylcysteine inhal soln 20%	2	BD
ADCIRCA - tadalafil tab 20 mg	5	PA, QL (60 tablets/30 days)
ADEMPAS - riociguat tab 0.5 mg	5	PA, QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS - riociguat tab 1 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	BD
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	BD
albuterol sulfate soln nebu 0.63 mg/3ml	2	BD
albuterol sulfate soln nebu 1.25 mg/3ml	2	BD
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab er 12hr 4 mg	2	
albuterol sulfate tab er 12hr 8 mg	2	
albuterol sulfate tab 2 mg	2	
albuterol sulfate tab 4 mg	2	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASTEPRO - azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	4	QL (2 bottles/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 canisters/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL (2 bottles/30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	2	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3	QL (1 package/30 days)
budesonide inhalation susp 0.25 mg/2ml	2	BD
budesonide inhalation susp 0.5 mg/2ml	2	BD
budesonide inhalation susp 1 mg/2ml	2	BD
caffeine citrate oral soln 60 mg/3ml	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 canisters/30 days)
cromolyn sodium soln nebu 20 mg/2ml	3	BD
DALIRESP - roflumilast tab 500 mcg	4	
desloratadine tab 5 mg	2	
diphenhydramine hcl inj 50 mg/ml	2	
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	4	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for EpiPen 2-Pak)	3	
EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister	3	QL (1 inhaler/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/ blister	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
GRASTEK - timothy grass pollen allergen ext tab sl 2800 bau	4	PA, QL (30 tablets/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	3	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	QL (3 bottles/30 days)
KALYDECO - ivacaftor packet 50 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg	5	PA, QL (60 tablets/30 days)
LETAIRIS - ambrisentan tab 5 mg*	5	PA, QL (30 tablets/30 days)
LETAIRIS - ambrisentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
levocetirizine dihydrochloride tab 5 mg	1	
mometasone furoate nasal susp 50 mcg/act	2	QL (2 bottles/30 days)
montelukast sodium chew tab 4 mg	2	
montelukast sodium chew tab 5 mg	2	
montelukast sodium oral granules packet 4 mg	2	
montelukast sodium tab 10 mg	1	
NASONEX - mometasone furoate nasal susp 50 mcg/act	4	QL (2 bottles/30 days)
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
olopatadine hcl nasal soln 0.6%	2	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext tab sl 300 ir	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
PATANASE - olopatadine hcl nasal soln 0.6%	4	QL (1 bottle/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	3	QL (2 canisters/30 days)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD
QVAR - beclomethasone diprop inhal aero soln 40 mcg/act (50/ valve)	3	QL (1 canister/30 days)
QVAR - beclomethasone diprop inhal aero soln 80 mcg/act (100/ valve)	3	QL (2 canisters/30 days)
RAGWITEK - short ragweed pollen allergen extract tab sl 12 amb a 1-u	4	PA, QL (30 tablets/30 days)
REMODULIN - treprostinil sodium inj 1 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 2.5 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 5 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 10 mg/ml*	5	BD
ribavirin for inhal soln 6 gm	5	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/ dose	3	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	2	PA, QL (90 tablets/30 days)
SINGULAIR - montelukast sodium chew tab 4 mg	4	
SINGULAIR - montelukast sodium chew tab 5 mg	4	
SINGULAIR - montelukast sodium oral granules packet 4 mg	4	
SINGULAIR - montelukast sodium tab 10 mg	4	
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (1 canister/30 days)
terbutaline sulfate tab 2.5 mg	2	
terbutaline sulfate tab 5 mg	2	
THEO-24 - theophylline cap er 24hr 100 mg	4	
THEO-24 - theophylline cap er 24hr 200 mg	4	
THEO-24 - theophylline cap er 24hr 300 mg	4	
THEO-24 - theophylline cap er 24hr 400 mg	4	
theophylline tab er 12hr 100 mg	2	
theophylline tab er 12hr 200 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
theophylline tab er 12hr 300 mg	2	
theophylline tab er 12hr 450 mg	2	
theophylline tab er 24hr 400 mg	2	
theophylline tab er 24hr 600 mg	2	
tobramycin nebu soln 300 mg/5ml	5	BD
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRACLEER - bosentan tab 62.5 mg*	5	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 125 mg*	5	PA, QL (60 tablets/30 days)
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	2	QL (1 bottle/30 days)
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 canisters/30 days)
zafirlukast tab 10 mg	2	
zafirlukast tab 20 mg	2	
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 mg#	4	PA
cyclobenzaprine hcl tab 7.5 mg#	4	PA
cyclobenzaprine hcl tab 10 mg#	4	PA
methocarbamol tab 500 mg#	4	PA
methocarbamol tab 750 mg#	4	PA
Sleep Disorder Agents		
armodafinil tab 50 mg	2	PA, QL (30 tablets/30 days)
armodafinil tab 150 mg	2	PA, QL (30 tablets/30 days)
armodafinil tab 200 mg	2	PA, QL (30 tablets/30 days)
armodafinil tab 250 mg	2	PA, QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
modafinil tab 100 mg	2	PA, QL (30 tablets/30 days)
modafinil tab 200 mg	2	PA, QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL - armodafinil tab 50 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 150 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 200 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 250 mg	4	PA, QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 3 mg	3	QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 6 mg	3	QL (30 tablets/30 days)
temazepam cap 15 mg	1	QL (30 capsules/30 days)
temazepam cap 30 mg	1	QL (30 capsules/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
zaleplon cap 5 mg#	4	PA
zaleplon cap 10 mg#	4	PA
zolpidem tartrate tab 5 mg#	4	PA
zolpidem tartrate tab 10 mg#	4	PA

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Prime Specialty Pharmacy Fee Schedule

NOTE:

Note: For any specialty and non-specialty products not specifically addressed, the default discount off of AWP shall be set at the client rate of AWP-16.00% for branded products and AWP-40 for generic oral and non-oral medications. All fees include normal supplies required for administration, except supplies for home infusion services including pumps and tubing, for which a per diem rate shall be charged. All fees include shipping and delivery charges for common carrier. Should a patient request special shipping requirements (expedited shipping Saturday delivery, etc.), the patient shall be charged for the cost differential.

Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83101010102015	DALTEPARIN SODIUM INJ 10000 UNIT/ML	00069021701	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102015	DALTEPARIN SODIUM INJ 10000 UNIT/ML	00069021702	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102020	DALTEPARIN SODIUM INJ 2500 UNIT/0.2ML	00069019501	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102020	DALTEPARIN SODIUM INJ 2500 UNIT/0.2ML	00069019502	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102040	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML	00069019601	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102040	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML	00069019602	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102045	DALTEPARIN SODIUM INJ 7500 UNIT/0.3ML	00069020601	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102045	DALTEPARIN SODIUM INJ 7500 UNIT/0.3ML	00069020602	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102053	DALTEPARIN SODIUM INJ 12500 UNIT/0.5ML	00069022001	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102053	DALTEPARIN SODIUM INJ 12500 UNIT/0.5ML	00069022002	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102056	DALTEPARIN SODIUM INJ 15000 UNIT/0.6ML	00069022301	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102056	DALTEPARIN SODIUM INJ 15000 UNIT/0.6ML	00069022302	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102060	DALTEPARIN SODIUM INJ 18000 UNIT/0.72ML	00069022801	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102060	DALTEPARIN SODIUM INJ 18000 UNIT/0.72ML	00069022802	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101010102080	DALTEPARIN SODIUM INJ 95000 UNIT/3.8ML	00069023201	FRAGMIN	SC	18.05%	16.55%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00075062430	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00075801301	LOVENOX	SC	19.30%	17.80%	NO

Prime Specialty Pharmacy Fee Schedule

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00075801310	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00548560100	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00548563100	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00703853021	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00703853023	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00781313301	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00781313363	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	00955100310	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	35356048110	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	62037083920	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	63323056883	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	63323056894	ENOXAPARIN SODIUM	SC	77.10%	77.10%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00075062040	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00075801401	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00075801410	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00548560200	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00548563200	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00703854021	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00703854023	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00781322402	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00781322464	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	00955100410	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	62037084920	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	63323056887	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	63323056896	ENOXAPARIN SODIUM	SC	75.60%	75.60%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00075062160	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00075801601	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00075801610	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00548560300	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00548563300	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00703856021	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00703856023	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00781335603	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00781335666	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	00955100610	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	35356001910	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	62037086120	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	63323056888	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	63323056898	ENOXAPARIN SODIUM	SC	76.40%	76.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00075062280	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00075801801	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00075801810	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00548560400	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00548563400	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00703868021	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00703868023	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00781342804	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00781342868	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	00955100810	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	35356002010	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	62037086220	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	63323056890	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	63323056899	ENOXAPARIN SODIUM	SC	75.40%	75.40%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00075062300	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00075802001	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00075802010	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00548560500	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00548563500	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00703858021	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00703858023	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00781350005	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00781350069	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	00955101010	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	62037086320	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	63323056884	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	63323056895	ENOXAPARIN SODIUM	SC	77.30%	77.30%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00075291201	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00075802201	LOVENOX	SC	19.30%	17.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00075802210	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00548560600	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00548563600	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00703861021	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00703861023	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00781361204	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00781361268	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	00955101210	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	62037086420	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	63323056990	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	63323056999	ENOXAPARIN SODIUM	SC	77.80%	77.80%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00075291501	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00075802501	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00075802510	LOVENOX	SC	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00548560700	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00548563700	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00703851021	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00703851023	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00781365505	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00781365569	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	00955101510	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	62037086620	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	63323056984	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	63323056995	ENOXAPARIN SODIUM	SC	79.00%	79.00%	NO
ANTICOAGULANTS	83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML	00075062603	LOVENOX	IJ	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML	00075803001	LOVENOX	IJ	19.30%	17.80%	NO
ANTICOAGULANTS	83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML	00781312293	ENOXAPARIN SODIUM	IJ	36.45%	34.95%	NO
ANTICOAGULANTS	83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML	00955101601	ENOXAPARIN SODIUM	IJ	36.45%	34.95%	NO
ANTICOAGULANTS	83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML	63323056586	ENOXAPARIN SODIUM	IJ	36.45%	34.95%	NO
ANTICOAGULANTS	83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML	63323056593	ENOXAPARIN SODIUM	IJ	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	35356007810	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060702	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060710	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111067802	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO

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ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111067810	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023000	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023010	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505607800	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505607804	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058200	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058210	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059200	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059210	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069300	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069310	FONDAPARINUX SODIUM	SC	62.40%	62.40%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	35356007902	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	35356007910	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060802	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060810	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111067902	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111067910	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO

Prime Specialty Pharmacy Fee Schedule

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023100	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023110	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505607900	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505607904	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058300	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058304	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059300	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059304	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069400	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069410	FONDAPARINUX SODIUM	SC	62.50%	62.50%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	00007323401	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	00007323411	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	35356008002	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	35356008010	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060902	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060910	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111068002	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO

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ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111068010	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023200	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023210	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505608000	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505608004	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058400	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058406	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059400	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059406	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069500	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069510	FONDAPARINUX SODIUM	SC	55.80%	55.80%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	00007323601	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	00007323611	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	35356008102	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	35356008110	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060602	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	43598060610	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO

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ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111068102	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55111068110	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023300	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	55150023310	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505608100	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	60505608104	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058500	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457058508	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059500	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457059508	ARIXTRA	SC	21.80%	20.30%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069600	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ	67457069610	FONDAPARINUX SODIUM	SC	36.45%	34.95%	NO
ANTICOAGULANTS	83334030002120	DESIRUDIN FOR INJ 15 MG	00187001110	IPRIVASK	SC	16.00%	16.00%	NO
ANTICONVULSANT	72170085000320	VIGABATRIN TAB 500 MG	67386011101	SABRIL	OR	17.50%	17.50%	NO
ANTICONVULSANT	72170085003020	VIGABATRIN POWD PACK 500 MG	67386021165	SABRIL	OR	17.50%	17.50%	NO
ANTIHYPERTENSIVE	37100020000305	DICHLORPHENAMIDE TAB 50 MG	51672417701	KEVEYIS	OR	15.00%	15.00%	YES
ANTIHYPERTENSIVE	37100020000305	DICHLORPHENAMIDE TAB 50 MG	71090000101	KEVEYIS	OR	15.00%	15.00%	YES

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
AUTOIMMUNE	52503080002120	VEDOLIZUMAB FOR IV SOLUTION 300 MG	64764030020	ENTYVIO	IV	16.00%	16.00%	NO
AUTOIMMUNE	52504070002020	USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML	57894005427	STELARA	IV	17.80%	16.30%	NO
AUTOIMMUNE	52505020106420	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 M	50474070062	CIMZIA	SC	18.30%	16.80%	NO
AUTOIMMUNE	52505020106440	CERTOLIZUMAB PEGOL INJ KIT 2 X 200 MG/ML	50474071079	CIMZIA	SC	18.30%	16.80%	NO
AUTOIMMUNE	52505020106460	CERTOLIZUMAB PEGOL INJ KIT 6 X 200 MG/ML	50474071081	CIMZIA STARTER KIT	SC	18.30%	16.80%	NO
AUTOIMMUNE	52505040002120	INFLIXIMAB FOR IV INJ 100 MG	57894003001	REMICADE	IV	19.97%	19.97%	NO
AUTOIMMUNE	52505040102120	INFLIXIMAB-ABDA FOR IV INJ 100 MG	00006430501	RENFLEXIS	IV	19.97%	19.97%	NO
AUTOIMMUNE	52505040102120	INFLIXIMAB-ABDA FOR IV INJ 100 MG	00006430502	RENFLEXIS	IV	19.97%	19.97%	NO
AUTOIMMUNE	52505040202120	INFLIXIMAB-DYYB FOR IV INJ 100 MG	00069080901	INFLECTRA	IV	19.97%	19.97%	NO
AUTOIMMUNE	6626001000E520	ANAKINRA SUBCUTANEOUS SOLN PREFILLED	66658023407	KINERET	SC	16.25%	16.25%	YES
AUTOIMMUNE	6626001000E520	ANAKINRA SUBCUTANEOUS SOLN PREFILLED	66658023428	KINERET	SC	16.25%	16.25%	YES
AUTOIMMUNE	6627001500F420	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	00074433902	HUMIRA PEN	SC	18.30%	16.80%	NO
AUTOIMMUNE	6627001500F420	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	00074433906	HUMIRA PEN-CROHNS DISEASES	SC	18.30%	16.80%	NO
AUTOIMMUNE	6627001500F420	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	00074433907	HUMIRA PEN-PSORIASIS STARTE	SC	18.30%	16.80%	NO
AUTOIMMUNE	6627001500F420	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	58118994802	HUMIRA PEN	SC	18.30%	16.80%	NO
AUTOIMMUNE	6627001500F805	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/	00074634702	HUMIRA	SC	18.30%	16.80%	NO
AUTOIMMUNE	6627001500F810	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/	00074937402	HUMIRA	SC	18.30%	16.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
AUTOIMMUNE	6627001500F820	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/	00074379902	HUMIRA	SC	18.30%	16.80%	NO
AUTOIMMUNE	6627001500F820	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/	00074379903	HUMIRA PEDIATRIC CROHNS DIS	SC	18.30%	16.80%	NO
AUTOIMMUNE	6627001500F820	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/	00074379906	HUMIRA PEDIATRIC CROHNS DIS	SC	18.30%	16.80%	NO
AUTOIMMUNE	66270040002015	GOLIMUMAB IV SOLN 50 MG/4ML	57894035001	SIMPONI ARIA	IV	17.80%	16.30%	NO
AUTOIMMUNE	6627004000D520	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJ	57894007002	SIMPONI	SC	17.80%	16.30%	NO
AUTOIMMUNE	6627004000D540	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJ	57894007102	SIMPONI	SC	17.80%	16.30%	NO
AUTOIMMUNE	6627004000E520	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLE	57894007001	SIMPONI	SC	17.80%	16.30%	NO
AUTOIMMUNE	6627004000E540	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLE	57894007101	SIMPONI	SC	17.80%	16.30%	NO
AUTOIMMUNE	66290030002120	ETANERCEPT FOR SUBCUTANEOUS INJ 25 MG	58406042534	ENBREL	SC	18.30%	16.80%	NO
AUTOIMMUNE	66290030002120	ETANERCEPT FOR SUBCUTANEOUS INJ 25 MG	58406042541	ENBREL	SC	18.30%	16.80%	NO
AUTOIMMUNE	6629003000D530	ETANERCEPT SUBCUTANEOUS SOLUTION AUT	58406044501	ENBREL SURECLICK	SC	18.30%	16.80%	NO
AUTOIMMUNE	6629003000D530	ETANERCEPT SUBCUTANEOUS SOLUTION AUT	58406044504	ENBREL SURECLICK	SC	18.30%	16.80%	NO
AUTOIMMUNE	6629003000E230	ETANERCEPT SUBCUTANEOUS SOLUTION CA	58406045601	ENBREL MINI	SC	18.30%	16.80%	NO
AUTOIMMUNE	6629003000E230	ETANERCEPT SUBCUTANEOUS SOLUTION CA	58406045604	ENBREL MINI	SC	18.30%	16.80%	NO
AUTOIMMUNE	6629003000E525	ETANERCEPT SUBCUTANEOUS SOLN PREFILL	58406045501	ENBREL	SC	18.30%	16.80%	NO
AUTOIMMUNE	6629003000E525	ETANERCEPT SUBCUTANEOUS SOLN PREFILL	58406045504	ENBREL	SC	18.30%	16.80%	NO
AUTOIMMUNE	6629003000E530	ETANERCEPT SUBCUTANEOUS SOLN PREFILL	58406043501	ENBREL	SC	18.30%	16.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
AUTOIMMUNE	6629003000E530	ETANERCEPT SUBCUTANEOUS SOLN PREFILL	58406043504	ENBREL	SC	18.30%	16.80%	NO
AUTOIMMUNE	66400010002120	ABATACEPT FOR IV SOLN 250 MG	00003218710	ORENCIA	IV	17.80%	16.30%	NO
AUTOIMMUNE	6640001000D520	ABATACEPT SUBCUTANEOUS SOLN AUTO-INJ	00003218851	ORENCIA CLICKJECT	SC	17.80%	16.30%	NO
AUTOIMMUNE	6640001000E510	ABATACEPT SUBCUTANEOUS SOLN PREFILLE	00003281411	ORENCIA	SC	17.80%	16.30%	NO
AUTOIMMUNE	6640001000E515	ABATACEPT SUBCUTANEOUS SOLN PREFILLE	00003281811	ORENCIA	SC	17.80%	16.30%	NO
AUTOIMMUNE	6640001000E520	ABATACEPT SUBCUTANEOUS SOLN PREFILLE	00003218811	ORENCIA	SC	17.80%	16.30%	NO
AUTOIMMUNE	66450060002120	RILONACEPT FOR INJ 220 MG	61755000101	ARCALYST	SC	16.50%	16.50%	YES
AUTOIMMUNE	66460020002015	CANAKINUMAB SUBCUTANEOUS INJ 150 MG/M	00078073461	ILARIS	SC	16.50%	16.50%	YES
AUTOIMMUNE	66460020002120	CANAKINUMAB FOR INJ 180 MG	00078058261	ILARIS	SC	16.50%	16.50%	YES
AUTOIMMUNE	6650006000E520	SARILUMAB SUBCUTANEOUS SOLN PREFILLE	00024590801	KEVZARA	SC	16.00%	16.00%	NO
AUTOIMMUNE	6650006000E530	SARILUMAB SUBCUTANEOUS SOLN PREFILLE	00024591001	KEVZARA	SC	16.00%	16.00%	NO
AUTOIMMUNE	66500070002030	TOCILIZUMAB IV INJ 80 MG/4ML	50242013501	ACTEMRA	IV	17.80%	16.30%	NO
AUTOIMMUNE	66500070002035	TOCILIZUMAB IV INJ 200 MG/10ML	50242013601	ACTEMRA	IV	17.80%	16.30%	NO
AUTOIMMUNE	66500070002040	TOCILIZUMAB IV INJ 400 MG/20ML	50242013701	ACTEMRA	IV	17.80%	16.30%	NO
AUTOIMMUNE	6650007000E520	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILL	50242013801	ACTEMRA	SC	17.80%	16.30%	NO
AUTOIMMUNE	66603065100320	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIV	00069100101	XELJANZ	OR	17.80%	16.30%	NO
AUTOIMMUNE	66603065107530	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BA	00069050114	XELJANZ XR	OR	17.80%	16.30%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
AUTOIMMUNE	66603065107530	TOFACITINIB CITRATE TAB SR 24HR 11 MG (BA	00069050130	XELJANZ XR	OR	17.80%	16.30%	NO
AUTOIMMUNE	66700015000330	APREMILAST TAB 30 MG	59572063106	OTEZLA	OR	16.00%	16.00%	NO
AUTOIMMUNE	6670001500B720	APREMILAST TAB STARTER THERAPY PACK 1(	59572063255	OTEZLA	OR	16.00%	16.00%	NO
AUTOIMMUNE	9025052000E520	BRODALUMAB SUBCUTANEOUS SOLN PREFILL	00187000400	SILIQ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025052000E520	BRODALUMAB SUBCUTANEOUS SOLN PREFILL	00187000402	SILIQ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025054200E520	GUSELKUMAB SOLN PREFILLED SYRINGE 100	57894064001	TREMFYA	SC	16.75%	16.00%	NO
AUTOIMMUNE	9025055400D520	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJ	00002144501	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025055400D520	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJ	00002144509	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025055400D520	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJ	00002144511	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025055400D520	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJ	00002144527	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025055400E520	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLE	00002772401	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025055400E520	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLE	00002772409	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025055400E520	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLE	00002772411	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025055400E520	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLE	00002772427	TALTZ	SC	16.00%	16.00%	NO
AUTOIMMUNE	9025057500D520	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-I	00078063941	COSENTYX SENSOREADY PEN	SC	17.00%	16.00%	NO
AUTOIMMUNE	9025057500D520	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-I	00078063968	COSENTYX SENSOREADY PEN	SC	17.00%	16.00%	NO
AUTOIMMUNE	9025057500E520	SECUKINUMAB SUBCUTANEOUS SOLN PREFIL	00078063997	COSENTYX	SC	17.00%	16.00%	NO

Prime Specialty Pharmacy Fee Schedule

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
AUTOIMMUNE	9025057500E520	SECUKINUMAB SUBCUTANEOUS SOLN PREFIL	00078063998	COSENTYX	SC	17.00%	16.00%	NO
AUTOIMMUNE	90250585002020	USTEKINUMAB INJ 45 MG/0.5ML (90 MG/ML)	57894006002	STELARA		17.80%	16.30%	NO
AUTOIMMUNE	9025058500E520	USTEKINUMAB SOLN PREFILLED SYRINGE 45	57894006003	STELARA	SC	17.80%	16.30%	NO
AUTOIMMUNE	9025058500E540	USTEKINUMAB SOLN PREFILLED SYRINGE 90	57894006103	STELARA	SC	17.80%	16.30%	NO
AUTOIMMUNE	9027302000E520	DUPILUMAB SUBCUTANEOUS SOLN PREFILLE	00024591401	DUPIXENT	SC	16.00%	16.00%	NO
AUTOIMMUNE	99422015002120	BELIMUMAB FOR IV SOLN 120 MG	49401010101	BENLYSTA	IV	17.80%	16.30%	NO
AUTOIMMUNE	99422015002140	BELIMUMAB FOR IV SOLN 400 MG	49401010201	BENLYSTA	IV	17.80%	16.30%	NO
AUTOIMMUNE	9942201500D520	BELIMUMAB SUBCUTANEOUS SOLUTION AUT	49401008801	BENLYSTA	SC	17.80%	16.30%	NO
AUTOIMMUNE	9942201500D520	BELIMUMAB SUBCUTANEOUS SOLUTION AUT	49401008802	BENLYSTA	SC	17.80%	16.30%	NO
AUTOIMMUNE	9942201500D520	BELIMUMAB SUBCUTANEOUS SOLUTION AUT	49401008835	BENLYSTA	SC	17.80%	16.30%	NO
AUTOIMMUNE	9942201500E520	BELIMUMAB SUBCUTANEOUS SOLUTION PREF	49401008842	BENLYSTA	SC	17.80%	16.30%	NO
AUTOIMMUNE	9942201500E520	BELIMUMAB SUBCUTANEOUS SOLUTION PREF	49401008847	BENLYSTA	SC	17.80%	16.30%	NO
BLOOD MODIFIERS	82401015102010	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	55513000201	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102010	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	55513000204	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102020	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	55513000301	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102020	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	55513000304	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102030	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	55513000401	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO

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BLOOD MODIFIERS	82401015102030	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	55513000404	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102040	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	55513000501	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102040	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	55513000504	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102060	DARBEPOETIN ALFA SOLN INJ 200 MCG/ML	55513000601	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401015102070	DARBEPOETIN ALFA SOLN INJ 300 MCG/ML	55513011001	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E510	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513009801	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E510	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513009804	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E528	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513005701	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E528	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513005704	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E543	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002101	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E543	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002104	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E552	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002301	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E552	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002304	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E560	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002501	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E560	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002504	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E575	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002701	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E575	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002704	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO

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BLOOD MODIFIERS	8240101510E582	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513002801	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E588	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513011101	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240101510E590	DARBEPOETIN ALFA SOLN PREFILLED SYRINC	55513003201	ARANESP ALBUMIN FREE	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	55513012601	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	55513012610	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	59676030200	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	59676030201	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	55513026701	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	55513026710	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	59676030300	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	59676030301	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	55513014801	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	55513014810	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	59676030400	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	59676030401	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513014401	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513014410	EPOGEN	IJ	19.00%	19.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513028301	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513028310	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031000	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031001	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031002	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031204	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	55513047801	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	55513047810	EPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	59676032000	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	59676032004	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002060	EPOETIN ALFA INJ 40000 UNIT/ML	59676034000	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401020002060	EPOETIN ALFA INJ 40000 UNIT/ML	59676034001	PROCRIT	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401520002010	FILGRASTIM INJ 300 MCG/ML	55513053001	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401520002010	FILGRASTIM INJ 300 MCG/ML	55513053010	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401520002012	FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)	55513054601	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	82401520002012	FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)	55513054610	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152000E545	FILGRASTIM SOLN PREFILLED SYRINGE 300 M	55513092401	NEUPOGEN	IJ	19.00%	19.00%	NO

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BLOOD MODIFIERS	8240152000E545	FILGRASTIM SOLN PREFILLED SYRINGE 300 M	55513092410	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152000E545	FILGRASTIM SOLN PREFILLED SYRINGE 300 M	55513092491	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152000E550	FILGRASTIM SOLN PREFILLED SYRINGE 480 M	55513020901	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152000E550	FILGRASTIM SOLN PREFILLED SYRINGE 480 M	55513020910	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152000E550	FILGRASTIM SOLN PREFILLED SYRINGE 480 M	55513020991	NEUPOGEN	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152060E530	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE	61314030401	ZARXIO	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152060E530	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE	61314030410	ZARXIO	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152060E540	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE	61314031201	ZARXIO	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152060E540	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE	61314031210	ZARXIO	IJ	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 3	63459091011	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 3	63459091015	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 3	63459091017	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 3	63459091036	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 4	63459091211	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 4	63459091212	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 4	63459091215	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240152070E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 4	63459091217	GRANIX	SC	19.00%	19.00%	NO

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BLOOD MODIFIERS	8240152070E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 4	63459091236	GRANIX	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240157000E520	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6	55513019001	NEULASTA	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	8240157000F820	PEGFILGRASTIM SOLN PREFILLED SYRINGE K	55513019201	NEULASTA ONPRO KIT	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	82402050002120	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MC	00024584301	LEUKINE	IV	19.00%	19.00%	NO
BLOOD MODIFIERS	82402050002120	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MC	00024584305	LEUKINE	IV	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100310	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE	00007464313	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100310	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE	00078068415	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100320	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EC	00007464013	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100320	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EC	00078068515	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100330	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EC	00007464113	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100330	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EC	00078068615	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100340	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EC	00007464213	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405030100340	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EC	00078068715	PROMACTA	OR	19.00%	19.00%	NO
BLOOD MODIFIERS	82405060002120	ROMIPLOSTIM FOR INJ 250 MCG	55513022101	NPLATE	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	82405060002130	ROMIPLOSTIM FOR INJ 500 MCG	55513022201	NPLATE	SC	19.00%	19.00%	NO
BLOOD MODIFIERS	82502060002020	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2M	00024586201	MOZOBIL	SC	19.00%	19.00%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	16714074201	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO

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CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	16714085601	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	43598028335	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	43598054125	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	47335004940	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	47335005040	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	47335008350	LIPODOX 50	IV	18.30%	16.80%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	59676096601	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO
CANCER-INJECTABLE	21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV IN	59676096602	DOXORUBICIN HCL LIPOSOME	IV	40.00%	40.00%	NO
CANCER-INJECTABLE	21352020002120	BLINATUMOMAB FOR IV INFUSION 35 MCG	55513016001	BLINCYTO	IV	10.00%	10.00%	YES
CANCER-INJECTABLE	21353015002020	ATEZOLIZUMAB IV SOLN 1200 MG/20ML	50242091701	TECENTRIQ	IV	15.91%	15.91%	YES
CANCER-INJECTABLE	21353030002120	ELOTUZUMAB FOR IV SOLN 300 MG	00003229111	EMPLICITI	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353030002130	ELOTUZUMAB FOR IV SOLN 400 MG	00003452211	EMPLICITI	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353032002020	IPILIMUMAB SOLN FOR IV INFUSION 50 MG/10M	00003232711	YERVOY	IV	16.19%	16.00%	NO
CANCER-INJECTABLE	21353032002040	IPILIMUMAB SOLN FOR IV INFUSION 200 MG/40	00003232822	YERVOY	IV	16.19%	16.00%	NO
CANCER-INJECTABLE	21353041002020	NIVOLUMAB IV SOLN 40 MG/4ML	00003377211	OPDIVO	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353041002030	NIVOLUMAB IV SOLN 100 MG/10ML	00003377412	OPDIVO	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353041002050	NIVOLUMAB IV SOLN 240 MG/24ML	00003373413	OPDIVO	IV	16.00%	16.00%	NO

Prime Specialty Pharmacy Fee Schedule

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CANCER-INJECTABLE	21353045001320	OFATUMUMAB CONC FOR IV INFUSION 100 MG	00078066913	ARZERRA	IV	15.62%	15.62%	YES
CANCER-INJECTABLE	21353045001320	OFATUMUMAB CONC FOR IV INFUSION 100 MG	00078066961	ARZERRA	IV	15.62%	15.62%	YES
CANCER-INJECTABLE	21353045001360	OFATUMUMAB CONC FOR IV INFUSION 1000 M	00078069061	ARZERRA	IV	15.62%	15.62%	YES
CANCER-INJECTABLE	21353053002030	PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG	00006302601	KEYTRUDA	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353053002030	PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG	00006302602	KEYTRUDA	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353053002120	PEMBROLIZUMAB FOR IV SOLN 50 MG	00006302901	KEYTRUDA	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353053002120	PEMBROLIZUMAB FOR IV SOLN 50 MG	00006302902	KEYTRUDA	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353054002020	PERTUZUMAB SOLN FOR IV INFUSION 420 MG	50242014501	PERJETA	IV	16.00%	16.00%	YES
CANCER-INJECTABLE	21353060002020	RITUXIMAB IV SOLN 100 MG/10ML	50242005121	RITUXAN	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21353060002040	RITUXIMAB IV SOLN 500 MG/50ML	50242005306	RITUXAN	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21403530002024	FULVESTRANT INJ 50 MG/ML	00310072010	FASLODEX		16.00%	16.00%	NO
CANCER-INJECTABLE	21404007202020	HYDROXYPROGESTERONE CAPROATE IM IN C	62559054015	HYDROXYPROGESTERONE CAPR	IM	16.00%	16.00%	NO
CANCER-INJECTABLE	21404007202020	HYDROXYPROGESTERONE CAPROATE IM IN C	67457088605	HYDROXYPROGESTERONE CAPR	IM	16.00%	16.00%	NO
CANCER-INJECTABLE	21405005102310	GOSERELIN ACETATE IMPLANT 3.6 MG	00310095036	ZOLADEX	SC	18.30%	16.80%	NO
CANCER-INJECTABLE	21405005102330	GOSERELIN ACETATE IMPLANT 10.8 MG	00310095130	ZOLADEX	SC	18.30%	16.80%	NO
CANCER-INJECTABLE	21405005102330	GOSERELIN ACETATE IMPLANT 10.8 MG	70720095130	ZOLADEX	SC	18.30%	16.80%	NO
CANCER-INJECTABLE	21405050201920	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	00023590203	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO

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CANCER-INJECTABLE	21405050201920	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	00023590204	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201920	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	52544015302	TRELSTAR	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201920	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	52544018976	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201930	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 M	00023590411	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201930	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 M	00023590412	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201930	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 M	52544015402	TRELSTAR	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201930	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 M	52544018876	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201940	TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG	00023590622	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201940	TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG	00023590623	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201940	TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG	52544009276	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405050201940	TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG	52544015602	TRELSTAR MIXJECT	IM	35.00%	33.00%	NO
CANCER-INJECTABLE	21405525102120	DEGARELIX ACETATE FOR INJ 80 MG (BASE E	55566830301	FIRMAGON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21405525102130	DEGARELIX ACETATE FOR INJ 120 MG (BASE E	55566840301	FIRMAGON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21536015002120	BORTEZOMIB FOR INJ 3.5 MG	63020004901	VELCADE	IJ	16.80%	16.00%	NO
CANCER-INJECTABLE	21536025002110	CARFILZOMIB FOR INJ 30 MG	76075010201	KYPROLIS	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21536025002120	CARFILZOMIB FOR INJ 60 MG	76075010101	KYPROLIS	IV	16.00%	16.00%	NO
CANCER-INJECTABLE	21651075001800	TISAGENLECLEUCEL-T SUSPENSION FOR IV IN	00078084619	KYMRIAH	IV	16.00%	16.00%	NO

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CANCER-INJECTABLE	21700013001930	BCG LIVE INTRAVESICAL FOR SUSP 50 MG	00052060202	TICE BCG	IS	18.05%	16.67%	NO
CANCER-INJECTABLE	21700040102120	OMACETAXINE MEPESUCCINATE FOR INJ 3.5 I	63459017714	SYNRIBO	SC	14.00%	14.00%	YES
CANCER-INJECTABLE	21700075206410	PEGINTERFERON ALFA-2B FOR INJ KIT 200 MC	00085138801	SYLATRON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21700075206410	PEGINTERFERON ALFA-2B FOR INJ KIT 200 MC	00085434701	SYLATRON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21700075206420	PEGINTERFERON ALFA-2B FOR INJ KIT 300 MC	00085128702	SYLATRON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21700075206420	PEGINTERFERON ALFA-2B FOR INJ KIT 300 MC	00085434801	SYLATRON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21700075206430	PEGINTERFERON ALFA-2B FOR INJ KIT 600 MC	00085131201	SYLATRON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21700075206430	PEGINTERFERON ALFA-2B FOR INJ KIT 600 MC	00085434901	SYLATRON	SC	17.80%	16.30%	NO
CANCER-INJECTABLE	21990002642020	RITUXIMAB-HYALURONIDASE HUMAN INJ 1400	50242010801	RITUXAN HYCELA	SC	16.00%	16.00%	NO
CANCER-INJECTABLE	21990002642040	RITUXIMAB-HYALURONIDASE HUMAN INJ 1600	50242010901	RITUXAN HYCELA	SC	16.00%	16.00%	NO
CANCER-ORAL	21100005000110	ALTRETAMINE CAP 50 MG	62856000110	HEXALEN	OR	19.00%	19.00%	NO
CANCER-ORAL	21100010000305	BUSULFAN TAB 2 MG	76388071325	MYLERAN	OR	19.00%	19.00%	NO
CANCER-ORAL	21101010000305	CHLORAMBUCIL TAB 2 MG	76388063525	LEUKERAN	OR	19.00%	19.00%	NO
CANCER-ORAL	21101010000305	CHLORAMBUCIL TAB 2 MG	76388063550	LEUKERAN	OR	19.00%	19.00%	NO
CANCER-ORAL	21101020000105	CYCLOPHOSPHAMIDE CAP 25 MG	00054038225	CYCLOPHOSPHAMIDE	OR	55.00%	55.00%	NO
CANCER-ORAL	21101020000110	CYCLOPHOSPHAMIDE CAP 50 MG	00054038325	CYCLOPHOSPHAMIDE	OR	55.00%	55.00%	NO
CANCER-ORAL	21101040000305	MELPHALAN TAB 2 MG	00173004535	ALKERAN	OR	19.00%	19.00%	NO

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CANCER-ORAL	21101040000305	MELPHALAN TAB 2 MG	47781020050	MELPHALAN	OR	40.00%	40.00%	NO
CANCER-ORAL	21101040000305	MELPHALAN TAB 2 MG	52609000105	ALKERAN	OR	19.00%	19.00%	NO
CANCER-ORAL	21102020000105	LOMUSTINE CAP 5 MG	58181304305	GLEOSTINE	OR	19.00%	19.00%	NO
CANCER-ORAL	21102020000110	LOMUSTINE CAP 10 MG	58181304005	GLEOSTINE	OR	19.00%	19.00%	NO
CANCER-ORAL	21102020000115	LOMUSTINE CAP 40 MG	58181304105	GLEOSTINE	OR	19.00%	19.00%	NO
CANCER-ORAL	21102020000120	LOMUSTINE CAP 100 MG	58181304205	GLEOSTINE	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00054032003	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00054032006	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00085300403	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00085300404	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00085300405	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00093759941	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00093759957	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00378526014	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00378526098	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00781269144	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	00781269175	TEMOZOLOMIDE	OR	72.20%	72.20%	NO

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CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	16729004853	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	16729004854	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	43975025205	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	43975025214	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	47335089021	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	47335089080	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	51862008314	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	51862008351	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	64980033305	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	64980033314	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	65162080114	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	65162080151	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	67877053707	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000110	TEMOZOLOMIDE CAP 5 MG	67877053714	TEMOZOLOMIDE	OR	72.20%	72.20%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00054032103	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00054032106	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00085151903	TEMODAR	OR	19.00%	19.00%	NO

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CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00085151904	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00085151905	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00093760041	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00093760057	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00378526114	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00378526198	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00781269244	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	00781269275	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	16729004953	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	16729004954	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	43975025305	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	43975025314	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	47335089121	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	47335089180	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	50268076111	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	50268076112	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	51862008414	TEMOZOLOMIDE	OR	70.70%	70.70%	NO

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CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	51862008451	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	64980033405	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	64980033414	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	65162080214	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	65162080251	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	67877053807	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000120	TEMOZOLOMIDE CAP 20 MG	67877053814	TEMOZOLOMIDE	OR	70.70%	70.70%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00054032203	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00054032206	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00085136603	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00085136604	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00085136605	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00093760141	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00093760157	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00378526214	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00378526298	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00781269344	TEMOZOLOMIDE	OR	76.20%	76.20%	NO

Prime Specialty Pharmacy Fee Schedule

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CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	00781269375	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	16729005053	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	16729005054	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	43975025405	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	43975025414	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	47335089221	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	47335089280	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	50268076211	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	50268076212	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	51862008514	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	51862008551	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	64980033505	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	64980033514	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	65162080314	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	65162080351	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	67877053907	TEMOZOLOMIDE	OR	76.20%	76.20%	NO
CANCER-ORAL	21104070000140	TEMOZOLOMIDE CAP 100 MG	67877053914	TEMOZOLOMIDE	OR	76.20%	76.20%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00054032303	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00054032306	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00085142503	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00085142504	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00085142505	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00093763841	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00093763857	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00378526314	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00378526398	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00781269444	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	00781269475	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	16729012953	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	16729012954	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	43975025505	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	43975025514	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	47335092921	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	47335092980	TEMOZOLOMIDE	OR	77.30%	77.30%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	50268076311	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	50268076312	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	51862008614	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	51862008651	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	64980033605	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	64980033614	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	65162080414	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	65162080451	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	67877054007	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000143	TEMOZOLOMIDE CAP 140 MG	67877054014	TEMOZOLOMIDE	OR	77.30%	77.30%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00054032403	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00054032406	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00085143003	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00085143004	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00093763941	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00093763957	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00378526414	TEMOZOLOMIDE	OR	81.80%	81.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00378526498	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00781269544	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	00781269575	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	16729013053	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	16729013054	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	43975025605	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	43975025614	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	47335093021	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	47335093080	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	51862008714	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	51862008751	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	64980033705	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	64980033714	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	65162080514	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	65162080551	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	67877054107	TEMOZOLOMIDE	OR	81.80%	81.80%	NO
CANCER-ORAL	21104070000147	TEMOZOLOMIDE CAP 180 MG	67877054114	TEMOZOLOMIDE	OR	81.80%	81.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	00054032503	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	00085141702	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	00085141703	TEMODAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	00093760257	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	00378526598	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	00781269675	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	16729005153	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	43975025705	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	47335089380	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	51862008851	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	64980033805	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	65162080651	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21104070000150	TEMOZOLOMIDE CAP 250 MG	67877054207	TEMOZOLOMIDE	OR	78.90%	78.90%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	00004110020	XELODA	OR	19.00%	19.00%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	00054027121	CAPECITABINE	OR	69.80%	69.80%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	00093747306	CAPECITABINE	OR	69.80%	69.80%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	00378251191	CAPECITABINE	OR	69.80%	69.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	16714046701	CAPECITABINE	OR	69.80%	69.80%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	16729007212	CAPECITABINE	OR	69.80%	69.80%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	42291019060	CAPECITABINE	OR	69.80%	69.80%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	64980027606	CAPECITABINE	OR	69.80%	69.80%	NO
CANCER-ORAL	21300005000320	CAPECITABINE TAB 150 MG	65162084306	CAPECITABINE	OR	69.80%	69.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	00004110150	XELODA	OR	19.00%	19.00%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	00054027223	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	00093747489	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	00378251278	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	16714046801	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	16729007329	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	42291016712	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	42291019112	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	51079051001	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	51079051005	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	60687014911	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	60687014994	CAPECITABINE	OR	65.80%	65.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	64980027712	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300005000350	CAPECITABINE TAB 500 MG	65162084416	CAPECITABINE	OR	65.80%	65.80%	NO
CANCER-ORAL	21300040000305	MERCAPTOPURINE TAB 50 MG	00054458111	MERCAPTOPURINE	OR	76.70%	76.70%	NO
CANCER-ORAL	21300040000305	MERCAPTOPURINE TAB 50 MG	00054458127	MERCAPTOPURINE	OR	76.70%	76.70%	NO
CANCER-ORAL	21300040000305	MERCAPTOPURINE TAB 50 MG	00378354725	MERCAPTOPURINE	OR	76.70%	76.70%	NO
CANCER-ORAL	21300040000305	MERCAPTOPURINE TAB 50 MG	00378354752	MERCAPTOPURINE	OR	76.70%	76.70%	NO
CANCER-ORAL	21300040000305	MERCAPTOPURINE TAB 50 MG	69076091302	MERCAPTOPURINE	OR	76.70%	76.70%	NO
CANCER-ORAL	21300040000305	MERCAPTOPURINE TAB 50 MG	69076091325	MERCAPTOPURINE	OR	76.70%	76.70%	NO
CANCER-ORAL	21300040001830	MERCAPTOPURINE SUSP 2000 MG/100ML (20 M	62484002001	PURIXAN	OR	12.00%	12.00%	YES
CANCER-ORAL	21300040001830	MERCAPTOPURINE SUSP 2000 MG/100ML (20 M	62484002002	PURIXAN	OR	12.00%	12.00%	YES
CANCER-ORAL	21300060000305	THIOGUANINE TAB 40 MG	76388088025	TABLOID	OR	19.00%	19.00%	NO
CANCER-ORAL	21370060200120	SONIDEGIB PHOSPHATE CAP 200 MG (BASE E	00078064515	ODOMZO	OR	19.00%	19.00%	NO
CANCER-ORAL	21370060200120	SONIDEGIB PHOSPHATE CAP 200 MG (BASE E	47335030383	ODOMZO	OR	19.00%	19.00%	NO
CANCER-ORAL	21370070000120	VISMODEGIB CAP 150 MG	50242014001	ERIVEDGE	OR	15.75%	15.75%	YES
CANCER-ORAL	21402250000320	MITOTANE TAB 500 MG	00015308060	LYSODREN	OR	19.00%	19.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00093022001	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00093022056	BICALUTAMIDE	OR	95.00%	95.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00310070530	CASODEX	OR	19.00%	19.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00378701793	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00781540901	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00781540931	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00781540964	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	00904601946	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	16714057101	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	16714057102	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	16729002301	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	16729002310	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	41616048583	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	41616048588	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	42291016830	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	42291016850	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	60429017701	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	60429017705	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	60429017730	BICALUTAMIDE	OR	95.00%	95.00%	NO

Prime Specialty Pharmacy Fee Schedule

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CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	60429022605	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	60429022630	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	60505264201	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	60505264203	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	62175013232	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	66116021230	CASODEX	OR	19.00%	19.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	68084061211	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	68084061221	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	68382022405	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402420000320	BICALUTAMIDE TAB 50 MG	68382022410	BICALUTAMIDE	OR	95.00%	95.00%	NO
CANCER-ORAL	21402430000120	ENZALUTAMIDE CAP 40 MG	00469012599	XTANDI	OR	19.00%	19.00%	NO
CANCER-ORAL	21402440000110	FLUTAMIDE CAP 125 MG	69097091591	FLUTAMIDE	OR	75.00%	75.00%	NO
CANCER-ORAL	21402460000330	NILUTAMIDE TAB 150 MG	24987011114	NILANDRON	OR	19.00%	19.00%	NO
CANCER-ORAL	21402460000330	NILUTAMIDE TAB 150 MG	59212011114	NILANDRON	OR	19.00%	19.00%	NO
CANCER-ORAL	21402460000330	NILUTAMIDE TAB 150 MG	62559017331	NILUTAMIDE	OR	30.00%	30.00%	NO
CANCER-ORAL	21402685100320	TOREMIFENE CITRATE TAB 60 MG (BASE EQU	42747032730	FARESTON	OR	19.00%	19.00%	NO
CANCER-ORAL	21403020100105	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140	00013013202	EMCYT	OR	19.00%	19.00%	NO

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CANCER-ORAL	21406010200320	ABIRATERONE ACETATE TAB 250 MG	57894015012	ZYTIGA	OR	19.00%	19.00%	NO
CANCER-ORAL	21406010200330	ABIRATERONE ACETATE TAB 500 MG	57894019506	ZYTIGA	OR	19.00%	19.00%	NO
CANCER-ORAL	21450080000110	POMALIDOMIDE CAP 1 MG	59572050100	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21450080000110	POMALIDOMIDE CAP 1 MG	59572050121	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21450080000115	POMALIDOMIDE CAP 2 MG	59572050200	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21450080000115	POMALIDOMIDE CAP 2 MG	59572050221	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21450080000120	POMALIDOMIDE CAP 3 MG	59572050300	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21450080000120	POMALIDOMIDE CAP 3 MG	59572050321	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21450080000125	POMALIDOMIDE CAP 4 MG	59572050400	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21450080000125	POMALIDOMIDE CAP 4 MG	59572050421	POMALYST	OR	17.30%	17.30%	NO
CANCER-ORAL	21470080000320	VENETOCLAX TAB 10 MG	00074056111	VENCLEXTA	OR	16.25%	16.25%	YES
CANCER-ORAL	21470080000320	VENETOCLAX TAB 10 MG	00074056114	VENCLEXTA	OR	16.25%	16.25%	YES
CANCER-ORAL	21470080000340	VENETOCLAX TAB 50 MG	00074056607	VENCLEXTA	OR	16.25%	16.25%	YES
CANCER-ORAL	21470080000340	VENETOCLAX TAB 50 MG	00074056611	VENCLEXTA	OR	16.25%	16.25%	YES
CANCER-ORAL	21470080000360	VENETOCLAX TAB 100 MG	00074057611	VENCLEXTA	OR	16.25%	16.25%	YES
CANCER-ORAL	21470080000360	VENETOCLAX TAB 100 MG	00074057622	VENCLEXTA	OR	16.25%	16.25%	YES
CANCER-ORAL	2147008000B720	VENETOCLAX TAB THERAPY STARTER PACK 1	00074057928	VENCLEXTA STARTING PACK	OR	16.25%	16.25%	YES

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CANCER-ORAL	21500010000120	ETOPOSIDE CAP 50 MG	00378326694	ETOPOSIDE	OR	19.00%	19.00%	NO
CANCER-ORAL	21531010000305	ABEMACICLIB TAB 50 MG	00002448354	VERZENIO	OR	16.00%	16.00%	YES
CANCER-ORAL	21531010000310	ABEMACICLIB TAB 100 MG	00002481554	VERZENIO	OR	16.00%	16.00%	YES
CANCER-ORAL	21531010000315	ABEMACICLIB TAB 150 MG	00002533754	VERZENIO	OR	16.00%	16.00%	YES
CANCER-ORAL	21531010000320	ABEMACICLIB TAB 200 MG	00002621654	VERZENIO	OR	16.00%	16.00%	YES
CANCER-ORAL	21531060000120	PALBOCICLIB CAP 75 MG	00069018721	IBRANCE	OR	19.00%	19.00%	NO
CANCER-ORAL	21531060000130	PALBOCICLIB CAP 100 MG	00069018821	IBRANCE	OR	19.00%	19.00%	NO
CANCER-ORAL	21531060000140	PALBOCICLIB CAP 125 MG	00069018921	IBRANCE	OR	19.00%	19.00%	NO
CANCER-ORAL	21531070500320	RIBOCICLIB SUCCINATE TAB 200 MG (BASE EQ	00078086001	KISQALI	OR	16.00%	16.00%	NO
CANCER-ORAL	21531070500320	RIBOCICLIB SUCCINATE TAB 200 MG (BASE EQ	00078086742	KISQALI	OR	16.00%	16.00%	NO
CANCER-ORAL	21531070500320	RIBOCICLIB SUCCINATE TAB 200 MG (BASE EQ	00078087463	KISQALI	OR	16.00%	16.00%	NO
CANCER-ORAL	21531550100120	PANOBINOSTAT LACTATE CAP 10 MG (BASE E	00078065006	FARYDAK	OR	16.75%	16.75%	NO
CANCER-ORAL	21531550100130	PANOBINOSTAT LACTATE CAP 15 MG (BASE E	00078065106	FARYDAK	OR	16.75%	16.75%	NO
CANCER-ORAL	21531550100140	PANOBINOSTAT LACTATE CAP 20 MG (BASE E	00078065206	FARYDAK	OR	16.75%	16.75%	NO
CANCER-ORAL	21531575000120	VORINOSTAT CAP 100 MG	00006056840	ZOLINZA	OR	19.00%	19.00%	NO
CANCER-ORAL	21532025100120	DABRAFENIB MESYLATE CAP 50 MG (BASE EQ	00078068266	TAFINLAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532025100120	DABRAFENIB MESYLATE CAP 50 MG (BASE EQ	00173084608	TAFINLAR	OR	19.00%	19.00%	NO

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CANCER-ORAL	21532025100130	DABRAFENIB MESYLATE CAP 75 MG (BASE EQ	00078068166	TAFINLAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532025100130	DABRAFENIB MESYLATE CAP 75 MG (BASE EQ	00173084708	TAFINLAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532080000320	VEMURAFENIB TAB 240 MG	50242009001	ZELBORAF	OR	19.00%	19.00%	NO
CANCER-ORAL	21532080000320	VEMURAFENIB TAB 240 MG	50242009002	ZELBORAF	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000310	EVEROLIMUS TAB 2.5 MG	00078059451	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000310	EVEROLIMUS TAB 2.5 MG	00078059461	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000320	EVEROLIMUS TAB 5 MG	00078056651	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000320	EVEROLIMUS TAB 5 MG	00078056661	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000325	EVEROLIMUS TAB 7.5 MG	00078062051	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000325	EVEROLIMUS TAB 7.5 MG	00078062061	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000330	EVEROLIMUS TAB 10 MG	00078056751	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530000330	EVEROLIMUS TAB 10 MG	00078056761	AFINITOR	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530007310	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	00078062651	AFINITOR DISPERZ	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530007310	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	00078062661	AFINITOR DISPERZ	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530007320	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	00078062751	AFINITOR DISPERZ	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530007320	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	00078062761	AFINITOR DISPERZ	OR	19.00%	19.00%	NO
CANCER-ORAL	21532530007340	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	00078062851	AFINITOR DISPERZ	OR	19.00%	19.00%	NO

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CANCER-ORAL	21532530007340	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	00078062861	AFINITOR DISPERZ	OR	19.00%	19.00%	NO
CANCER-ORAL	21533030000130	MIDOSTAURIN CAP 25 MG	00078069802	RYDAPT	OR	16.00%	16.00%	NO
CANCER-ORAL	21533030000130	MIDOSTAURIN CAP 25 MG	00078069819	RYDAPT	OR	16.00%	16.00%	NO
CANCER-ORAL	21533030000130	MIDOSTAURIN CAP 25 MG	00078069851	RYDAPT	OR	16.00%	16.00%	NO
CANCER-ORAL	21533030000130	MIDOSTAURIN CAP 25 MG	00078069899	RYDAPT	OR	16.00%	16.00%	NO
CANCER-ORAL	21533050000320	REGORAFENIB TAB 40 MG	50419017101	STIVARGA	OR	19.00%	19.00%	NO
CANCER-ORAL	21533050000320	REGORAFENIB TAB 40 MG	50419017103	STIVARGA	OR	19.00%	19.00%	NO
CANCER-ORAL	21533060400320	SORAFENIB TOSYLATE TAB 200 MG (BASE EQ	50419048858	NEXAVAR	OR	19.00%	19.00%	NO
CANCER-ORAL	21533070300120	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIV	00069055038	SUTENT	OR	19.00%	19.00%	NO
CANCER-ORAL	21533070300130	SUNITINIB MALATE CAP 25 MG (BASE EQUIVAL	00069077038	SUTENT	OR	19.00%	19.00%	NO
CANCER-ORAL	21533070300135	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIV	00069083038	SUTENT	OR	19.00%	19.00%	NO
CANCER-ORAL	21533070300140	SUNITINIB MALATE CAP 50 MG (BASE EQUIVAL	00069098038	SUTENT	OR	19.00%	19.00%	NO
CANCER-ORAL	21533530200320	COBIMETINIB FUMARATE TAB 20 MG (BASE EQ	50242071701	COTELLIC	OR	19.00%	19.00%	NO
CANCER-ORAL	21533570100310	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 M	00078066615	MEKINIST	OR	19.00%	19.00%	NO
CANCER-ORAL	21533570100310	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 M	00173084913	MEKINIST	OR	19.00%	19.00%	NO
CANCER-ORAL	21533570100330	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG	00078066815	MEKINIST	OR	19.00%	19.00%	NO
CANCER-ORAL	21533570100330	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG	00173084813	MEKINIST	OR	19.00%	19.00%	NO

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CANCER-ORAL	21534003000120	ACALABRUTINIB CAP 100 MG	00310051260	CALQUENCE	OR	16.20%	16.20%	YES
CANCER-ORAL	21534006100320	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIV	00597014130	GILOTRIF	OR	14.00%	14.00%	YES
CANCER-ORAL	21534006100330	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIV	00597013730	GILOTRIF	OR	14.00%	14.00%	YES
CANCER-ORAL	21534006100340	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIV	00597013830	GILOTRIF	OR	14.00%	14.00%	YES
CANCER-ORAL	21534007100120	ALECTINIB HCL CAP 150 MG (BASE EQUIVALEN	50242013001	ALECENSA	OR	14.50%	14.50%	YES
CANCER-ORAL	21534008000320	AXITINIB TAB 1 MG	00069014501	INLYTA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534008000340	AXITINIB TAB 5 MG	00069015111	INLYTA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534010000330	BRIGATINIB TAB 30 MG	63020011330	ALUNBRIG	OR	16.00%	16.00%	YES
CANCER-ORAL	21534010000330	BRIGATINIB TAB 30 MG	76189011318	ALUNBRIG	OR	16.00%	16.00%	YES
CANCER-ORAL	21534010000330	BRIGATINIB TAB 30 MG	76189011321	ALUNBRIG	OR	16.00%	16.00%	YES
CANCER-ORAL	21534010000350	BRIGATINIB TAB 90 MG	63020009007	ALUNBRIG	OR	16.00%	16.00%	YES
CANCER-ORAL	21534010000350	BRIGATINIB TAB 90 MG	63020009030	ALUNBRIG	OR	16.00%	16.00%	YES
CANCER-ORAL	21534010000365	BRIGATINIB TAB 180 MG	63020018030	ALUNBRIG	OR	16.00%	16.00%	YES
CANCER-ORAL	2153401000B720	BRIGATINIB TAB INITIATION THERAPY PACK 9(	63020019830	ALUNBRIG	OR	16.00%	16.00%	YES
CANCER-ORAL	21534012000320	BOSUTINIB TAB 100 MG	00069013501	BOSULIF	OR	19.00%	19.00%	NO
CANCER-ORAL	21534012000327	BOSUTINIB TAB 400 MG	00069019301	BOSULIF	OR	19.00%	19.00%	NO
CANCER-ORAL	21534012000340	BOSUTINIB TAB 500 MG	00069013601	BOSULIF	OR	19.00%	19.00%	NO

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CANCER-ORAL	21534013100320	CABOZANTINIB S-MALATE TAB 20 MG (BASE E	42388002426	CABOMETYX	OR	16.45%	16.45%	NO
CANCER-ORAL	21534013100330	CABOZANTINIB S-MALATE TAB 40 MG (BASE E	42388002526	CABOMETYX	OR	16.45%	16.45%	NO
CANCER-ORAL	21534013100340	CABOZANTINIB S-MALATE TAB 60 MG (BASE E	42388002326	CABOMETYX	OR	16.45%	16.45%	NO
CANCER-ORAL	21534013106460	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 M	42388001314	COMETRIQ	OR	13.20%	13.20%	YES
CANCER-ORAL	21534013106470	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20	42388001214	COMETRIQ	OR	13.20%	13.20%	YES
CANCER-ORAL	21534013106480	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20	42388001114	COMETRIQ	OR	13.20%	13.20%	YES
CANCER-ORAL	21534014000130	CERITINIB CAP 150 MG	00078064070	ZYKADIA	OR	15.25%	15.25%	YES
CANCER-ORAL	21534015000120	CRIZOTINIB CAP 200 MG	00069814120	XALKORI	OR	19.00%	19.00%	NO
CANCER-ORAL	21534015000125	CRIZOTINIB CAP 250 MG	00069814020	XALKORI	OR	19.00%	19.00%	NO
CANCER-ORAL	21534020000320	DASATINIB TAB 20 MG	00003052711	SPRYCEL	OR	19.00%	19.00%	NO
CANCER-ORAL	21534020000340	DASATINIB TAB 50 MG	00003052811	SPRYCEL	OR	19.00%	19.00%	NO
CANCER-ORAL	21534020000350	DASATINIB TAB 70 MG	00003052411	SPRYCEL	OR	19.00%	19.00%	NO
CANCER-ORAL	21534020000354	DASATINIB TAB 80 MG	00003085522	SPRYCEL	OR	19.00%	19.00%	NO
CANCER-ORAL	21534020000360	DASATINIB TAB 100 MG	00003085222	SPRYCEL	OR	19.00%	19.00%	NO
CANCER-ORAL	21534020000380	DASATINIB TAB 140 MG	00003085722	SPRYCEL	OR	19.00%	19.00%	NO
CANCER-ORAL	21534025100320	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALEN	50242006201	TARCEVA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534025100330	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALE	50242006301	TARCEVA	OR	19.00%	19.00%	NO

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CANCER-ORAL	21534025100360	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALEN	50242006401	TARCEVA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534025100360	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALEN	54569584800	TARCEVA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534030000320	GEFITINIB TAB 250 MG	00310048230	IRESSA	OR	16.25%	16.25%	YES
CANCER-ORAL	21534033000120	IBRUTINIB CAP 140 MG	57962014009	IMBRUVICA	OR	16.25%	16.25%	YES
CANCER-ORAL	21534033000120	IBRUTINIB CAP 140 MG	57962014012	IMBRUVICA	OR	16.25%	16.25%	YES
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	00078040134	GLEEVEC	OR	19.00%	19.00%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	00093762998	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	00378224577	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	42291035190	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	42292004301	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	42292004303	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	47335047281	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	50268042611	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	50268042612	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	60429092590	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	60505290009	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	60687019211	IMATINIB MESYLATE	OR	57.10%	57.10%	NO

Prime Specialty Pharmacy Fee Schedule

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CANCER-ORAL	21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIV	60687019221	IMATINIB MESYLATE	OR	57.10%	57.10%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	00078064930	GLEEVEC	OR	19.00%	19.00%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	00093763056	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	00378224693	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	42291035230	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	42292004401	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	42292004403	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	47335047583	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	50268042711	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	50268042712	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	60429092630	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	60505290103	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	60687020325	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIV	60687020395	IMATINIB MESYLATE	OR	60.40%	60.40%	NO
CANCER-ORAL	21534050100320	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQ	00078067119	TYKERB	OR	19.00%	19.00%	NO
CANCER-ORAL	21534050100320	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQ	00173075200	TYKERB	OR	19.00%	19.00%	NO
CANCER-ORAL	2153405420B215	LENVATINIB CAP THERAPY PACK 4 (2) MG (8 M	62856070805	LENVIMA 8 MG DAILY DOSE	OR	15.50%	15.50%	YES

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CANCER-ORAL	2153405420B215	LENVATINIB CAP THERAPY PACK 4 (2) MG (8 M	62856070830	LENVIMA 8 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B220	LENVATINIB CAP THERAPY PACK 10 MG (10 M	62856071005	LENVIMA 10 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B220	LENVATINIB CAP THERAPY PACK 10 MG (10 M	62856071030	LENVIMA 10 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B230	LENVATINIB CAP THERAPY PACK 10 (2) MG (20	62856072005	LENVIMA 20 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B230	LENVATINIB CAP THERAPY PACK 10 (2) MG (20	62856072030	LENVIMA 20 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B240	LENVATINIB CAP THERAPY PACK 10 & 4 MG (1	62856071405	LENVIMA 14 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B240	LENVATINIB CAP THERAPY PACK 10 & 4 MG (1	62856071430	LENVIMA 14 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B244	LENVATINIB CAP THERAPY PACK 10 & 4 (2) MG	62856071805	LENVIMA 18 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B244	LENVATINIB CAP THERAPY PACK 10 & 4 (2) MG	62856071830	LENVIMA 18 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B250	LENVATINIB CAP THERAPY PACK 10 (2) & 4 MG	62856072405	LENVIMA 24 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	2153405420B250	LENVATINIB CAP THERAPY PACK 10 (2) & 4 MG	62856072430	LENVIMA 24 MG DAILY DOSE	OR	15.50%	15.50%	YES
CANCER-ORAL	21534058100320	NERATINIB MALEATE TAB 40 MG (BASE EQUIV	70437024018	NERLYNX	OR	16.50%	16.50%	YES
CANCER-ORAL	21534060200115	NILOTINIB HCL CAP 150 MG (BASE EQUIVALEN	00078059251	TASIGNA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534060200115	NILOTINIB HCL CAP 150 MG (BASE EQUIVALEN	00078059287	TASIGNA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534060200125	NILOTINIB HCL CAP 200 MG (BASE EQUIVALEN	00078052651	TASIGNA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534060200125	NILOTINIB HCL CAP 200 MG (BASE EQUIVALEN	00078052687	TASIGNA	OR	19.00%	19.00%	NO
CANCER-ORAL	21534065200320	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQ	00310134930	TAGRISSO	OR	16.25%	16.25%	YES

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CANCER-ORAL	21534065200330	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQ	00310135030	TAGRISSO	OR	16.25%	16.25%	YES
CANCER-ORAL	21534070100320	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	00078067066	VOTRIENT	OR	19.00%	19.00%	NO
CANCER-ORAL	21534070100320	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	00173080409	VOTRIENT	OR	19.00%	19.00%	NO
CANCER-ORAL	21534075100320	PONATINIB HCL TAB 15 MG (BASE EQUIV)	76189053530	ICLUSIG	OR	15.00%	15.00%	YES
CANCER-ORAL	21534075100340	PONATINIB HCL TAB 45 MG (BASE EQUIV)	76189053430	ICLUSIG	OR	15.00%	15.00%	YES
CANCER-ORAL	21534085000320	VANDETANIB TAB 100 MG	00310782030	CAPRELSA	OR	11.00%	11.00%	YES
CANCER-ORAL	21534085000320	VANDETANIB TAB 100 MG	58468782003	CAPRELSA	OR	11.00%	11.00%	YES
CANCER-ORAL	21534085000340	VANDETANIB TAB 300 MG	00310784030	CAPRELSA	OR	11.00%	11.00%	YES
CANCER-ORAL	21534085000340	VANDETANIB TAB 300 MG	58468784003	CAPRELSA	OR	11.00%	11.00%	YES
CANCER-ORAL	21535030200320	ENASIDENIB MESYLATE TAB 50 MG (BASE EQU	59572070530	IDHIFA	OR	16.00%	16.00%	NO
CANCER-ORAL	21535030200340	ENASIDENIB MESYLATE TAB 100 MG (BASE EQ	59572071030	IDHIFA	OR	16.00%	16.00%	NO
CANCER-ORAL	21535550200120	NIRAPARIB TOSYLATE CAP 100 MG (BASE EQU	69656010390	ZEJULA	OR	15.00%	15.00%	YES
CANCER-ORAL	21535560000120	OLAPARIB CAP 50 MG	00310065758	LYNPARZA	OR	14.00%	14.00%	YES
CANCER-ORAL	21535560000330	OLAPARIB TAB 100 MG	00310066812	LYNPARZA	OR	14.00%	14.00%	YES
CANCER-ORAL	21535560000330	OLAPARIB TAB 100 MG	00310066860	LYNPARZA	OR	14.00%	14.00%	YES
CANCER-ORAL	21535560000340	OLAPARIB TAB 150 MG	00310067912	LYNPARZA	OR	14.00%	14.00%	YES
CANCER-ORAL	21535560000340	OLAPARIB TAB 150 MG	00310067960	LYNPARZA	OR	14.00%	14.00%	YES

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
CANCER-ORAL	21535570200320	RUCAPARIB CAMSYLATE TAB 200 MG (BASE E	69660020191	RUBRACA	OR	16.25%	16.25%	YES
CANCER-ORAL	21535570200325	RUCAPARIB CAMSYLATE TAB 250 MG (BASE E	69660020291	RUBRACA	OR	16.25%	16.25%	YES
CANCER-ORAL	21535570200330	RUCAPARIB CAMSYLATE TAB 300 MG (BASE E	69660020391	RUBRACA	OR	16.25%	16.25%	YES
CANCER-ORAL	21536045100120	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVA	63020007801	NINLARO	OR	16.00%	16.00%	YES
CANCER-ORAL	21536045100120	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVA	63020007802	NINLARO	OR	16.00%	16.00%	YES
CANCER-ORAL	21536045100130	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALI	63020007901	NINLARO	OR	16.00%	16.00%	YES
CANCER-ORAL	21536045100130	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALI	63020007902	NINLARO	OR	16.00%	16.00%	YES
CANCER-ORAL	21536045100140	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALI	63020008001	NINLARO	OR	16.00%	16.00%	YES
CANCER-ORAL	21536045100140	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALI	63020008002	NINLARO	OR	16.00%	16.00%	YES
CANCER-ORAL	21537560200310	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQ	50881000560	JAKAFI	OR	16.35%	16.35%	NO
CANCER-ORAL	21537560200320	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE E	50881001060	JAKAFI	OR	16.35%	16.35%	NO
CANCER-ORAL	21537560200325	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE E	50881001560	JAKAFI	OR	16.35%	16.35%	NO
CANCER-ORAL	21537560200330	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE E	50881002060	JAKAFI	OR	16.35%	16.35%	NO
CANCER-ORAL	21537560200335	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE E	50881002560	JAKAFI	OR	16.35%	16.35%	NO
CANCER-ORAL	21538040000320	IDELALISIB TAB 100 MG	61958170101	ZYDELIG	OR	16.25%	16.25%	YES
CANCER-ORAL	21538040000330	IDELALISIB TAB 150 MG	61958170201	ZYDELIG	OR	16.25%	16.25%	YES
CANCER-ORAL	21550080100120	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	00007420511	HYCAMTIN	OR	19.00%	19.00%	NO

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CANCER-ORAL	21550080100120	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	00078067201	HYCAMTIN	OR	19.00%	19.00%	NO
CANCER-ORAL	21550080100140	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	00007420711	HYCAMTIN	OR	19.00%	19.00%	NO
CANCER-ORAL	21550080100140	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	00078067301	HYCAMTIN	OR	19.00%	19.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	00003083050	HYDREA	OR	19.00%	19.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	00440761310	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	00440761320	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	00440761360	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	00555088202	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	42291032101	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	49884072401	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	54569571500	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	60429026501	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	68084028401	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700030000105	HYDROXYUREA CAP 500 MG	68084028411	HYDROXYUREA	OR	65.00%	65.00%	NO
CANCER-ORAL	21700050100105	PROCARBAZINE HCL CAP 50 MG	54482005301	MATULANE	OR	15.50%	15.50%	YES
CANCER-ORAL	21708080000110	TRETINOIN CAP 10 MG	00555080802	TRETINOIN	OR	58.00%	58.00%	NO
CANCER-ORAL	21708080000110	TRETINOIN CAP 10 MG	10370026801	TRETINOIN	OR	58.00%	58.00%	NO

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CANCER-ORAL	21708080000110	TRETINOIN CAP 10 MG	42291084301	TRETINOIN	OR	58.00%	58.00%	NO
CANCER-ORAL	21708080000110	TRETINOIN CAP 10 MG	68084007511	TRETINOIN	OR	58.00%	58.00%	NO
CANCER-ORAL	21708080000110	TRETINOIN CAP 10 MG	68084007521	TRETINOIN	OR	58.00%	58.00%	NO
CANCER-ORAL	21708080000110	TRETINOIN CAP 10 MG	68462079201	TRETINOIN	OR	58.00%	58.00%	NO
CANCER-ORAL	21708220000120	BEXAROTENE CAP 75 MG	00187552675	TARGRETIN	OR	19.00%	19.00%	NO
CANCER-ORAL	21708220000120	BEXAROTENE CAP 75 MG	00378695501	BEXAROTENE	OR	40.00%	40.00%	NO
CANCER-ORAL	21708220000120	BEXAROTENE CAP 75 MG	42292000701	BEXAROTENE	OR	40.00%	40.00%	NO
CANCER-ORAL	21708220000120	BEXAROTENE CAP 75 MG	42292000710	BEXAROTENE	OR	40.00%	40.00%	NO
CANCER-ORAL	21708220000120	BEXAROTENE CAP 75 MG	68682000310	BEXAROTENE	OR	40.00%	40.00%	NO
CANCER-ORAL	2199000260B720	RIBOCICLIB TAB 200 MG & LETROZOLE TAB 2.5	00078090961	KISQALI FEMARA 200 DOSE	OR	16.00%	16.00%	NO
CANCER-ORAL	2199000260B720	RIBOCICLIB TAB 200 MG & LETROZOLE TAB 2.5	00078091661	KISQALI FEMARA 400 DOSE	OR	16.00%	16.00%	NO
CANCER-ORAL	2199000260B720	RIBOCICLIB TAB 200 MG & LETROZOLE TAB 2.5	00078092361	KISQALI FEMARA 600 DOSE	OR	16.00%	16.00%	NO
CANCER-ORAL	21990002750320	TRIFLURIDINE-TIPIRACIL TAB 15-6.14 MG	64842102501	LONSURF	OR	16.25%	16.25%	YES
CANCER-ORAL	21990002750320	TRIFLURIDINE-TIPIRACIL TAB 15-6.14 MG	64842102502	LONSURF	OR	16.25%	16.25%	YES
CANCER-ORAL	21990002750320	TRIFLURIDINE-TIPIRACIL TAB 15-6.14 MG	64842102503	LONSURF	OR	16.25%	16.25%	YES
CANCER-ORAL	21990002750330	TRIFLURIDINE-TIPIRACIL TAB 20-8.19 MG	64842102001	LONSURF	OR	16.25%	16.25%	YES
CANCER-ORAL	21990002750330	TRIFLURIDINE-TIPIRACIL TAB 20-8.19 MG	64842102002	LONSURF	OR	16.25%	16.25%	YES

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CANCER-ORAL	21990002750330	TRIFLURIDINE-TIPIRACIL TAB 20-8.19 MG	64842102003	LONSURF	OR	16.25%	16.25%	YES
CANCER-ORAL	82803030000120	HYDROXYUREA CAP 200 MG	00003633517	DROXIA	OR	16.00%	16.00%	NO
CANCER-ORAL	90371050204030	MECHLORETHAMINE HCL GEL 0.016% (BASE E	66215001660	VALCHLOR	EX	16.25%	16.25%	YES
CANCER-ORAL	90376220004020	BEXAROTENE GEL 1%	00187552560	TARGRETIN	EX	19.00%	19.00%	NO
CANCER-ORAL	99392070000120	THALIDOMIDE CAP 50 MG	59572020514	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000120	THALIDOMIDE CAP 50 MG	59572020517	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000120	THALIDOMIDE CAP 50 MG	59572020594	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000120	THALIDOMIDE CAP 50 MG	59572020597	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000130	THALIDOMIDE CAP 100 MG	59572021015	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000130	THALIDOMIDE CAP 100 MG	59572021095	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000135	THALIDOMIDE CAP 150 MG	59572021513	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000135	THALIDOMIDE CAP 150 MG	59572021593	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000140	THALIDOMIDE CAP 200 MG	59572022016	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99392070000140	THALIDOMIDE CAP 200 MG	59572022096	THALOMID	OR	19.00%	19.00%	NO
CANCER-ORAL	99394050000110	LENALIDOMIDE CAPS 2.5 MG	59572040200	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000110	LENALIDOMIDE CAPS 2.5 MG	59572040228	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000120	LENALIDOMIDE CAP 5 MG	59572040500	REVLIMID	OR	18.30%	18.30%	NO

Prime Specialty Pharmacy Fee Schedule

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CANCER-ORAL	99394050000120	LENALIDOMIDE CAP 5 MG	59572040528	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000130	LENALIDOMIDE CAP 10 MG	59572041000	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000130	LENALIDOMIDE CAP 10 MG	59572041028	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000140	LENALIDOMIDE CAP 15 MG	59572041500	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000140	LENALIDOMIDE CAP 15 MG	59572041521	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000145	LENALIDOMIDE CAP 20 MG	59572042000	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000145	LENALIDOMIDE CAP 20 MG	59572042021	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000150	LENALIDOMIDE CAP 25 MG	59572042500	REVLIMID	OR	18.30%	18.30%	NO
CANCER-ORAL	99394050000150	LENALIDOMIDE CAP 25 MG	59572042521	REVLIMID	OR	18.30%	18.30%	NO
CYSTIC FIBROSIS	07000070000120	TOBRAMYCIN INHAL CAP 28 MG	00078063011	TOBI PODHALER	IN	18.00%	16.50%	NO
CYSTIC FIBROSIS	07000070000120	TOBRAMYCIN INHAL CAP 28 MG	00078063019	TOBI PODHALER	IN	18.00%	16.50%	NO
CYSTIC FIBROSIS	07000070000120	TOBRAMYCIN INHAL CAP 28 MG	00078063035	TOBI PODHALER	IN	18.00%	16.50%	NO
CYSTIC FIBROSIS	07000070000120	TOBRAMYCIN INHAL CAP 28 MG	00078063056	TOBI PODHALER	IN	18.00%	16.50%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	00078049461	TOBI	IN	18.00%	16.50%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	00078049471	TOBI	IN	18.00%	16.50%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	00093408563	TOBRAMYCIN	IN	73.80%	73.80%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	00781717156	TOBRAMYCIN	IN	73.80%	73.80%	NO

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CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	17478034038	TOBRAMYCIN	IN	73.80%	73.80%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	24492085056	KITABIS PAK	IN	16.00%	16.00%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	24492089999	TOBRAMYCIN INHALATION SOLU	IN	45.20%	45.20%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	65162091446	TOBRAMYCIN	IN	73.80%	73.80%	NO
CYSTIC FIBROSIS	07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	70644089999	TOBRAMYCIN	IN	73.80%	73.80%	NO
CYSTIC FIBROSIS	07000070002530	TOBRAMYCIN NEBU SOLN 300 MG/4ML	10122082004	BETHKIS	IN	16.00%	16.00%	NO
CYSTIC FIBROSIS	07000070002530	TOBRAMYCIN NEBU SOLN 300 MG/4ML	10122082028	BETHKIS	IN	16.00%	16.00%	NO
CYSTIC FIBROSIS	07000070002530	TOBRAMYCIN NEBU SOLN 300 MG/4ML	10122082056	BETHKIS	IN	16.00%	16.00%	NO
CYSTIC FIBROSIS	16000005402120	AZTREONAM LYSINE FOR INHAL SOLN 75 MG (	61958090101	CAYSTON	IN	15.25%	15.25%	YES
CYSTIC FIBROSIS	45302030000320	IVACAFTOR TAB 150 MG	51167020001	KALYDECO	OR	18.25%	18.25%	NO
CYSTIC FIBROSIS	45302030000320	IVACAFTOR TAB 150 MG	51167020002	KALYDECO	OR	18.25%	18.25%	NO
CYSTIC FIBROSIS	45302030003020	IVACAFTOR PACKET 50 MG	51167030001	KALYDECO	OR	18.25%	18.25%	NO
CYSTIC FIBROSIS	45302030003030	IVACAFTOR PACKET 75 MG	51167040001	KALYDECO	OR	18.25%	18.25%	NO
CYSTIC FIBROSIS	45304020002010	DORNASE ALFA INHAL SOLN 1 MG/ML	50242010039	PULMOZYME	IN	17.80%	16.30%	NO
CYSTIC FIBROSIS	45304020002010	DORNASE ALFA INHAL SOLN 1 MG/ML	50242010040	PULMOZYME	IN	17.80%	16.30%	NO
CYSTIC FIBROSIS	45309902300310	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	51167070002	ORKAMBI	OR	17.55%	17.55%	NO
CYSTIC FIBROSIS	45309902300320	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	51167080901	ORKAMBI	OR	17.55%	17.55%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
ENZYME DEFICIENCIES	30903610102110	AGALSIDASE BETA FOR IV SOLN 5 MG	58468004101	FABRAZYME	IV	16.55%	16.00%	NO
ENZYME DEFICIENCIES	30903610102120	AGALSIDASE BETA FOR IV SOLN 35 MG	58468004001	FABRAZYME	IV	16.55%	16.00%	NO
ENZYME DEFICIENCIES	30904045000110	NITISINONE CAP 2 MG	66658010260	ORFADIN	OR	02.00%	02.00%	YES
ENZYME DEFICIENCIES	30904045000120	NITISINONE CAP 5 MG	66607100506	ORFADIN	OR	02.00%	02.00%	YES
ENZYME DEFICIENCIES	30904045000120	NITISINONE CAP 5 MG	66658010560	ORFADIN	OR	02.00%	02.00%	YES
ENZYME DEFICIENCIES	30904045000130	NITISINONE CAP 10 MG	66607101006	ORFADIN	OR	02.00%	02.00%	YES
ENZYME DEFICIENCIES	30904045000130	NITISINONE CAP 10 MG	66658011060	ORFADIN	OR	02.00%	02.00%	YES
ENZYME DEFICIENCIES	30904045000140	NITISINONE CAP 20 MG	66658012060	ORFADIN	OR	02.00%	02.00%	YES
ENZYME DEFICIENCIES	30904045000310	NITISINONE TAB 2 MG	70709000260	NITYR	OR	15.00%	15.00%	YES
ENZYME DEFICIENCIES	30904045000320	NITISINONE TAB 5 MG	70709000560	NITYR	OR	15.00%	15.00%	YES
ENZYME DEFICIENCIES	30904045000330	NITISINONE TAB 10 MG	70709000060	NITYR	OR	15.00%	15.00%	YES
ENZYME DEFICIENCIES	30904045001820	NITISINONE SUSP 4 MG/ML	66658020490	ORFADIN	OR	02.00%	02.00%	YES
ENZYME DEFICIENCIES	30905610002020	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0	25682001001	STRENSIQ	SC	13.41%	13.41%	YES
ENZYME DEFICIENCIES	30905610002020	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0	25682001012	STRENSIQ	SC	13.41%	13.41%	YES
ENZYME DEFICIENCIES	30905610002030	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0	25682001301	STRENSIQ	SC	13.41%	13.41%	YES
ENZYME DEFICIENCIES	30905610002030	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0	25682001312	STRENSIQ	SC	13.41%	13.41%	YES
ENZYME DEFICIENCIES	30905610002040	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/M	25682001601	STRENSIQ	SC	13.41%	13.41%	YES

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ENZYME DEFICIENCIES	30905610002040	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/M	25682001612	STRENSIQ	SC	13.41%	13.41%	YES
ENZYME DEFICIENCIES	30905610002050	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0	25682001901	STRENSIQ	SC	13.41%	13.41%	YES
ENZYME DEFICIENCIES	30905610002050	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0	25682001912	STRENSIQ	SC	13.41%	13.41%	YES
ENZYME DEFICIENCIES	30906050002120	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 I	76431021001	MYALEPT	SC	03.00%	03.00%	YES
ENZYME DEFICIENCIES	30906360002020	SEBELIPASE ALFA IV SOLN 20 MG/10ML (2 MG/	25682000701	KANUMA	IV	14.00%	14.00%	YES
ENZYME DEFICIENCIES	30906550002020	LARONIDASE SOLN FOR IV INFUSION 2.9 MG/5	58468007001	ALDURAZYME	IV	17.05%	16.00%	NO
ENZYME DEFICIENCIES	30906850002020	IDURSULFASE SOLN FOR IV INFUSION 6 MG/3M	54092070001	ELAPRASE	IV	16.30%	16.00%	NO
ENZYME DEFICIENCIES	30907030052020	ELOSULFASE ALFA SOLN FOR IV INFUSION 5 M	68135010001	VIMIZIM	IV	14.50%	14.50%	YES
ENZYME DEFICIENCIES	30907535002020	GALSULFASE SOLN FOR IV INFUSION 1 MG/ML	68135002001	NAGLAZYME	IV	16.15%	16.15%	YES
ENZYME DEFICIENCIES	30907680202020	VESTRONIDASE ALFA-VJBK IV SOLN 10 MG/5M	69794000101	MEPSEVII	IV	12.50%	12.50%	YES
ENZYME DEFICIENCIES	30907715002120	ALGLUCOSIDASE ALFA FOR IV SOLN 50 MG	58468016001	LUMIZYME	IV	17.05%	16.00%	NO
ENZYME DEFICIENCIES	30907715002120	ALGLUCOSIDASE ALFA FOR IV SOLN 50 MG	58468016002	LUMIZYME	IV	17.05%	16.00%	NO
ENZYME DEFICIENCIES	30908030000920	GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/	75987005006	RAVICTI	OR	15.00%	15.00%	YES
ENZYME DEFICIENCIES	30908060000320	SODIUM PHENYLBUTYRATE TAB 500 MG	49884017004	SODIUM PHENYLBUTYRATE	OR	40.00%	40.00%	NO
ENZYME DEFICIENCIES	30908060000320	SODIUM PHENYLBUTYRATE TAB 500 MG	75987006008	BUPHENYL	OR	16.80%	16.00%	NO
ENZYME DEFICIENCIES	30908060000320	SODIUM PHENYLBUTYRATE TAB 500 MG	76325049603	BUPHENYL	OR	16.80%	16.00%	NO
ENZYME DEFICIENCIES	30908060002950	SODIUM PHENYLBUTYRATE ORAL POWDER 3	42794008614	SODIUM PHENYLBUTYRATE	OR	40.00%	40.00%	NO

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ENZYME DEFICIENCIES	30908060002950	SODIUM PHENYLBUTYRATE ORAL POWDER 3	49884000604	SODIUM PHENYLBUTYRATE	OR	40.00%	40.00%	NO
ENZYME DEFICIENCIES	30908060002950	SODIUM PHENYLBUTYRATE ORAL POWDER 3	75987007009	BUPHENYL	OR	16.80%	16.00%	NO
ENZYME DEFICIENCIES	30908060002950	SODIUM PHENYLBUTYRATE ORAL POWDER 3	76325018864	BUPHENYL	OR	16.80%	16.00%	NO
ENZYME DEFICIENCIES	30908230000320	CARGLUMIC ACID TAB 200 MG	52276031205	CARBAGLU	OR	03.00%	03.00%	YES
ENZYME DEFICIENCIES	30908230000320	CARGLUMIC ACID TAB 200 MG	52276031260	CARBAGLU	OR	03.00%	03.00%	YES
ENZYME DEFICIENCIES	30908565103020	SAPROPTERIN DIHYDROCHLORIDE POWDER I	68135030111	KUVAN	OR	17.80%	17.80%	NO
ENZYME DEFICIENCIES	30908565103020	SAPROPTERIN DIHYDROCHLORIDE POWDER I	68135030122	KUVAN	OR	17.80%	17.80%	NO
ENZYME DEFICIENCIES	30908565103040	SAPROPTERIN DIHYDROCHLORIDE POWDER I	68135048210	KUVAN	OR	17.80%	17.80%	NO
ENZYME DEFICIENCIES	30908565103040	SAPROPTERIN DIHYDROCHLORIDE POWDER I	68135048211	KUVAN	OR	17.80%	17.80%	NO
ENZYME DEFICIENCIES	30908565107320	SAPROPTERIN DIHYDROCHLORIDE SOLUBLE	68135030002	KUVAN	OR	17.80%	17.80%	NO
ENZYME DEFICIENCIES	51200060002030	SACROSIDASE SOLN 8500 UNIT/ML	67871011104	SUCRAID	OR	15.00%	15.00%	YES
ENZYME DEFICIENCIES	74600035002020	ETEPLIRSEN IV SOLN 100 MG/2ML (50 MG/ML)	60923036302	EXONDYS 51	IV	10.00%	10.00%	YES
ENZYME DEFICIENCIES	74600035002040	ETEPLIRSEN IV SOLN 500 MG/10ML (50 MG/ML)	60923028410	EXONDYS 51	IV	10.00%	10.00%	YES
ENZYME DEFICIENCIES	82700040600120	ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQ	58468022001	CERDELGA	OR	16.00%	16.00%	NO
ENZYME DEFICIENCIES	82700050002120	IMIGLUCERASE FOR INJ 400 UNIT	58468466301	CEREZYME	IV	17.43%	16.00%	NO
ENZYME DEFICIENCIES	82700070000120	MIGLUSTAT CAP 100 MG	66215020118	ZAVESCA	OR	13.50%	13.50%	YES
ENZYME DEFICIENCIES	82700070000120	MIGLUSTAT CAP 100 MG	66215020190	ZAVESCA	OR	13.50%	13.50%	YES

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ENZYME DEFICIENCIES	82700080102120	TALIGLUCERASE ALFA FOR INJ 200 UNIT	00069010601	ELELYSO	IV	16.50%	16.50%	YES
ENZYME DEFICIENCIES	82700085102120	VELAGLUCERASE ALFA FOR INJ 400 UNIT	54092070104	VPRIV	IV	16.55%	16.00%	NO
ENZYME DEFICIENCIES	99473080002120	SILTUXIMAB FOR IV INFUSION 100 MG	57894042001	SYLVANT	IV	16.00%	16.00%	NO
ENZYME DEFICIENCIES	99473080002140	SILTUXIMAB FOR IV INFUSION 400 MG	57894042101	SYLVANT	IV	16.00%	16.00%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	00004018682	BONIVA	OR	16.00%	16.00%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	00004018683	BONIVA	OR	16.00%	16.00%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	00591377011	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	00591377031	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	35356042303	BONIVA	OR	16.00%	16.00%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	42291033603	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	47781010307	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	47781010333	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	55111057503	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	55111057511	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	60429064373	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	60505279500	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO
ESTROGENS &OSTEOPOROS	30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQ	65862023703	IBANDRONATE SODIUM	OR	88.20%	88.20%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
FERTILITY & PREGNANCY	26000010101710	HYDROXYPROGESTERONE CAPROATE IM IN C	64011024301	MAKENA	IM	16.30%	16.00%	NO
FERTILITY & PREGNANCY	26000010101710	HYDROXYPROGESTERONE CAPROATE IM IN C	64011024702	MAKENA	IM	16.30%	16.00%	NO
FERTILITY & PREGNANCY	30062020002130	CHORIONIC GONADOTROPIN FOR IM INJ 5000	55566150201	NOVAREL	IM	63.50%	63.50%	NO
FERTILITY & PREGNANCY	30062020002140	CHORIONIC GONADOTROPIN FOR INJ 10000 U	00052031510	PREGNYL W/DILUENT BENZYL AL	IM	18.76%	16.68%	NO
FERTILITY & PREGNANCY	30062020002140	CHORIONIC GONADOTROPIN FOR INJ 10000 U	55566150101	NOVAREL	IM	63.50%	63.50%	NO
FERTILITY & PREGNANCY	30062020002140	CHORIONIC GONADOTROPIN FOR INJ 10000 U	63323002510	CHORIONIC GONADOTROPIN	IM	69.10%	69.10%	NO
FERTILITY & PREGNANCY	30062020002140	CHORIONIC GONADOTROPIN FOR INJ 10000 U	63323003011	CHORIONIC GONADOTROPIN	IM	69.10%	69.10%	NO
FERTILITY & PREGNANCY	30062022052220	CHORIOGONADOTROPIN ALFA INJ 250 MCG/0.	44087115001	OVIDREL	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030052020	FOLLITROPIN ALFA INJ 300 UNIT/0.5ML	44087111501	GONAL-F RFF REDIJECT	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030052025	FOLLITROPIN ALFA INJ 450 UNIT/0.75ML	44087111601	GONAL-F RFF REDIJECT	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030052040	FOLLITROPIN ALFA INJ 900 UNIT/1.5ML	44087111701	GONAL-F RFF REDIJECT	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030052115	FOLLITROPIN ALFA FOR INJ 75 UNIT	44087900501	GONAL-F RFF	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030052115	FOLLITROPIN ALFA FOR INJ 75 UNIT	44087900506	GONAL-F RFF	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030052140	FOLLITROPIN ALFA FOR INJ 450 UNIT	44087903001	GONAL-F	IJ	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030052150	FOLLITROPIN ALFA FOR INJ 1050 UNIT	44087907001	GONAL-F	IJ	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062030102003	FOLLITROPIN BETA INJ 75 UNIT/0.5ML	00052030802	FOLLISTIM AQ	IJ	18.30%	16.80%	NO
FERTILITY & PREGNANCY	30062030102020	FOLLITROPIN BETA INJ 300 UNIT/0.36ML	00052031301	FOLLISTIM AQ	SC	18.30%	16.80%	NO

Prime Specialty Pharmacy Fee Schedule

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FERTILITY & PREGNANCY	30062030102030	FOLLITROPIN BETA INJ 600 UNIT/0.72ML	00052031601	FOLLISTIM AQ	SC	18.30%	16.80%	NO
FERTILITY & PREGNANCY	30062030102040	FOLLITROPIN BETA INJ 900 UNIT/1.08ML	00052032601	FOLLISTIM AQ	SC	18.30%	16.80%	NO
FERTILITY & PREGNANCY	30062050002175	MENOTROPINS FOR SUBCUTANEOUS INJ 75 U	55566750101	MENOPUR	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062050002175	MENOTROPINS FOR SUBCUTANEOUS INJ 75 U	55566750102	MENOPUR	SC	17.80%	16.30%	NO
FERTILITY & PREGNANCY	30062090102112	UROFOLLITROPIN PURIFIED FOR INJ 75 UNIT	55566850502	BRAVELLE	IJ	18.75%	16.67%	NO
FERTILITY & PREGNANCY	30062090102112	UROFOLLITROPIN PURIFIED FOR INJ 75 UNIT	55566850506	BRAVELLE	IJ	18.75%	16.67%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	00093004103	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	00093004165	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	33261096201	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	43063025005	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	49884070154	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	49884070155	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	54569494300	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	54569494301	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30066030100305	CLOMIPHENE CITRATE TAB 50 MG	61919037530	CLOMIPHENE CITRATE	OR	84.90%	84.90%	NO
FERTILITY & PREGNANCY	30090025106420	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	44087122501	CETROTIDE	SC	17.80%	16.67%	NO
FERTILITY & PREGNANCY	30090040102020	GANIRELIX ACETATE INJ 250 MCG/0.5ML	00052030151	GANIRELIX ACETATE	SC	17.80%	16.30%	NO

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GROWTH HORMONES	30100020002015	SOMATROPIN INJ 5 MG/2ML	50242007501	NUTROPIN AQ NUSPIN 5	SC	18.30%	16.80%	NO
GROWTH HORMONES	30100020002020	SOMATROPIN INJ 10 MG/2ML	50242007401	NUTROPIN AQ NUSPIN 10	SC	18.30%	16.80%	NO
GROWTH HORMONES	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	00169770411	NORDITROPIN NORDIFLEX PEN	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	00169770421	NORDITROPIN FLEXPRO	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	00169776811	NORDITROPIN CARTRIDGE	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	00781300107	OMNITROPE	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	00781300126	OMNITROPE	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	32849011156	NORDITROPIN CARTRIDGE	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	54868614600	NORDITROPIN NORDIFLEX PEN	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002056	SOMATROPIN INJ 10 MG/1.5ML	00169770511	NORDITROPIN NORDIFLEX PEN	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002056	SOMATROPIN INJ 10 MG/1.5ML	00169770521	NORDITROPIN FLEXPRO	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002056	SOMATROPIN INJ 10 MG/1.5ML	00781300407	OMNITROPE	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002056	SOMATROPIN INJ 10 MG/1.5ML	00781300426	OMNITROPE	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002062	SOMATROPIN INJ 15 MG/1.5ML	00169770811	NORDITROPIN NORDIFLEX PEN	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002062	SOMATROPIN INJ 15 MG/1.5ML	00169770821	NORDITROPIN FLEXPRO	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002062	SOMATROPIN INJ 15 MG/1.5ML	00169777011	NORDITROPIN CARTRIDGE	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002064	SOMATROPIN INJ 20 MG/2ML	50242007301	NUTROPIN AQ PEN	SC	18.30%	16.80%	NO

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GROWTH HORMONES	30100020002064	SOMATROPIN INJ 20 MG/2ML	50242007601	NUTROPIN AQ NUSPIN 20	SC	18.30%	16.80%	NO
GROWTH HORMONES	30100020002066	SOMATROPIN INJ 30 MG/3ML	00169770321	NORDITROPIN FLEXPRO	SC	21.36%	21.36%	NO
GROWTH HORMONES	30100020002120	SOMATROPIN FOR INJ 5 MG	00002733511	HUMATROPE COMBO PACK	IJ	19.30%	17.80%	NO
GROWTH HORMONES	30100020002120	SOMATROPIN FOR INJ 5 MG	00002734901	HUMATROPE	IJ	19.30%	17.80%	NO
GROWTH HORMONES	30100020002121	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	00013262681	GENOTROPIN	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002121	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	55566180101	ZOMACTON	SC	19.50%	19.00%	NO
GROWTH HORMONES	30100020002123	SOMATROPIN FOR INJ 5.8 MG	00781400436	OMNITROPE	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002123	SOMATROPIN FOR INJ 5.8 MG	00781401471	OMNITROPE	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002125	SOMATROPIN FOR INJ 6 MG (18 UNIT)	00002814701	HUMATROPE	IJ	19.30%	17.80%	NO
GROWTH HORMONES	30100020002132	SOMATROPIN FOR INJ 12 MG (36 UNIT)	00002814801	HUMATROPE	IJ	19.30%	17.80%	NO
GROWTH HORMONES	30100020002134	SOMATROPIN FOR INJ 12 MG (13.8 MG OVERFI	00013264681	GENOTROPIN	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002140	SOMATROPIN FOR INJ 10 MG	55566190000	ZOMACTON	SC	19.50%	19.00%	NO
GROWTH HORMONES	30100020002140	SOMATROPIN FOR INJ 10 MG	55566190101	ZOMACTON	SC	19.50%	19.00%	NO
GROWTH HORMONES	30100020002150	SOMATROPIN FOR INJ 24 MG	00002814901	HUMATROPE	IJ	19.30%	17.80%	NO
GROWTH HORMONES	30100020002166	SOMATROPIN FOR INJ 0.2 MG	00013264902	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002168	SOMATROPIN FOR INJ 0.4 MG	00013265002	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002170	SOMATROPIN FOR INJ 0.6 MG	00013265102	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO

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GROWTH HORMONES	30100020002172	SOMATROPIN FOR INJ 0.8 MG	00013265202	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002174	SOMATROPIN FOR INJ 1 MG	00013265302	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002176	SOMATROPIN FOR INJ 1.2 MG	00013265402	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002178	SOMATROPIN FOR INJ 1.4 MG	00013265502	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002180	SOMATROPIN FOR INJ 1.6 MG	00013265602	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002182	SOMATROPIN FOR INJ 1.8 MG	00013265702	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020002184	SOMATROPIN FOR INJ 2 MG	00013265802	GENOTROPIN MINIQUICK	SC	17.80%	16.30%	NO
GROWTH HORMONES	30100020102118	SOMATROPIN (NON-REFRIGERATED) FOR SUE	44087000401	SEROSTIM	SC	18.00%	18.00%	NO
GROWTH HORMONES	30100020102118	SOMATROPIN (NON-REFRIGERATED) FOR SUE	44087000407	SEROSTIM	SC	18.00%	18.00%	NO
GROWTH HORMONES	30100020102120	SOMATROPIN (NON-REFRIGERATED) FOR INJ	44087100502	SAIZEN	IJ	18.30%	16.80%	NO
GROWTH HORMONES	30100020102120	SOMATROPIN (NON-REFRIGERATED) FOR INJ	54569493000	SAIZEN	IJ	18.30%	16.80%	NO
GROWTH HORMONES	30100020102121	SOMATROPIN (NON-REFRIGERATED) FOR SUE	44087000501	SEROSTIM	SC	18.00%	18.00%	NO
GROWTH HORMONES	30100020102121	SOMATROPIN (NON-REFRIGERATED) FOR SUE	44087000507	SEROSTIM	SC	18.00%	18.00%	NO
GROWTH HORMONES	30100020102125	SOMATROPIN (NON-REFRIGERATED) FOR SUE	44087000601	SEROSTIM	SC	18.00%	18.00%	NO
GROWTH HORMONES	30100020102125	SOMATROPIN (NON-REFRIGERATED) FOR SUE	44087000607	SEROSTIM	SC	18.00%	18.00%	NO
GROWTH HORMONES	30100020102130	SOMATROPIN (NON-REFRIGERATED) FOR INJ	44087001601	SAIZENPREP RECONSTITUTION I	IJ	18.30%	16.80%	NO
GROWTH HORMONES	30100020102130	SOMATROPIN (NON-REFRIGERATED) FOR INJ	44087108001	SAIZEN CLICK.EASY	IJ	18.30%	16.80%	NO

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GROWTH HORMONES	30100020102130	SOMATROPIN (NON-REFRIGERATED) FOR INJ	44087108801	SAIZEN	IJ	18.30%	16.80%	NO
GROWTH HORMONES	30100020102132	SOMATROPIN (NON-REFRIGERATED) FOR SUB	44087338807	ZORBTIVE	SC	17.05%	16.00%	NO
GROWTH HORMONES	30160045002020	MECASERMIN INJ 40 MG/4ML (10 MG/ML)	15054104005	INCRELEX	SC	17.25%	17.25%	YES
HEMOPHILIA	30201010102015	DESMOPRESSIN ACETATE NASAL SOLN 1.5 M	00053687100	STIMATE	NA	19.00%	19.00%	NO
HEMOPHILIA	85100010002110	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 2	00944394002	HEMOFIL M	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010002110	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 2	76125025020	KOATE-DVI	IV	55.00%	55.00%	NO
HEMOPHILIA	85100010002110	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 2	76125025620	KOATE	IV	55.00%	55.00%	NO
HEMOPHILIA	85100010002130	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 5	00944394202	HEMOFIL M	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010002130	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 5	76125066730	KOATE-DVI	IV	55.00%	55.00%	NO
HEMOPHILIA	85100010002130	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 5	76125066830	KOATE	IV	55.00%	55.00%	NO
HEMOPHILIA	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1	00944394402	HEMOFIL M	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1	76125067250	KOATE-DVI	IV	55.00%	55.00%	NO
HEMOPHILIA	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1	76125067351	KOATE-DVI	IV	55.00%	55.00%	NO
HEMOPHILIA	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1	76125067650	KOATE	IV	55.00%	55.00%	NO
HEMOPHILIA	85100010002146	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1	00944394602	HEMOFIL M	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010006460	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ K	00053763302	MONOCLATE-P	IV	45.50%	45.50%	NO
HEMOPHILIA	85100010006475	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ K	00053763402	MONOCLATE-P	IV	45.50%	45.50%	NO

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HEMOPHILIA	85100010202115	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00944284110	RECOMBINATE	IV	41.00%	41.00%	NO
HEMOPHILIA	85100010202120	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026382125	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202120	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026482101	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202120	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00169782501	NOVOEIGHT	IV	44.00%	44.00%	NO
HEMOPHILIA	85100010202125	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00944284210	RECOMBINATE	IV	41.00%	41.00%	NO
HEMOPHILIA	85100010202130	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026382225	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202130	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026482201	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202130	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00169785001	NOVOEIGHT	IV	44.00%	44.00%	NO
HEMOPHILIA	85100010202135	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00944284310	RECOMBINATE	IV	41.00%	41.00%	NO
HEMOPHILIA	85100010202140	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026382425	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202140	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026482401	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202140	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00169781001	NOVOEIGHT	IV	44.00%	44.00%	NO
HEMOPHILIA	85100010202145	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00944284410	RECOMBINATE	IV	41.00%	41.00%	NO
HEMOPHILIA	85100010202150	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00169781501	NOVOEIGHT	IV	44.00%	44.00%	NO
HEMOPHILIA	85100010202155	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00944284510	RECOMBINATE	IV	41.00%	41.00%	NO
HEMOPHILIA	85100010202160	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026382650	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202160	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026482601	KOVALTRY	IV	46.50%	46.50%	NO

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HEMOPHILIA	85100010202160	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00169782001	NOVOEIGHT	IV	44.00%	44.00%	NO
HEMOPHILIA	85100010202170	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026382850	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202170	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026482801	KOVALTRY	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010202170	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00169783001	NOVOEIGHT	IV	44.00%	44.00%	NO
HEMOPHILIA	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378220	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378225	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026379220	KOGENATE FS BIO-SET	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00053813102	HELIXATE FS	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378330	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378335	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026379330	KOGENATE FS BIO-SET	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00053813202	HELIXATE FS	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010206440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378550	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378555	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026379550	KOGENATE FS BIO-SET	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00053813302	HELIXATE FS	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378660	KOGENATE FS	IV	48.50%	48.50%	NO

Prime Specialty Pharmacy Fee Schedule

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HEMOPHILIA	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378665	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026379660	KOGENATE FS BIO-SET	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00053813402	HELIXATE FS	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378770	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026378775	KOGENATE FS	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00026379770	KOGENATE FS BIO-SET	IV	48.50%	48.50%	NO
HEMOPHILIA	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	00053813502	HELIXATE FS	IV	47.00%	47.00%	NO
HEMOPHILIA	85100010222120	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982014001	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010222130	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982014201	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010222140	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982014401	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010222160	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982014601	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010222165	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR IN	68982014801	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010222170	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR IN	68982015001	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010222180	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR IN	68982015201	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010226420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982013901	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010226430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982014101	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010226440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982014301	NUWIQ	IV	40.00%	40.00%	NO

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HEMOPHILIA	85100010226460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FC	68982014501	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010226465	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR IN	68982014701	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010226470	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR IN	68982014901	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010226480	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR IN	68982015101	NUWIQ	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010252120	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944292102	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252120	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944296010	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252120	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944305102	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252130	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944292202	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252130	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944296110	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252130	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944305202	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252140	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944292302	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252140	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944296210	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252140	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944305302	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252150	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944292402	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252150	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944296310	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252150	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944305402	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252170	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944296410	ADVATE	IV	45.00%	45.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HEMOPHILIA	85100010252170	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944304510	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252180	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944296510	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252180	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944304610	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252185	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944294810	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010252185	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ	00944304710	ADVATE	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010266420	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001201	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266420	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001202	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266420	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394002203	XYNTHA SOLOFUSE	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266430	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001301	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266430	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001302	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266430	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394002303	XYNTHA SOLOFUSE	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266440	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001401	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266440	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001402	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266440	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394002403	XYNTHA SOLOFUSE	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266460	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001501	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266460	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001502	XYNTHA	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010266460	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394002503	XYNTHA SOLOFUSE	IV	46.50%	46.50%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HEMOPHILIA	85100010266470	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	58394001603	XYNTHA SOLOFUSE	IV	46.50%	46.50%	NO
HEMOPHILIA	85100010302120	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406048308	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302120	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080101	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302125	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406048408	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302125	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080201	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302130	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406048508	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302130	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080301	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302135	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406048608	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302135	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080401	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302145	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406048708	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302145	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080501	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302155	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406048808	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302155	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080601	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302165	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406048908	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302165	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080701	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302170	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080801	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010302175	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406080901	ELOCTATE	IV	35.00%	35.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HEMOPHILIA	85100010302180	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	64406081001	ELOCTATE	IV	35.00%	35.00%	NO
HEMOPHILIA	85100010402120	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944425202	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402120	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462201	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402130	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944425402	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402130	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462301	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402135	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462601	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402135	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462602	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402140	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944425602	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402140	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462401	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402145	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462701	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402145	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462702	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402150	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944425802	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402150	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462501	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402160	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462801	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010402160	ANTIHEMOPHILIC FACTOR RECOMB PEGYLAT	00944462802	ADYNOVATE	IV	40.00%	40.00%	NO
HEMOPHILIA	85100010502130	ANTIHEMOPHILIC FACTOR (RECOMB PORC) R	00944500101	OBIZUR	IV	16.00%	16.00%	NO
HEMOPHILIA	85100010502130	ANTIHEMOPHILIC FACTOR (RECOMB PORC) R	00944500105	OBIZUR	IV	16.00%	16.00%	NO

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HEMOPHILIA	85100010502130	ANTIHEMOPHILIC FACTOR (RECOMB PORC) R	00944500110	OBIZUR	IV	16.00%	16.00%	NO
HEMOPHILIA	85100010556420	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN F	69911047402	AFSTYLA	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010556430	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN F	69911047502	AFSTYLA	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010556440	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN F	69911047602	AFSTYLA	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010556445	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN F	69911048002	AFSTYLA	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010556450	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN F	69911047702	AFSTYLA	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010556455	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN F	69911048102	AFSTYLA	IV	45.00%	45.00%	NO
HEMOPHILIA	85100010556460	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN F	69911047802	AFSTYLA	IV	45.00%	45.00%	NO
HEMOPHILIA	85100015102122	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	63833061502	HUMATE-P	IV	41.00%	41.00%	NO
HEMOPHILIA	85100015102129	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	67467018201	WILATE	IV	50.00%	50.00%	NO
HEMOPHILIA	85100015102132	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	63833061602	HUMATE-P	IV	41.00%	41.00%	NO
HEMOPHILIA	85100015102139	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	67467018202	WILATE	IV	50.00%	50.00%	NO
HEMOPHILIA	85100015102144	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	63833061702	HUMATE-P	IV	41.00%	41.00%	NO
HEMOPHILIA	85100015102160	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460101	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102160	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460501	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102170	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460201	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102170	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460601	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO

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HEMOPHILIA	85100015102180	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460302	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102180	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460702	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102190	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460402	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102190	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460802	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102193	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516460902	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015102193	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68516461002	ALPHANATE/VON WILLEBRAND F	IV	46.00%	46.00%	NO
HEMOPHILIA	85100015106430	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68982018201	WILATE	IV	50.00%	50.00%	NO
HEMOPHILIA	85100015106440	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR	68982018202	WILATE	IV	50.00%	50.00%	NO
HEMOPHILIA	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR I	64193042302	FEIBA	IV	35.00%	35.00%	NO
HEMOPHILIA	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR I	64193042402	FEIBA	IV	35.00%	35.00%	NO
HEMOPHILIA	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR I	64193042502	FEIBA	IV	35.00%	35.00%	NO
HEMOPHILIA	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR I	64193042602	FEIBA	IV	35.00%	35.00%	NO
HEMOPHILIA	85100026202117	COAGULATION FACTOR VIIA (RECOMB) FOR I	00169720101	NOVOSEVEN RT	IV	39.32%	39.32%	NO
HEMOPHILIA	85100026202126	COAGULATION FACTOR VIIA (RECOMB) FOR I	00169720201	NOVOSEVEN RT	IV	39.32%	39.32%	NO
HEMOPHILIA	85100026202130	COAGULATION FACTOR VIIA (RECOMB) FOR I	32849020138	NOVOSEVEN	IV	39.32%	39.32%	NO
HEMOPHILIA	85100026202145	COAGULATION FACTOR VIIA (RECOMB) FOR I	00169720501	NOVOSEVEN RT	IV	39.32%	39.32%	NO
HEMOPHILIA	85100026202160	COAGULATION FACTOR VIIA (RECOMB) FOR I	00169720801	NOVOSEVEN RT	IV	39.32%	39.32%	NO

Prime Specialty Pharmacy Fee Schedule

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HEMOPHILIA	85100028002170	COAGULATION FACTOR IX FOR INJ 500 UNIT	68516360102	ALPHANINE SD	IV	51.00%	51.00%	NO
HEMOPHILIA	85100028002170	COAGULATION FACTOR IX FOR INJ 500 UNIT	68516360402	ALPHANINE SD	IV	51.00%	51.00%	NO
HEMOPHILIA	85100028002180	COAGULATION FACTOR IX FOR INJ 1000 UNIT	00053623302	MONONINE	IV	36.00%	36.00%	NO
HEMOPHILIA	85100028002180	COAGULATION FACTOR IX FOR INJ 1000 UNIT	68516360202	ALPHANINE SD	IV	51.00%	51.00%	NO
HEMOPHILIA	85100028002180	COAGULATION FACTOR IX FOR INJ 1000 UNIT	68516360502	ALPHANINE SD	IV	51.00%	51.00%	NO
HEMOPHILIA	85100028002185	COAGULATION FACTOR IX FOR INJ 1500 UNIT	68516360302	ALPHANINE SD	IV	51.00%	51.00%	NO
HEMOPHILIA	85100028002185	COAGULATION FACTOR IX FOR INJ 1500 UNIT	68516360602	ALPHANINE SD	IV	51.00%	51.00%	NO
HEMOPHILIA	85100028202120	COAGULATION FACTOR IX (RECOMBINANT) FC	00944302602	RIXUBIS	IV	40.00%	40.00%	NO
HEMOPHILIA	85100028202120	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028705	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202130	COAGULATION FACTOR IX (RECOMBINANT) FC	00944302802	RIXUBIS	IV	40.00%	40.00%	NO
HEMOPHILIA	85100028202130	COAGULATION FACTOR IX (RECOMBINANT) FC	53270027005	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202130	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028205	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FC	00944303002	RIXUBIS	IV	40.00%	40.00%	NO
HEMOPHILIA	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FC	53270027105	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FC	53270027106	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028305	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028506	IXINITY	IV	35.00%	35.00%	NO

Prime Specialty Pharmacy Fee Schedule

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HEMOPHILIA	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FC	53270027205	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FC	53270027206	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028405	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028606	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202150	COAGULATION FACTOR IX (RECOMBINANT) FC	00944303202	RIXUBIS	IV	40.00%	40.00%	NO
HEMOPHILIA	85100028202150	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028805	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028202160	COAGULATION FACTOR IX (RECOMBINANT) FC	00944303402	RIXUBIS	IV	40.00%	40.00%	NO
HEMOPHILIA	85100028202160	COAGULATION FACTOR IX (RECOMBINANT) FC	70504028905	IXINITY	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028206420	COAGULATION FACTOR IX (RECOMBINANT) FC	58394063303	BENEFIX	IV	18.00%	18.00%	NO
HEMOPHILIA	85100028206430	COAGULATION FACTOR IX (RECOMBINANT) FC	58394063403	BENEFIX	IV	18.00%	18.00%	NO
HEMOPHILIA	85100028206440	COAGULATION FACTOR IX (RECOMBINANT) FC	58394063503	BENEFIX	IV	18.00%	18.00%	NO
HEMOPHILIA	85100028206450	COAGULATION FACTOR IX (RECOMBINANT) FC	58394063603	BENEFIX	IV	18.00%	18.00%	NO
HEMOPHILIA	85100028206460	COAGULATION FACTOR IX (RECOMBINANT) FC	58394063703	BENEFIX	IV	18.00%	18.00%	NO
HEMOPHILIA	85100028352110	COAGULATION FACTOR IX (RECOMB) (RIX-FP)	69911086402	IDELVION	IV	20.00%	20.00%	NO
HEMOPHILIA	85100028352120	COAGULATION FACTOR IX (RECOMB) (RIX-FP)	69911086502	IDELVION	IV	20.00%	20.00%	NO
HEMOPHILIA	85100028352130	COAGULATION FACTOR IX (RECOMB) (RIX-FP)	69911086602	IDELVION	IV	20.00%	20.00%	NO
HEMOPHILIA	85100028352140	COAGULATION FACTOR IX (RECOMB) (RIX-FP)	69911086702	IDELVION	IV	20.00%	20.00%	NO

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HEMOPHILIA	85100028402105	COAGULATION FACTOR IX (RECOMB) (RFIXFC	64406096601	ALPROLIX	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028402110	COAGULATION FACTOR IX (RECOMB) (RFIXFC	64406091101	ALPROLIX	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028402120	COAGULATION FACTOR IX (RECOMB) (RFIXFC	64406092201	ALPROLIX	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028402130	COAGULATION FACTOR IX (RECOMB) (RFIXFC	64406093301	ALPROLIX	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028402140	COAGULATION FACTOR IX (RECOMB) (RFIXFC	64406094401	ALPROLIX	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028402150	COAGULATION FACTOR IX (RECOMB) (RFIXFC	64406097701	ALPROLIX	IV	35.00%	35.00%	NO
HEMOPHILIA	85100028452120	COAGULATION FACTOR IX RECOMB GLYCOPE	00169790501	REBINYN	IV	16.00%	16.00%	NO
HEMOPHILIA	85100028452130	COAGULATION FACTOR IX RECOMB GLYCOPE	00169790101	REBINYN	IV	16.00%	16.00%	NO
HEMOPHILIA	85100028452140	COAGULATION FACTOR IX RECOMB GLYCOPE	00169790201	REBINYN	IV	16.00%	16.00%	NO
HEMOPHILIA	85100030002105	FACTOR IX COMPLEX FOR INJ 500 UNIT	68516320101	PROFILNINE	IV	38.00%	38.00%	NO
HEMOPHILIA	85100030002105	FACTOR IX COMPLEX FOR INJ 500 UNIT	68516320401	PROFILNINE SD	IV	38.00%	38.00%	NO
HEMOPHILIA	85100030002110	FACTOR IX COMPLEX FOR INJ 1000 UNIT	68516320202	PROFILNINE	IV	38.00%	38.00%	NO
HEMOPHILIA	85100030002110	FACTOR IX COMPLEX FOR INJ 1000 UNIT	68516320502	PROFILNINE SD	IV	38.00%	38.00%	NO
HEMOPHILIA	85100030002115	FACTOR IX COMPLEX FOR INJ 1500 UNIT	68516320302	PROFILNINE	IV	38.00%	38.00%	NO
HEMOPHILIA	85100030002115	FACTOR IX COMPLEX FOR INJ 1500 UNIT	68516320602	PROFILNINE SD	IV	38.00%	38.00%	NO
HEMOPHILIA	85100030002150	FACTOR IX COMPLEX FOR INJ 200-1200 UNIT	64193044502	BEBULIN	IV	24.00%	24.00%	NO
HEMOPHILIA	85100031002120	COAGULATION FACTOR X (HUMAN) FOR INJ 25	64208775201	COAGADEX	IV	30.00%	30.00%	YES

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HEMOPHILIA	85100031002140	COAGULATION FACTOR X (HUMAN) FOR INJ 50	64208775301	COAGADEX	IV	30.00%	30.00%	YES
HEMOPHILIA	85100032102130	COAGULATION FACTOR XIII A-SUBUNIT FOR IN	00169701301	TRETTEN	IV	10.00%	10.00%	YES
HEMOPHILIA	85100033006440	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ	63833051802	CORIFACT	IV	31.56%	31.56%	YES
HEMOPHILIA	85100070202120	VON WILLEBRAND FACTOR (RECOMBINANT) F	00944755102	VONVENDI	IV	05.00%	05.00%	YES
HEMOPHILIA	85100070202130	VON WILLEBRAND FACTOR (RECOMBINANT) F	00944755302	VONVENDI	IV	05.00%	05.00%	YES
HEMOPHILIA	85105030202010	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30	50242092001	HEMLIBRA	SC	16.00%	16.00%	NO
HEMOPHILIA	85105030202020	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60	50242092101	HEMLIBRA	SC	16.00%	16.00%	NO
HEMOPHILIA	85105030202030	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 10	50242092201	HEMLIBRA	SC	16.00%	16.00%	NO
HEMOPHILIA	85105030202040	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 15	50242092301	HEMLIBRA	SC	16.00%	16.00%	NO
HEPATITIS C	12353025100320	DACLATASVIR DIHYDROCHLORIDE TAB 30 MG	00003021301	DAKLINZA	OR	17.00%	16.00%	NO
HEPATITIS C	12353025100330	DACLATASVIR DIHYDROCHLORIDE TAB 60 MG	00003021501	DAKLINZA	OR	17.00%	16.00%	NO
HEPATITIS C	12353025100340	DACLATASVIR DIHYDROCHLORIDE TAB 90 MG	00003001101	DAKLINZA	OR	17.00%	16.00%	NO
HEPATITIS C	12353060052020	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	00004035009	PEGASYS	SC	18.05%	16.55%	NO
HEPATITIS C	12353060052030	PEGINTERFERON ALFA-2A INJ 135 MCG/0.5ML	00004036030	PEGASYS PROCLICK	SC	18.05%	16.55%	NO
HEPATITIS C	12353060052040	PEGINTERFERON ALFA-2A INJ 180 MCG/0.5ML	00004035730	PEGASYS	SC	18.05%	16.55%	NO
HEPATITIS C	12353060052040	PEGINTERFERON ALFA-2A INJ 180 MCG/0.5ML	00004036530	PEGASYS PROCLICK	SC	18.05%	16.55%	NO
HEPATITIS C	12353060106410	PEGINTERFERON ALFA-2B FOR INJ KIT 50 MC	00085132301	PEG-INTRON REDIPEN	SC	18.80%	17.30%	NO

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HEPATITIS C	12353060106410	PEGINTERFERON ALFA-2B FOR INJ KIT 50 MC	00085136801	PEG-INTRON	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106410	PEGINTERFERON ALFA-2B FOR INJ KIT 50 MC	00085435301	PEGINTRON	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106416	PEGINTERFERON ALFA-2B FOR INJ KIT 80 MC	00085131601	PEG-INTRON REDIPEN	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106416	PEGINTERFERON ALFA-2B FOR INJ KIT 80 MC	00085435401	PEGINTRON	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106424	PEGINTERFERON ALFA-2B FOR INJ KIT 120 MC	00085129701	PEG-INTRON REDIPEN	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106424	PEGINTERFERON ALFA-2B FOR INJ KIT 120 MC	00085129702	PEG-INTRON REDIPEN PAK 4	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106424	PEGINTERFERON ALFA-2B FOR INJ KIT 120 MC	00085435501	PEGINTRON	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106430	PEGINTERFERON ALFA-2B FOR INJ KIT 150 MC	00085137001	PEG-INTRON REDIPEN	SC	18.80%	17.30%	NO
HEPATITIS C	12353060106430	PEGINTERFERON ALFA-2B FOR INJ KIT 150 MC	00085435601	PEGINTRON	SC	18.80%	17.30%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	00085119403	REBETOL	OR	17.80%	16.30%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	00085138507	REBETOL	OR	17.80%	16.30%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	00781204304	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	00781204316	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	00781204342	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	00781204367	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	54738095318	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	54738095342	RIBAVIRIN	OR	91.60%	91.60%	NO

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HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	54738095356	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	54738095370	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	54738095384	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	65862029018	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	65862029042	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	65862029056	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	65862029070	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	65862029084	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	66435010118	RIBASPHERE	OR	82.10%	82.10%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	66435010142	RIBASPHERE	OR	82.10%	82.10%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	66435010156	RIBASPHERE	OR	82.10%	82.10%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	66435010170	RIBASPHERE	OR	82.10%	82.10%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	66435010184	RIBASPHERE	OR	82.10%	82.10%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	68084017911	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	68084017965	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	68382026010	RIBAVIRIN	OR	91.60%	91.60%	NO
HEPATITIS C	12353070000120	RIBAVIRIN CAP 200 MG	68382026012	RIBAVIRIN	OR	91.60%	91.60%	NO

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HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	00004008694	COPEGUS	OR	17.37%	16.00%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	00074319716	MODERIBA	OR	16.00%	16.00%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	00781517728	RIBAVIRIN	OR	90.90%	90.90%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	49884004532	RIBAVIRIN	OR	90.90%	90.90%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	54738095016	RIBAVIRIN	OR	90.90%	90.90%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	65862020768	RIBAVIRIN	OR	90.90%	90.90%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	66435010216	RIBASPHERE	OR	73.20%	73.20%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	68382004603	RIBAVIRIN	OR	90.90%	90.90%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	68382004610	RIBAVIRIN	OR	90.90%	90.90%	NO
HEPATITIS C	12353070000320	RIBAVIRIN TAB 200 MG	68382004628	RIBAVIRIN	OR	90.90%	90.90%	NO
HEPATITIS C	12353070000340	RIBAVIRIN TAB 400 MG	00074323956	MODERIBA 800 DOSE PACK	OR	16.00%	16.00%	NO
HEPATITIS C	12353070000340	RIBAVIRIN TAB 400 MG	16241006976	RIBATAB	OR	55.00%	50.00%	NO
HEPATITIS C	12353070000340	RIBAVIRIN TAB 400 MG	66435010356	RIBASPHERE	OR	77.00%	70.00%	NO
HEPATITIS C	12353070000340	RIBAVIRIN TAB 400 MG	66435010556	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	12353070000340	RIBAVIRIN TAB 400 MG	66435010599	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	12353070000360	RIBAVIRIN TAB 600 MG	00074328256	MODERIBA 1200 DOSE PACK	OR	16.00%	16.00%	NO
HEPATITIS C	12353070000360	RIBAVIRIN TAB 600 MG	16241007076	RIBATAB	OR	55.00%	50.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HEPATITIS C	12353070000360	RIBAVIRIN TAB 600 MG	66435010456	RIBASPHERE	OR	77.00%	70.00%	NO
HEPATITIS C	12353070000360	RIBAVIRIN TAB 600 MG	66435010756	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	12353070000360	RIBAVIRIN TAB 600 MG	66435010799	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	12353070002020	RIBAVIRIN SOLN 40 MG/ML	00085131801	REBETOL	OR	17.80%	16.30%	NO
HEPATITIS C	1235307000B715	RIBAVIRIN TAB 200 MG & RIBAVIRIN TAB 400 M	00074322456	MODERIBA	OR	16.00%	16.00%	NO
HEPATITIS C	1235307000B715	RIBAVIRIN TAB 200 MG & RIBAVIRIN TAB 400 M	66435010856	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	1235307000B715	RIBAVIRIN TAB 200 MG & RIBAVIRIN TAB 400 M	66435010899	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	1235307000B720	RIBAVIRIN TAB 400 MG & RIBAVIRIN TAB 600 M	00074327156	MODERIBA	OR	16.00%	16.00%	NO
HEPATITIS C	1235307000B720	RIBAVIRIN TAB 400 MG & RIBAVIRIN TAB 600 M	16241033776	RIBATAB	OR	55.00%	50.00%	NO
HEPATITIS C	1235307000B720	RIBAVIRIN TAB 400 MG & RIBAVIRIN TAB 600 M	66435010656	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	1235307000B720	RIBAVIRIN TAB 400 MG & RIBAVIRIN TAB 600 M	66435010699	RIBASPHERE RIBAPAK	OR	55.00%	50.00%	NO
HEPATITIS C	12353077100120	SIMEPREVIR SODIUM CAP 150 MG (BASE EQU	59676022528	OLYSIO	OR	17.00%	16.00%	NO
HEPATITIS C	12353080000320	SOFOSBUVIR TAB 400 MG	61958150101	SOVALDI	OR	17.00%	16.00%	NO
HEPATITIS C	12359902300320	ELBASVIR-GRAZOPREVIR TAB 50-100 MG	00006307401	ZEPATIER	OR	17.00%	16.00%	NO
HEPATITIS C	12359902300320	ELBASVIR-GRAZOPREVIR TAB 50-100 MG	00006307402	ZEPATIER	OR	17.00%	16.00%	NO
HEPATITIS C	12359902350320	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	00074262528	MAVYRET	OR	16.00%	16.00%	NO
HEPATITIS C	12359902400320	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	61958180101	HARVONI	OR	17.50%	16.50%	NO

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HEPATITIS C	12359902650330	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	61958220101	EPCLUSA	OR	17.00%	16.00%	NO
HEPATITIS C	12359903600320	OMBITASVIR-PARITAPREVIR-RITONAVIR TAB 1	00074308228	TECHNIVIE	OR	17.00%	16.00%	NO
HEPATITIS C	12359903800330	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TA	61958240101	VOSEVI	OR	16.75%	16.00%	NO
HEPATITIS C	12359904607530	DASAB-OMBIT-PARITAP-RITON TAB SR 24HR 2	00074006328	VIEKIRA XR	OR	17.00%	16.00%	NO
HEPATITIS C	1235990460B720	OMBITAS-PARITAPRE-RITON & DASAB TAB PA	00074309328	VIEKIRA PAK	OR	17.00%	16.00%	NO
HEPATITIS C	21700060202022	INTERFERON ALFA-2B INJ 6000000 UNIT/ML	00085116801	INTRON A	IJ	17.80%	16.30%	NO
HEPATITIS C	21700060202030	INTERFERON ALFA-2B INJ 10000000 UNIT/ML	00085113301	INTRON A	IJ	17.80%	16.30%	NO
HEPATITIS C	21700060202130	INTERFERON ALFA-2B FOR INJ 10000000 UNIT	00085057102	INTRON A W/DILUENT	IJ	17.80%	16.30%	NO
HEPATITIS C	21700060202130	INTERFERON ALFA-2B FOR INJ 10000000 UNIT	00085435001	INTRON A	IJ	17.80%	16.30%	NO
HEPATITIS C	21700060202135	INTERFERON ALFA-2B FOR INJ 18000000 UNIT	00085111001	INTRON A W/DILUENT	IJ	17.80%	16.30%	NO
HEPATITIS C	21700060202135	INTERFERON ALFA-2B FOR INJ 18000000 UNIT	00085435101	INTRON A	IJ	17.80%	16.30%	NO
HEPATITIS C	21700060202160	INTERFERON ALFA-2B FOR INJ 50000000 UNIT	00085053901	INTRON A W/DILUENT	IJ	17.80%	16.30%	NO
HEPATITIS C	21700060202160	INTERFERON ALFA-2B FOR INJ 50000000 UNIT	00085435201	INTRON A	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	13000040000310	PYRIMETHAMINE TAB 25 MG	52054033010	DARAPRIM	OR	16.00%	16.00%	NO
HIGH COST OTHERS	13000040000310	PYRIMETHAMINE TAB 25 MG	52054033095	DARAPRIM	OR	16.00%	16.00%	NO
HIGH COST OTHERS	13000040000310	PYRIMETHAMINE TAB 25 MG	69413033010	DARAPRIM	OR	16.00%	16.00%	NO
HIGH COST OTHERS	13000040000310	PYRIMETHAMINE TAB 25 MG	69413033030	DARAPRIM	OR	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	21405010106405	LEUPROLIDE ACETATE FOR INJ KIT 3.75 MG	00074364103	LUPRON DEPOT (1-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	21405010106407	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	00703401418	LEUPROLIDE ACETATE	IJ	29.40%	29.40%	NO
HIGH COST OTHERS	21405010106407	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	00781400332	LEUPROLIDE ACETATE	IJ	29.40%	29.40%	NO
HIGH COST OTHERS	21405010106407	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	47335093640	LEUPROLIDE ACETATE	IJ	29.40%	29.40%	NO
HIGH COST OTHERS	21405010106410	LEUPROLIDE ACETATE FOR INJ KIT 7.5 MG	00074364203	LUPRON DEPOT (1-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	21405010106415	LEUPROLIDE ACETATE FOR SUBCUTANEOUS	62935075375	ELIGARD	SC	17.80%	16.30%	NO
HIGH COST OTHERS	21405010156420	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT	00074366303	LUPRON DEPOT (3-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	21405010156430	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT	00074334603	LUPRON DEPOT (3-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	21405010156432	LEUPROLIDE ACETATE (3 MONTH) FOR SUBCU	62935022305	ELIGARD	SC	17.80%	16.30%	NO
HIGH COST OTHERS	21405010206430	LEUPROLIDE ACETATE (4 MONTH) FOR INJ KIT	00074368303	LUPRON DEPOT (4-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	21405010206435	LEUPROLIDE ACETATE (4 MONTH) FOR SUBCU	62935030330	ELIGARD	SC	17.80%	16.30%	NO
HIGH COST OTHERS	21405010256445	LEUPROLIDE ACETATE (6 MONTH) FOR SUBCU	62935045345	ELIGARD	SC	17.80%	16.30%	NO
HIGH COST OTHERS	21405010256450	LEUPROLIDE ACETATE (6 MONTH) FOR INJ KIT	00074347303	LUPRON DEPOT (6-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	21700060302020	INTERFERON ALFA-N3 INJ 5000000 UNIT/ML	54746000101	ALFERON N	IJ	17.50%	16.00%	NO
HIGH COST OTHERS	22100017000340	DEFLAZACORT TAB 6 MG	42998050101	EMFLAZA	OR	12.00%	12.00%	YES
HIGH COST OTHERS	22100017000350	DEFLAZACORT TAB 18 MG	42998050203	EMFLAZA	OR	12.00%	12.00%	YES
HIGH COST OTHERS	22100017000360	DEFLAZACORT TAB 30 MG	42998050303	EMFLAZA	OR	12.00%	12.00%	YES

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	22100017000365	DEFLAZACORT TAB 36 MG	42998050403	EMFLAZA	OR	12.00%	12.00%	YES
HIGH COST OTHERS	22100017001830	DEFLAZACORT SUSP 22.75 MG/ML	42998050521	EMFLAZA	OR	12.00%	12.00%	YES
HIGH COST OTHERS	27304050000330	MIFEPRISTONE TAB 300 MG	76346007301	KORLYM	OR	13.00%	13.00%	YES
HIGH COST OTHERS	27304050000330	MIFEPRISTONE TAB 300 MG	76346007302	KORLYM	OR	13.00%	13.00%	YES
HIGH COST OTHERS	30042048102030	IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BA	25021082761	IBANDRONATE SODIUM	IV	88.20%	88.20%	NO
HIGH COST OTHERS	30042048102030	IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BA	55150019183	IBANDRONATE SODIUM	IV	88.20%	88.20%	NO
HIGH COST OTHERS	30042048102030	IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BA	60505609700	IBANDRONATE SODIUM	IV	88.20%	88.20%	NO
HIGH COST OTHERS	30042048102030	IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BA	62756021840	IBANDRONATE SODIUM	IV	88.20%	88.20%	NO
HIGH COST OTHERS	30042048102030	IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BA	67457052433	IBANDRONATE SODIUM	IV	88.20%	88.20%	NO
HIGH COST OTHERS	30042048102030	IBANDRONATE SODIUM IV SOLN KIT 3 MG/3ML	00004019109	BONIVA	IV	16.00%	16.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	00078038725	ZOMETA	IV	17.80%	16.30%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	00143964201	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	00409421501	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	16729024231	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	17478032705	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	17478032745	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	23155017031	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	25021080166	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	25021080167	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	42023015101	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	43598033011	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	45963044055	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	47335003540	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	51991006598	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	55111068507	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	60505611000	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	63323096198	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION	67457039054	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090002016	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	00078059061	ZOMETA	IV	17.80%	16.30%	NO
HIGH COST OTHERS	30042090002016	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	00409422901	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090002016	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	25021082666	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090002016	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	25021082667	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090002016	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	25021082682	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	00078043561	RECLAST	IV	17.80%	16.30%	NO

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HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	00409422801	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	23155018631	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	25021083082	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	35356035101	RECLAST	IV	17.80%	16.30%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	42023016301	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	43598033111	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	51991006498	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	55111068852	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	63323096600	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	67457061910	ZOLEDRONIC ACID	IV	70.90%	70.90%	NO
HIGH COST OTHERS	30042090002120	ZOLEDRONIC ACID FOR IV SOLN 4 MG	47335096241	ZOLEDRONIC ACID	IV	40.00%	40.00%	NO
HIGH COST OTHERS	3004400500D230	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-	70539000101	TYMLOS	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3004400500D230	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-	70539000102	TYMLOS	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3004405510E110	PARATHYROID HORMONE (RECOMBINANT) FO	68875020202	NATPARA	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3004405510E120	PARATHYROID HORMONE (RECOMBINANT) FO	68875020302	NATPARA	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3004405510E130	PARATHYROID HORMONE (RECOMBINANT) FO	68875020402	NATPARA	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3004405510E140	PARATHYROID HORMONE (RECOMBINANT) FO	68875020502	NATPARA	SC	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	30044070002020	TERIPARATIDE (RECOMBINANT) INJ 600 MCG/2	00002840001	FORTEO	SC	17.80%	16.30%	NO
HIGH COST OTHERS	30044530002020	DENOSUMAB INJ 60 MG/ML	55513071001	PROLIA	SC	17.80%	16.30%	NO
HIGH COST OTHERS	30044530002030	DENOSUMAB INJ 120 MG/1.7ML	55513073001	XGEVA	SC	17.80%	16.30%	NO
HIGH COST OTHERS	30080045106450	HISTRELIN ACETATE (CPP) IMPLANT KIT 50 MC	67979000201	SUPPRELIN LA	SC	16.00%	16.00%	NO
HIGH COST OTHERS	30080050106420	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KI	00074210803	LUPRON DEPOT-PED (1-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	30080050106430	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KI	00074228203	LUPRON DEPOT-PED (1-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	30080050106440	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KI	00074244003	LUPRON DEPOT-PED (1-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	30080050156420	LEUPROLIDE ACETATE (3 MONTH) FOR INJ PE	00074377903	LUPRON DEPOT-PED (3-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	30080050156440	LEUPROLIDE ACETATE (3 MONTH) FOR INJ PE	00074969403	LUPRON DEPOT-PED (3-MONTH)	IM	17.30%	16.00%	NO
HIGH COST OTHERS	3008007040G240	TRIPTORELIN PAMOATE FOR IM ER SUSP 22.5	24338015020	TRIPTODUR	IM	14.00%	14.00%	YES
HIGH COST OTHERS	30089902506420	LEUPROLIDE (1 MON) INJ 3.75 MG & NORETHIN	00074105205	LUPANETA PACK	CO	17.30%	16.00%	NO
HIGH COST OTHERS	30089902506440	LEUPROLIDE (3 MON) INJ 11.25 MG & NORETHI	00074105305	LUPANETA PACK	CO	17.30%	16.00%	NO
HIGH COST OTHERS	30170050102025	LANREOTIDE ACETATE EXTENDED RELEASE I	15054006001	SOMATULINE DEPOT	SC	16.55%	16.00%	NO
HIGH COST OTHERS	30170050102025	LANREOTIDE ACETATE EXTENDED RELEASE I	15054106003	SOMATULINE DEPOT	SC	16.55%	16.00%	NO
HIGH COST OTHERS	30170050102030	LANREOTIDE ACETATE EXTENDED RELEASE I	15054009001	SOMATULINE DEPOT	SC	16.55%	16.00%	NO
HIGH COST OTHERS	30170050102030	LANREOTIDE ACETATE EXTENDED RELEASE I	15054109003	SOMATULINE DEPOT	SC	16.55%	16.00%	NO
HIGH COST OTHERS	30170050102040	LANREOTIDE ACETATE EXTENDED RELEASE I	15054112003	SOMATULINE DEPOT	SC	16.55%	16.00%	NO

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HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	00078018001	SANDOSTATIN	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	00078018061	SANDOSTATIN	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	00641617401	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	00641617410	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	00703330101	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	00703330104	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	25021045101	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	62756034844	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	63323036501	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	63323036504	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	67457023900	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 M	67457023901	OCTREOTIDE ACETATE	IJ	31.20%	31.20%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	00078018101	SANDOSTATIN	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	00078018161	SANDOSTATIN	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	00641617501	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	00641617510	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	00703331101	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO

Prime Specialty Pharmacy Fee Schedule

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HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	00703331104	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	25021045201	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	62756009444	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	62756034944	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	63323037601	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	63323037604	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	67457024500	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 M	67457024501	OCTREOTIDE ACETATE	IJ	59.90%	59.90%	NO
HIGH COST OTHERS	30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 M	00078018325	SANDOSTATIN	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 M	00641617701	OCTREOTIDE ACETATE	IJ	57.90%	57.90%	NO
HIGH COST OTHERS	30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 M	00703333301	OCTREOTIDE ACETATE	IJ	57.90%	57.90%	NO
HIGH COST OTHERS	30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 M	00781316575	OCTREOTIDE ACETATE	IJ	57.90%	57.90%	NO
HIGH COST OTHERS	30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 M	25021045405	OCTREOTIDE ACETATE	IJ	57.90%	57.90%	NO
HIGH COST OTHERS	30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 M	62756035040	OCTREOTIDE ACETATE	IJ	57.90%	57.90%	NO
HIGH COST OTHERS	30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 M	63323037805	OCTREOTIDE ACETATE	IJ	57.90%	57.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	00078018201	SANDOSTATIN	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	00078018261	SANDOSTATIN	IJ	17.80%	16.30%	NO

Prime Specialty Pharmacy Fee Schedule

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HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	00641617601	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	00641617610	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	00703332101	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	00703332104	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	00703332194	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	25021045301	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	62756035144	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	63323037701	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	63323037704	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	67457024600	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 M	67457024601	OCTREOTIDE ACETATE	IJ	64.90%	64.90%	NO
HIGH COST OTHERS	30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MC	00078018425	SANDOSTATIN	IJ	17.80%	16.30%	NO
HIGH COST OTHERS	30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MC	00641617801	OCTREOTIDE ACETATE	IJ	68.60%	68.60%	NO
HIGH COST OTHERS	30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MC	00703334301	OCTREOTIDE ACETATE	IJ	68.60%	68.60%	NO
HIGH COST OTHERS	30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MC	00781316475	OCTREOTIDE ACETATE	IJ	68.60%	68.60%	NO
HIGH COST OTHERS	30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MC	25021045505	OCTREOTIDE ACETATE	IJ	68.60%	68.60%	NO
HIGH COST OTHERS	30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MC	62756035240	OCTREOTIDE ACETATE	IJ	68.60%	68.60%	NO

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HIGH COST OTHERS	30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 M	63323037905	OCTREOTIDE ACETATE	IJ	68.60%	68.60%	NO
HIGH COST OTHERS	30170070106410	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	00078064661	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106410	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	00078064681	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106410	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	00078081181	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106420	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG	00078064761	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106420	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG	00078064781	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106420	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG	00078081881	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106430	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG	00078064861	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106430	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG	00078064881	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170070106430	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG	00078082581	SANDOSTATIN LAR DEPOT	IM	17.00%	16.00%	NO
HIGH COST OTHERS	30170075202020	PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (B/	00078063306	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	30170075202020	PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (B/	00078063320	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	30170075202020	PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (B/	00078063361	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	30170075202030	PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (B/	00078063406	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	30170075202030	PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (B/	00078063420	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	30170075202030	PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (B/	00078063461	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	30170075202040	PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (B/	00078063506	SIGNIFOR	SC	12.00%	12.00%	YES

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	30170075202040	PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (B/	00078063520	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	30170075202040	PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (B/	00078063561	SIGNIFOR	SC	12.00%	12.00%	YES
HIGH COST OTHERS	3017007540G220	PASIREOTIDE PAMOATE FOR IM ER SUSP 20 M	00078064161	SIGNIFOR LAR	IM	12.00%	12.00%	YES
HIGH COST OTHERS	3017007540G220	PASIREOTIDE PAMOATE FOR IM ER SUSP 20 M	00078064181	SIGNIFOR LAR	IM	12.00%	12.00%	YES
HIGH COST OTHERS	3017007540G230	PASIREOTIDE PAMOATE FOR IM ER SUSP 40 M	00078064261	SIGNIFOR LAR	IM	12.00%	12.00%	YES
HIGH COST OTHERS	3017007540G230	PASIREOTIDE PAMOATE FOR IM ER SUSP 40 M	00078064281	SIGNIFOR LAR	IM	12.00%	12.00%	YES
HIGH COST OTHERS	3017007540G240	PASIREOTIDE PAMOATE FOR IM ER SUSP 60 M	00078064361	SIGNIFOR LAR	IM	12.00%	12.00%	YES
HIGH COST OTHERS	3017007540G240	PASIREOTIDE PAMOATE FOR IM ER SUSP 60 M	00078064381	SIGNIFOR LAR	IM	12.00%	12.00%	YES
HIGH COST OTHERS	30180060002120	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	00009517502	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002120	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	00009517602	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002120	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	00009716601	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002130	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	00009517802	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002130	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	00009716801	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002140	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	00009518002	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002140	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	00009718801	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002150	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	00009519901	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002150	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	00009520104	SOMAVERT	SC	16.15%	16.15%	YES

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	30180060002150	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	00009719901	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002160	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	00009520001	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002160	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	00009537604	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30180060002160	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	00009720001	SOMAVERT	SC	16.15%	16.15%	YES
HIGH COST OTHERS	30300010004010	CORTICOTROPIN INJ GEL 80 UNIT/ML	63004871001	H.P. ACTHAR	IJ	15.50%	15.50%	YES
HIGH COST OTHERS	30454060000320	TOLVAPTAN TAB 15 MG	59148002050	SAMSCA	OR	15.50%	15.50%	YES
HIGH COST OTHERS	30454060000330	TOLVAPTAN TAB 30 MG	59148002150	SAMSCA	OR	15.50%	15.50%	YES
HIGH COST OTHERS	30903875203020	URIDINE TRIACETATE ORAL GRANULES PACK	69468015202	XURIDEN	OR	15.00%	15.00%	YES
HIGH COST OTHERS	30903875203020	URIDINE TRIACETATE ORAL GRANULES PACK	69468015230	XURIDEN	OR	15.00%	15.00%	YES
HIGH COST OTHERS	36600020100310	MECAMYLAMINE HCL TAB 2.5 MG	45043055840	VECAMYL	OR	12.50%	12.50%	YES
HIGH COST OTHERS	36600020100310	MECAMYLAMINE HCL TAB 2.5 MG	69413055840	VECAMYL	OR	12.50%	12.50%	YES
HIGH COST OTHERS	3935001000D220	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJ	00024590101	PRALUENT	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935001000D220	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJ	00024590102	PRALUENT	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935001000D230	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJ	00024590201	PRALUENT	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935001000D230	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJ	00024590202	PRALUENT	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935001000E520	ALIROCUMAB SUBCUTANEOUS SOLN PREFILL	00024590301	PRALUENT	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935001000E520	ALIROCUMAB SUBCUTANEOUS SOLN PREFILL	00024590302	PRALUENT	SC	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	3935001000E530	ALIROCUMAB SUBCUTANEOUS SOLN PREFILL	00024590401	PRALUENT	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935001000E530	ALIROCUMAB SUBCUTANEOUS SOLN PREFILL	00024590402	PRALUENT	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935002000D520	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-I	55513076001	REPATHA SURECLICK	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935002000D520	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-I	55513076002	REPATHA SURECLICK	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935002000E230	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRI	55513077001	REPATHA PUSHTRONEX SYSTEM	SC	16.00%	16.00%	NO
HIGH COST OTHERS	3935002000E520	EVOLOCUMAB SUBCUTANEOUS SOLN PREFIL	55513075001	REPATHA	SC	16.00%	16.00%	NO
HIGH COST OTHERS	39480050200120	LOMITAPIDE MESYLATE CAP 5 MG (BASE EQU	76431010501	JUXTAPID	OR	12.00%	12.00%	YES
HIGH COST OTHERS	39480050200130	LOMITAPIDE MESYLATE CAP 10 MG (BASE EQ	76431011001	JUXTAPID	OR	12.00%	12.00%	YES
HIGH COST OTHERS	39480050200140	LOMITAPIDE MESYLATE CAP 20 MG (BASE EQ	76431012001	JUXTAPID	OR	12.00%	12.00%	YES
HIGH COST OTHERS	39480050200150	LOMITAPIDE MESYLATE CAP 30 MG (BASE EQ	76431013001	JUXTAPID	OR	12.00%	12.00%	YES
HIGH COST OTHERS	39480050200160	LOMITAPIDE MESYLATE CAP 40 MG (BASE EQ	76431014001	JUXTAPID	OR	12.00%	12.00%	YES
HIGH COST OTHERS	39480050200170	LOMITAPIDE MESYLATE CAP 60 MG (BASE EQ	76431016001	JUXTAPID	OR	12.00%	12.00%	YES
HIGH COST OTHERS	3950004010E520	MIPOMERSEN SODIUM SOLN PREFILLED SYRI	58468019101	KYNAMRO	SC	15.50%	15.50%	YES
HIGH COST OTHERS	3950004010E520	MIPOMERSEN SODIUM SOLN PREFILLED SYRI	58468019102	KYNAMRO	SC	15.50%	15.50%	YES
HIGH COST OTHERS	3950004010E520	MIPOMERSEN SODIUM SOLN PREFILLED SYRI	70688050201	KYNAMRO	SC	15.50%	15.50%	YES
HIGH COST OTHERS	3950004010E520	MIPOMERSEN SODIUM SOLN PREFILLED SYRI	70688050202	KYNAMRO	SC	15.50%	15.50%	YES
HIGH COST OTHERS	52100010000305	CHENODIOL TAB 250 MG	45043087640	CHENODAL	OR	12.50%	12.50%	YES

Prime Specialty Pharmacy Fee Schedule

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HIGH COST OTHERS	52100010000305	CHENODIOL TAB 250 MG	68974087640	CHENODAL	OR	12.50%	12.50%	YES
HIGH COST OTHERS	52533070006420	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	68875010101	GATTEX	SC	13.50%	13.50%	YES
HIGH COST OTHERS	52533070006420	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	68875010102	GATTEX	SC	13.50%	13.50%	YES
HIGH COST OTHERS	52533070006420	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	68875010201	GATTEX	SC	15.00%	15.00%	YES
HIGH COST OTHERS	52533070006420	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	68875010301	GATTEX	SC	15.00%	15.00%	YES
HIGH COST OTHERS	52570075100330	TELOTRISTAT ETIPRATE TAB 250 MG (TELOTR	70183012584	XERMELO	OR	14.50%	14.50%	YES
HIGH COST OTHERS	52700025000120	CHOLIC ACID CAP 50 MG	45043000102	CHOLBAM	OR	05.50%	05.50%	YES
HIGH COST OTHERS	52700025000140	CHOLIC ACID CAP 250 MG	45043000202	CHOLBAM	OR	05.50%	05.50%	YES
HIGH COST OTHERS	52750060000320	OBETICHOLIC ACID TAB 5 MG	69516000530	OCALIVA	OR	16.30%	16.30%	NO
HIGH COST OTHERS	52750060000330	OBETICHOLIC ACID TAB 10 MG	69516001030	OCALIVA	OR	16.30%	16.30%	NO
HIGH COST OTHERS	56400030100120	CYSTEAMINE BITARTRATE CAP 50 MG	00378904001	CYSTAGON	OR	12.50%	12.50%	YES
HIGH COST OTHERS	56400030100120	CYSTEAMINE BITARTRATE CAP 50 MG	00378904005	CYSTAGON	OR	12.50%	12.50%	YES
HIGH COST OTHERS	56400030100140	CYSTEAMINE BITARTRATE CAP 150 MG	00378904501	CYSTAGON	OR	12.50%	12.50%	YES
HIGH COST OTHERS	56400030100140	CYSTEAMINE BITARTRATE CAP 150 MG	00378904505	CYSTAGON	OR	12.50%	12.50%	YES
HIGH COST OTHERS	56400030106520	CYSTEAMINE BITARTRATE CAP DELAYED RELI	49663000106	PROCYSBI	OR	03.00%	03.00%	YES
HIGH COST OTHERS	56400030106530	CYSTEAMINE BITARTRATE CAP DELAYED RELI	49663000225	PROCYSBI	OR	03.00%	03.00%	YES
HIGH COST OTHERS	62380030000310	DEUTETRABENAZINE TAB 6 MG	68546017060	AUSTEDO	OR	15.00%	15.00%	YES

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HIGH COST OTHERS	62380030000320	DEUTETRABENAZINE TAB 9 MG	68546017160	AUSTEDO	OR	15.00%	15.00%	YES
HIGH COST OTHERS	62380030000330	DEUTETRABENAZINE TAB 12 MG	68546017260	AUSTEDO	OR	15.00%	15.00%	YES
HIGH COST OTHERS	62380070000310	TETRABENAZINE TAB 12.5 MG	31722082111	TETRABENAZINE	OR	66.40%	66.40%	NO
HIGH COST OTHERS	62380070000310	TETRABENAZINE TAB 12.5 MG	42291080630	TETRABENAZINE	OR	66.40%	66.40%	NO
HIGH COST OTHERS	62380070000310	TETRABENAZINE TAB 12.5 MG	47335027723	TETRABENAZINE	OR	66.40%	66.40%	NO
HIGH COST OTHERS	62380070000310	TETRABENAZINE TAB 12.5 MG	51224042510	TETRABENAZINE	OR	66.40%	66.40%	NO
HIGH COST OTHERS	62380070000310	TETRABENAZINE TAB 12.5 MG	67386042101	XENAZINE	OR	17.05%	17.05%	NO
HIGH COST OTHERS	62380070000310	TETRABENAZINE TAB 12.5 MG	68682042112	TETRABENAZINE	OR	66.40%	66.40%	NO
HIGH COST OTHERS	62380070000310	TETRABENAZINE TAB 12.5 MG	69452011721	TETRABENAZINE	OR	66.40%	66.40%	NO
HIGH COST OTHERS	62380070000320	TETRABENAZINE TAB 25 MG	31722082211	TETRABENAZINE	OR	67.50%	67.50%	NO
HIGH COST OTHERS	62380070000320	TETRABENAZINE TAB 25 MG	42291080730	TETRABENAZINE	OR	67.50%	67.50%	NO
HIGH COST OTHERS	62380070000320	TETRABENAZINE TAB 25 MG	47335017923	TETRABENAZINE	OR	67.50%	67.50%	NO
HIGH COST OTHERS	62380070000320	TETRABENAZINE TAB 25 MG	51224042610	TETRABENAZINE	OR	67.50%	67.50%	NO
HIGH COST OTHERS	62380070000320	TETRABENAZINE TAB 25 MG	67386042201	XENAZINE	OR	17.05%	17.05%	NO
HIGH COST OTHERS	62380070000320	TETRABENAZINE TAB 25 MG	68682042225	TETRABENAZINE	OR	67.50%	67.50%	NO
HIGH COST OTHERS	62380070000320	TETRABENAZINE TAB 25 MG	69452011821	TETRABENAZINE	OR	67.50%	67.50%	NO
HIGH COST OTHERS	62380080200120	VALBENAZINE TOSYLATE CAP 40 MG (BASE E	70370104001	INGREZZA	OR	15.00%	15.00%	YES

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HIGH COST OTHERS	62380080200140	VALBENAZINE TOSYLATE CAP 80 MG (BASE E	70370108001	INGREZZA	OR	15.00%	15.00%	YES
HIGH COST OTHERS	62450060202020	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	68727010001	XYREM	OR	10.42%	10.42%	YES
HIGH COST OTHERS	68000050002020	PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)	60809080101	KRYSTEXXA	IV	15.25%	15.25%	YES
HIGH COST OTHERS	68000050002020	PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)	75987008010	KRYSTEXXA	IV	15.25%	15.25%	YES
HIGH COST OTHERS	7320301010E220	APOMORPHINE HYDROCHLORIDE INJ 10 MG/M	27505000401	APOKYN	SC	16.90%	16.90%	YES
HIGH COST OTHERS	7320301010E220	APOMORPHINE HYDROCHLORIDE INJ 10 MG/M	27505000405	APOKYN	SC	16.90%	16.90%	YES
HIGH COST OTHERS	74400020032115	ABOBOTULINUMTOXINA FOR IM INJ 300 UNIT	15054053006	DYSPORT	IM	16.67%	16.67%	NO
HIGH COST OTHERS	74400020032120	ABOBOTULINUMTOXINA FOR IM INJ 500 UNIT	15054005001	DYSPORT	IM	16.67%	16.67%	NO
HIGH COST OTHERS	74400020032120	ABOBOTULINUMTOXINA FOR IM INJ 500 UNIT	15054050001	DYSPORT	IM	16.67%	16.67%	NO
HIGH COST OTHERS	74400020052120	ONABOTULINUMTOXINA FOR INJ 100 UNIT	00023114501	BOTOX	IJ	16.80%	16.00%	NO
HIGH COST OTHERS	74400020052140	ONABOTULINUMTOXINA FOR INJ 200 UNIT	00023392102	BOTOX	IJ	16.80%	16.00%	NO
HIGH COST OTHERS	74400020102018	RIMABOTULINUMTOXINB IM INJ 2500 UNIT/0.5M	10454071010	MYOBLOC	IM	16.00%	16.00%	NO
HIGH COST OTHERS	74400020102020	RIMABOTULINUMTOXINB IM INJ 5000 UNIT/ML	10454071110	MYOBLOC	IM	16.00%	16.00%	NO
HIGH COST OTHERS	74400020102022	RIMABOTULINUMTOXINB IM INJ 10000 UNIT/2M	10454071210	MYOBLOC	IM	16.00%	16.00%	NO
HIGH COST OTHERS	74400020202120	INCOBOTULINUMTOXINA FOR IM INJ 50 UNIT	00259160501	XEOMIN	IM	16.00%	16.00%	NO
HIGH COST OTHERS	74400020202130	INCOBOTULINUMTOXINA FOR IM INJ 100 UNIT	00259161001	XEOMIN	IM	16.00%	16.00%	NO
HIGH COST OTHERS	74400020202140	INCOBOTULINUMTOXINA FOR IM INJ 200 UNIT	00259162001	XEOMIN	IM	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	74509030002010	EDARAVONE INJ 30 MG/100ML (0.3 MG/ML)	70510217101	RADICAVA	IV	16.00%	16.00%	YES
HIGH COST OTHERS	74509030002010	EDARAVONE INJ 30 MG/100ML (0.3 MG/ML)	70510217102	RADICAVA	IV	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002020	BACLOFEN INTRATHECAL INJ 0.05 MG/ML (50 M	58281056201	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002020	BACLOFEN INTRATHECAL INJ 0.05 MG/ML (50 M	70257056255	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002034	BACLOFEN INTRATHECAL INJ 10 MG/20ML (500	58281056001	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002034	BACLOFEN INTRATHECAL INJ 10 MG/20ML (500	58281056002	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002034	BACLOFEN INTRATHECAL INJ 10 MG/20ML (500	70257056001	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002034	BACLOFEN INTRATHECAL INJ 10 MG/20ML (500	70257056002	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002046	BACLOFEN INTRATHECAL INJ 10 MG/5ML (2000	58281056102	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002046	BACLOFEN INTRATHECAL INJ 10 MG/5ML (2000	70257056102	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002050	BACLOFEN INTRATHECAL INJ 40 MG/20ML (200	58281056301	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002050	BACLOFEN INTRATHECAL INJ 40 MG/20ML (200	58281056302	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002050	BACLOFEN INTRATHECAL INJ 40 MG/20ML (200	70257056301	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	75100010002050	BACLOFEN INTRATHECAL INJ 40 MG/20ML (200	70257056302	LIORESAL INTRATHECAL	IT	16.00%	16.00%	YES
HIGH COST OTHERS	82801020003020	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	42457042001	ENDARI	OR	12.00%	12.00%	YES
HIGH COST OTHERS	82801020003020	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	42457042060	ENDARI	OR	12.00%	12.00%	YES
HIGH COST OTHERS	85400015102110	ANTITHROMBIN III (HUMAN) FOR INJ 500 UNIT	13533060250	THROMBATE III	IV	19.80%	18.30%	NO

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HIGH COST OTHERS	85400015102110	ANTITHROMBIN III (HUMAN) FOR INJ 500 UNIT	13533060320	THROMBATE III W/10 ML STERILE	IV	19.80%	18.30%	NO
HIGH COST OTHERS	85400015102110	ANTITHROMBIN III (HUMAN) FOR INJ 500 UNIT	13533060321	THROMBATE III W/10 ML STERILE	IV	19.80%	18.30%	NO
HIGH COST OTHERS	85400015102120	ANTITHROMBIN III (HUMAN) FOR INJ 1000 UNIT	13533060330	THROMBATE III W/20 ML STERILE	IV	19.80%	18.30%	NO
HIGH COST OTHERS	85800050002020	ECULIZUMAB IV SOLN 10 MG/ML (FOR INFUSIO	25682000101	SOLIRIS	IV	16.50%	16.50%	NO
HIGH COST OTHERS	85802022002120	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ	42227008105	CINRYZE	IV	11.00%	11.00%	YES
HIGH COST OTHERS	85802022002130	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCU	63833082802	HAEGARDA	SC	16.00%	16.00%	NO
HIGH COST OTHERS	85802022002140	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCU	63833082902	HAEGARDA	SC	16.00%	16.00%	NO
HIGH COST OTHERS	85802022006420	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ	63833082502	BERINERT	IV	18.30%	18.30%	NO
HIGH COST OTHERS	85802022102130	C1 ESTERASE INHIBITOR (RECOMBINANT) FOR	68012035001	RUCONEST	IV	16.00%	16.00%	NO
HIGH COST OTHERS	85802022102130	C1 ESTERASE INHIBITOR (RECOMBINANT) FOR	68012035002	RUCONEST	IV	16.00%	16.00%	NO
HIGH COST OTHERS	85820040102020	ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQ	54092070202	FIRAZYR	SC	17.80%	16.30%	NO
HIGH COST OTHERS	85820040102020	ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQ	54092070203	FIRAZYR	SC	17.80%	16.30%	NO
HIGH COST OTHERS	85840030002020	ECALLANTIDE INJ 10 MG/ML	47783010101	KALBITOR	SC	16.00%	16.00%	YES
HIGH COST OTHERS	86801060002015	OCRIPLASMIN INTRAVITREAL INJ 0.375 MG/0.3	24856000201	JETREA	IV	14.00%	14.00%	YES
HIGH COST OTHERS	86801060002020	OCRIPLASMIN INTRAVITREAL INJ 0.5 MG/0.2ML	24856000100	JETREA	IO	14.00%	14.00%	YES
HIGH COST OTHERS	86805525102020	CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE E	54482002001	CYSTARAN	OP	15.50%	15.50%	YES
HIGH COST OTHERS	93000084203040	URIDINE TRIACETATE ORAL GRANULES PACK	69468015104	VISTOGARD	OR	15.00%	15.00%	YES

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HIGH COST OTHERS	93000084203040	URIDINE TRIACETATE ORAL GRANULES PACK	69468015120	VISTOGARD	OR	15.00%	15.00%	YES
HIGH COST OTHERS	93100025000320	DEFERASIROX TAB 90 MG	00078065415	JADENU	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025000330	DEFERASIROX TAB 180 MG	00078065515	JADENU	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025000340	DEFERASIROX TAB 360 MG	00078065615	JADENU	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025003020	DEFERASIROX GRANULES PACKET 90 MG	00078072715	JADENU SPRINKLE	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025003020	DEFERASIROX GRANULES PACKET 90 MG	00078072719	JADENU SPRINKLE	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025003030	DEFERASIROX GRANULES PACKET 180 MG	00078071315	JADENU SPRINKLE	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025003030	DEFERASIROX GRANULES PACKET 180 MG	00078071319	JADENU SPRINKLE	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025003040	DEFERASIROX GRANULES PACKET 360 MG	00078072015	JADENU SPRINKLE	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025003040	DEFERASIROX GRANULES PACKET 360 MG	00078072019	JADENU SPRINKLE	OR	18.00%	16.50%	NO
HIGH COST OTHERS	93100025007320	DEFERASIROX TAB FOR ORAL SUSP 125 MG	00078046815	EXJADE	OR	16.45%	16.25%	NO
HIGH COST OTHERS	93100025007330	DEFERASIROX TAB FOR ORAL SUSP 250 MG	00078046915	EXJADE	OR	16.45%	16.25%	NO
HIGH COST OTHERS	93100025007340	DEFERASIROX TAB FOR ORAL SUSP 500 MG	00078047015	EXJADE	OR	16.45%	16.25%	NO
HIGH COST OTHERS	93100028000320	DEFERIPRONE TAB 500 MG	52609000601	FERRIPROX	OR	12.50%	12.50%	YES
HIGH COST OTHERS	93100028002020	DEFERIPRONE ORAL SOLN 100 MG/ML	52609450207	FERRIPROX	OR	12.50%	12.50%	YES
HIGH COST OTHERS	93400030001920	NALTREXONE FOR IM EXTENDED RELEASE SU	65757030001	VIVITROL	IM	18.30%	16.80%	NO
HIGH COST OTHERS	94200090102120	THYROTROPIN ALFA FOR INJ 1.1 MG	58468003002	THYROGEN	IM	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
HIGH COST OTHERS	94200090102120	THYROTROPIN ALFA FOR INJ 1.1 MG	58468184904	THYROGEN	IM	16.00%	16.00%	NO
HIGH COST OTHERS	99200020100110	TRIENTINE HCL CAP 250 MG	00187212010	SYPRINE	OR	16.00%	16.00%	NO
HIGH COST OTHERS	99200030000110	PENICILLAMINE CAP 250 MG	25010070515	CUPRIMINE	OR	16.00%	16.00%	NO
HIGH COST OTHERS	99200030000305	PENICILLAMINE TAB 250 MG	00037440101	DEPEN TITRATABS	OR	16.00%	16.00%	NO
HIGH COST OTHERS	99350035002120	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	66887000301	XIAFLEX	IJ	15.75%	15.75%	YES
HIV	12102530002120	ENFUVIRTIDE FOR INJ 90 MG	00004038140	FUZEON	SC	17.80%	16.30%	NO
HIV	12109902300308	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	61958070301	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300312	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	61958070401	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300316	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	61958070501	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	35356007003	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	50436070101	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	52959096903	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	54569558800	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	54569558802	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	54569558803	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUM	61958070101	TRUVADA	OR	16.00%	16.00%	NO
HIV	12109903150320	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB	49702023113	TRIUMEQ	OR	16.00%	16.00%	NO

Prime Specialty Pharmacy Fee Schedule

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HIV	12109903150320	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 6	54569656900	TRIUMEQ	OR	16.00%	16.00%	NO
HIV	12109904300320	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF	54569635200	STRIBILD	OR	17.38%	16.00%	NO
HIV	12109904300320	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF	61958120101	STRIBILD	OR	17.38%	16.00%	NO
HIV	30150085102120	TESAMORELIN ACETATE FOR INJ 1 MG (BASE	62064001160	EGRIFTA	SC	16.67%	16.67%	NO
IMMUNE GLOBULINS	19100020102020	IMMUNE GLOBULIN (HUMAN) IV SOLN 0.5 GM/1	61953000401	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102020	IMMUNE GLOBULIN (HUMAN) IV SOLN 0.5 GM/1	61953000406	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102030	IMMUNE GLOBULIN (HUMAN) IV SOLN 1 GM/20	68982084001	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102034	IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/5	61953000402	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102034	IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/5	61953000407	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102034	IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/5	68982084002	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102038	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100	61953000403	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102038	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100	61953000408	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102038	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100	64208823402	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102038	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100	64208823406	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102038	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100	68982084003	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102042	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/20	61953000404	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102042	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/20	61953000409	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO

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IMMUNE GLOBULINS	19100020102042	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/20	64208823403	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102042	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/20	64208823407	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102042	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/20	68982084004	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102044	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/40	61953000400	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102044	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/40	61953000405	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102044	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/40	64208823404	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102044	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/40	64208823408	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102046	IMMUNE GLOBULIN (HUMAN) IV SOLN 25 GM/50	68982084005	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102063	IMMUNE GLOBULIN (HUMAN) IV SOLN 2 GM/20	68982085001	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102068	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50	44206043605	PRIVIGEN	IV	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020102068	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50	59730650201	BIVIGAM	IV	16.00%	16.00%	NO
IMMUNE GLOBULINS	19100020102068	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50	61953000501	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102068	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50	61953000504	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102068	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50	64208823501	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102068	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50	64208823505	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102068	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50	68982085002	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102072	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/10	44206043710	PRIVIGEN	IV	27.61%	26.57%	NO

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IMMUNE GLOBULINS	19100020102072	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/1	59730650301	BIVIGAM	IV	16.00%	16.00%	NO
IMMUNE GLOBULINS	19100020102072	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/1	61953000502	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102072	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/1	61953000505	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102072	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/1	64208823502	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102072	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/1	64208823506	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102072	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/1	68982085003	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102076	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/2	44206043820	PRIVIGEN	IV	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020102076	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/2	44206043892	PRIVIGEN	IV	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020102076	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/2	61953000503	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102076	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/2	61953000506	FLEBOGAMMA DIF	IV	20.32%	19.28%	NO
IMMUNE GLOBULINS	19100020102076	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/2	64208823503	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102076	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/2	64208823507	GAMMAPLEX	IV	34.00%	34.00%	NO
IMMUNE GLOBULINS	19100020102076	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/2	68982085004	OCTAGAM	IV	25.30%	23.80%	NO
IMMUNE GLOBULINS	19100020102090	IMMUNE GLOBULIN (HUMAN) IV SOLN 40 GM/4	44206043940	PRIVIGEN	IV	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020102113	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 0.5	00944262001	GAMMAGARD S/D	IV	32.30%	31.26%	NO
IMMUNE GLOBULINS	19100020102120	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 G	00944265603	GAMMAGARD S/D IGA LESS THAN	IV	32.30%	31.26%	NO
IMMUNE GLOBULINS	19100020102130	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 G	00944265804	GAMMAGARD S/D IGA LESS THAN	IV	32.30%	31.26%	NO

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IMMUNE GLOBULINS	19100020202050	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285001	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202050	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285002	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202050	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	44206045101	HIZENTRA	SC	44.00%	44.00%	NO
IMMUNE GLOBULINS	19100020202054	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285003	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202054	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285004	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202054	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	44206045202	HIZENTRA	SC	44.00%	44.00%	NO
IMMUNE GLOBULINS	19100020202058	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285005	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202058	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285006	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202058	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	44206045404	HIZENTRA	SC	44.00%	44.00%	NO
IMMUNE GLOBULINS	19100020202062	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285007	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202062	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	00944285008	CUVITRU	SC	30.00%	30.00%	YES
IMMUNE GLOBULINS	19100020202065	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	44206045510	HIZENTRA	SC	44.00%	44.00%	NO
IMMUNE GLOBULINS	19100020302060	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	00944270002	GAMMAGARD LIQUID	IJ	41.30%	39.80%	NO
IMMUNE GLOBULINS	19100020302060	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080012	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302060	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080013	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302060	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	76125090001	GAMMAKED	IJ	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020302064	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	00944270003	GAMMAGARD LIQUID	IJ	41.30%	39.80%	NO

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IMMUNE GLOBULINS	19100020302064	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080015	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302064	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080016	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302064	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	76125090025	GAMMAKED	IJ	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020302068	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	00944270004	GAMMAGARD LIQUID	IJ	41.30%	39.80%	NO
IMMUNE GLOBULINS	19100020302068	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080020	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302068	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080021	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302068	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	76125090050	GAMMAKED	IJ	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020302072	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	00944270005	GAMMAGARD LIQUID	IJ	41.30%	39.80%	NO
IMMUNE GLOBULINS	19100020302072	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080071	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302072	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080072	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302072	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	76125090010	GAMMAKED	IJ	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020302076	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	00944270006	GAMMAGARD LIQUID	IJ	41.30%	39.80%	NO
IMMUNE GLOBULINS	19100020302076	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080024	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302076	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080025	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19100020302076	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	76125090020	GAMMAKED	IJ	27.61%	26.57%	NO
IMMUNE GLOBULINS	19100020302080	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	00944270007	GAMMAGARD LIQUID	IJ	41.30%	39.80%	NO
IMMUNE GLOBULINS	19100020302084	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080040	GAMUNEX-C	IJ	30.30%	28.80%	NO

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IMMUNE GLOBULINS	19100020302084	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTAN	13533080041	GAMUNEX-C	IJ	30.30%	28.80%	NO
IMMUNE GLOBULINS	19990002356420	IMMUN GLOB INJ 2.5 GM/25ML-HYALURON INJ	00944251002	HYQVIA	SC	42.30%	42.30%	NO
IMMUNE GLOBULINS	19990002356425	IMMUN GLOB INJ 5 GM/50ML-HYALURON INJ 40	00944251102	HYQVIA	SC	42.30%	42.30%	NO
IMMUNE GLOBULINS	19990002356430	IMMUN GLOB INJ 10 GM/100ML-HYALURON INJ	00944251202	HYQVIA	SC	42.30%	42.30%	NO
IMMUNE GLOBULINS	19990002356440	IMMUN GLOB INJ 20 GM/200ML-HYALURON INJ	00944251302	HYQVIA	SC	42.30%	42.30%	NO
IMMUNE GLOBULINS	19990002356450	IMMUN GLOB INJ 30 GM/300ML-HYALURON INJ	00944251402	HYQVIA	SC	42.30%	42.30%	NO
IMMUNOSUPPRESSANTS	99402020000110	CYCLOSPORINE CAP 25 MG	00078024015	SANDIMMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020000110	CYCLOSPORINE CAP 25 MG	00078024061	SANDIMMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020000110	CYCLOSPORINE CAP 25 MG	60505013300	CYCLOSPORINE	OR	34.23%	34.23%	NO
IMMUNOSUPPRESSANTS	99402020000110	CYCLOSPORINE CAP 25 MG	68084087925	CYCLOSPORINE	OR	34.23%	34.23%	NO
IMMUNOSUPPRESSANTS	99402020000110	CYCLOSPORINE CAP 25 MG	68084087995	CYCLOSPORINE	OR	34.23%	34.23%	NO
IMMUNOSUPPRESSANTS	99402020000140	CYCLOSPORINE CAP 100 MG	00078024115	SANDIMMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020000140	CYCLOSPORINE CAP 100 MG	00078024161	SANDIMMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020000140	CYCLOSPORINE CAP 100 MG	60505013400	CYCLOSPORINE	OR	38.90%	38.90%	NO
IMMUNOSUPPRESSANTS	99402020000140	CYCLOSPORINE CAP 100 MG	68084092125	CYCLOSPORINE	OR	38.90%	38.90%	NO
IMMUNOSUPPRESSANTS	99402020000140	CYCLOSPORINE CAP 100 MG	68084092195	CYCLOSPORINE	OR	38.90%	38.90%	NO
IMMUNOSUPPRESSANTS	99402020002005	CYCLOSPORINE IV SOLN 50 MG/ML	00078010901	SANDIMMUNE	IV	17.13%	16.00%	NO

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IMMUNOSUPPRESSANTS	99402020002005	CYCLOSPORINE IV SOLN 50 MG/ML	00078010961	SANDIMMUNE	IV	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020002005	CYCLOSPORINE IV SOLN 50 MG/ML	00574086610	CYCLOSPORINE	IV	32.60%	31.10%	NO
IMMUNOSUPPRESSANTS	99402020002010	CYCLOSPORINE ORAL SOLN 100 MG/ML	00078011022	SANDIMMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00074310832	GENGRAF	OR	67.80%	67.80%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00078024615	NEORAL	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00078024661	NEORAL	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00093574019	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00093574065	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00172731000	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00172731046	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00185093230	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00185093286	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	00591222215	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	51862045847	CYCLOSPORINE MODIFIED	OR	50.70%	50.70%	NO
IMMUNOSUPPRESSANTS	99402020300130	CYCLOSPORINE MODIFIED CAP 50 MG	00074054130	GENGRAF	OR	57.00%	55.00%	NO
IMMUNOSUPPRESSANTS	99402020300130	CYCLOSPORINE MODIFIED CAP 50 MG	00093574165	CYCLOSPORINE MODIFIED	OR	57.00%	55.00%	NO
IMMUNOSUPPRESSANTS	99402020300130	CYCLOSPORINE MODIFIED CAP 50 MG	00172731100	CYCLOSPORINE MODIFIED	OR	57.00%	55.00%	NO

Prime Specialty Pharmacy Fee Schedule

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IMMUNOSUPPRESSANTS	99402020300130	CYCLOSPORINE MODIFIED CAP 50 MG	00172731146	CYCLOSPORINE MODIFIED	OR	57.00%	55.00%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00074310932	GENGRAF	OR	71.70%	71.70%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00078024815	NEORAL	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00078024861	NEORAL	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00093574265	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00172731200	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00172731246	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00185093330	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00185093386	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00591222315	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	00591222354	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	51862046047	CYCLOSPORINE MODIFIED	OR	56.80%	56.80%	NO
IMMUNOSUPPRESSANTS	99402020302020	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG	00074726950	GENGRAF	OR	26.55%	25.05%	NO
IMMUNOSUPPRESSANTS	99402020302020	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG	00078027422	NEORAL	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99402020302020	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG	00172731320	CYCLOSPORINE MODIFIED	OR	43.60%	43.60%	NO
IMMUNOSUPPRESSANTS	99402020302020	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG	00591222455	CYCLOSPORINE MODIFIED	OR	43.60%	43.60%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00004025901	CELLCEPT	OR	17.80%	16.30%	NO

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IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00004025943	CELLCEPT	OR	17.80%	16.30%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00054016325	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00054016329	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00093733401	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00093733405	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00378225001	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00378225005	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00781206701	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00781206705	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	00781206789	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	16729009401	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	16729009416	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	49999093600	CELLCEPT	OR	17.80%	16.30%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	51079072101	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	51079072120	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	59762070302	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	59762070303	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	60429005901	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	60429005905	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	60505296801	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	60505296807	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	64380072606	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	64380072607	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	67877026601	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	67877026605	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	68084079501	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	68084079511	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	68382013001	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	68382013005	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	68382013010	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	68382013019	MYCOPHENOLATE MOFETIL	OR	91.59%	91.59%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00004026001	CELLCEPT	OR	17.80%	16.30%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00004026043	CELLCEPT	OR	17.80%	16.30%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00054016625	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00054016629	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00093747701	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00093747705	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00378447201	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00378447205	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00781517501	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	00781517505	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	16729001901	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	16729001916	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	50268058111	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	50268058115	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	51079037901	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	51079037920	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	54569662700	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	59762070203	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	60429007001	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	60429007005	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	60505296701	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	60505296707	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	64380072506	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	64380072507	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	67877022501	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	67877022505	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	68084080101	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	68084080111	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	68382013101	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	68382013105	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	68382013110	MYCOPHENOLATE MOFETIL	OR	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030101920	MYCOPHENOLATE MOFETIL FOR ORAL SUSP	00004026129	CELLCEPT	OR	17.80%	16.30%	NO
IMMUNOSUPPRESSANTS	99403030101920	MYCOPHENOLATE MOFETIL FOR ORAL SUSP	67877023022	MYCOPHENOLATE MOFETIL	OR	40.00%	40.00%	NO
IMMUNOSUPPRESSANTS	99403030202120	MYCOPHENOLATE MOFETIL HCL FOR IV SOLN	00004029809	CELLCEPT INTRAVENOUS	IV	16.00%	16.00%	NO
IMMUNOSUPPRESSANTS	99403030202120	MYCOPHENOLATE MOFETIL HCL FOR IV SOLN	17478042240	MYCOPHENOLATE MOFETIL	IV	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030202120	MYCOPHENOLATE MOFETIL HCL FOR IV SOLN	42023017204	MYCOPHENOLATE MOFETIL	IV	93.90%	93.90%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	16729026129	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	00078038566	MYFORTIC	OR	17.63%	16.13%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	00378420178	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	51079050801	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	51079050820	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	60429001612	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	60505296507	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	68084090711	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO
IMMUNOSUPPRESSANTS	99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (M	68084090721	MYCOPHENOLIC ACID DR	OR	38.30%	38.30%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	16729018929	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	00078038666	MYFORTIC	OR	17.63%	16.13%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	00378420278	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	51079050901	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	51079050920	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	60429001712	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	60505296607	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	68084091825	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO
IMMUNOSUPPRESSANTS	99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (M	68084091895	MYCOPHENOLIC ACID DR	OR	41.40%	41.40%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
IMMUNOSUPPRESSANTS	99404035000320	EVEROLIMUS TAB 0.25 MG	00078041720	ZORTRESS	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404035000320	EVEROLIMUS TAB 0.25 MG	00078041761	ZORTRESS	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404035000325	EVEROLIMUS TAB 0.5 MG	00078041420	ZORTRESS	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404035000325	EVEROLIMUS TAB 0.5 MG	00078041461	ZORTRESS	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404035000330	EVEROLIMUS TAB 0.75 MG	00078041520	ZORTRESS	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404035000330	EVEROLIMUS TAB 0.75 MG	00078041561	ZORTRESS	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070000310	SIROLIMUS TAB 0.5 MG	00008104005	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070000310	SIROLIMUS TAB 0.5 MG	00008104010	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070000310	SIROLIMUS TAB 0.5 MG	59762100101	SIROLIMUS	OR	40.00%	40.00%	NO
IMMUNOSUPPRESSANTS	99404070000310	SIROLIMUS TAB 0.5 MG	68084095625	SIROLIMUS	OR	40.00%	40.00%	NO
IMMUNOSUPPRESSANTS	99404070000310	SIROLIMUS TAB 0.5 MG	68084095695	SIROLIMUS	OR	40.00%	40.00%	NO
IMMUNOSUPPRESSANTS	99404070000310	SIROLIMUS TAB 0.5 MG	68382052001	SIROLIMUS	OR	40.00%	40.00%	NO
IMMUNOSUPPRESSANTS	99404070000320	SIROLIMUS TAB 1 MG	00008104105	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070000320	SIROLIMUS TAB 1 MG	00008104110	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070000320	SIROLIMUS TAB 1 MG	35356028000	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070000320	SIROLIMUS TAB 1 MG	55111065301	SIROLIMUS	OR	41.30%	41.30%	NO
IMMUNOSUPPRESSANTS	99404070000320	SIROLIMUS TAB 1 MG	59762100201	SIROLIMUS	OR	41.30%	41.30%	NO

Prime Specialty Pharmacy Fee Schedule

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IMMUNOSUPPRESSANTS	99404070000320	SIROLIMUS TAB 1 MG	68084091525	SIROLIMUS	OR	41.30%	41.30%	NO
IMMUNOSUPPRESSANTS	99404070000320	SIROLIMUS TAB 1 MG	68084091595	SIROLIMUS	OR	41.30%	41.30%	NO
IMMUNOSUPPRESSANTS	99404070000330	SIROLIMUS TAB 2 MG	00008104205	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070000330	SIROLIMUS TAB 2 MG	55111065401	SIROLIMUS	OR	40.00%	40.00%	NO
IMMUNOSUPPRESSANTS	99404070000330	SIROLIMUS TAB 2 MG	59762100301	SIROLIMUS	OR	40.00%	40.00%	NO
IMMUNOSUPPRESSANTS	99404070002020	SIROLIMUS ORAL SOLN 1 MG/ML	00008103004	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404070002020	SIROLIMUS ORAL SOLN 1 MG/ML	00008103006	RAPAMUNE	OR	17.13%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	00378204501	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	00469060773	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	00781210201	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	00781930201	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	00904662361	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	16729004101	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	50742020701	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	51079081701	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	51079081720	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	55111052501	TACROLIMUS	OR	83.60%	83.60%	NO

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IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	60429037701	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	62175038037	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	64380072006	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	68084044901	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	68084044911	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000105	TACROLIMUS CAP 0.5 MG	69452015320	TACROLIMUS	OR	83.60%	83.60%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	00378204601	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	00378204605	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	00469061711	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	00469061773	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	00781210301	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	00781930301	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	00904642561	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	16729004201	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	43353017809	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	43353017853	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	43353017860	PROGRAF	OR	16.45%	16.00%	NO

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IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	43353017880	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	43353031709	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	50742020801	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	51079081801	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	51079081820	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	54569662800	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	55111052601	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	60429037801	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	62175038137	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	64380072106	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	68084045001	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	68084045011	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000110	TACROLIMUS CAP 1 MG	69452015420	TACROLIMUS	OR	90.20%	90.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	00378204701	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	00469065711	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	00469065773	PROGRAF	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	00591335901	TACROLIMUS	OR	88.20%	88.20%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	00781210401	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	00781930401	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	00904662461	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	16729004301	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	50742020901	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	51079002801	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	51079002820	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	55111052701	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	60429037901	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	62175038237	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	64380072206	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	68084045101	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	68084045111	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080000120	TACROLIMUS CAP 5 MG	69452015520	TACROLIMUS	OR	88.20%	88.20%	NO
IMMUNOSUPPRESSANTS	99404080002010	TACROLIMUS INJ 5 MG/ML	00469301601	PROGRAF	IV	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080007005	TACROLIMUS CAP SR 24HR 0.5 MG	00469064773	ASTAGRAF XL	OR	16.45%	16.00%	NO
IMMUNOSUPPRESSANTS	99404080007010	TACROLIMUS CAP SR 24HR 1 MG	00469067773	ASTAGRAF XL	OR	16.45%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
IMMUNOSUPPRESSANTS	99404080007020	TACROLIMUS CAP SR 24HR 5 MG	00469068773	ASTAGRAF XL	OR	16.45%	16.00%	NO
INSOMNIA	60250070000130	TASIMELTEON CAPSULE 20 MG	43068022001	HETLIOZ	OR	16.00%	16.00%	NO
LIFESTYLE	6125205000D220	LIRAGLUTIDE (WEIGHT MANAGEMENT) SOLN F	00169280015	SAXENDA	SC	16.00%	16.00%	NO
LUNG DISORDERS	19502060002015	PALIVIZUMAB IM SOLN 50 MG/0.5ML	60574411401	SYNAGIS	IM	18.76%	18.76%	NO
LUNG DISORDERS	19502060002020	PALIVIZUMAB IM SOLN 100 MG/ML	60574411301	SYNAGIS	IM	18.76%	18.76%	NO
LUNG DISORDERS	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2	42238011101	ACTIMMUNE	SC	17.25%	17.25%	YES
LUNG DISORDERS	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2	42238011112	ACTIMMUNE	SC	17.25%	17.25%	YES
LUNG DISORDERS	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2	75987011110	ACTIMMUNE	SC	17.25%	17.25%	YES
LUNG DISORDERS	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2	75987011111	ACTIMMUNE	SC	17.25%	17.25%	YES
LUNG DISORDERS	44603060002120	OMALIZUMAB FOR INJ 150 MG	50242004062	XOLAIR	SC	17.30%	17.30%	NO
LUNG DISORDERS	4460402000E520	BENRALIZUMAB SUBCUTANEOUS SOLN PREFI	00310173030	FASENRA	SC	16.00%	16.00%	NO
LUNG DISORDERS	44604055002120	MEPOLIZUMAB FOR INJ 100 MG	00173088101	NUCALA	SC	17.75%	17.75%	NO
LUNG DISORDERS	44604460002020	RESLIZUMAB IV INFUSION SOLN 100 MG/10ML	59310061031	CINQAIR	IV	10.00%	10.00%	YES
LUNG DISORDERS	45100010102015	ALPHA1-PROTEINASE INHIBITOR (HUMAN) INJ	13533070501	PROLASTIN-C	IV	05.27%	05.27%	YES
LUNG DISORDERS	45100010102015	ALPHA1-PROTEINASE INHIBITOR (HUMAN) INJ	13533070511	PROLASTIN-C	IV	05.27%	05.27%	YES
LUNG DISORDERS	45100010102020	ALPHA1-PROTEINASE INHIBITOR (HUMAN) INJ	00944288401	GLASSIA	IV	17.30%	16.00%	NO
LUNG DISORDERS	45100010102110	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR	00944281401	ARALAST NP	IV	17.00%	17.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
LUNG DISORDERS	45100010102118	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR	00944280202	ARALAST NP	IV	17.00%	17.00%	NO
LUNG DISORDERS	45100010102120	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR	00053720102	ZEMAIRA	IV	15.62%	15.62%	YES
LUNG DISORDERS	45100010102120	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR	00944281501	ARALAST NP	IV	17.00%	17.00%	NO
LUNG DISORDERS	45100010102120	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR	13533070002	PROLASTIN-C	IV	05.27%	05.27%	YES
LUNG DISORDERS	45100010102120	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR	13533070101	PROLASTIN-C	IV	05.27%	05.27%	YES
LUNG DISORDERS	45100010102120	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR	13533070310	PROLASTIN-C	IV	05.27%	05.27%	YES
LUNG DISORDERS	45550060000120	PIRFENIDONE CAP 267 MG	50242012101	ESBRIET	OR	16.50%	16.50%	NO
LUNG DISORDERS	45550060000120	PIRFENIDONE CAP 267 MG	64116012101	ESBRIET	OR	16.50%	16.50%	NO
LUNG DISORDERS	45550060000325	PIRFENIDONE TAB 267 MG	50242012203	ESBRIET	OR	16.50%	16.50%	NO
LUNG DISORDERS	45550060000325	PIRFENIDONE TAB 267 MG	50242012205	ESBRIET	OR	16.50%	16.50%	NO
LUNG DISORDERS	45550060000345	PIRFENIDONE TAB 801 MG	50242012301	ESBRIET	OR	16.50%	16.50%	NO
LUNG DISORDERS	45554050200120	NINTEDANIB ESYLATE CAP 100 MG (BASE EQU	00597014360	OFEV	OR	15.00%	15.00%	YES
LUNG DISORDERS	45554050200130	NINTEDANIB ESYLATE CAP 150 MG (BASE EQU	00597014560	OFEV	OR	15.00%	15.00%	YES
MACULAR DEGENERATION	86655010002020	AFLIBERCEPT INTRAVITREAL INJ 2 MG/0.05ML	61755000502	EYLEA	IO	14.84%	14.84%	YES
MACULAR DEGENERATION	86655050302020	PEGAPTANIB SODIUM INTRAVITREOUS INJ 0.3	68782000102	MACUGEN	IO	14.25%	14.25%	YES
MACULAR DEGENERATION	86655060002012	RANIBIZUMAB INTRAVITREAL INJ 0.3 MG/0.05M	50242008201	LUCENTIS	IO	17.00%	17.00%	YES
MACULAR DEGENERATION	86655060002012	RANIBIZUMAB INTRAVITREAL INJ 0.3 MG/0.05M	50242008202	LUCENTIS	IO	17.00%	17.00%	YES

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MACULAR DEGENERATION	86655060002020	RANIBIZUMAB INTRAVITREAL INJ 0.5 MG/0.05M	50242008001	LUCENTIS	IO	17.00%	17.00%	YES
MACULAR DEGENERATION	86655060002020	RANIBIZUMAB INTRAVITREAL INJ 0.5 MG/0.05M	50242008002	LUCENTIS	IO	17.00%	17.00%	YES
MACULAR DEGENERATION	8665506000E520	RANIBIZUMAB INTRAVITREAL SOLN PREF SYR	50242008003	LUCENTIS	IO	17.00%	17.00%	YES
MACULAR DEGENERATION	86700065002120	VERTEPORFIN FOR IV SOLN 15 MG (2 MG/ML)	00187560015	VISUDYNE	IV	15.63%	15.63%	YES
MULTIPLE SCLEROSIS	6240003010E520	GLATIRAMER ACETATE SOLN PREFILLED SYR	00378696032	GLATIRAMER ACETATE	SC	40.00%	40.00%	NO
MULTIPLE SCLEROSIS	6240003010E520	GLATIRAMER ACETATE SOLN PREFILLED SYR	00378696093	GLATIRAMER ACETATE	SC	40.00%	40.00%	NO
MULTIPLE SCLEROSIS	6240003010E520	GLATIRAMER ACETATE SOLN PREFILLED SYR	00781323434	GLATOPA	SC	40.00%	40.00%	NO
MULTIPLE SCLEROSIS	6240003010E520	GLATIRAMER ACETATE SOLN PREFILLED SYR	00781323471	GLATOPA	SC	40.00%	40.00%	NO
MULTIPLE SCLEROSIS	6240003010E520	GLATIRAMER ACETATE SOLN PREFILLED SYR	68546031730	COPAXONE	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240003010E540	GLATIRAMER ACETATE SOLN PREFILLED SYR	00378696112	GLATIRAMER ACETATE	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240003010E540	GLATIRAMER ACETATE SOLN PREFILLED SYR	00378696132	GLATIRAMER ACETATE	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240003010E540	GLATIRAMER ACETATE SOLN PREFILLED SYR	68546032506	COPAXONE	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240003010E540	GLATIRAMER ACETATE SOLN PREFILLED SYR	68546032512	COPAXONE	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060456420	INTERFERON BETA-1A FOR IM INJ KIT 30MCG	59627011103	AVONEX	IM	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240306045D520	INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG	44087332201	REBIF REBIDOSE	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240306045D540	INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG	44087334401	REBIF REBIDOSE	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240306045D560	INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.	44087018801	REBIF REBIDOSE TITRATION PAC	SC	18.30%	16.80%	NO

Prime Specialty Pharmacy Fee Schedule

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
MULTIPLE SCLEROSIS	6240306045E520	INTERFERON BETA-1A SOLN PREF SYR 22 MC	44087002203	REBIF	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240306045E540	INTERFERON BETA-1A SOLN PREF SYR 44 MC	44087004403	REBIF	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240306045E560	INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0	44087882201	REBIF TITRATION PACK	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240306045F530	INTERFERON BETA-1A IM AUTO-INJECTOR KIT	59627033304	AVONEX PEN	IM	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240306045F830	INTERFERON BETA-1A IM PREFILLED SYRINGE	59627022205	AVONEX	IM	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	00078056912	EXTAVIA	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	00078056961	EXTAVIA	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	00078056999	EXTAVIA	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052309	BETASERON	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052335	BETASERON	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052401	BETASERON	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052435	BETASERON	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240307530D220	PEGINTERFERON BETA-1A SOLN PEN-INJECT	64406001101	PLEGRIDY	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240307530D250	PEGINTERFERON BETA-1A SOLN PEN-INJ 63 &	64406001201	PLEGRIDY STARTER PACK	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240307530E520	PEGINTERFERON BETA-1A SOLN PREFILLED S	64406001501	PLEGRIDY	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	6240307530E550	PEGINTERFERON BETA-1A SOLN PREF SYR 63	64406001601	PLEGRIDY STARTER PACK	SC	18.30%	16.80%	NO
MULTIPLE SCLEROSIS	62404070000320	TERIFLUNOMIDE TAB 7 MG	58468021101	AUBAGIO	OR	17.38%	16.00%	NO

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MULTIPLE SCLEROSIS	62404070000320	TERIFLUNOMIDE TAB 7 MG	58468021102	AUBAGIO	OR	17.38%	16.00%	NO
MULTIPLE SCLEROSIS	62404070000330	TERIFLUNOMIDE TAB 14 MG	58468021001	AUBAGIO	OR	17.38%	16.00%	NO
MULTIPLE SCLEROSIS	62404070000330	TERIFLUNOMIDE TAB 14 MG	58468021002	AUBAGIO	OR	17.38%	16.00%	NO
MULTIPLE SCLEROSIS	62405010002020	ALEMTUZUMAB IV INJ 12 MG/1.2ML (10 MG/ML)	58468020001	LEMTRADA	IV	16.00%	16.00%	NO
MULTIPLE SCLEROSIS	6240502500E520	DACLIZUMAB SOLN PREFILLED SYRINGE 150 M	00074003301	ZINBRYTA	SC	16.25%	16.25%	NO
MULTIPLE SCLEROSIS	62405050001320	NATALIZUMAB FOR IV INJ CONC 300 MG/15ML	64406000801	TYSABRI	IV	16.80%	16.80%	NO
MULTIPLE SCLEROSIS	62405060002020	OCRELIZUMAB SOLN FOR IV INFUSION 300 MG	50242015001	OCREVUS	IV	16.00%	16.00%	NO
MULTIPLE SCLEROSIS	62405525006320	DIMETHYL FUMARATE CAPSULE DR STARTER	64406000703	TECFIDERA STARTER PACK	OR	17.80%	16.30%	NO
MULTIPLE SCLEROSIS	62405525006520	DIMETHYL FUMARATE CAPSULE DELAYED RE	64406000501	TECFIDERA	OR	17.80%	16.30%	NO
MULTIPLE SCLEROSIS	62405525006540	DIMETHYL FUMARATE CAPSULE DELAYED RE	64406000602	TECFIDERA	OR	17.80%	16.30%	NO
MULTIPLE SCLEROSIS	62406030007420	DALFAMPRIDINE TAB SR 12HR 10 MG	10144042760	AMPYRA	OR	16.55%	16.00%	NO
MULTIPLE SCLEROSIS	62407025100120	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	00078060715	GILENYA	OR	18.05%	16.55%	NO
MULTIPLE SCLEROSIS	62407025100120	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	00078060789	GILENYA	OR	18.05%	16.55%	NO
NAUSEA & VOMITING	50280050200320	ROLAPITANT HCL TAB 90 MG (BASE EQUIV)	69656010102	VARUBI	OR	14.00%	14.00%	YES
NAUSEA & VOMITING	50280050201620	ROLAPITANT HCL IV EMUL 166.5 MG/92.5ML (1.	69656010210	VARUBI	IV	14.00%	14.00%	YES
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	00003161112	BARACLUDE	OR	16.00%	16.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	00003161113	BARACLUDE	OR	16.00%	16.00%	NO

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NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	00093578656	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	00093578698	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	10135061530	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	16729038810	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	31722083330	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	31722083390	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	42291026130	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	49884010411	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	49884054711	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	52343014730	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	60687021625	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	60687021695	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	65162044603	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	65862084130	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	65862084190	ENTECAVIR	OR	59.80%	59.80%	NO
NOT IN CORE AREAS	12352030000320	ENTECAVIR TAB 0.5 MG	69097042602	ENTECAVIR	OR	69.00%	69.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	00003161212	BARACLUDE	OR	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	00093578756	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	10135061630	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	16729038910	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	31722083430	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	42291026230	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	49884010511	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	49884054811	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	65162044903	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	65862084230	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030000330	ENTECAVIR TAB 1 MG	69097042502	ENTECAVIR	OR	72.00%	72.00%	NO
NOT IN CORE AREAS	12352030002020	ENTECAVIR ORAL SOLN 0.05 MG/ML	00003161412	BARACLUDE	OR	16.00%	16.00%	NO
NOT IN CORE AREAS	17200010002200	BCG VACCINE INJ	00052060302	BCG VACCINE	IJ	16.67%	16.67%	NO
NOT IN CORE AREAS	1910005000E520	RHO D IMMUNE GLOBULIN IM SOLN PREF SYR	13533066106	HYPERRHO S/D MINI-DOSE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	1910005000E540	RHO D IMMUNE GLOBULIN IM SOLN PREF SYR	13533063110	HYPERRHO S/D	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	1910005000E540	RHO D IMMUNE GLOBULIN IM SOLN PREF SYR	13533063120	HYPERRHO S/D	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030002020	TESTOSTERONE TD SOLN 30 MG/ACT	45802061001	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030002020	TESTOSTERONE TD SOLN 30 MG/ACT	66993096389	TESTOSTERONE	TD	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
NOT IN CORE AREAS	23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	00051842501	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	00051842530	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	00591321617	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	00591321630	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	45802011665	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	49884041848	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	49884041872	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00051845001	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00051845030	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00591321726	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00591321730	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00591352426	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00591352430	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00832112005	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00832112035	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00832112065	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	00832112089	TESTOSTERONE	TD	16.00%	16.00%	NO

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NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	35356037605	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	45802011639	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	49884051063	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	49884051072	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	54569533900	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	54569533901	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	54569559500	TESTIM	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	66887000105	TESTIM	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	66993093430	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	66993093454	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004044	TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.6	00051846231	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004047	TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%	00051846230	ANDROGEL	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030004070	TESTOSTERONE TD GEL 10MG/ACT (2%)	00603783188	TESTOSTERONE	TD	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102010	TESTOSTERONE CYPIONATE IM INJ IN OIL 100	00009008510	DEPO-TESTOSTERONE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102010	TESTOSTERONE CYPIONATE IM INJ IN OIL 100	00409655701	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102010	TESTOSTERONE CYPIONATE IM INJ IN OIL 100	54569530100	DEPO-TESTOSTERONE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102010	TESTOSTERONE CYPIONATE IM INJ IN OIL 100	62756001740	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00009008601	DEPO-TESTOSTERONE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00009008610	DEPO-TESTOSTERONE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00009052001	DEPO-TESTOSTERONE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00009052010	DEPO-TESTOSTERONE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00143965901	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00143972601	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00409656201	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00409656220	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00574082710	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	00591412879	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	62756001540	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200	62756001640	TESTOSTERONE CYPIONATE	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	30043020002020	CALCITONIN (SALMON) INJ 200 UNIT/ML	54766014923	MIACALCIN	IJ	17.80%	16.30%	NO
NOT IN CORE AREAS	30043020002020	CALCITONIN (SALMON) INJ 200 UNIT/ML	67457067502	MIACALCIN	IJ	17.80%	16.30%	NO
NOT IN CORE AREAS	30904520002920	*BETAINE POWDER FOR ORAL SOLUTION***	52276040001	CYSTADANE	OR	12.00%	12.00%	YES
NOT IN CORE AREAS	30904520002920	*BETAINE POWDER FOR ORAL SOLUTION***	52276040101	CYSTADANE	OR	12.00%	12.00%	YES
NOT IN CORE AREAS	38700030000130	DROXIDOPA CAP 100 MG	67386082019	NORTHERA	OR	15.00%	15.00%	YES

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NOT IN CORE AREAS	38700030000140	DROXIDOPA CAP 200 MG	67386082119	NORTHERA	OR	15.00%	15.00%	YES
NOT IN CORE AREAS	38700030000150	DROXIDOPA CAP 300 MG	67386082219	NORTHERA	OR	15.00%	15.00%	YES
NOT IN CORE AREAS	56600050000310	TIOPRONIN TAB 100 MG	00178090001	THIOLA	OR	13.00%	13.00%	YES
NOT IN CORE AREAS	59070050101837	PALIPERIDONE PALMITATE IM EXTENDED-RELI	50458056001	INVEGA SUSTENNA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070050101838	PALIPERIDONE PALMITATE IM EXTENDED-RELI	50458056101	INVEGA SUSTENNA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070050101839	PALIPERIDONE PALMITATE IM EXTEND-RELEAS	50458056201	INVEGA SUSTENNA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070050101840	PALIPERIDONE PALMITATE IM EXTENDED-REL	50458056301	INVEGA SUSTENNA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070050101845	PALIPERIDONE PALMITATE IM EXTENDED-RELI	50458056401	INVEGA SUSTENNA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070050101850	PALIPERIDONE PALMITATE IM EXTEND-RELEAS	50458060601	INVEGA TRINZA	IM	18.05%	17.05%	NO
NOT IN CORE AREAS	59070050101860	PALIPERIDONE PALMITATE IM EXTEND-RELEAS	50458060701	INVEGA TRINZA	IM	18.05%	17.05%	NO
NOT IN CORE AREAS	59070050101870	PALIPERIDONE PALMITATE IM EXTEND-RELEAS	50458060801	INVEGA TRINZA	IM	18.05%	17.05%	NO
NOT IN CORE AREAS	59070050101880	PALIPERIDONE PALMITATE IM EXTEND-RELEAS	50458060901	INVEGA TRINZA	IM	18.05%	17.05%	NO
NOT IN CORE AREAS	59070070101910	RISPERIDONE MICROSPHERES FOR INJ 12.5 M	50458030901	RISPERDAL CONSTA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070070101910	RISPERIDONE MICROSPHERES FOR INJ 12.5 M	50458030911	RISPERDAL CONSTA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070070101920	RISPERIDONE MICROSPHERES FOR INJ 25 MG	50458030601	RISPERDAL CONSTA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070070101920	RISPERIDONE MICROSPHERES FOR INJ 25 MG	50458030611	RISPERDAL CONSTA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070070101930	RISPERIDONE MICROSPHERES FOR INJ 37.5 M	50458030701	RISPERDAL CONSTA	IM	18.05%	16.55%	NO

Prime Specialty Pharmacy Fee Schedule

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NOT IN CORE AREAS	59070070101930	RISPERIDONE MICROSPHERES FOR INJ 37.5 M	50458030711	RISPERDAL CONSTA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070070101940	RISPERIDONE MICROSPHERES FOR INJ 50 MG	50458030801	RISPERDAL CONSTA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	59070070101940	RISPERIDONE MICROSPHERES FOR INJ 50 MG	50458030811	RISPERDAL CONSTA	IM	18.05%	16.55%	NO
NOT IN CORE AREAS	5925001500E430	ARIPIPRAZOLE IM FOR EXTENDED RELEASE S	59148004580	ABILIFY MAINTENA	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	5925001500E440	ARIPIPRAZOLE IM FOR EXTENDED RELEASE S	59148007280	ABILIFY MAINTENA	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	5925001500G230	ARIPIPRAZOLE IM FOR EXTENDED RELEASE S	59148001870	ABILIFY MAINTENA	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	5925001500G230	ARIPIPRAZOLE IM FOR EXTENDED RELEASE S	59148001871	ABILIFY MAINTENA	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	5925001500G240	ARIPIPRAZOLE IM FOR EXTENDED RELEASE S	59148001970	ABILIFY MAINTENA	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	5925001500G240	ARIPIPRAZOLE IM FOR EXTENDED RELEASE S	59148001971	ABILIFY MAINTENA	IM	16.00%	16.00%	NO
NOT IN CORE AREAS	65200010102320	BUPRENORPHINE HCL SUBDERMAL IMPLANT	58284010014	PROBUPHINE IMPLANT KIT	SC	16.25%	16.25%	YES
NOT IN CORE AREAS	6625005000D510	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5	59137050501	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D510	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5	59137050504	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D511	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5	54436007504	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D512	METHOTREXATE SOLN PF AUTO-INJECTOR 10	59137051001	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D512	METHOTREXATE SOLN PF AUTO-INJECTOR 10	59137051004	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D515	METHOTREXATE SOLN PF AUTO-INJECTOR 10	54436001002	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D515	METHOTREXATE SOLN PF AUTO-INJECTOR 10	54436001004	OTREXUP	SC	16.00%	16.00%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
NOT IN CORE AREAS	6625005000D517	METHOTREXATE SOLN PF AUTO-INJECTOR 12	59137051501	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D517	METHOTREXATE SOLN PF AUTO-INJECTOR 12	59137051504	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D518	METHOTREXATE SOLN PF AUTO-INJECTOR 12	54436001201	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D518	METHOTREXATE SOLN PF AUTO-INJECTOR 12	54436001204	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D519	METHOTREXATE SOLN PF AUTO-INJECTOR 15	59137052000	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D519	METHOTREXATE SOLN PF AUTO-INJECTOR 15	59137052001	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D519	METHOTREXATE SOLN PF AUTO-INJECTOR 15	59137052004	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D520	METHOTREXATE SOLN PF AUTO-INJECTOR 15	54436001502	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D520	METHOTREXATE SOLN PF AUTO-INJECTOR 15	54436001504	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D522	METHOTREXATE SOLN PF AUTO-INJECTOR 17	59137052500	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D522	METHOTREXATE SOLN PF AUTO-INJECTOR 17	59137052501	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D522	METHOTREXATE SOLN PF AUTO-INJECTOR 17	59137052504	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D523	METHOTREXATE SOLN PF AUTO-INJECTOR 17	54436001704	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D525	METHOTREXATE SOLN PF AUTO-INJECTOR 20	54436002002	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D525	METHOTREXATE SOLN PF AUTO-INJECTOR 20	54436002004	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D525	METHOTREXATE SOLN PF AUTO-INJECTOR 20	59137053000	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D525	METHOTREXATE SOLN PF AUTO-INJECTOR 20	59137053001	RASUVO	SC	16.00%	16.00%	NO

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NOT IN CORE AREAS	6625005000D525	METHOTREXATE SOLN PF AUTO-INJECTOR 20	59137053004	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D527	METHOTREXATE SOLN PF AUTO-INJECTOR 22	59137053501	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D527	METHOTREXATE SOLN PF AUTO-INJECTOR 22	59137053504	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D528	METHOTREXATE SOLN PF AUTO-INJECTOR 22	54436002204	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D530	METHOTREXATE SOLN PF AUTO-INJECTOR 25	54436002502	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D530	METHOTREXATE SOLN PF AUTO-INJECTOR 25	54436002504	OTREXUP	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D535	METHOTREXATE SOLN PF AUTO-INJECTOR 25	59137054001	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D535	METHOTREXATE SOLN PF AUTO-INJECTOR 25	59137054004	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D540	METHOTREXATE SOLN PF AUTO-INJECTOR 27	59137054501	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D540	METHOTREXATE SOLN PF AUTO-INJECTOR 27	59137054504	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D545	METHOTREXATE SOLN PF AUTO-INJECTOR 30	59137055001	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	6625005000D545	METHOTREXATE SOLN PF AUTO-INJECTOR 30	59137055004	RASUVO	SC	16.00%	16.00%	NO
NOT IN CORE AREAS	73200010107020	AMANTADINE HCL CAP ER 24HR 68.5 MG (BAS	70482008560	GOCOVRI	OR	16.00%	16.00%	NO
NOT IN CORE AREAS	73200010107040	AMANTADINE HCL CAP ER 24HR 137 MG (BASE	70482017060	GOCOVRI	OR	16.00%	16.00%	NO
NOT IN CORE AREAS	74700050002020	NUSINERSEN INTRATHECAL SOLN 12 MG/5ML	64406005801	SPINRAZA	IT	12.50%	12.50%	YES
NOT IN CORE AREAS	99379902404020	DEXTRANOMER-SODIUM HYALURONATE INJ G	89114085003	SOLESTA	IJ	15.00%	15.00%	YES
OTHER - ANTIPSYCHOTIC	59400028200320	PIMAVANSERIN TARTRATE TAB 17 MG (BASE E	63090017060	NUPLAZID	OR	15.75%	15.75%	YES

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PAIN	6520001000E520	BUPRENORPHINE EXTENDED RELEASE SOLN	12496010001	SUBLOCADE	SC	16.00%	16.00%	NO
PAIN	6520001000E530	BUPRENORPHINE EXTENDED RELEASE SOLN	12496030001	SUBLOCADE	SC	16.00%	16.00%	NO
PAIN	67406070105920	SUMATRIPTAN SUCCINATE TD IONTOPHORET	51759010101	ZECUITY	TD	14.50%	14.50%	YES
PAIN	67406070105920	SUMATRIPTAN SUCCINATE TD IONTOPHORET	51759010104	ZECUITY	TD	14.50%	14.50%	YES
PULMONARYHYPERTENSION	40120070000310	SELEXIPAG TAB 200 MCG	66215060206	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000310	SELEXIPAG TAB 200 MCG	66215060214	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000315	SELEXIPAG TAB 400 MCG	66215060406	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000320	SELEXIPAG TAB 600 MCG	66215060606	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000325	SELEXIPAG TAB 800 MCG	66215060806	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000330	SELEXIPAG TAB 1000 MCG	66215061006	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000335	SELEXIPAG TAB 1200 MCG	66215061206	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000340	SELEXIPAG TAB 1400 MCG	66215061406	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40120070000345	SELEXIPAG TAB 1600 MCG	66215061606	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	4012007000B720	SELEXIPAG TAB THERAPY PACK 200 MCG (140	66215062820	UPTRAVI	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40134050000310	RIOCIGUAT TAB 0.5 MG	50419025001	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000310	RIOCIGUAT TAB 0.5 MG	50419025003	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000310	RIOCIGUAT TAB 0.5 MG	50419025091	ADEMPAS	OR	17.00%	17.00%	YES

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
PULMONARYHYPERTENSION	40134050000320	RIOCIGUAT TAB 1 MG	50419025101	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000320	RIOCIGUAT TAB 1 MG	50419025103	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000320	RIOCIGUAT TAB 1 MG	50419025191	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000330	RIOCIGUAT TAB 1.5 MG	50419025201	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000330	RIOCIGUAT TAB 1.5 MG	50419025203	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000330	RIOCIGUAT TAB 1.5 MG	50419025291	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000340	RIOCIGUAT TAB 2 MG	50419025301	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000340	RIOCIGUAT TAB 2 MG	50419025303	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000340	RIOCIGUAT TAB 2 MG	50419025391	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000350	RIOCIGUAT TAB 2.5 MG	50419025401	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000350	RIOCIGUAT TAB 2.5 MG	50419025403	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40134050000350	RIOCIGUAT TAB 2.5 MG	50419025491	ADEMPAS	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	00069419068	REVATIO	OR	17.80%	16.30%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	00093551798	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	00378165777	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	00591378019	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	00904667104	SILDENAFIL CITRATE	OR	97.20%	97.20%	NO

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PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	13668018505	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	13668018590	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	16714033801	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	31722077690	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	33342012110	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	42291073090	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	42291074990	SILDENAFIL CITRATE	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	42543000510	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	42543000590	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43063055010	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43063055030	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43063066830	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43063067610	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43063067630	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43353034510	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43353034520	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	43353034553	SILDENAFIL	OR	97.20%	97.20%	NO

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PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	50268071711	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	50268071715	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	53217019810	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	53217019890	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	53217029310	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	53217029390	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	54569660400	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	54569660401	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	55111037290	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	55700039805	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	55700039810	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	55700039820	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	55700039830	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	55700039890	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	59762003301	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	60505340405	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	60505340409	SILDENAFIL	OR	97.20%	97.20%	NO

Prime Specialty Pharmacy Fee Schedule

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PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	61919082690	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63187061930	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63187078930	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63187078950	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63187081330	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63187081350	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63629502901	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63629502902	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63629502903	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63629502904	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63629502905	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63629502906	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	63629502907	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	65162035109	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	65862068890	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68001017605	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68071207201	SILDENAFIL	OR	97.20%	97.20%	NO

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PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68071207202	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68071207203	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68071207204	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68071207208	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68084086911	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68084086921	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68788637803	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68788637806	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68788637809	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68788737903	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68788737904	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68788737906	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060100320	SILDENAFIL CITRATE TAB 20 MG	68788737909	SILDENAFIL	OR	97.20%	97.20%	NO
PULMONARYHYPERTENSION	40143060101920	SILDENAFIL CITRATE FOR SUSPENSION 10 MG	00069033621	REVATIO	OR	17.80%	16.30%	NO
PULMONARYHYPERTENSION	40143060102020	SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (B	00069033801	REVATIO	IV	17.80%	16.30%	NO
PULMONARYHYPERTENSION	40143060102020	SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (B	55150016613	SILDENAFIL	IV	95.67%	95.67%	NO
PULMONARYHYPERTENSION	40143080000320	TADALAFIL TAB 20 MG (PAH)	43353007012	ADCIRCA	OR	17.80%	16.30%	NO

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PULMONARYHYPERTENSION	40143080000320	TADALAFIL TAB 20 MG (PAH)	66302046760	ADCIRCA	OR	17.80%	16.30%	NO
PULMONARYHYPERTENSION	40160007000310	AMBRISENTAN TAB 5 MG	61958080101	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160007000310	AMBRISENTAN TAB 5 MG	61958080102	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160007000310	AMBRISENTAN TAB 5 MG	61958080103	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160007000310	AMBRISENTAN TAB 5 MG	61958080105	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160007000320	AMBRISENTAN TAB 10 MG	61958080201	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160007000320	AMBRISENTAN TAB 10 MG	61958080202	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160007000320	AMBRISENTAN TAB 10 MG	61958080203	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160007000320	AMBRISENTAN TAB 10 MG	61958080205	LETAIRIS	OR	17.80%	17.80%	NO
PULMONARYHYPERTENSION	40160015000320	BOSENTAN TAB 62.5 MG	66215010103	TRACLEER	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40160015000320	BOSENTAN TAB 62.5 MG	66215010106	TRACLEER	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40160015000330	BOSENTAN TAB 125 MG	66215010203	TRACLEER	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40160015000330	BOSENTAN TAB 125 MG	66215010206	TRACLEER	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40160015007320	BOSENTAN TAB FOR ORAL SUSP 32 MG	66215010314	TRACLEER	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40160015007320	BOSENTAN TAB FOR ORAL SUSP 32 MG	66215010356	TRACLEER	OR	17.00%	17.00%	YES
PULMONARYHYPERTENSION	40160050000320	MACITENTAN TAB 10 MG	66215050115	OPSUMIT	OR	18.75%	18.75%	NO
PULMONARYHYPERTENSION	40160050000320	MACITENTAN TAB 10 MG	66215050130	OPSUMIT	OR	18.75%	18.75%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
PULMONARYHYPERTENSION	40170040102110	EPOPROSTENOL SODIUM FOR INJ 0.5 MG	00173051700	FLOLAN	IV	03.00%	03.00%	YES
PULMONARYHYPERTENSION	40170040102110	EPOPROSTENOL SODIUM FOR INJ 0.5 MG	00703198501	EPOPROSTENOL SODIUM	IV	17.50%	17.50%	YES
PULMONARYHYPERTENSION	40170040102110	EPOPROSTENOL SODIUM FOR INJ 0.5 MG	66215040301	VELETRI	IV	03.00%	03.00%	YES
PULMONARYHYPERTENSION	40170040102130	EPOPROSTENOL SODIUM FOR INJ 1.5 MG	00173051900	FLOLAN	IV	03.00%	03.00%	YES
PULMONARYHYPERTENSION	40170040102130	EPOPROSTENOL SODIUM FOR INJ 1.5 MG	00703199501	EPOPROSTENOL SODIUM	IV	17.50%	17.50%	YES
PULMONARYHYPERTENSION	40170040102130	EPOPROSTENOL SODIUM FOR INJ 1.5 MG	66215040101	VELETRI	IV	03.00%	03.00%	YES
PULMONARYHYPERTENSION	40170040102130	EPOPROSTENOL SODIUM FOR INJ 1.5 MG	66215040201	VELETRI	IV	03.00%	03.00%	YES
PULMONARYHYPERTENSION	40170060002020	ILOPROST INHALATION SOLUTION 10 MCG/ML	66215030200	VENTAVIS	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170060002020	ILOPROST INHALATION SOLUTION 10 MCG/ML	66215030230	VENTAVIS	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170060002040	ILOPROST INHALATION SOLUTION 20 MCG/ML	66215030300	VENTAVIS	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170060002040	ILOPROST INHALATION SOLUTION 20 MCG/ML	66215030330	VENTAVIS	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080002020	TREPROSTINIL INHALATION SOLUTION 0.6 MG	66302020601	TYVASO STARTER	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080002020	TREPROSTINIL INHALATION SOLUTION 0.6 MG	66302020602	TYVASO REFILL	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080002020	TREPROSTINIL INHALATION SOLUTION 0.6 MG	66302020603	TYVASO	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080002020	TREPROSTINIL INHALATION SOLUTION 0.6 MG	66302020604	TYVASO STARTER	IN	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050410	TREPROSTINIL DIOLAMINE TAB CR 0.125 MG (	66302030001	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050410	TREPROSTINIL DIOLAMINE TAB CR 0.125 MG (	66302030010	ORENITRAM	OR	15.00%	15.00%	YES

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PULMONARYHYPERTENSION	40170080050415	TREPROSTINIL DIOLAMINE TAB CR 0.25 MG (B	66302030201	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050415	TREPROSTINIL DIOLAMINE TAB CR 0.25 MG (B	66302030210	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050420	TREPROSTINIL DIOLAMINE TAB CR 1 MG (BASI	66302031001	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050420	TREPROSTINIL DIOLAMINE TAB CR 1 MG (BASI	66302031010	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050425	TREPROSTINIL DIOLAMINE TAB CR 2.5 MG (BA	66302032501	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050425	TREPROSTINIL DIOLAMINE TAB CR 2.5 MG (BA	66302032510	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050435	TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASI	66302035001	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080050435	TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASI	66302035010	ORENITRAM	OR	15.00%	15.00%	YES
PULMONARYHYPERTENSION	40170080102010	TREPROSTINIL SODIUM INJ 1 MG/ML (BASE EQ	66302010101	REMODULIN	IJ	15.50%	15.50%	YES
PULMONARYHYPERTENSION	40170080102020	TREPROSTINIL SODIUM INJ 2.5 MG/ML (BASE E	66302010201	REMODULIN	IJ	15.50%	15.50%	YES
PULMONARYHYPERTENSION	40170080102030	TREPROSTINIL SODIUM INJ 5 MG/ML (BASE EQ	66302010501	REMODULIN	IJ	15.50%	15.50%	YES
PULMONARYHYPERTENSION	40170080102040	TREPROSTINIL SODIUM INJ 10 MG/ML (BASE E	66302011001	REMODULIN	IJ	15.50%	15.50%	YES
VISCO SUPPLEMENTS	7580002000E420	CROSS-LINKED HYALURONATE GEL PREFILLE	85836015153	GEL-ONE	IX	16.00%	16.00%	NO
VISCO SUPPLEMENTS	7580002000E420	CROSS-LINKED HYALURONATE GEL PREFILLE	87541030091	GEL-ONE	IX	16.00%	16.00%	NO
VISCO SUPPLEMENTS	7580004000E530	HYLAN INTRA-ARTICULAR SOLUTION PREFILLI	35356003401	SYNVISC	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580004000E530	HYLAN INTRA-ARTICULAR SOLUTION PREFILLI	58468009001	SYNVISC	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580004000E530	HYLAN INTRA-ARTICULAR SOLUTION PREFILLI	66267092103	SYNVISC	IX	18.30%	16.80%	NO

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Core Category	GPI Number	Generic Name	NDC	Brand Name	ROA	Exclusive Rate	Non-Exclusive	Specialty Limited
VISCO SUPPLEMENTS	7580004000E560	HYLAN INTRA-ARTICULAR SOLUTION PREFILL	58468009003	SYNVISC ONE	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	75800070102024	SODIUM HYALURONATE INTRA-ARTICULAR IN	35356021901	HYALGAN	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	75800070102024	SODIUM HYALURONATE INTRA-ARTICULAR IN	89122072412	HYALGAN	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580007010E520	SODIUM HYALURONATE INTRA-ARTICULAR IN	89122072420	HYALGAN	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580007010E520	SODIUM HYALURONATE INTRA-ARTICULAR SO	21695037402	HYALGAN	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580007010E520	SODIUM HYALURONATE INTRA-ARTICULAR SO	54569554300	HYALGAN	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580007010E520	SODIUM HYALURONATE INTRA-ARTICULAR SO	55566410001	EUFLEXXA	IX	17.80%	16.30%	NO
VISCO SUPPLEMENTS	7580007010E525	SODIUM HYALURONATE INTRA-ARTICULAR SO	08363776101	SUPARTZ	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580007010E525	SODIUM HYALURONATE INTRA-ARTICULAR SO	50653000601	GENVISC 850	IX	18.30%	16.80%	NO
VISCO SUPPLEMENTS	7580007010E525	SODIUM HYALURONATE INTRA-ARTICULAR SO	89130444401	SUPARTZ FX	IX	18.30%	16.80%	NO

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 3000 UNIT	00026378775	0	KOGENATE FS	B	N	03	R	IV	N	07/14/2013	12/31/9999	KOGENATE FS INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 250 UNIT	00026379220	0	KOGENATE FS BIO-SET	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 250/BS	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	00026379330	0	KOGENATE FS BIO-SET	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 500/BS	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	8.51E+13	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	00026379550	0	KOGENATE FS BIO-SET	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 1000/BS	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	00026379660	0	KOGENATE FS BIO-SET	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 2000/BS	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 3000 UNIT	00026379770	0	KOGENATE FS BIO-SET	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 3000/BS	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010202120	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 250 UNIT	00026382125	0	KOVALTRY	B	N	03	R	IV	N	03/27/2016	12/31/9999	KOVALTRY INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202130	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 500 UNIT	00026382225	0	KOVALTRY	B	N	03	R	IV	N	03/27/2016	12/31/9999	KOVALTRY INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202140	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1000 UNIT	00026382425	0	KOVALTRY	B	N	03	R	IV	N	03/27/2016	12/31/9999	KOVALTRY INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202160	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 2000 UNIT	00026382650	0	KOVALTRY	B	N	03	R	IV	N	03/27/2016	12/31/9999	KOVALTRY INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202170	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 3000 UNIT	00026382850	0	KOVALTRY	B	N	03	R	IV	N	03/27/2016	12/31/9999	KOVALTRY INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202120	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 250 UNIT	00026482101	0	KOVALTRY	B	N	03	R	IV	N	07/02/2017	12/31/9999	KOVALTRY INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202130	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 500 UNIT	00026482201	0	KOVALTRY	B	N	03	R	IV	N	07/02/2017	12/31/9999	KOVALTRY INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202140	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1000 UNIT	00026482401	0	KOVALTRY	B	N	03	R	IV	N	07/02/2017	12/31/9999	KOVALTRY INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202160	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 2000 UNIT	00026482601	0	KOVALTRY	B	N	03	R	IV	N	07/02/2017	12/31/9999	KOVALTRY INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	85100010202170	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 3000 UNIT	00026482801	0	KOVALTRY	B	N	03	R	IV	N	07/02/2017	12/31/9999	KOVALTRY INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BAYER PHAR	00026	2
83	83	I	51200024006705	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	00032120370	0	CREON	B	N	03	R	OR	N	07/31/2011	12/31/9999	CREON CAP 3000UNIT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006720	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	00032120601	0	CREON	B	N	03	R	OR	N	10/01/2009	12/31/9999	CREON CAP 6000UNIT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006720	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	00032120607	0	CREON	B	N	03	R	OR	N	10/01/2009	12/31/9999	CREON CAP 6000UNIT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006740	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	00032121201	0	CREON	B	N	03	R	OR	N	10/01/2009	12/31/9999	CREON CAP 12000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006740	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	00032121207	0	CREON	B	N	03	R	OR	N	10/01/2009	12/31/9999	CREON CAP 12000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006760	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	00032122401	0	CREON	B	N	03	R	OR	N	10/01/2009	12/31/9999	CREON CAP 24000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006760	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	00032122407	0	CREON	B	N	03	R	OR	N	10/01/2009	12/31/9999	CREON CAP 24000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006780	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	00032301613	0	CREON	B	N	03	R	OR	N	04/21/2013	12/31/9999	CREON CAP 36000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	51200024006780	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	00032301628	0	CREON	B	N	03	R	OR	N	04/21/2013	12/31/9999	CREON CAP 36000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ABBVIE	00074	2
83	83	I	99200030000305	PENICILLAMINE TAB 250 MG	00037440101	0	TITRATABS	B	N	03	R	OR	N	07/01/2016	12/31/9999	DEPEN TITRA TAB 250MG	20391231	64000000	0	0	0	A	250.000		308	N	20180401	Genitourinary Agents	Genitourinary Agents, Other	TABS		N	MYLAN SPEC	49502	2
83	83	I	89150010103905	HYDROCORTISONE ACETATE RECTAL FOAM 10% (90 MG/DOSE)	00037683015	0	CORTIFOAM	B	N	03	R	RE	N	06/21/2015	12/31/9999	CORTIFOAM AER 90MG	20391231	84060800	0	0	0	A	10.000		308	N	20180401	Inflammatory Bowel Disease Agents	Glucocorticoids	FOAM		N	MYLAN SPEC	49502	2
83	83	I	23100030004047	TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)	00051846230	0	ANDROGEL	B	N	03	R	TD	N	10/14/2012	12/31/9999	ANDROGEL GEL 1.62%	20391231	68080000	1	1	0	A	40.500		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	GEL		N	ABBVIE	00074	2
83	83	I	23100030004044	TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)	00051846231	0	ANDROGEL	B	N	03	R	TD	N	10/14/2012	12/31/9999	ANDROGEL GEL 1.62%	20391231	68080000	1	1	0	A	20.250		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	GEL		N	ABBVIE	00074	2
83	83	I	23100030004050	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	00051846233	0	ANDROGEL PUMP	B	N	03	R	TD	N	05/08/2011	12/31/9999	ANDROGEL GEL 1.62%	20391231	68080000	1	1	0	A	1.620		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	GEL		N	ABBVIE	00074	2
83	83	I	25970002309020	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	00052027301	0	NUVARING	B	N	03	R	VA	N	04/01/2008	12/31/9999	NUVARING MIS	20391231	68120000	0	1	0	A	0.000	K	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	RING		N	ORGANON	00052	2
83	83	I	25970002309020	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	00052027303	0	NUVARING	B	N	03	R	VA	N	04/01/2008	12/31/9999	NUVARING MIS	20391231	68120000	0	1	0	A	0.000	K	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	RING		N	ORGANON	00052	2
83	83	I	30090040102020	GANIRELIX ACETATE INJ .250 MCG/0.5ML	00052030151	0	GANIRELIX ACETATE	B	N	03	R	SC	N	01/01/2004	12/31/9999	GANIRELIX AC INJ	20391231	68180400	0	1	0	A	250.000	7	308	Y	20180401			SOLN		N	ORGANON	00052	2
83	83	I	30062030102003	FOLLITROPIN BETA INJ 75 UNIT/0.5ML	00052030802	0	FOLLISTIM AQ	B	N	03	R	SC	N	10/01/2010	12/31/9999	FOLLISTIM AQ INJ 75UNIT	20190110	68180800	0	1	0	I	75.000	7	308	Y	20180401			SOLN		N	ORGANON	00052	2
83	83	I	30062030102020	FOLLITROPIN BETA INJ 300 UNIT/0.36ML	00052031301	0	FOLLISTIM AQ	B	N	03	R	SC	N	01/01/2004	12/31/9999	FOLLISTIM AQ INJ 300UNIT	20391231	68180800	0	1	0	A	300.000	7	308	Y	20180401			SOLN		N	ORGANON	00052	2
83	83	I	30062030102030	FOLLITROPIN BETA INJ 600 UNIT/0.72ML	00052031601	0	FOLLISTIM AQ	B	N	03	R	SC	N	01/01/2004	12/31/9999	FOLLISTIM AQ INJ 600UNIT	20391231	68180800	0	1	0	A	600.000	7	308	Y	20180401			SOLN		N	ORGANON	00052	2
83	83	I	30062030102040	FOLLITROPIN BETA INJ 900 UNIT/1.08ML	00052032601	0	FOLLISTIM AQ	B	N	03	R	SC	N	08/25/2005	12/31/9999	FOLLISTIM AQ INJ 900UNIT	20391231	68180800	0	1	0	A	900.000	7	308	Y	20180401			SOLN		N	ORGANON	00052	2
83	83	I	85100028002180	COAGULATION FACTOR IX FOR INJ 1000 UNIT	00053623302	0	MONONINE	B	N	03	R	IV	N	07/01/2013	12/31/9999	MONONINE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	00053	2
83	83	I	30201010102015	DESMOPRESSIN ACETATE NASAL SOLN 1.5 MG/ML	00053687100	0	STIMATE	B	N	03	R	NA	N	05/30/2010	12/31/9999	STIMATE SOL 1.5MG/ML	20391231	68280000	0	0	0	A	1.500		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLN		N	CSL BEHRIN	00053	2
83	83	I	85100010006460	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ KIT 1000 UNIT	00053763302	0	MONOCLATE-P	B	N	03	R	IV	N	07/01/2013	12/31/9999	MONOCLATE-P INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010006475	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ KIT 1500 UNIT	00053763402	0	MONOCLATE-P	B	N	03	R	IV	N	07/01/2013	12/31/9999	MONOCLATE-P INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100026202160	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG)	00169720801	0	NOVOSEVEN RT	B	N	03	R	IV	N	07/01/2013	12/31/9999	NOVOSEVEN RT INJ 8MG	20391231	20281600	0	0	0	A	8.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83	83	I	27104002002020	INSULIN ASPART INJ 100 UNIT/ML	00169750111	0	NOVOLOG	B	N	03	R	SC	N	01/01/2004	12/31/9999	NOVOLOG INJ 100/ML	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	NOVO NORD	00169	2
83	83	I	85100010202140	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1000 UNIT	00169781001	0	NOVOEIGHT	B	N	03	R	IV	N	10/01/2015	12/31/9999	NOVOEIGHT INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83	83	I	85100010202150	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1500 UNIT	00169781501	0	NOVOEIGHT	B	N	03	R	IV	N	10/01/2015	12/31/9999	NOVOEIGHT INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83	83	I	85100010202160	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 2000 UNIT	00169782001	0	NOVOEIGHT	B	N	03	R	IV	N	10/01/2015	12/31/9999	NOVOEIGHT INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83	83	I	85100010202120	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 250 UNIT	00169782501	0	NOVOEIGHT	B	N	03	R	IV	N	10/01/2015	12/31/9999	NOVOEIGHT INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83	83	I	85100010202170	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 3000 UNIT	00169783001	0	NOVOEIGHT	B	N	03	R	IV	N	10/01/2015	12/31/9999	NOVOEIGHT INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83	83	I	85100010202130	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 500 UNIT	00169785001	0	NOVOEIGHT	B	N	03	R	IV	N	10/01/2015	12/31/9999	NOVOEIGHT INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83	83	I	44201058108020	SALMETEROL XINAFOATE AER POW BA 50 MCG/DOSE (BASE EQUIV)	00173052100	0	SEREVENT DISKUS	B	N	03	R	IN	N	04/01/2016	12/31/9999	SEREVENT DIS AER 50MCG	20391231	12120812	0	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44400033208010	FLUTICASONE PROPIONATE AER POW BA 50 MCG/BLISTER	00173060002	0	FLOVENT DISKUS	B	N	03	R	IN	N	04/01/2012	12/31/9999	FLOVENT DISK AER 50MCG	20391231	68040000	0	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44400033208030	FLUTICASONE PROPIONATE AER POW BA 250 MCG/BLISTER	00173060102	0	FLOVENT DISKUS	B	N	03	R	IN	N	04/01/2012	12/31/9999	FLOVENT DISK AER 250MCG	20391231	68040000	0	1	0	A	250.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44400033208020	FLUTICASONE PROPIONATE AER POW BA 100 MCG/BLISTER	00173060202	0	FLOVENT DISKUS	B	N	03	R	IN	N	04/01/2012	12/31/9999	FLOVENT DISK AER 100MCG	20391231	68040000	0	1	0	A	100.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	00173068220	0	VENTOLIN HFA	B	N	03	R	IN	N	10/01/2011	12/31/9999	VENTOLIN HFA AER	20391231	12120812	0	1	0	A	108.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	GLAXOSMITH	99850	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	00173068221	0	VENTOLIN HFA	B	N	03	R	IN	N	10/01/2011	12/31/9999	VENTOLIN HFA AER	20391231	12120812	0	1	0	A	108.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	GLAXOSMITH	99850	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	00173068224	0	VENTOLIN HFA	B	N	03	R	IN	N	10/01/2011	12/31/9999	VENTOLIN HFA AER	20391231	12120812	0	1	0	A	108.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS	Y	N	GLAXOSMITH	99850	2
83	83	I	44209902708020	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/DOSE	00173069500	0	ADVAIR DISKUS	B	N	03	R	IN	N	01/01/2004	12/31/9999	ADVAIR DISKU AER 100/50	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44209902708030	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/DOSE	00173069600	0	ADVAIR DISKUS	B	N	03	R	IN	N	01/01/2004	12/31/9999	ADVAIR DISKU AER 250/50	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44209902708040	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/DOSE	00173069700	0	ADVAIR DISKUS	B	N	03	R	IN	N	01/01/2004	12/31/9999	ADVAIR DISKU AER 500/50	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44209902703250	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	00173071520	0	ADVAIR HFA	B	N	03	R	IN	N	11/02/2008	12/31/9999	ADVAIR HFA AER 45/21	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERO		N	GLAXOSMITH	99850	2
83	83	I	44209902703260	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT	00173071620	0	ADVAIR HFA	B	N	03	R	IN	N	11/02/2008	12/31/9999	ADVAIR HFA AER 115/21	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERO		N	GLAXOSMITH	99850	2
83	83	I	44209902703270	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT	00173071720	0	ADVAIR HFA	B	N	03	R	IN	N	11/02/2008	12/31/9999	ADVAIR HFA AER 230/21	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERO		N	GLAXOSMITH	99850	2
83	83	I	44400033223220	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	00173071820	0	FLOVENT HFA	B	N	03	R	IN	N	04/29/2007	12/31/9999	FLOVENT HFA AER 44MCG	20391231	68040000	0	1	0	A	44.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	GLAXOSMITH	99850	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	44400033223230	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	00173071920	0	FLOVENT HFA	B	N	03	R	IN	N	03/18/2007	12/31/9999	FLOVENT HFA AER 110MCG	20391231	68040000	0	1	0	A	110.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	GLAXOSMITH	99850	2
83	83	I	44400033223240	FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE)	00173072020	0	FLOVENT HFA	B	N	03	R	IN	N	05/13/2007	12/31/9999	FLOVENT HFA AER 220MCG	20391231	68040000	0	1	0	A	220.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	GLAXOSMITH	99850	2
83	83	I	02200065051910	CEFUROXIME AXETIL FOR SUSP 125 MG/5ML	00173074000	0	CEFTIN	B	N	03	R	OR	N	07/01/2015	12/31/9999	CEFTIN SUS 125/5ML	20391231	08120608	0	0	0	A	125.000		308	N	20180401	Antibacterials	Beta-lactam, Cephalosporins	SUSR		N	GLAXOSMITH	99850	2
83	83	I	21534070100320	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	00173080409	0	VOTRIENT	B	N	03	R	OR	N	01/01/2013	12/31/9999	VOTRIENT TAB 200MG	20180722	10000000	1	1	0	I	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21532025100120	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	00173084608	0	TAFINLAR	B	N	03	R	OR	N	01/01/2014	12/31/9999	TAFINLAR CAP 50MG	20180513	10000000	1	1	0	I	50.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21532025100130	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	00173084708	0	TAFINLAR	B	N	03	R	OR	N	01/01/2014	12/31/9999	TAFINLAR CAP 75MG	20180412	10000000	1	1	0	I	75.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21533570100330	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	00173084813	0	MEKINIST	B	N	03	R	OR	N	01/01/2014	12/31/9999	MEKINIST TAB 2MG	20180401	10000000	1	1	0	I	2.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21533570100310	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	00173084913	0	MEKINIST	B	N	03	R	OR	N	01/01/2014	12/31/9999	MEKINIST TAB 0.5MG	20180413	10000000	1	1	0	I	0.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	44209902758020	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/INH	00173085910	0	BREO ELLIPTA	B	N	03	R	IN	N	01/01/2014	12/31/9999	BREO ELLIPTA INH 100-25	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44209902958020	UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/INH	00173086910	0	ANORO ELLIPTA	B	N	03	R	IN	N	07/01/2014	12/31/9999	ANORO ELLIPT AER 62.5-25	20391231	12080800	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44100090208030	UMECLIDINIUM BR AERO POWD BREATH ACT 62.5 MCG/INH (BASE EQ)	00173087310	0	INCRUSE ELLIPTA	B	N	03	R	IN	N	07/01/2015	12/31/9999	INCRUSE ELPT INH 62.5MCG	20391231	12080800	0	1	0	A	62.500		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44400033108020	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	00173087410	0	ARNUITY ELLIPTA	B	N	03	R	IN	N	10/01/2015	12/31/9999	ARNUITY ELPT INH 100MCG	20391231	68040000	0	1	0	A	100.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44400033108030	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	00173087610	0	ARNUITY ELLIPTA	B	N	03	R	IN	N	10/01/2015	12/31/9999	ARNUITY ELPT INH 200MCG	20391231	68040000	0	1	0	A	200.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	GLAXOSMITH	99850	2
83	83	I	44209902758030	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/INH	00173088210	0	BREO ELLIPTA	B	N	03	R	IN	N	06/14/2015	12/31/9999	BREO ELLIPTA INH 200-25	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	GLAXOSMITH	99850	2
83	83	I	08000020000305	SULFADIAZINE TAB 500 MG	00185075701	0	SULFADIAZINE	B	N	03	R	OR	N	10/01/2017	12/31/9999	SULFADIAZINE TAB 500MG	20391231	08122000	0	0	0	A	500.000		308	N	20180401	Antibacterials	Sulfonamides	TABS		N	SANDOZ	00781	2
83	83	I	08000020000305	SULFADIAZINE TAB 500 MG	00185075710	0	SULFADIAZINE	B	N	03	R	OR	N	10/01/2017	12/31/9999	SULFADIAZINE TAB 500MG	20391231	08122000	0	0	0	A	500.000		308	N	20180401	Antibacterials	Sulfonamides	TABS		N	SANDOZ	00781	2
83	83	I	44209902413240	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	00186037020	0	SYMBICORT	B	N	03	R	IN	N	10/01/2007	12/31/9999	SYMBICORT AER 160-4.5	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERO		N	ASTZEN LP	00186	2
83	83	I	44209902413220	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	00186037220	0	SYMBICORT	B	N	03	R	IN	N	10/01/2007	12/31/9999	SYMBICORT AER 80-4.5	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERO		N	ASTZEN LP	00186	2
83	83	I	85158470000315	TICAGRELOR TAB 60 MG	00186077660	0	BRILINTA	B	N	03	R	OR	N	07/01/2016	12/31/9999	BRILINTA TAB 60MG	20391231	20121800	0	0	0	A	60.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	TABS		N	ASTZEN LP	00186	2
83	83	I	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052435	0	BETASERON	B	N	03	R	SC	N	11/17/2013	12/31/9999	BETASERON INJ 0.3MG	20391231	92200000	0	1	0	A	0.300		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	KIT		N	BAYER HEAL	50419	2
83	83	I	15000050000305	PRAZIQUANTEL TAB 600 MG	50419074701	0	BILTRICIDE	B	N	03	R	OR	N	07/17/2011	12/31/9999	BILTRICIDE TAB 600MG	20391231	08080000	0	0	0	A	600.000		308	N	20180401	Antiparasitics	Anthelmintics	TABS		N	BAYER HEAL	50419	2
83	83	I	90060010004020	AZELAIC ACID GEL 15%	50419082502	0	FINACEA	B	N	03	R	EX	N	04/04/2013	12/31/9999	FINACEA GEL 15%	20391231	84920000	0	0	0	A	15.000		308	N	20180401	Dermatological Agents	Dermatological Agents	GEL		N	BAYER HEAL	50419	2
83	83	I	90060010003920	AZELAIC ACID FOAM 15%	50419082901	0	FINACEA	B	N	03	R	EX	N	08/16/2015	12/31/9999	FINACEA AER 15%	20391231	84920000	0	0	0	A	15.000		308	N	20180401	Dermatological Agents	Dermatological Agents	FOAM		N	BAYER HEAL	50419	2
83	83	I	12109903300320	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	50436010101	0	ATRIPLA	B	N	03	R	OR	Y	03/24/2013	12/31/9999	ATRIPLA TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	UNIT DOSE	50436	2
83	83	I	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	50436070101	0	TRUVADA	B	N	03	R	OR	Y	03/24/2013	12/31/9999	TRUVADA TAB 200-300	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	UNIT DOSE	50436	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	50436126501	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	50436126502	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	50436126503	0	LYRICA	B	N	03	R	OR	Y	10/24/2011	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	50436652301	0	LYRICA	B	N	03	R	OR	Y	01/01/2012	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	50436652302	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	50436652303	0	LYRICA	B	N	03	R	OR	Y	10/09/2011	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	50436652402	0	LYRICA	B	N	03	R	OR	Y	01/08/2012	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	50436652403	0	LYRICA	B	N	03	R	OR	Y	02/17/2012	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	50436652501	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	50436652503	0	LYRICA	B	N	03	R	OR	Y	01/08/2012	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	50436652603	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	50436652701	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	50436652702	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	50436652703	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	50436652801	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	50436652803	0	LYRICA	B	N	03	R	OR	Y	01/15/2012	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	UNIT DOSE	50436	2
83	83	I	27700020000320	CANAGLIFLOZIN TAB 100 MG	50458014030	0	INVOKANA	B	N	03	R	OR	N	10/01/2014	12/31/9999	INVOKANA TAB 100MG	20391231	68201800	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	27700020000320	CANAGLIFLOZIN TAB 100 MG	50458014090	0	INVOKANA	B	N	03	R	OR	N	10/01/2014	12/31/9999	INVOKANA TAB 100MG	20391231	68201800	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	27700020000330	CANAGLIFLOZIN TAB 300 MG	50458014130	0	INVOKANA	B	N	03	R	OR	N	10/01/2014	12/31/9999	INVOKANA TAB 300MG	20391231	68201800	0	1	0	A	300.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	27700020000330	CANAGLIFLOZIN TAB 300 MG	50458014190	0	INVOKANA	B	N	03	R	OR	N	10/01/2014	12/31/9999	INVOKANA TAB 300MG	20391231	68201800	0	1	0	A	300.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	27996002200320	CANAGLIFLOZIN-METFORMIN HCL TAB 50-500 MG	50458054060	0	INVOKAMET	B	N	03	R	OR	N	01/01/2015	12/31/9999	INVOKAMET TAB 50-500MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	27996002200330	CANAGLIFLOZIN-METFORMIN HCL TAB 50-1000 MG	50458054160	0	INVOKAMET	B	N	03	R	OR	N	01/01/2015	12/31/9999	INVOKAMET TAB 50-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	27996002200340	CANAGLIFLOZIN-METFORMIN HCL TAB 150-500 MG	50458054260	0	INVOKAMET	B	N	03	R	OR	N	01/01/2015	12/31/9999	INVOKAMET TAB 150-500	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	27996002200350	CANAGLIFLOZIN-METFORMIN HCL TAB 150-1000 MG	50458054360	0	INVOKAMET	B	N	03	R	OR	N	01/01/2015	12/31/9999	INVOKAMET TAB 150-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	JANSSEN	50458	2
83	83	I	83370060000330	RIVAROXABAN TAB 15 MG	50458057810	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 15MG	20391231	20120414	0	1	0	A	15.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	83370060000330	RIVAROXABAN TAB 15 MG	50458057830	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 15MG	20391231	20120414	0	1	0	A	15.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	83370060000330	RIVAROXABAN TAB 15 MG	50458057890	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 15MG	20391231	20120414	0	1	0	A	15.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	83370060000340	RIVAROXABAN TAB 20 MG	50458057910	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 20MG	20391231	20120414	0	1	0	A	20.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	83370060000340	RIVAROXABAN TAB 20 MG	50458057930	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 20MG	20391231	20120414	0	1	0	A	20.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	83370060000340	RIVAROXABAN TAB 20 MG	50458057990	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 20MG	20391231	20120414	0	1	0	A	20.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	83370060000320	RIVAROXABAN TAB 10 MG	50458058010	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 10MG	20391231	20120414	0	1	0	A	10.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS	Y	N	JANSSEN	50458	2
83	83	I	83370060000320	RIVAROXABAN TAB 10 MG	50458058030	0	XARELTO	B	N	03	R	OR	N	07/01/2013	12/31/9999	XARELTO TAB 10MG	20391231	20120414	0	1	0	A	10.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	83370060000320	RIVAROXABAN TAB 10 MG	50458058090	0	XARELTO	B	N	03	R	OR	N	11/05/2017	12/31/9999	XARELTO TAB 10MG	20391231	20120414	0	1	0	A	10.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	JANSSEN	50458	2
83	83	I	8337006000B720	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	50458058451	0	XARELTO STARTER PACK	B	N	03	R	OR	N	10/12/2014	12/31/9999	XARELTO STAR TAB 15/20MG	20391231	20120414	0	1	0	A	0.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TBPK		N	JANSSEN	50458	2
83	83	I	65100091107420	TAPENTADOL HCL TAB ER 12HR 50 MG	50458086001	0	NUCYNTA ER	B	N	03	R	OR	N	04/01/2012	12/31/9999	NUCYNTA ER TAB 50MG	20190803	28080800	0	1	0	I	50.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	DEPOMED	13913	2
83	83	I	85158470000320	TICAGRELOR TAB 90 MG	00186077760	0	BRILINTA	B	N	03	R	OR	N	07/01/2016	12/31/9999	BRILINTA TAB 90MG	20391231	20121800	0	0	0	A	90.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	TABS		N	ASTZEN LP	00186	2
83	83	I	49270025103010	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	00186401001	0	NEXIUM	B	N	03	R	OR	N	10/01/2011	12/31/9999	NEXIUM GRA 10MG DR	20391231	56283600	0	1	0	A	10.000		308	Y	20180401	Gastrointestinal Agents	Proton Pump Inhibitors	PACK		N	ASTZEN LP	00186	2
83	83	I	49270025103020	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	00186402001	0	NEXIUM	B	N	03	R	OR	N	05/09/2007	12/31/9999	NEXIUM GRA 20MG DR	20391231	56283600	0	1	0	A	20.000		308	Y	20180401	Gastrointestinal Agents	Proton Pump Inhibitors	PACK		N	ASTZEN LP	00186	2
83	83	I	49270025103004	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	00186402501	0	NEXIUM	B	N	03	R	OR	N	01/01/2013	12/31/9999	NEXIUM GRA 2.5MG DR	20391231	56283600	0	1	0	A	2.500		308	Y	20180401	Gastrointestinal Agents	Proton Pump Inhibitors	PACK		N	ASTZEN LP	00186	2
83	83	I	49270025103040	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	00186404001	0	NEXIUM	B	N	03	R	OR	N	05/09/2007	12/31/9999	NEXIUM GRA 40MG DR	20391231	56283600	0	1	0	A	40.000		308	Y	20180401	Gastrointestinal Agents	Proton Pump Inhibitors	PACK		N	ASTZEN LP	00186	2
83	83	I	49270025103007	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	00186405001	0	NEXIUM	B	N	03	R	OR	N	01/01/2013	12/31/9999	NEXIUM GRA 5MG DR	20391231	56283600	0	1	0	A	5.000		308	Y	20180401	Gastrointestinal Agents	Proton Pump Inhibitors	PACK		N	ASTZEN LP	00186	2
83	83	I	67000030102060	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML	00187024503	0	MIGRANAL	B	M	03	S	NA	N	12/12/2006	12/31/9999	MIGRANAL SPR 4MG/ML	20391231	12160404	0	1	0	A	4.000		308	Y	20180401	Antimigraine Agents	Ergot Alkaloids	SOLN		N	VALEANT	00187	2
83	83	I	72100030004040	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	00187065820	0	DIASTAT ACUDIAL	B	M	03	S	RE	N	10/10/2005	12/31/9999	DIASTAT ACDL GEL 5-10MG	20391231	28240800	0	0	0	A	10.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	GEL		N	VALEANT	00187	2
83	83	I	72100030004060	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	00187065920	0	DIASTAT ACUDIAL	B	M	03	S	RE	N	10/10/2005	12/31/9999	DIASTAT ACDL GEL 12.5-20	20391231	28240800	0	0	0	A	20.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	GEL		N	VALEANT	00187	2
83	83	I	77204030000305	PHYTONADIONE TAB 5 MG	00187170405	0	MEPHYTON	B	N	03	R	OR	N	06/23/2013	12/31/9999	MEPHYTON TAB 5MG	20391231	88240000	0	0	0	A	5.000		308	N	20180401			TABS		N	VALEANT	00187	2
83	83	I	90784060003720	PIMECROLIMUS CREAM 1%	00187510001	0	ELIDEL	B	N	03	R	EX	N	12/04/2011	12/31/9999	ELIDEL CRE 1%	20391231	84920000	0	0	1	A	1.000		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	VALEANT	00187	2
83	83	I	90784060003720	PIMECROLIMUS CREAM 1%	00187510102	0	ELIDEL	B	N	03	R	EX	N	11/27/2011	12/31/9999	ELIDEL CRE 1%	20391231	84920000	0	0	1	A	1.000		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	VALEANT	00187	2
83	83	I	90784060003720	PIMECROLIMUS CREAM 1%	00187510203	0	ELIDEL	B	N	03	R	EX	N	11/13/2011	12/31/9999	ELIDEL CRE 1%	20391231	84920000	0	0	1	A	1.000		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	VALEANT	00187	2
83	83	I	90372030003705	FLUOROURACIL CREAM 0.5%	00187520030	0	CARAC	B	M	03	S	EX	N	12/22/2013	12/31/9999	CARAC CRE 0.5%	20391231	84920000	1	1	0	A	0.500		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	VALEANT	00187	2
83	83	I	94100030009800	GLUCOSE BLOOD TEST DISK	00193146550	0	BAYER BREEZE 2 TEST DISC	B	N	03	O	VI	N	02/21/2007	12/31/9999	BAYER BREEZE MIS 2 TEST	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			DISK		N	ASCENSIA	00193	
83	83	I	94100030009800	GLUCOSE BLOOD TEST DISK	00193146621	0	BAYER BREEZE 2 TEST DISC	B	N	03	O	VI	N	02/21/2007	12/31/9999	BAYER BREEZE MIS 2 TEST	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			DISK		N	ASCENSIA	00193	
83	83	I	97202025006300	*LANCETS***	00193596531	0	FINGERSTIX LANCETS	B	N	03	O	XX	N	01/01/2004	12/31/9999	FINGERSTIX MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ASCENSIA	00193	
83	83	I	97202025006300	*LANCETS***	00193654621	0	BAYER MICROLET LANCETS	B	N	03	O	XX	N	01/01/2004	12/31/9999	BAYER MICRLT MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ASCENSIA	00193	
83	83	I	97202025006300	*LANCETS***	00193656831	0	SINGLE-LET	B	N	03	O	XX	N	01/01/2011	12/31/9999	SINGLE-LET MIS 23G	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ASCENSIA	00193	
83	83	I	97202025006300	*LANCETS***	00193658621	0	MICROLET LANCETS	B	N	03	O	XX	N	02/22/2009	12/31/9999	MICROLET MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ASCENSIA	00193	
83	83	I	94100030006100	GLUCOSE BLOOD TEST STRIP	00193707025	0	BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	B	N	03	O	VI	N	10/14/2007	12/31/9999	CONTOUR TES BLD GLUC	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			STRP		N	ASCENSIA	00193	

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	94100030006100	GLUCOSE BLOOD TEST STRIP	00193708050	0	BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	B	N	03	O	VI	N	01/01/2007	12/31/9999	CONTOUR TES BLD GLUC	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			STRP		N	ASCENSIA	00193	
83	83	I	94100030006100	GLUCOSE BLOOD TEST STRIP	00193709021	0	BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	B	N	03	O	VI	N	01/01/2007	12/31/9999	CONTOUR TES BLD GLUC	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			STRP		N	ASCENSIA	00193	
83	83	I	94100030006100	GLUCOSE BLOOD TEST STRIP	00193731025	0	BAYER CONTOUR NEXT BLOOD GLUCOSE TEST	B	N	03	O	VI	N	07/01/2012	12/31/9999	CONTOUR TES NEXT	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			STRP		N	ASCENSIA	00193	
83	83	I	94100030006100	GLUCOSE BLOOD TEST STRIP	00193731150	0	BAYER CONTOUR NEXT BLOOD GLUCOSE TEST	B	N	03	O	VI	N	07/01/2012	12/31/9999	CONTOUR TES NEXT	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			STRP		N	ASCENSIA	00193	
83	83	I	94100030006100	GLUCOSE BLOOD TEST STRIP	00193731221	0	BAYER CONTOUR NEXT BLOOD GLUCOSE TEST	B	N	03	O	VI	N	07/01/2012	12/31/9999	CONTOUR TES NEXT	20391231	36260000	0	1	0	A	0.000	5	308	Y	20180401			STRP		N	ASCENSIA	00193	
83	83	I	90060030003720	IVERMECTIN CREAM 1%	00299382330	0	SOOLANTRA	B	N	03	R	EX	N	04/01/2017	12/31/9999	SOOLANTRA CRE 1%	20391231	84041200	0	0	0	A	1.000		308	N	20180401	Dermatological Agents	Dermatological Agents	CREA		N	GALDERMA	00299	2
83	83	I	90060030003720	IVERMECTIN CREAM 1%	00299382345	0	SOOLANTRA	B	N	03	R	EX	N	04/01/2017	12/31/9999	SOOLANTRA CRE 1%	20391231	84041200	0	0	0	A	1.000		308	N	20180401	Dermatological Agents	Dermatological Agents	CREA		N	GALDERMA	00299	2
83	83	I	27550065100320	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	00310610030	0	ONGLYZA	B	N	03	R	OR	N	12/01/2014	12/31/9999	ONGLYZA TAB 2.5MG	20391231	68200500	0	1	0	A	2.500		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	ASTZEN	00310	2
83	83	I	27550065100320	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	00310610090	0	ONGLYZA	B	N	03	R	OR	N	01/11/2015	12/31/9999	ONGLYZA TAB 2.5MG	20391231	68200500	0	1	0	A	2.500		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	ASTZEN	00310	2
83	83	I	27550065100330	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	00310610530	0	ONGLYZA	B	N	03	R	OR	N	12/21/2014	12/31/9999	ONGLYZA TAB 5MG	20391231	68200500	0	1	0	A	5.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	ASTZEN	00310	2
83	83	I	27550065100330	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	00310610550	0	ONGLYZA	B	N	03	R	OR	N	12/07/2014	12/31/9999	ONGLYZA TAB 5MG	20391231	68200500	0	1	0	A	5.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	ASTZEN	00310	2
83	83	I	27550065100330	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	00310610590	0	ONGLYZA	B	N	03	R	OR	N	12/21/2014	12/31/9999	ONGLYZA TAB 5MG	20391231	68200500	0	1	0	A	5.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	ASTZEN	00310	2
83	83	I	27992502607520	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	00310612560	0	KOMBIGLYZE XR	B	N	03	R	OR	N	12/14/2014	12/31/9999	KOMBIGLYZ XR TAB 2.5-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	ASTZEN	00310	2
83	83	I	27992502607530	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG	00310613530	0	KOMBIGLYZE XR	B	N	03	R	OR	N	01/11/2015	12/31/9999	KOMBIGLYZ XR TAB 5-500MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	ASTZEN	00310	2
83	83	I	27992502607540	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	00310614530	0	KOMBIGLYZE XR	B	N	03	R	OR	N	12/29/2014	12/31/9999	KOMBIGLYZ XR TAB 5-1000MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	ASTZEN	00310	2
83	83	I	27170020000G220	EXENATIDE FOR INJ EXTENDED RELEASE SUSP 2 MG	00310652004	0	BYDUREON	B	N	03	R	SC	N	04/01/2015	12/31/9999	BYDUREON INJ 2MG	20391231	68200600	0	1	1	A	2.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	SRER		N	ASTZEN	00310	2
83	83	I	27170020000D120	EXENATIDE EXTENDED RELEASE FOR SUSP PEN-INJECTOR 2 MG	00310653004	0	BYDUREON PEN	B	N	03	R	SC	N	04/01/2015	12/31/9999	BYDUREON PEN INJ 2MG	20391231	68200600	0	1	1	A	2.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	PEN		N	ASTZEN	00310	2
83	83	I	27170020000D420	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML	00310654001	0	BYDUREON BCISE	B	N	03	R	SC	N	11/12/2017	12/31/9999	BYDUREON INJ BCISE	20391231	68200600	0	1	1	A	2.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	AUIJ		N	ASTZEN	00310	2
83	83	I	27170020000D420	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML	00310654004	0	BYDUREON BCISE	B	N	03	R	SC	N	11/12/2017	12/31/9999	BYDUREON INJ BCISE	20391231	68200600	0	1	1	A	2.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	AUIJ		N	ASTZEN	00310	2
83	83	I	33100050100305	TIMOLOL MALEATE TAB 5 MG	00378005501	0	TIMOLOL MALEATE	B	N	03	R	OR	N	01/01/2007	12/31/9999	TIMOLOL MAL TAB 5MG	20391231	24240000	0	0	0	A	5.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	TABS		N	MYLAN	00378	2
83	83	I	51200024006730	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-34000-55000 UNIT	42865030602	0	ZENPEP	B	N	03	R	OR	N	12/21/2014	12/31/9999	ZENPEP CAP 10000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006785	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-136000-218000 UNIT	42865030702	0	ZENPEP	B	N	03	R	OR	N	11/02/2014	12/31/9999	ZENPEP CAP 40000UNT	20200131	56160000	0	0	0	I	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	78512070000330	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	42937070610	0	PRENATAL 19	B	N	03	R	OR	N	06/03/2013	12/31/9999	PRENATAL 19 TAB 29-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	NATIONWIDE	42937	2
83	83	I	78512070000330	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	42937070616	0	PRENATAL 19	B	N	03	R	OR	N	06/29/2014	12/31/9999	PRENATAL 19 TAB 29-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	NATIONWIDE	42937	2
83	83	I	78512070000330	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	42937070618	0	PRENATAL 19	B	N	03	R	OR	N	03/22/2015	12/31/9999	PRENATAL 19 TAB 29-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	NATIONWIDE	42937	2
83	83	I	78512015000530	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	42937070710	0	PRENATAL 19	B	N	03	R	OR	N	06/03/2013	12/31/9999	PRENATAL 19 CHW 29-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			CHEW		N	NATIONWIDE	42937	2
83	83	I	78512015000530	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	42937070716	0	PRENATAL 19	B	N	03	R	OR	N	06/29/2014	12/31/9999	PRENATAL 19 CHW 29-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			CHEW		N	NATIONWIDE	42937	2
83	83	I	78512015000530	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	42937070718	0	PRENATAL 19	B	N	03	R	OR	N	06/29/2014	12/31/9999	PRENATAL 19 CHW 29-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			CHEW		N	NATIONWIDE	42937	2
83	83	I	78512010000331	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG***	42937071530	0	KOSHER PRENATAL PLUS IRON	B	N	03	R	OR	N	10/16/2016	12/31/9999	KOSHR PRENAT TAB 30-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	NATIONWIDE	42937	2
83	83	I	78512010000331	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG***	42937071560	0	KOSHER PRENATAL PLUS IRON	B	N	03	R	OR	N	10/16/2016	12/31/9999	KOSHR PRENAT TAB 30-1MG	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	NATIONWIDE	42937	2
83	83	I	13000030100310	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	43063022514	0	PRIMAQUINE PHOSPHATE	B	N	03	R	OR	Y	03/21/2010	12/31/9999	PRIMAQUINE TAB 26.3MG	20391231	08300800	0	0	0	A	26.300		308	N	20180401	Antiparasitics	Antiprotozoals	TABS		N	PDRX PHARM	43063	2
83	83	I	13000030100310	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	43063022528	0	PRIMAQUINE PHOSPHATE	B	N	03	R	OR	Y	03/21/2010	12/31/9999	PRIMAQUINE TAB 26.3MG	20391231	08300800	0	0	0	A	26.300		308	N	20180401	Antiparasitics	Antiprotozoals	TABS		N	PDRX PHARM	43063	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	43063023605	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	PDRX PHARM	43063	2
83	83	I	65100075104A780	OXYCODONE HCL TAB ER 12HR DETER 80 MG	43063024430	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 80MG CR	20190207	28080800	0	1	0	I	80.000		308	Y	20180401	Analgesics	Opioid Analgesics, Lono-acting	T12A		N	PDRX PHARM	43063	2
83	83	I	65100075104A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	43063024530	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20190426	28080800	0	1	0	I	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PDRX PHARM	43063	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	43063024630	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20190426	28080800	0	1	0	I	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PDRX PHARM	43063	2
83	83	I	77204030000305	PHYTONADIONE TAB 5 MG	43063034301	0	MEPHYTON	B	N	03	R	OR	Y	02/13/2012	12/31/9999	MEPHYTON TAB 5MG	20190420	88240000	0	0	0	I	5.000		308	N	20180401			TABS		N	PDRX PHARM	43063	2
83	83	I	65100075104A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	43063035402	0	OXYCONTIN	B	M	03	S	OR	Y	07/08/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20191231	28080800	0	1	0	A	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Lono-acting	T12A		N	PDRX PHARM	43063	2
83	83	I	65100075104A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	43063035410	0	OXYCONTIN	B	M	03	S	OR	Y	08/26/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20391231	28080800	0	1	0	A	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PDRX PHARM	43063	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	43353026353	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	APHENA PHA	43353	2
83	83	I	72600057000125	PREGABALIN CAP 75 MG	43353026453	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	APHENA PHA	43353	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	43353041353	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	APHENA PHA	43353	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	43353041453	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	APHENA PHA	43353	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	43353067553	0	LYRICA	B	N	03	R	OR	Y	02/24/2013	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	APHENA PHA	43353	2
83	83	I	62403060045E520	INTERFERON BETA-1A SOLN PREF SYR 22 MCG/0.5ML (12MU/ML)	44087002203	0	REBIF	B	N	03	R	SC	N	01/01/2004	12/31/9999	REBIF INJ 22/0.5	20391231	92200000	0	1	0	A	22.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOSY		N	SERONO	44087	2
83	83	I	62403060045E540	INTERFERON BETA-1A SOLN PREF SYR 44 MCG/0.5ML (24MU/ML)	44087004403	0	REBIF	B	N	03	R	SC	N	01/01/2004	12/31/9999	REBIF INJ 44/0.5	20391231	92200000	0	1	0	A	44.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOSY		N	SERONO	44087	2
83	83	I	62403060045D560	INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	44087018801	0	REBIF REBIDOSE TITRATION PACK	B	N	03	R	SC	N	02/17/2013	12/31/9999	REBIF REBIDO INJ TITRATN	20391231	92200000	0	1	0	A	0.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOAJ		N	SERONO	44087	2
83	83	I	62403060045D520	INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG/0.5ML (12MU/ML)	44087332201	0	REBIF REBIDOSE	B	N	03	R	SC	N	02/17/2013	12/31/9999	REBIF REBIDO INJ 22/0.5	20391231	92200000	0	1	0	A	22.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOAJ		N	SERONO	44087	2
83	83	I	62403060045D540	INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG/0.5ML (24MU/ML)	44087334401	0	REBIF REBIDOSE	B	N	03	R	SC	N	02/17/2013	12/31/9999	REBIF REBIDO INJ 44/0.5	20391231	92200000	0	1	0	A	44.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOAJ		N	SERONO	44087	2
83	83	I	62403060045E560	INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	44087882201	0	REBIF TITRATION PACK	B	N	03	R	SC	N	03/02/2005	12/31/9999	REBIF TITRTN INJ PACK	20391231	92200000	0	1	0	A	0.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOSY		N	SERONO	44087	2
83	83	I	52100010000305	CHENODIOL TAB 250 MG	45043087640	0	CHENODAL	B	N	03	R	OR	N	10/01/2010	12/31/9999	CHENODAL TAB 250MG	20391231	56140000	0	0	0	A	250.000		308	N	20180401	Gastrointestinal Agents	Gastrointestinal Agents, Other	TABS		N	RETROPHIN	68974	2
83	83	I	52800080100520	SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG	49230064551	0	VELPHORO	B	N	03	R	OR	N	10/01/2016	12/31/9999	VELPHORO CHW 500MG	20391231	40181900	0	0	0	A	500.000		308	N	20180401	Electrolytes/Minerals/ Metals/ Vitamins	Phosphate Binders	CHEW		N	FRESENIUS	49230	2
83	83	I	38900040000D520	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	49502010101	0	EPINEPHRINE	B	N	03	R	IJ	N	05/28/2017	12/31/9999	EPINEPHRINE INJ 0.15MG	20391231	12121200	0	0	0	A	0.150		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	MYLAN SPEC	49502	2
83	83	I	38900040000D520	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	49502010102	0	EPINEPHRINE	B	N	03	R	IJ	N	01/12/2017	12/31/9999	EPINEPHRINE INJ 0.15MG	20391231	12121200	0	0	0	A	0.150		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	MYLAN SPEC	49502	2
83	83	I	38900040000D540	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	49502010201	0	EPINEPHRINE	B	N	03	R	IJ	N	05/28/2017	12/31/9999	EPINEPHRINE INJ 0.3MG	20391231	12121200	0	0	0	A	0.300		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	MYLAN SPEC	49502	2
83	83	I	38900040000D540	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	49502010202	0	EPINEPHRINE	B	N	03	R	IJ	N	01/12/2017	12/31/9999	EPINEPHRINE INJ 0.3MG	20391231	12121200	0	0	0	A	0.300		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	MYLAN SPEC	49502	2
83	83	I	38900040000D540	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	49502050002	0	EPIPEN 2-PAK	B	N	03	R	IJ	N	01/01/2004	12/31/9999	EPIPEN 2-PAK INJ 0.3MG	20391231	12121200	0	0	0	A	0.300		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	MYLAN SPEC	49502	2
83	83	I	38900040000D520	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	49502050102	0	EPIPEN-JR 2-PAK	B	N	03	R	IJ	N	01/01/2004	12/31/9999	EPIPEN-JR INJ 2-PAK	20391231	12121200	0	0	0	A	0.150		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	MYLAN SPEC	49502	2
83	83	I	12105005102020	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	49702022248	0	ZIAGEN	B	O	03	S	OR	N	03/06/2011	01/01/2019	ZIAGEN SOL 20MG/ML	20391231	08180820	0	1	0	A	20.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	SOLN		N	VIIV HEALT	49702	2
83	83	I	12103015100305	DOLUTEGRAVIR SODIUM TAB 10 MG (BASE EQUIV)	49702022613	0	TIVICAY	B	N	03	R	OR	N	06/27/2016	12/31/9999	TIVICAY TAB 10MG	20391231	08180812	0	1	0	A	10.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	TABS		N	VIIV HEALT	49702	2
83	83	I	12103015100310	DOLUTEGRAVIR SODIUM TAB 25 MG (BASE EQUIV)	49702022713	0	TIVICAY	B	N	03	R	OR	N	06/27/2016	12/31/9999	TIVICAY TAB 25MG	20391231	08180812	0	1	0	A	25.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	TABS		N	VIIV HEALT	49702	2
83	83	I	99394050000130	LENALIDOMIDE CAP 10 MG	59572041028	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 10MG	20391231	10000000	1	1	0	A	10.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000140	LENALIDOMIDE CAP 15 MG	59572041500	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 15MG	20391231	10000000	1	1	0	A	15.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000140	LENALIDOMIDE CAP 15 MG	59572041521	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 15MG	20391231	10000000	1	1	0	A	15.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000145	LENALIDOMIDE CAP 20 MG	59572042000	0	REVLIMID	B	N	03	R	OR	N	06/16/2013	12/31/9999	REVLIMID CAP 20MG	20391231	10000000	1	1	0	A	20.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000145	LENALIDOMIDE CAP 20 MG	59572042021	0	REVLIMID	B	N	03	R	OR	N	06/16/2013	12/31/9999	REVLIMID CAP 20MG	20391231	10000000	1	1	0	A	20.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000150	LENALIDOMIDE CAP 25 MG	59572042500	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000150	LENALIDOMIDE CAP 25 MG	59572042521	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	66700015000330	APREMILAST TAB 30 MG	59572063106	0	OTEZLA	B	N	03	R	OR	N	01/01/2017	12/31/9999	OTEZLA TAB 30MG	20391231	92360000	1	1	0	A	30.000		308	Y	20180401	Immunological Agents	Immunomodulators	TABS		N	CELGENE	59572	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyy	FWP NDC Date Term - mm/dd/yyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	66700015008P720	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	59572063255	0	OTEZLA	B	N	03	R	OR	N	01/01/2017	12/31/9999	OTEZLA TAB 10/20/30	20391231	92360000	1	1	0	A	0.000		308	Y	20180401	Immunological Agents	Immunomodulators	TBPK		N	CELGENE	59572	2
83	83	I	62403606456420	INTERFERON BETA-1A FOR IM INJ KIT 30MCG (33MCG/0.6 MU/VIAL)	59627011103	0	AVONEX	B	N	03	R	IM	N	01/01/2017	12/31/9999	AVONEX KIT 30MCG	20391231	92200000	0	1	0	A	30.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	KIT		N	BIOGEN IDE	59627	2
83	83	I	62403606045F830	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	59627022205	0	AVONEX	B	N	03	R	IM	N	01/01/2017	12/31/9999	AVONEX PREFL KIT 30MCG	20391231	92200000	0	1	0	A	30.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	PSKT		N	BIOGEN IDE	59627	2
83	83	I	62403606045F530	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML	59627033304	0	AVONEX PEN	B	N	03	R	IM	N	01/01/2017	12/31/9999	AVONEX PEN KIT 30MCG	20391231	92200000	0	1	0	A	30.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	AJKT		N	BIOGEN IDE	59627	2
83	83	I	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	59676030200	0	PROCRIT	B	M	03	S	IJ	N	05/05/2013	12/31/9999	PROCRIT INJ 2000/ML	20391231	20160000	1	0	0	A	2000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	59676030201	0	PROCRIT	B	M	03	S	IJ	N	01/01/2004	12/31/9999	PROCRIT INJ 2000/ML	20391231	20160000	1	0	0	A	2000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	59676030300	0	PROCRIT	B	M	03	S	IJ	N	05/05/2013	12/31/9999	PROCRIT INJ 3000/ML	20391231	20160000	1	0	0	A	3000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	59676030301	0	PROCRIT	B	M	03	S	IJ	N	01/01/2004	12/31/9999	PROCRIT INJ 3000/ML	20391231	20160000	1	0	0	A	3000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	59676030400	0	PROCRIT	B	M	03	S	IJ	N	05/05/2013	12/31/9999	PROCRIT INJ 4000/ML	20391231	20160000	1	0	0	A	4000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	59676030401	0	PROCRIT	B	M	03	S	IJ	N	01/01/2004	12/31/9999	PROCRIT INJ 4000/ML	20391231	20160000	1	0	0	A	4000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031000	0	PROCRIT	B	M	03	S	IJ	N	02/03/2008	12/31/9999	PROCRIT INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031001	0	PROCRIT	B	M	03	S	IJ	N	01/01/2004	12/31/9999	PROCRIT INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031002	0	PROCRIT	B	M	03	S	IJ	N	01/01/2004	12/31/9999	PROCRIT INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031200	0	PROCRIT	B	M	03	S	IJ	N	06/27/2014	12/31/9999	PROCRIT INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	59676031204	0	PROCRIT	B	M	03	S	IJ	N	01/20/2008	12/31/9999	PROCRIT INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	59676032000	0	PROCRIT	B	M	03	S	IJ	N	05/05/2013	12/31/9999	PROCRIT INJ 20000/ML	20391231	20160000	1	0	0	A	20000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	59676032004	0	PROCRIT	B	M	03	S	IJ	N	10/21/2007	12/31/9999	PROCRIT INJ 20000/ML	20391231	20160000	1	0	0	A	20000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002060	EPOETIN ALFA INJ 40000 UNIT/ML	59676034000	0	PROCRIT	B	N	03	R	IJ	N	05/31/2015	12/31/9999	PROCRIT INJ 40000/ML	20391231	20160000	1	0	0	A	40000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	82401020002060	EPOETIN ALFA INJ 40000 UNIT/ML	59676034001	0	PROCRIT	B	N	03	R	IJ	N	01/01/2004	12/31/9999	PROCRIT INJ 40000/ML	20391231	20160000	1	0	0	A	40000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	JANSSEN PR	99962	2
83	83	I	12104520100340	DARUNAVIR ETHANOLATE TAB 600 MG (BASE EQUIV)	59676056201	0	PREZISTA	B	N	03	R	OR	N	05/11/2008	12/31/9999	PREZISTA TAB 600MG	20391231	08180808	0	1	0	A	600.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	JANSSEN PR	99962	2
83	83	I	12104520100310	DARUNAVIR ETHANOLATE TAB 75 MG (BASE EQUIV)	59676056301	0	PREZISTA	B	N	03	R	OR	N	04/01/2009	12/31/9999	PREZISTA TAB 75MG	20391231	08180808	0	1	0	A	75.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	JANSSEN PR	99962	2
83	83	I	12104520100315	DARUNAVIR ETHANOLATE TAB 150 MG (BASE EQUIV)	59676056401	0	PREZISTA	B	N	03	R	OR	N	05/24/2009	12/31/9999	PREZISTA TAB 150MG	20391231	08180808	0	1	0	A	150.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	JANSSEN PR	99962	2
83	83	I	12104520101820	DARUNAVIR ETHANOLATE SUSP 100 MG/ML (BASE EQUIV)	59676056501	0	PREZISTA	B	N	03	R	OR	N	10/01/2013	12/31/9999	PREZISTA SUS 100MG/ML	20391231	08180808	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	SUSP		N	JANSSEN PR	99962	2
83	83	I	12104520100350	DARUNAVIR ETHANOLATE TAB 800 MG (BASE EQUIV)	59676056630	0	PREZISTA	B	N	03	R	OR	N	11/18/2012	12/31/9999	PREZISTA TAB 800MG	20391231	08180808	0	1	0	A	800.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	JANSSEN PR	99962	2
83	83	I	12109035000320	ETRAVIRINE TAB 100 MG	59676057001	0	INTELENCE	B	N	03	R	OR	N	04/01/2008	12/31/9999	INTELENCE TAB 100MG	20391231	08180816	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	JANSSEN PR	99962	2
83	83	I	12109035000340	ETRAVIRINE TAB 200 MG	59676057101	0	INTELENCE	B	N	03	R	OR	N	01/23/2011	12/31/9999	INTELENCE TAB 200MG	20391231	08180816	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	JANSSEN PR	99962	2
83	83	I	12109035000310	ETRAVIRINE TAB 25 MG	59676057201	0	INTELENCE	B	N	03	R	OR	N	10/01/2012	12/31/9999	INTELENCE TAB 25MG	20391231	08180816	0	1	0	A	25.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	JANSSEN PR	99962	2
83	83	I	03400010003020	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	59762305101	0	AZITHROMYCIN	B	M	03	S	OR	N	10/01/2014	12/31/9999	AZITHROMYCIN POW 1GM PAK	20391231	08121292	0	0	0	A	1.000		308	N	20180401	Antibacterials	Macrolides	PACK		N	GREENSTONE	59762	2
83	83	I	03400010003020	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	59762305102	0	AZITHROMYCIN	B	M	03	S	OR	N	10/01/2014	12/31/9999	AZITHROMYCIN POW 1GM PAK	20391231	08121292	0	0	0	A	1.000		308	N	20180401	Antibacterials	Macrolides	PACK		N	GREENSTONE	59762	2
83	83	I	78512015000332	*PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG***	60258019001	0	PRENATABS FA	B	N	01	R	OR	N	12/25/2016	12/31/9999	PRENATABS FA TAB 29-1MG	20190207	88280000	0	0	0	I	0.000	I	308	N	20180401			TABS		N	CYPRESS PH	60258	2
83	83	I	78512070000330	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	60258019601	0	PRENATAL 19	B	N	03	R	OR	N	07/01/2010	12/31/9999	PRENATAL 19 TAB	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	CYPRESS PH	60258	2
83	83	I	78512015000530	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	60258019701	0	PRENATAL 19	B	N	03	R	OR	N	07/01/2010	12/31/9999	PRENATAL 19 CHW TAB	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			CHEW		N	CYPRESS PH	60258	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	60760001430	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ST MARYS	60760	2
83	83	I	27992502707540	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 100-1000 MG	00006008154	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 100-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27992502707540	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 100-1000 MG	00006008182	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 100-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27550070100330	SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)	00006011201	0	JANUVIA	B	N	03	R	OR	N	06/27/2016	12/31/9999	JANUVIA TAB 50MG	20391231	68200500	0	1	0	A	50.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100330	SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)	00006011228	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 50MG	20391231	68200500	0	1	0	A	50.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100330	SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)	00006011231	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 50MG	20391231	68200500	0	1	0	A	50.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100330	SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)	00006011254	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 50MG	20391231	68200500	0	1	0	A	50.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100320	SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)	00006022101	0	JANUVIA	B	N	03	R	OR	N	06/27/2016	12/31/9999	JANUVIA TAB 25MG	20391231	68200500	0	1	0	A	25.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100320	SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)	00006022128	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 25MG	20391231	68200500	0	1	0	A	25.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100320	SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)	00006022131	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 25MG	20391231	68200500	0	1	0	A	25.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100320	SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)	00006022154	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 25MG	20391231	68200500	0	1	0	A	25.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	12103060100320	RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	00006022761	0	ISENTRESS	B	N	03	R	OR	N	04/01/2008	12/31/9999	ISENTRESS TAB 400MG	20391231	08180812	0	1	0	A	400.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	00006027701	0	JANUVIA	B	N	03	R	OR	N	06/27/2016	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	00006027702	0	JANUVIA	B	N	03	R	OR	N	05/17/2015	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	00006027728	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	00006027731	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	00006027733	0	JANUVIA	B	N	03	R	OR	N	09/23/2012	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	00006027754	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	00006027782	0	JANUVIA	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	50280020000130	APREPITANT CAPSULE 125 MG	00006046201	0	EMEND	B	O	03	S	OR	N	01/08/2017	01/01/2019	EMEND CAP 125MG	20391231	56223200	0	1	0	A	125.000		308	Y	20180401	Antiemetics	Emetogenic Therapy Adjuncts	CAPS		N	MERCKSHARP	00006	2
83	83	I	50280020000130	APREPITANT CAPSULE 125 MG	00006046206	0	EMEND	B	O	03	S	OR	N	06/20/2006	01/01/2019	EMEND CAP 125MG	20391231	56223200	0	1	0	A	125.000		308	Y	20180401	Antiemetics	Emetogenic Therapy Adjuncts	CAPS		N	MERCKSHARP	00006	2
83	83	I	50280020000110	APREPITANT CAPSULE 40 MG	00006046401	0	EMEND	B	O	03	S	OR	N	06/27/2016	01/01/2019	EMEND CAP 40MG	20391231	56223200	0	1	0	A	40.000		308	Y	20180401	Antiemetics	Emetogenic Therapy Adjuncts	CAPS		N	MERCKSHARP	00006	2
83	83	I	50280020000110	APREPITANT CAPSULE 40 MG	00006046405	0	EMEND	B	O	03	S	OR	N	10/01/2006	01/01/2019	EMEND CAP 40MG	20391231	56223200	0	1	0	A	40.000		308	Y	20180401	Antiemetics	Emetogenic Therapy Adjuncts	CAPS		N	MERCKSHARP	00006	2
83	83	I	50280020000110	APREPITANT CAPSULE 40 MG	00006046410	0	EMEND	B	O	03	S	OR	N	10/01/2006	01/01/2019	EMEND CAP 40MG	20391231	56223200	0	1	0	A	40.000		308	Y	20180401	Antiemetics	Emetogenic Therapy Adjuncts	CAPS		N	MERCKSHARP	00006	2
83	83	I	12103060100510	RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)	00006047361	0	ISENTRESS	B	N	03	R	OR	N	10/01/2013	12/31/9999	ISENTRESS CHW 25MG	20391231	08180812	0	1	0	A	25.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	CHEW		N	MERCKSHARP	00006	2
83	83	I	12103060100540	RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)	00006047761	0	ISENTRESS	B	N	03	R	OR	N	10/01/2013	12/31/9999	ISENTRESS CHW 100MG	20391231	08180812	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	CHEW		N	MERCKSHARP	00006	2
83	83	I	27992502700320	SITAGLIPTIN-METFORMIN HCL TAB 50-500 MG	00006057561	0	JANUMET	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUMET TAB 50-500MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27992502700320	SITAGLIPTIN-METFORMIN HCL TAB 50-500 MG	00006057562	0	JANUMET	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUMET TAB 50-500MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27992502700320	SITAGLIPTIN-METFORMIN HCL TAB 50-500 MG	00006057582	0	JANUMET	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUMET TAB 50-500MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27992502700340	SITAGLIPTIN-METFORMIN HCL TAB 50-1000 MG	00006057761	0	JANUMET	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUMET TAB 50-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27992502700340	SITAGLIPTIN-METFORMIN HCL TAB 50-1000 MG	00006057762	0	JANUMET	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUMET TAB 50-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	27992502700340	SITAGLIPTIN-METFORMIN HCL TAB 50-1000 MG	00006057782	0	JANUMET	B	N	03	R	OR	N	01/01/2011	12/31/9999	JANUMET TAB 50-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	MERCKSHARP	00006	2
83	83	I	50280020001930	APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)	00006306603	0	EMEND	B	N	03	R	OR	N	07/24/2016	12/31/9999	EMEND SUS 125MG	20391231	56223200	0	1	0	A	125.000		308	Y	20180401	Antiemetics	Emetogenic Therapy Adjuncts	SUSR		N	MERCKSHARP	00006	2
83	83	I	12103060100330	RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)	00006308001	0	ISENTRESS HD	B	N	03	R	OR	N	06/11/2017	12/31/9999	ISENTRESS HD TAB 600MG	20391231	08180812	0	1	0	A	600.000	A	308	Y	20180401			TABS		N	MERCKSHARP	00006	2
83	83	I	12103060103020	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	00006360301	0	ISENTRESS	B	N	03	R	OR	N	06/27/2016	12/31/9999	ISENTRESS POW 100MG	20391231	08180812	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	PACK		N	MERCKSHARP	00006	2
83	83	I	12103060103020	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	00006360360	0	ISENTRESS	B	N	03	R	OR	N	06/29/2014	12/31/9999	ISENTRESS POW 100MG	20391231	08180812	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	PACK		N	MERCKSHARP	00006	2
83	83	I	12103060103020	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	00006360361	0	ISENTRESS	B	N	03	R	OR	N	01/28/2018	12/31/9999	ISENTRESS POW 100MG	20391231	08180812	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	PACK		N	MERCKSHARP	00006	2
83	83	I	99404070002020	SIROLIMUS ORAL SOLN 1 MG/ML	00008103004	0	RAPAMUNE	B	N	03	R	OR	N	04/04/2013	12/31/9999	RAPAMUNE SOL 1MG/ML	20391231	92440000	0	0	0	A	1.000	M	308	N	20180401	Immunological Agents	Immune Suppressants	SOLN		N	PFIZER US	99907	2
83	83	I	99404070002020	SIROLIMUS ORAL SOLN 1 MG/ML	00008103006	0	RAPAMUNE	B	N	03	R	OR	N	01/01/2004	12/31/9999	RAPAMUNE SOL 1MG/ML	20391231	92440000	0	0	0	A	1.000	M	308	N	20180401	Immunological Agents	Immune Suppressants	SOLN		N	PFIZER US	99907	2
83	83	I	62100005002410	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	00009540001	0	NICOTROL INHALER	B	N	03	R	IN	N	04/01/2012	12/31/9999	NICOTROL INH	20391231	12920000	0	0	0	A	10.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	INHA		N	PFIZER US	99907	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	62100005002020	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	00009540101	0	NICOTROL NS	B	N	03	R	NA	N	04/01/2012	12/31/9999	NICOTROL NS SPR 10MG/ML	20391231	12920000	0	0	0	A	10.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	SOLN		N	PFIZER US	99907	2
83	83	I	55100018105220	CLINDAMYCIN PHOSPHATE VAGINAL SUPPOS 100 MG	00009766701	0	CLEOCIN	B	N	03	R	VA	N	10/01/2012	12/31/9999	CLEOCIN SUP 100MG	20391231	84040400	0	0	0	A	100.000		308	N	20180401	Antibacterials	Antibacterials, Other	SUPP		N	PFIZER US	99907	2
83	83	I	97051050146366	INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	08290320548	0	BD PEN NEEDLE/NANO/ULTRA FINE/32G X 4MM	B	N	02	R	XX	N	11/28/2016	12/31/9999	BD PEN NEEDL MIS 32GX4MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146368	INSULIN PEN NEEDLE 32 G X 6 MM (1/4")	08290320749	0	BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G	B	N	02	O	XX	N	09/17/2017	12/31/9999	BD ULTRA-FIN MIS 32GX6MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146331	INSULIN PEN NEEDLE 29 G X 12.7 MM	08290320880	0	BD PEN NEEDLE/ULTRAFINE/29GX1/2" 12.7MM	B	N	02	O	XX	N	10/02/2007	12/31/9999	BD PEN NEEDL MIS 29GX1/2"	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146364	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	08290320881	0	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16"	B	N	02	O	XX	N	09/23/2007	12/31/9999	BD PEN NEEDL MIS 31GX5/16	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146358	INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	08290320882	0	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16"	B	N	02	O	XX	N	09/23/2007	12/31/9999	BD PEN NEEDL MIS 31GX3/16	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146366	INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	08290320883	0	BD PEN NEEDLE/NANO/ULTRA FINE/32G X 4MM	B	N	02	O	XX	N	04/25/2010	12/31/9999	BD PEN NEEDL MIS 32GX4MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97202025006300	*LANCETS***	08290322057	0	BD LANCET ULTRAFINE 33G	B	N	02	O	XX	N	01/01/2004	12/31/9999	BD LANCET UF MIS 33G	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97202025006300	*LANCETS***	08290322065	0	BD LANCET ULTRAFINE 33G	B	N	02	O	XX	N	01/01/2004	12/31/9999	BD LANCET UF MIS 33G	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97051030906333	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	08290324906	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906391	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	08290324907	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 0.5/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906399	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	08290324908	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 1ML/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906333	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	08290324909	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906333	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	08290324910	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906391	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	08290324911	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 0.5/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906399	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	08290324912	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 1ML/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030406316	INSULIN SYRINGE/NEEDLE U-40 1 ML 25 X 5/8"	08290325657	0	BD INSULIN SYRINGE U-40/1ML/25G X 5/8"	B	N	02	O	XX	N	10/14/2007	12/31/9999	INSULIN SYRG MIS 1ML/25G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97202025006300	*LANCETS***	08290325772	0	BD LANCET ULTRAFINE 30G	B	N	02	O	XX	N	01/01/2004	12/31/9999	BD LANCET UF MIS 30G	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97202025006300	*LANCETS***	08290325773	0	BD LANCET ULTRAFINE 30G	B	N	02	O	XX	N	01/01/2004	12/31/9999	BD LANCET UF MIS 30G	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97051030956330	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	08290326730	0	BD INSULIN SYRINGE/U-500/0.5ML/31G X 15/64"	B	N	02	R	XX	N	10/23/2016	12/31/9999	BD U-500 MIS 31GX6MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97051050146331	INSULIN PEN NEEDLE 29 G X 12.7 MM	08290328203	0	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	B	N	02	O	XX	N	01/01/2004	12/31/9999	BD PEN NEEDL MIS 29GX1/2"	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906386	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	08290328278	0	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906329	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	08290328279	0	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906308	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	08290328280	0	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	08290328281	0	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/28G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906320	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	08290328282	0	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/28G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906304	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 28 X 1/2"	08290328283	0	BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/28G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906387	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	08290328289	0	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906318	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	08290328290	0	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290328291	0	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906386	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	08290328411	0	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906387	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	08290328418	0	BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906308	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	08290328431	0	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290328438	0	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290328440	0	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906333	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	08290328449	0	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 15/64"	B	N	02	R	XX	N	11/20/2016	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906329	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	08290328466	0	BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906318	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	08290328468	0	BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906387	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	08290329403	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 1ML/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906318	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	08290329405	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 0.5/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906386	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	08290329406	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 1ML/30G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906329	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	08290329407	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 0.5/30G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	72600057000120	PREGABALIN CAP 75 MG	60760001460	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ST MARYS	60760	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	60760001490	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ST MARYS	60760	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	60760001690	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20200111	28129200	0	1	0	I	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ST MARYS	60760	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	60760001890	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 200MG	20200111	28129200	0	1	0	I	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ST MARYS	60760	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	60760004960	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20200111	28080800	0	1	0	I	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	ST MARYS	60760	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	60760004990	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20200111	28080800	0	1	0	I	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	ST MARYS	60760	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	60760010660	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20200111	28129200	0	1	0	I	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ST MARYS	60760	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	60760010690	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20200111	28129200	0	1	0	I	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ST MARYS	60760	2
83	83	I	82401520606E530	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	61314030401	0	ZARXIO	B	N	03	R	IJ	N	04/01/2016	12/31/9999	ZARXIO INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	SANDOZ	00781	2
83	83	I	82401520606E530	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	61314030410	0	ZARXIO	B	N	03	R	IJ	N	04/01/2016	12/31/9999	ZARXIO INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	SANDOZ	00781	2
83	83	I	82401520606E540	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	61314031201	0	ZARXIO	B	N	03	R	IJ	N	04/01/2016	12/31/9999	ZARXIO INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	SANDOZ	00781	2
83	83	I	82401520606E540	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	61314031210	0	ZARXIO	B	N	03	R	IJ	N	04/01/2016	12/31/9999	ZARXIO INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	SANDOZ	00781	2
83	83	I	52558020000330	ELUXADOLINE TAB 75 MG	61874007560	0	VIBERZI	B	N	03	R	OR	N	10/01/2017	12/31/9999	VIBERZI TAB 75MG	20391231	56920000	0	1	0	A	75.000		308	Y	20180401	Gastrointestinal Agents	Irritable Bowel Syndrome Agents	TABS		N	ALLERGAN	00023	2
83	83	I	52558020000340	ELUXADOLINE TAB 100 MG	61874010060	0	VIBERZI	B	N	03	R	OR	N	10/01/2017	12/31/9999	VIBERZI TAB 100MG	20391231	56920000	0	1	0	A	100.000		308	Y	20180401	Gastrointestinal Agents	Irritable Bowel Syndrome Agents	TABS		N	ALLERGAN	00023	2
83	83	I	12108570100320	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	61958040101	0	VIREAD	B	O	03	S	OR	N	01/01/2004	01/01/2019	VIREAD TAB 300MG	20391231	08180820	0	1	0	A	300.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12108570100920	TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM	61958040301	0	VIREAD	B	N	03	R	OR	N	10/01/2012	12/31/9999	VIREAD POW 40MG/GM	20391231	08180820	0	1	0	A	40.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	POWD		N	GILEAD SCI	61958	2
83	83	I	12108570100305	TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG	61958040401	0	VIREAD	B	N	03	R	OR	N	01/29/2012	12/31/9999	VIREAD TAB 150MG	20391231	08180820	0	1	0	A	150.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12108570100310	TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG	61958040501	0	VIREAD	B	N	03	R	OR	N	01/29/2012	12/31/9999	VIREAD TAB 200MG	20391231	08180820	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12108570100315	TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG	61958040601	0	VIREAD	B	N	03	R	OR	N	01/29/2012	12/31/9999	VIREAD TAB 250MG	20391231	08180820	0	1	0	A	250.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	61958070101	0	TRUVADA	B	N	03	R	OR	N	04/01/2005	12/31/9999	TRUVADA TAB 200-300	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12109902300308	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	61958070301	0	TRUVADA	B	N	03	R	OR	N	06/12/2016	12/31/9999	TRUVADA TAB 100-150	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12109902300312	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	61958070401	0	TRUVADA	B	N	03	R	OR	N	06/12/2016	12/31/9999	TRUVADA TAB 133-200	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12109902300316	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	61958070501	0	TRUVADA	B	N	03	R	OR	N	06/12/2016	12/31/9999	TRUVADA TAB 167-250	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000310	AMBRISENTAN TAB 5 MG	61958080101	0	LETAIRIS	B	N	03	R	OR	N	09/08/2013	12/31/9999	LETAIRIS TAB 5MG	20391231	48480000	1	1	0	A	5.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000310	AMBRISENTAN TAB 5 MG	61958080102	0	LETAIRIS	B	N	03	R	OR	N	07/01/2013	12/31/9999	LETAIRIS TAB 5MG	20180702	48480000	1	1	0	I	5.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000310	AMBRISENTAN TAB 5 MG	61958080103	0	LETAIRIS	B	N	03	R	OR	N	07/01/2013	12/31/9999	LETAIRIS TAB 5MG	20180702	48480000	1	1	0	I	5.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000310	AMBRISENTAN TAB 5 MG	61958080105	0	LETAIRIS	B	N	03	R	OR	N	12/20/2015	12/31/9999	LETAIRIS TAB 5MG	20391231	48480000	1	1	0	A	5.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000320	AMBRISENTAN TAB 10 MG	61958080201	0	LETAIRIS	B	N	03	R	OR	N	08/18/2013	12/31/9999	LETAIRIS TAB 10MG	20391231	48480000	1	1	0	A	10.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000320	AMBRISENTAN TAB 10 MG	61958080202	0	LETAIRIS	B	N	03	R	OR	N	07/01/2013	12/31/9999	LETAIRIS TAB 10MG	20180702	48480000	1	1	0	I	10.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000320	AMBRISENTAN TAB 10 MG	61958080203	0	LETAIRIS	B	N	03	R	OR	N	07/01/2013	12/31/9999	LETAIRIS TAB 10MG	20180702	48480000	1	1	0	I	10.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	40160007000320	AMBRISENTAN TAB 10 MG	61958080205	0	LETAIRIS	B	N	03	R	OR	N	12/20/2015	12/31/9999	LETAIRIS TAB 10MG	20391231	48480000	1	1	0	A	10.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	GILEAD SCI	61958	2
83	83	I	12109904300320	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG	61958120101	0	STRIBILD	B	N	03	R	OR	N	01/01/2013	12/31/9999	STRIBILD TAB	20391231	08180812	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors ((INSTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12353080000320	SOFOSBUVIR TAB 400 MG	61958150101	0	SOVALDI	B	N	03	R	OR	N	04/10/2014	12/31/9999	SOVALDI TAB 400MG	20391231	08184016	1	0	0	A	400.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Direct Acting	TABS		N	GILEAD SCI	61958	2
83	83	I	12359902400320	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	61958180101	0	HARVONI	B	N	03	R	OR	N	01/01/2015	12/31/9999	HARVONI TAB 90-400MG	20391231	08184024	1	0	0	A	0.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Direct Acting	TABS		N	GILEAD SCI	61958	2
83	83	I	12109904290315	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVAF TAB 150-150-200-10 MG	61958190101	0	GENVOYA	B	N	03	R	OR	N	01/01/2017	12/31/9999	GENVOYA TAB	20391231	08180812	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors ((INSTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12109902290320	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG	61958200201	0	DESCOVY	B	N	03	R	OR	N	01/01/2017	12/31/9999	DESCOVY TAB 200/25	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12109903390320	EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	61958210101	0	ODEFSEY	B	N	03	R	OR	N	01/01/2017	12/31/9999	ODEFSEY TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	12359902650330	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	61958220101	0	EPCLUSA	B	N	03	R	OR	N	01/01/2017	12/31/9999	EPCLUSA TAB 400-100	20391231	08184016	1	0	0	A	0.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Direct Acting	TABS		N	GILEAD SCI	61958	2
83	83	I	12359903800330	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG	61958240101	0	VOSEVI	B	N	03	R	OR	N	11/15/2017	12/31/9999	VOSEVI TAB	20391231	08184016	1	0	0	A	0.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Direct Acting	TABS		N	GILEAD SCI	61958	2
83	83	I	21300040001830	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	62484002001	0	PURIXAN	B	N	03	R	OR	N	01/01/2015	12/31/9999	PURIXAN SUS 20MG/ML	20391231	10000000	0	0	0	A	2000.000		308	N	20180401	Antineoplastics	Antimetabolites	SUSP		N	NOVA LABOR	62484	2
83	83	I	21300040001830	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	62484002002	0	PURIXAN	B	N	03	R	OR	N	12/17/2017	12/31/9999	PURIXAN SUS 20MG/ML	20391231	10000000	0	0	0	A	2000.000		308	N	20180401	Antineoplastics	Antimetabolites	SUSP		N	NOVA LABOR	62484	2
83	83	I	40992002600330	SACUBITRIL-VALSARTAN TAB 49-51 MG	00078077761	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 49-51MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600330	SACUBITRIL-VALSARTAN TAB 49-51 MG	00078077767	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 49-51MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	21531070500320	RIBOCICLIB SUCCINATE TAB 200 MG (BASE EQUIV)	00078086001	0	KISQALI	B	N	03	R	OR	N	07/01/2017	12/31/9999	KISQALI TAB 200DOSE	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21531070500320	RIBOCICLIB SUCCINATE TAB 200 MG (BASE EQUIV)	00078086742	0	KISQALI	B	N	03	R	OR	N	07/01/2017	12/31/9999	KISQALI TAB 400DOSE	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21531070500320	RIBOCICLIB SUCCINATE TAB 200 MG (BASE EQUIV)	00078087463	0	KISQALI	B	N	03	R	OR	N	07/01/2017	12/31/9999	KISQALI TAB 600DOSE	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21990002608P20	RIBOCICLIB TAB 200 MG & LETROZOLE TAB 2.5 MG THERAPY PACK	00078090961	0	KISQALI FEMARA 200 DOSE	B	N	03	R	OR	N	10/01/2017	12/31/9999	KISQALI 200 PAK FEMARA	20391231	68160800	1	1	0	A	0.000		308	Y	20180401	Antineoplastics	Antineoplastics, Other	TBPK		N	NOVARTIS	00078	2
83	83	I	21990002608P20	RIBOCICLIB TAB 200 MG & LETROZOLE TAB 2.5 MG THERAPY PACK	00078091661	0	KISQALI FEMARA 400 DOSE	B	N	03	R	OR	N	10/01/2017	12/31/9999	KISQALI 400 PAK FEMARA	20391231	68160800	1	1	0	A	0.000		308	Y	20180401	Antineoplastics	Antineoplastics, Other	TBPK		N	NOVARTIS	00078	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	21990002260B720	RIBOCICLIB TAB 200 MG & LETROZOLE TAB 2.5 MG THERAPY PACK	00078092361	0	KISQALI FEMARA 600 DOSE	B	N	03	R	OR	N	10/01/2017	12/31/9999	KISQALI 600 PAK FEMARA	20391231	68160800	1	1	0	A	0.000		308	Y	20180401	Antineoplastics	Antineoplastics, Other	TBPK		N	NOVARTIS	00078	2
83	83	I	21700060202160	INTERFERON ALFA-2B FOR INJ 50000000 UNIT	00085053901	0	INTRON A W/DILUENT	B	N	03	R	IJ	N	01/01/2004	12/31/9999	INTRON A INJ 50MU	20191227	10000000	0	0	0	I	50.000		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLR		N	MERCKSHARP	00085	2
83	83	I	21700060202130	INTERFERON ALFA-2B FOR INJ 10000000 UNIT	00085057102	0	INTRON A W/DILUENT	B	N	03	R	IJ	N	01/01/2004	12/31/9999	INTRON A INJ 10MU	20191227	10000000	0	0	0	I	10.000		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLR		N	MERCKSHARP	00085	2
83	83	I	21700060202135	INTERFERON ALFA-2B FOR INJ 18000000 UNIT	00085111001	0	INTRON A W/DILUENT	B	N	03	R	IJ	N	01/01/2004	12/31/9999	INTRON A INJ 18MU	20191227	10000000	0	0	0	I	18.000		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLR		N	MERCKSHARP	00085	2
83	83	I	21700060202030	INTERFERON ALFA-2B INJ 10000000 UNIT/ML	00085113301	0	INTRON A	B	N	03	R	IJ	N	01/01/2004	12/31/9999	INTRON A INJ 25MU	20391231	10000000	0	0	0	A	10.000		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLN		N	MERCKSHARP	00085	2
83	83	I	21700060202022	INTERFERON ALFA-2B INJ 6000000 UNIT/ML	00085116801	0	INTRON A	B	N	03	R	IJ	N	01/01/2004	12/31/9999	INTRON A INJ 18MU	20391231	10000000	0	0	0	A	#########		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLN		N	MERCKSHARP	00085	2
83	83	I	21700075206420	PEGINTERFERON ALFA-2B FOR INJ KIT 300 MCG	00085128702	0	SYLATRON	B	N	03	R	SC	N	10/01/2011	12/31/9999	SYLATRON KIT 300MCG	20191227	10000000	1	0	0	I	300.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	KIT		N	MERCKSHARP	00085	2
83	83	I	42200045101820	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	00085128801	0	NASONEX	B	O	03	S	NA	N	12/15/2004	01/01/2019	NASONEX SPR 50MCG/AC	20391231	52080800	0	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	SUSP		N	MERCKSHARP	00085	2
83	83	I	21700075206430	PEGINTERFERON ALFA-2B FOR INJ KIT 600 MCG	00085131201	0	SYLATRON	B	N	03	R	SC	N	10/01/2011	12/31/9999	SYLATRON KIT 600MCG	20191227	10000000	1	0	0	I	600.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	KIT		N	MERCKSHARP	00085	2
83	83	I	11407060001820	POSACONAZOLE SUSP 40 MG/ML	00085132801	0	NOXAFIL	B	N	03	R	OR	N	01/01/2009	12/31/9999	NOXAFIL SUS 40MG/ML	20391231	08140800	1	0	0	A	40.000		308	Y	20180401	Antifungals	Antifungals	SUSP		N	MERCKSHARP	00085	2
83	83	I	44400036208020	MOMETASONE FUROATE INHAL POWD 220 MCG/INH (BREATH ACTIVATED)	00085134101	0	ASMANEX TWISTHALER 120 METERED DOSES	B	N	03	R	IN	N	01/01/2012	12/31/9999	ASMANEX 120 AER 220MCG	20391231	68040000	0	1	0	A	220.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	MERCKSHARP	00085	2
83	83	I	44400036208020	MOMETASONE FUROATE INHAL POWD 220 MCG/INH (BREATH ACTIVATED)	00085134102	0	ASMANEX TWISTHALER 60 METERED DOSES	B	N	03	R	IN	N	01/01/2012	12/31/9999	ASMANEX 60 AER 220MCG	20391231	68040000	0	1	0	A	220.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	MERCKSHARP	00085	2
83	83	I	44400036208020	MOMETASONE FUROATE INHAL POWD 220 MCG/INH (BREATH ACTIVATED)	00085134104	0	ASMANEX TWISTHALER 14 METERED DOSES	B	N	03	R	IN	N	04/01/2012	12/31/9999	ASMANEX 14 AER 220MCG	20391231	68040000	0	1	0	A	220.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB	Y	N	MERCKSHARP	00085	2
83	83	I	44400036208020	MOMETASONE FUROATE INHAL POWD 220 MCG/INH (BREATH ACTIVATED)	00085134107	0	ASMANEX TWISTHALER 30 METERED DOSES	B	N	03	R	IN	N	09/01/2013	12/31/9999	ASMANEX 30 AER 220MCG	20391231	68040000	0	1	0	A	220.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	MERCKSHARP	00085	2
83	83	I	21104070002120	TEMOZOLOMIDE FOR IV SOLN 100 MG	00085138101	0	TEMODAR	B	N	03	R	IV	N	01/01/2013	12/31/9999	TEMODAR INJ 100MG	20391231	10000000	0	0	0	A	100.000		308	N	20180401	Antineoplastics	Alkylating Agents	SOLR		N	MERCKSHARP	00085	2
83	83	I	21700075206410	PEGINTERFERON ALFA-2B FOR INJ KIT 200 MCG	00085138801	0	SYLATRON	B	N	03	R	SC	N	10/01/2011	12/31/9999	SYLATRON KIT 200MCG	20191227	10000000	1	0	0	I	200.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	KIT		N	MERCKSHARP	00085	2
83	83	I	44400036208010	MOMETASONE FUROATE INHAL POWD 110 MCG/INH (BREATH ACTIVATED)	00085146102	0	ASMANEX TWISTHALER 30 METERED DOSES	B	N	03	R	IN	N	01/01/2012	12/31/9999	ASMANEX 30 AER 110MCG	20391231	68040000	0	1	0	A	110.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	MERCKSHARP	00085	2
83	83	I	44400036208010	MOMETASONE FUROATE INHAL POWD 110 MCG/INH (BREATH ACTIVATED)	00085146107	0	ASMANEX TWISTHALER 7 METERED DOSES	B	N	03	R	IN	N	04/01/2012	12/31/9999	ASMANEX 7 AER 110MCG	20391231	68040000	0	1	0	A	110.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB	Y	N	MERCKSHARP	00085	2
83	83	I	11407060000620	POSACONAZOLE TAB DELAYED RELEASE 100 MG	00085432402	0	NOXAFIL	B	N	03	R	OR	N	01/01/2016	12/31/9999	NOXAFIL TAB 100MG	20391231	08140800	1	0	0	A	100.000		308	Y	20180401	Antifungals	Antifungals	TBEC		N	MERCKSHARP	00085	2
83	83	I	44400036203220	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 100 MCG/ACT	00085433301	0	ASMANEX HFA	B	N	03	R	IN	N	01/30/2015	12/31/9999	ASMANEX HFA AER 100 MCG	20391231	68040000	0	1	0	A	100.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	MERCKSHARP	00085	2
83	83	I	44400036203230	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 200 MCG/ACT	00085433401	0	ASMANEX HFA	B	N	03	R	IN	N	01/30/2015	12/31/9999	ASMANEX HFA AER 200 MCG	20391231	68040000	0	1	0	A	200.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	MERCKSHARP	00085	2
83	83	I	21700075206410	PEGINTERFERON ALFA-2B FOR INJ KIT 200 MCG	00085434701	0	SYLATRON	B	N	03	R	SC	N	11/16/2014	12/31/9999	SYLATRON KIT 200MCG	20391231	10000000	1	0	0	A	200.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	KIT		N	MERCKSHARP	00085	2
83	83	I	21700075206420	PEGINTERFERON ALFA-2B FOR INJ KIT 300 MCG	00085434801	0	SYLATRON	B	N	03	R	SC	N	11/16/2014	12/31/9999	SYLATRON KIT 300MCG	20391231	10000000	1	0	0	A	300.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	KIT		N	MERCKSHARP	00085	2
83	83	I	21700075206430	PEGINTERFERON ALFA-2B FOR INJ KIT 600 MCG	00085434901	0	SYLATRON	B	N	03	R	SC	N	11/16/2014	12/31/9999	SYLATRON KIT 600MCG	20391231	10000000	1	0	0	A	600.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	KIT		N	MERCKSHARP	00085	2
83	83	I	21700060202130	INTERFERON ALFA-2B FOR INJ 10000000 UNIT	00085435001	0	INTRON A	B	N	03	R	IJ	N	11/02/2014	12/31/9999	INTRON A INJ 10MU	20391231	10000000	0	0	0	A	10.000		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLR		N	MERCKSHARP	00085	2
83	83	I	21700060202135	INTERFERON ALFA-2B FOR INJ 18000000 UNIT	00085435101	0	INTRON A	B	N	03	R	IJ	N	11/02/2014	12/31/9999	INTRON A INJ 18MU	20391231	10000000	0	0	0	A	18.000		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLR		N	MERCKSHARP	00085	2
83	83	I	21700060202160	INTERFERON ALFA-2B FOR INJ 50000000 UNIT	00085435201	0	INTRON A	B	N	03	R	IJ	N	11/02/2014	12/31/9999	INTRON A INJ 50MU	20391231	10000000	0	0	0	A	50.000		308	N	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Other	SOLR		N	MERCKSHARP	00085	2
83	83	I	44209902903240	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 200-5 MCG/ACT	00085461001	0	DULERA	B	N	03	R	IN	N	01/01/2011	12/31/9999	DULERA AER 200-5MCG	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERO		N	MERCKSHARP	00085	2
83	83	I	44209902903220	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 100-5 MCG/ACT	00085720601	0	DULERA	B	N	03	R	IN	N	01/01/2011	12/31/9999	DULERA AER 100-5MCG	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERO		N	MERCKSHARP	00085	2
83	83	I	12105015002120	DIDANOSINE FOR SOLN 2 GM	00087663241	0	VIDEX PEDIATRIC	B	N	03	R	OR	N	01/01/2004	12/31/9999	VIDEX SOL 2GM	20391231	08180820	0	1	0	A	2.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	SOLR		N	BMS ONC/IM	99970	2
83	83	I	12105015002140	DIDANOSINE FOR SOLN 4 GM	00087663341	0	VIDEX PEDIATRIC	B	N	03	R	OR	N	01/01/2004	12/31/9999	VIDEX SOL 4GM	20391231	08180820	0	1	0	A	4.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	SOLR		N	BMS ONC/IM	99970	2
83	83	I	09000085000320	RIFAPENTINE TAB 150 MG	00088210003	0	PRIFTIN	B	N	03	R	OR	N	10/01/2012	12/31/9999	PRIFTIN TAB 150MG	20391231	08160400	0	0	0	A	150.000		308	N	20180401	Antimycobacterials	Antituberculars	TABS		N	SANOFI-AVE	99890	2
83	83	I	09000085000320	RIFAPENTINE TAB 150 MG	00088210024	0	PRIFTIN	B	N	03	R	OR	N	09/13/2015	12/31/9999	PRIFTIN TAB 150MG	20391231	08160400	0	0	0	A	150.000		308	N	20180401	Antimycobacterials	Antituberculars	TABS		N	SANOFI-AVE	99890	2
83	83	I	09000085000320	RIFAPENTINE TAB 150 MG	00088210032	0	PRIFTIN	B	N	03	R	OR	N	09/13/2015	12/31/9999	PRIFTIN TAB 150MG	20391231	08160400	0	0	0	A	150.000		308	N	20180401	Antimycobacterials	Antituberculars	TABS		N	SANOFI-AVE	99890	2
83	83	I	65100091107430	TAPENTADOL HCL TAB ER 12HR 100 MG	50458086101	0	NUCYNTA ER	B	N	03	R	OR	N	04/01/2012	12/31/9999	NUCYNTA ER TAB 100MG	20190803	28080800	0	1	0	I	100.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	DEPOMED	13913	2
83	83	I	65100091107440	TAPENTADOL HCL TAB ER 12HR 150 MG	50458086201	0	NUCYNTA ER	B	N	03	R	OR	N	04/01/2012	12/31/9999	NUCYNTA ER TAB 150MG	20190803	28080800	0	1	0	I	150.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	DEPOMED	13913	2
83	83	I	65100091107450	TAPENTADOL HCL TAB ER 12HR 200 MG	50458086301	0	NUCYNTA ER	B	N	03	R	OR	N	04/01/2012	12/31/9999	NUCYNTA ER TAB 200MG	20190803	28080800	0	1	0	I	200.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	DEPOMED	13913	2
83	83	I	65100091107460	TAPENTADOL HCL TAB ER 12HR 250 MG	50458086401	0	NUCYNTA ER	B	N	03	R	OR	N	04/01/2012	12/31/9999	NUCYNTA ER TAB 250MG	20190803	28080800	0	1	0	I	250.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	DEPOMED	13913	2
83	83	I	27996002207520	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 50-500 MG	50458094001	0	INVOKAMET XR	B	N	03	R	OR	N	04/01/2017	12/31/9999	INVOKAMET XR TAB 50-500MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	JANSSEN	50458	2
83	83	I	27996002207530	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 50-1000 MG	50458094101	0	INVOKAMET XR	B	N	03	R	OR	N	04/01/2017	12/31/9999	INVOKAMET XR TAB 50-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	JANSSEN	50458	2
83	83	I	27996002207540	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 150-500 MG	50458094201	0	INVOKAMET XR	B	N	03	R	OR	N	04/01/2017	12/31/9999	INVOKAMET XR TAB 150-500	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	JANSSEN	50458	2
83	83	I	27996002207550	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 150-1000 MG	50458094301	0	INVOKAMET XR	B	N	03	R	OR	N	04/01/2017	12/31/9999	INVOKAMET XR TAB 150-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	JANSSEN	50458	2
83	83	I	97202025006300	*LANCETS***	50924045001	0	ACCU-CHEK MULTICLIX LANCETS	B	N	03	O	XX	N	04/15/2007	12/31/9999	ACCU-CHEK MIS MLTICLIX	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	97202025006300	*LANCETS***	50924058510	0	ACCU-CHEK SOFT TOUCH LANCETS	B	N	03	O	XX	N	01/01/2004	12/31/9999	SOFT TOUCH MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	97202025006300	*LANCETS***	50924097110	0	ACCU-CHEK SOFTCLIX LANCETS	B	N	03	O	XX	N	01/01/2004	12/31/9999	SOFTCLIX MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	97202025006300	*LANCETS***	50924098101	0	ACCU-CHEK MULTICLIX LANCETS	B	N	03	O	XX	N	04/15/2007	12/31/9999	ACCU-CHEK MIS MLTICLIX	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	45302030000320	IVACAFTOR TAB 150 MG	51167020001	0	KALYDECO	B	N	03	R	OR	N	01/04/2015	12/31/9999	KALYDECO TAB 150MG	20391231	48141200	1	1	0	A	150.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	TABS		N	VERTEX PHA	51167	2
83	83	I	45302030000320	IVACAFTOR TAB 150 MG	51167020002	0	KALYDECO	B	N	03	R	OR	N	07/01/2012	12/31/9999	KALYDECO TAB 150MG	20391231	48141200	1	1	0	A	150.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	TABS		N	VERTEX PHA	51167	2
83	83	I	45302030003020	IVACAFTOR PACKET 50 MG	51167030001	0	KALYDECO	B	N	03	R	OR	N	10/01/2015	12/31/9999	KALYDECO PAK 50MG	20391231	48141200	1	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	PACK		N	VERTEX PHA	51167	2
83	83	I	45302030003030	IVACAFTOR PACKET 75 MG	51167040001	0	KALYDECO	B	N	03	R	OR	N	10/01/2015	12/31/9999	KALYDECO PAK 75MG	20391231	48141200	1	1	0	A	75.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	PACK		N	VERTEX PHA	51167	2
83	83	I	54100055200320	SOLIFENACIN SUCCINATE TAB 5 MG	51248015001	0	VESICARE	B	N	03	R	OR	N	04/01/2007	12/31/9999	VESICARE TAB 5MG	20391231	86120400	0	0	0	A	5.000		308	N	20180401	Genitourinary Agents	Antispasmodics, Urinary	TABS		N	ASTELLAS	99909	2
83	83	I	54100055200320	SOLIFENACIN SUCCINATE TAB 5 MG	51248015003	0	VESICARE	B	N	03	R	OR	N	04/01/2007	12/31/9999	VESICARE TAB 5MG	20391231	86120400	0	0	0	A	5.000		308	N	20180401	Genitourinary Agents	Antispasmodics, Urinary	TABS		N	ASTELLAS	99909	2
83	83	I	54100055200320	SOLIFENACIN SUCCINATE TAB 5 MG	51248015052	0	VESICARE	B	N	03	R	OR	N	04/01/2007	12/31/9999	VESICARE TAB 5MG	20391231	86120400	0	0	0	A	5.000		308	N	20180401	Genitourinary Agents	Antispasmodics, Urinary	TABS	Y	N	ASTELLAS	99909	2
83	83	I	54100055200330	SOLIFENACIN SUCCINATE TAB 10 MG	51248015101	0	VESICARE	B	N	03	R	OR	N	04/01/2007	12/31/9999	VESICARE TAB 10MG	20391231	86120400	0	0	0	A	10.000		308	N	20180401	Genitourinary Agents	Antispasmodics, Urinary	TABS		N	ASTELLAS	99909	2
83	83	I	54100055200330	SOLIFENACIN SUCCINATE TAB 10 MG	51248015103	0	VESICARE	B	N	03	R	OR	N	04/01/2007	12/31/9999	VESICARE TAB 10MG	20391231	86120400	0	0	0	A	10.000		308	N	20180401	Genitourinary Agents	Antispasmodics, Urinary	TABS		N	ASTELLAS	99909	2
83	83	I	54100055200330	SOLIFENACIN SUCCINATE TAB 10 MG	51248015152	0	VESICARE	B	N	03	R	OR	N	04/01/2007	12/31/9999	VESICARE TAB 10MG	20391231	86120400	0	0	0	A	10.000		308	N	20180401	Genitourinary Agents	Antispasmodics, Urinary	TABS	Y	N	ASTELLAS	99909	2
83	83	I	21300050100320	METHOTREXATE SODIUM TAB 5 MG (BASE EQUIV)	51285036601	0	TREXALL	B	N	03	R	OR	N	04/01/2007	12/31/9999	TREXALL TAB 5MG	20391231	10000000	0	0	0	A	5.000		308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	TEVA/W H	99976	2
83	83	I	21300050100330	METHOTREXATE SODIUM TAB 7.5 MG (BASE EQUIV)	51285036701	0	TREXALL	B	N	03	R	OR	N	04/01/2007	12/31/9999	TREXALL TAB 7.5MG	20391231	10000000	0	0	0	A	7.500		308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	TEVA/W H	99976	2
83	83	I	21300050100340	METHOTREXATE SODIUM TAB 10 MG (BASE EQUIV)	51285036801	0	TREXALL	B	N	03	R	OR	N	04/01/2007	12/31/9999	TREXALL TAB 10MG	20391231	10000000	0	0	0	A	10.000		308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	TEVA/W H	99976	2
83	83	I	21300050100350	METHOTREXATE SODIUM TAB 15 MG (BASE EQUIV)	51285036901	0	TREXALL	B	N	03	R	OR	N	04/01/2007	12/31/9999	TREXALL TAB 15MG	20391231	10000000	0	0	0	A	15.000		308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	TEVA/W H	99976	2
83	83	I	24000017000310	ESTROGENS, CONJUGATED SYNTHETIC B TAB 0.3 MG	51285040602	0	ENJUVIA	B	N	03	R	OR	N	10/01/2006	12/31/9999	ENJUVIA TAB 0.3MG	20180701	68160400	0	0	0	I	0.300		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	TABS		N	TEVA/W H	99976	2
83	83	I	24000017000315	ESTROGENS, CONJUGATED SYNTHETIC B TAB 0.45 MG	51285040702	0	ENJUVIA	B	N	03	R	OR	N	10/01/2006	12/31/9999	ENJUVIA TAB 0.45MG	20180701	68160400	0	0	0	I	0.450		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	TABS		N	TEVA/W H	99976	2
83	83	I	24000017000320	ESTROGENS, CONJUGATED SYNTHETIC B TAB 0.625 MG	51285040802	0	ENJUVIA	B	N	03	R	OR	N	10/01/2006	12/31/9999	ENJUVIA TAB 0.625MG	20180719	68160400	0	0	0	I	0.625		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	TABS		N	TEVA/W H	99976	2
83	83	I	24000017000330	ESTROGENS, CONJUGATED SYNTHETIC B TAB 0.9 MG	51285040902	0	ENJUVIA	B	N	03	R	OR	N	09/23/2007	12/31/9999	ENJUVIA TAB 0.9MG	20180719	68160400	0	0	0	I	0.900		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	TABS		N	TEVA/W H	99976	2
83	83	I	13000040000310	PYRIMETHAMINE TAB 25 MG	52054033095	0	DARAPRIM	B	N	03	R	OR	N	06/07/2015	12/31/9999	DARAPRIM TAB 25MG	20191228	08300800	1	1	0	I	25.000		308	Y	20180401	Antiparasitics	Antiprotozoals	TABS		N	VYERA PHAR	69413	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	15000002000320	ALBENDAZOLE TAB 200 MG	52054055022	0	ALBENZA	B	N	03	R	OR	N	12/12/2011	12/31/9999	ALBENZA TAB 200MG	20391231	08080000	0	0	0	A	200.000		308	N	20180401	Antiparasitics	Anthelmintics	TABS		N	AMEDRA PHA	52054	2
83	83	I	15000002000320	ALBENDAZOLE TAB 200 MG	52054055028	0	ALBENZA	B	N	03	R	OR	N	12/12/2011	12/31/9999	ALBENZA TAB 200MG	20391231	08080000	0	0	0	A	200.000		308	N	20180401	Antiparasitics	Anthelmintics	TABS		N	AMEDRA PHA	52054	2
83	83	I	65100055107035	MORPHINE SULFATE CAP ER 24HR 40 MG	52544003960	0	KADIAN	B	N	03	R	OR	N	06/15/2014	01/01/2019	KADIAN CAP 40MG ER	20391231	28080800	1	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	CP24		N	ALLERGAN	00023	2
83	83	I	65100055107080	MORPHINE SULFATE CAP ER 24HR 200 MG	52544022060	0	KADIAN	B	N	03	R	OR	N	06/15/2014	01/01/2019	KADIAN CAP 200MG ER	20391231	28080800	1	1	0	A	200.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	CP24		N	ALLERGAN	00023	2
83	83	I	55370060004010	PROGESTERONE VAGINAL GEL 4%	52544025524	0	CRINONE	B	N	03	R	VA	N	01/19/2014	12/31/9999	CRINONE GEL 4% VAG	20391231	68320000	0	1	0	A	4.000		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	GEL		N	ALLERGAN	00023	2
83	83	I	55370060004020	PROGESTERONE VAGINAL GEL 8%	52544025612	0	CRINONE	B	N	03	R	VA	N	01/19/2014	12/31/9999	CRINONE GEL 8% VAG	20391231	68320000	0	1	0	A	8.000		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	GEL		N	ALLERGAN	00023	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	52959013890	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	HJ HARKINS	52959	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	52959013890	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	HJ HARKINS	52959	2
83	83	I	65100007510A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	52959014860	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	HJ HARKINS	52959	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	52959018202	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	HJ HARKINS	52959	2
83	83	I	82401015106E588	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	55513011101	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/08/2006	12/31/9999	ARANESP INJ 300MCG	20391231	20160000	1	0	0	A	300.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	55513012601	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 2000/ML	20391231	20160000	1	0	0	A	2000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002010	EPOETIN ALFA INJ 2000 UNIT/ML	55513012610	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 2000/ML	20391231	20160000	1	0	0	A	2000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513014401	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513014410	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	55513014801	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 4000/ML	20391231	20160000	1	0	0	A	4000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002020	EPOETIN ALFA INJ 4000 UNIT/ML	55513014810	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 4000/ML	20391231	20160000	1	0	0	A	4000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401570006520	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML	55513019001	0	NEULASTA	B	N	03	R	SC	N	01/01/2004	12/31/9999	NEULASTA INJ 6MG/0.6M	20391231	20160000	0	0	0	A	6.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401570008F820	PEGFILGRASTIM SOLN PREFILLED SYRINGE KIT 6 MG/0.6ML	55513019201	0	NEULASTA ONPRO KIT	B	N	03	R	SC	N	01/25/2015	12/31/9999	NEULASTA KIT 6MG/0.6M	20391231	20160000	0	0	0	A	6.000		308	N	20180401			PSKT		N	AMGEN	55513	2
83	83	I	82401520006E550	FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML (600 MCG/ML)	55513020901	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401520006E550	FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML (600 MCG/ML)	55513020910	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401520006E550	FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML (600 MCG/ML)	55513020991	0	NEUPOGEN	B	N	03	R	IJ	N	04/13/2014	12/31/9999	NEUPOGEN INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	55513026701	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 3000/ML	20391231	20160000	1	0	0	A	3000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002015	EPOETIN ALFA INJ 3000 UNIT/ML	55513026710	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 3000/ML	20391231	20160000	1	0	0	A	3000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513028301	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002040	EPOETIN ALFA INJ 10000 UNIT/ML	55513028310	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 10000/ML	20391231	20160000	1	0	0	A	10000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	55513047801	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 20000/ML	20391231	20160000	1	0	0	A	20000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401020002050	EPOETIN ALFA INJ 20000 UNIT/ML	55513047810	0	EPOGEN	B	M	03	S	IJ	N	01/01/2004	12/31/9999	EPOGEN INJ 20000/ML	20391231	20160000	1	0	0	A	20000.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401520002010	FILGRASTIM INJ 300 MCG/ML	55513053001	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 300MCG	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401520002010	FILGRASTIM INJ 300 MCG/ML	55513053010	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 300MCG	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401520002012	FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)	55513054601	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 480MCG	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401520002012	FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)	55513054610	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 480MCG	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	30044530002020	DENOSUMAB INJ 60 MG/ML	55513071001	0	PROLIA	B	N	03	R	SC	N	01/01/2016	12/31/9999	PROLIA SOL 60MG/ML	20391231	92240000	0	0	0	A	60.000		308	N	20180401	Metabolic Bone Disease Agents	Metabolic Bone Disease Agents	SOLN		N	AMGEN	55513	2
83	83	I	3935002000E520	EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML	55513075001	0	REPATHA	B	N	03	R	SC	N	01/21/2016	12/31/9999	REPATHA INJ 140MG/ML	20391231	24062400	1	1	0	A	140.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOSY		N	AMGEN	55513	2
83	83	I	3935002000D520	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	55513076001	0	REPATHA SURECLICK	B	N	03	R	SC	N	01/21/2016	12/31/9999	REPATHA SURE INJ 140MG/ML	20391231	24062400	1	1	0	A	140.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOAJ		N	AMGEN	55513	2
83	83	I	3935002000D520	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	55513076002	0	REPATHA SURECLICK	B	N	03	R	SC	N	01/21/2016	12/31/9999	REPATHA SURE INJ 140MG/ML	20391231	24062400	1	1	0	A	140.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOAJ		N	AMGEN	55513	2
83	83	I	3935002000E230	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML	55513077001	0	REPATHA PUSHTRONEX SYSTEM	B	N	03	R	SC	N	07/17/2016	12/31/9999	REPATHA PUSH INJ 420/3.5	20391231	24062400	1	1	0	A	420.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOCT		N	AMGEN	55513	2
83	83	I	82401520006E545	FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	55513092401	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401520006E545	FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	55513092410	0	NEUPOGEN	B	N	03	R	IJ	N	01/01/2004	12/31/9999	NEUPOGEN INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401520006E545	FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	55513092491	0	NEUPOGEN	B	N	03	R	IJ	N	04/13/2014	12/31/9999	NEUPOGEN INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	21405525102120	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)	55566830301	0	FIRMAGON	B	N	03	R	SC	N	08/11/2013	12/31/9999	FIRMAGON INJ 80MG	20391231	68180400	0	0	0	A	80.000		308	N	20180401	Hormonal Agents, Suppressant (Pituitary)	Hormonal Agents, Suppressant (Pituitary)	SOLR		N	FERRING	55566	2
83	83	I	21405525102130	DEGARELIX ACETATE FOR INJ 120 MG (BASE EQUIV)	55566840301	0	FIRMAGON	B	N	03	R	SC	N	08/11/2013	12/31/9999	FIRMAGON INJ 120MG	20391231	68180400	0	0	0	A	120.000		308	N	20180401	Hormonal Agents, Suppressant (Pituitary)	Hormonal Agents, Suppressant (Pituitary)	SOLR		N	FERRING	55566	2
83	83	I	52504070002020	USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INFUSION)	57894005427	0	STELARA	B	N	03	R	IV	N	04/01/2017	12/31/9999	STELARA INJ 5MG/ML	20391231	56920000	1	0	0	A	130.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOLN		N	JANSSEN BI	57894	2
83	83	I	90250585002020	USTEKINUMAB INJ 45 MG/0.5ML	57894006002	0	STELARA	B	N	03	R	SC	N	04/28/2017	12/31/9999	STELARA INJ 45MG/0.5	20391231	84920000	1	1	0	A	45.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	JANSSEN BI	57894	2
83	83	I	9025085500E520	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML	57894006003	0	STELARA	B	N	03	R	SC	N	07/01/2015	12/31/9999	STELARA INJ 45MG/0.5	20391231	84920000	1	1	0	A	45.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	JANSSEN BI	57894	2
83	83	I	9025085500E540	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML	57894006103	0	STELARA	B	N	03	R	SC	N	07/01/2015	12/31/9999	STELARA INJ 90MG/ML	20391231	84920000	1	1	0	A	90.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	JANSSEN BI	57894	2
83	83	I	66270040005E520	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML	57894007001	0	SIMPONI	B	N	03	R	SC	N	07/01/2015	12/31/9999	SIMPONI INJ 50/0.5ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	JANSSEN BI	57894	2
83	83	I	66270040005D520	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML	57894007002	0	SIMPONI	B	N	03	R	SC	N	07/01/2015	12/31/9999	SIMPONI INJ 50/0.5ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOAJ		N	JANSSEN BI	57894	2
83	83	I	66270040006E540	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML	57894007101	0	SIMPONI	B	N	03	R	SC	N	07/01/2015	12/31/9999	SIMPONI INJ 100MG/ML	20391231	92360000	1	1	0	A	100.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	JANSSEN BI	57894	2
83	83	I	66270040006D540	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	57894007102	0	SIMPONI	B	N	03	R	SC	N	07/01/2015	12/31/9999	SIMPONI INJ 100MG/ML	20391231	92360000	1	1	0	A	100.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOAJ		N	JANSSEN BI	57894	2
83	83	I	21406010200320	ABIRATERONE ACETATE TAB 250 MG	57894015012	0	ZYTIGA	B	N	03	R	OR	N	10/01/2011	12/31/9999	ZYTIGA TAB 250MG	20391231	10000000	1	1	0	A	250.000		308	Y	20180401	Antineoplastics	Antiandrogens	TABS		N	JANSSEN BI	57894	2
83	83	I	78512070000330	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	13925011601	0	SE-NATAL 19	B	N	03	R	OR	N	07/01/2010	12/31/9999	SE-NATAL 19 TAB	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	SETON PHAR	13925	2
83	83	I	78512015000530	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	13925011701	0	SE-NATAL 19	B	N	03	R	OR	N	07/01/2010	12/31/9999	SE-NATAL 19 CHW	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			CHEW		N	SETON PHAR	13925	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	13925050910	0	PRENATAL PLUS	B	N	03	R	OR	N	03/09/2014	12/31/9999	PRENAT PLUS TAB 27-1MG	20191228	88280000	0	0	0	I	0.000	I	308	N	20180401			TABS		N	SETON PHAR	13925	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	13925050950	0	PRENATAL PLUS	B	N	03	R	OR	N	03/09/2014	12/31/9999	PRENAT PLUS TAB 27-1MG	20191228	88280000	0	0	0	I	0.000	I	308	N	20180401			TABS		N	SETON PHAR	13925	2
83	83	I	30160045002020	MECASERMIN INJ 40 MG/4ML (10 MG/ML)	15054104005	0	INCRELEX	B	N	03	R	SC	N	10/01/2006	12/31/9999	INCRELEX INJ 40MG/4ML	20391231	68300400	0	0	0	A	40.000	G	308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLN		N	IPSEN BIOP	15054	2
83	83	I	12109903300320	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	15584010101	0	ATRIPLA	B	N	03	R	OR	N	09/01/2006	12/31/9999	ATRIPLA TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	GILEAD SCI	61958	2
83	83	I	90372030003710	FLUOROURACIL CREAM 1%	16110081230	0	FLUOROPLEX	B	N	03	R	EX	N	10/28/2012	12/31/9999	FLUOROPLEX CRE 1%	20391231	84920000	1	1	0	A	1.000		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	AQUAPHARM	16110	2
83	83	I	33100040127020	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 80 MG	24090045085	0	INNOPRAN XL	B	M	03	S	OR	N	11/24/2013	12/31/9999	INNOPRAN XL CAP 80MG	20391231	24240000	0	0	0	A	80.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	CP24		N	AKRIMAXPHA	24090	2
83	83	I	33100040127020	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 80 MG	24090045088	0	INNOPRAN XL	B	M	03	S	OR	N	08/03/2014	12/31/9999	INNOPRAN XL CAP 80MG	20190224	24240000	0	0	0	I	80.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	CP24		N	AKRIMAXPHA	24090	2
83	83	I	33100040127030	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 120 MG	24090045185	0	INNOPRAN XL	B	M	03	S	OR	N	10/13/2013	12/31/9999	INNOPRAN XL CAP 120MG	20391231	24240000	0	0	0	A	120.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	CP24		N	AKRIMAXPHA	24090	2
83	83	I	33100040127030	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 120 MG	24090045188	0	INNOPRAN XL	B	M	03	S	OR	N	08/03/2014	12/31/9999	INNOPRAN XL CAP 120MG	20190224	24240000	0	0	0	I	120.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	CP24		N	AKRIMAXPHA	24090	2
83	83	I	86300035101830	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	24208029905	0	LOTEMAX	B	N	03	R	OP	N	01/01/2004	12/31/9999	LOTEMAX SUS 0.5%	20391231	52080800	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	SUSP		N	VALEANT	00187	2
83	83	I	86300035101830	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	24208029910	0	LOTEMAX	B	N	03	R	OP	N	01/01/2004	12/31/9999	LOTEMAX SUS 0.5%	20391231	52080800	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	SUSP		N	VALEANT	00187	2
83	83	I	86300035101830	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	24208029915	0	LOTEMAX	B	N	03	R	OP	N	01/01/2004	12/31/9999	LOTEMAX SUS 0.5%	20391231	52080800	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	SUSP		N	VALEANT	00187	2
83	83	I	86309902171820	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	24208035805	0	ZYLET	B	N	03	R	OP	N	01/01/2006	12/31/9999	ZYLET SUS 0.5-0.3%	20391231	52080800	0	0	0	A	0.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Agents, Other	SUSP		N	VALEANT	00187	2
83	83	I	86309902171820	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	24208035810	0	ZYLET	B	N	03	R	OP	N	01/01/2006	12/31/9999	ZYLET SUS 0.5-0.3%	20391231	52080800	0	0	0	A	0.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Agents, Other	SUSP		N	VALEANT	00187	2
83	83	I	86300035104230	LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	24208044335	0	LOTEMAX	B	N	03	R	OP	N	01/01/2012	12/31/9999	LOTEMAX OIN 0.5%	20391231	52080800	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	OINT		N	VALEANT	00187	2
83	83	I	86300035104020	LOTEPREDNOL ETABONATE OPHTH GEL 0.5%	24208050307	0	LOTEMAX	B	N	03	R	OP	N	01/01/2014	12/31/9999	LOTEMAX GEL 0.5%	20391231	52080800	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	GEL		N	VALEANT	00187	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	86300050202015	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1%	24208071510	0	PREDNISOLONE SODIUM PHOSPHATE	B	N	03	R	OP	N	11/13/2007	12/31/9999	PRED SOD PHO SOL 1% OP	20391231	52080800	0	0	0	A	1.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	SOLN		N	VALEANT	00187	2
83	83	I	30905610002020	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML	25682001001	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 18/0.45	20391231	44000000	1	0	0	A	18.000		308	Y	20180401			SOLN		N	ALEXION	25682	2
83	83	I	30905610002020	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML	25682001012	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 18/0.45	20391231	44000000	1	0	0	A	18.000		308	Y	20180401			SOLN		N	ALEXION	25682	2
83	83	I	30905610002030	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML	25682001301	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 28/0.7ML	20391231	44000000	1	0	0	A	28.000		308	Y	20180401			SOLN		N	ALEXION	25682	2
83	83	I	30905610002030	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML	25682001312	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 28/0.7ML	20391231	44000000	1	0	0	A	28.000		308	Y	20180401			SOLN		N	ALEXION	25682	2
83	83	I	30905610002040	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML	25682001601	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 40MG/ML	20391231	44000000	1	0	0	A	40.000		308	Y	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SOLN		N	ALEXION	25682	2
83	83	I	30905610002040	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML	25682001612	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 40MG/ML	20391231	44000000	1	0	0	A	40.000		308	Y	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SOLN		N	ALEXION	25682	2
83	83	I	30905610002050	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML	25682001901	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 80/0.8ML	20391231	44000000	1	0	0	A	80.000		308	Y	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SOLN		N	ALEXION	25682	2
83	83	I	30905610002050	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML	25682001912	0	STRENSIQ	B	N	03	R	SC	N	04/01/2016	12/31/9999	STRENSIQ INJ 80/0.8ML	20391231	44000000	1	0	0	A	80.000		308	Y	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SOLN		N	ALEXION	25682	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052102	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052107	0	LYRICA	B	N	03	R	OR	Y	05/16/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052114	0	LYRICA	B	N	03	R	OR	Y	05/16/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052120	0	LYRICA	B	N	03	R	OR	Y	05/16/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052121	0	LYRICA	B	N	03	R	OR	Y	05/16/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052128	0	LYRICA	B	N	03	R	OR	Y	05/16/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052130	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052160	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33261052190	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	33261052202	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	33261052230	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	33261052260	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	33261052290	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	33261069030	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	63629377501	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20190609	28080800	0	1	0	I	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	63629377502	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20190609	28080800	0	1	0	I	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	63629377503	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20190609	28080800	0	1	0	I	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	63629377504	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20190609	28080800	0	1	0	I	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	63629377505	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20190609	28080800	0	1	0	I	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	63629378901	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	BRYANTRANC	63629	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	63629378902	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	BRYANTRANC	63629	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	63629378903	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	BRYANTRANC	63629	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	63629417501	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	BRYANTRANC	63629	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	63629417502	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	BRYANTRANC	63629	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	63629417503	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	BRYANTRANC	63629	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	63629418101	0	LYRICA	B	N	03	R	OR	Y	08/28/2011	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	63629418102	0	LYRICA	B	N	03	R	OR	Y	08/28/2011	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	63629418103	0	LYRICA	B	N	03	R	OR	Y	08/28/2011	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	63629418104	0	LYRICA	B	N	03	R	OR	Y	08/28/2011	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	63629457801	0	LYRICA	B	N	03	R	OR	Y	03/18/2012	12/31/9999	LYRICA CAP 25MG	20190609	28129200	0	1	0	I	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	6510007510A760	OXYCODONE HCL TAB ER 12HR DETER 60 MG	63629459901	0	OXYCONTIN	B	M	03	S	OR	Y	04/26/2012	12/31/9999	OXYCONTIN TAB 60MG CR	20391231	28080800	0	1	0	A	60.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	6510007510A780	OXYCODONE HCL TAB ER 12HR DETER 80 MG	63629460001	0	OXYCONTIN	B	M	03	S	OR	Y	04/26/2012	12/31/9999	OXYCONTIN TAB 80MG CR	20391231	28080800	0	1	0	A	80.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	85100033006440	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT	63833051802	0	CORIFACT	B	N	03	R	IV	N	07/01/2013	12/31/9999	CORIFACT KIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	63833	2
83	83	I	85100015102122	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT	63833061502	0	HUMATE-P	B	N	03	R	IV	N	07/01/2013	12/31/9999	HUMATE-P SOL 250-600	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	63833	2
83	83	I	85100015102132	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT	63833061602	0	HUMATE-P	B	N	03	R	IV	N	07/01/2013	12/31/9999	HUMATE-P SOL 500-1200	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	63833	2
83	83	I	85100015102144	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	63833061702	0	HUMATE-P	B	N	03	R	IV	N	07/01/2013	12/31/9999	HUMATE-P SOL 2400UNIT	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	63833	2
83	83	I	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR INJ**	64193042302	0	FEIBA	B	N	03	R	IV	N	07/01/2013	12/31/9999	FEIBA INJ	20190518	20281600	0	0	0	I	0.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR INJ**	64193042402	0	FEIBA	B	N	03	R	IV	N	07/01/2013	12/31/9999	FEIBA INJ	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR INJ**	64193042502	0	FEIBA	B	N	03	R	IV	N	07/01/2013	12/31/9999	FEIBA INJ	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100020002100	*ANTIINHIBITOR COAGULANT COMPLEX FOR INJ**	64193042602	0	FEIBA	B	N	03	R	IV	N	10/15/2017	12/31/9999	FEIBA INJ	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100030002150	FACTOR IX COMPLEX FOR INJ 200-1200 UNIT	64193044502	0	BEBULIN	B	N	03	R	IV	N	07/01/2013	12/31/9999	BEBULIN INJ 200-1200	20391231	20281600	0	0	0	A	200.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100031002120	COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT	64208775201	0	COAGADEX	B	N	03	R	IV	N	07/01/2016	12/31/9999	COAGADEX INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BIOPRODUCT	64208	2
83	83	I	85100031002140	COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT	64208775301	0	COAGADEX	B	N	03	R	IV	N	07/01/2016	12/31/9999	COAGADEX INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BIOPRODUCT	64208	2
83	83	I	62405525006520	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	64406000501	0	TECFIDERA	B	N	03	R	OR	N	01/01/2014	12/31/9999	TECFIDERA CAP 120MG	20391231	92200000	0	1	0	A	120.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	CPDR		N	BIOGEN IDE	59627	2
83	83	I	62405525006540	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	64406000602	0	TECFIDERA	B	N	03	R	OR	N	01/01/2014	12/31/9999	TECFIDERA CAP 240MG	20391231	92200000	0	1	0	A	240.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	CPDR		N	BIOGEN IDE	59627	2
83	83	I	62405525006320	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	64406000703	0	TECFIDERA STARTER PACK	B	N	03	R	OR	N	01/01/2014	12/31/9999	TECFIDERA MIS STARTER	20391231	92200000	0	1	0	A	0.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	MISC		N	BIOGEN IDE	59627	2
83	83	I	6240307530D220	PEGINTERFERON BETA-1A SOLN PEN-INJECTOR 125 MCG/0.5ML	64406001101	0	PLEGRIDY	B	N	03	R	SC	N	01/01/2015	12/31/9999	PLEGRIDY INJ PEN	20391231	08182000	0	1	0	A	125.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOPN		N	BIOGEN IDE	59627	2
83	83	I	6240307530D250	PEGINTERFERON BETA-1A SOLN PEN-INJ 63 & 94 MCG/0.5ML PACK	64406001201	0	PLEGRIDY STARTER PACK	B	N	03	R	SC	N	01/01/2015	12/31/9999	PLEGRIDY PEN INJ STARTER	20391231	08182000	0	1	0	A	0.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOPN		N	BIOGEN IDE	59627	2
83	83	I	6240307530E520	PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML	64406001501	0	PLEGRIDY	B	N	03	R	SC	N	01/01/2015	12/31/9999	PLEGRIDY INJ	20391231	08182000	0	1	0	A	125.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOSY		N	BIOGEN IDE	59627	2
83	83	I	6240307530E550	PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK	64406001601	0	PLEGRIDY STARTER PACK	B	N	03	R	SC	N	01/01/2015	12/31/9999	PLEGRIDY INJ STARTER	20391231	08182000	0	1	0	A	0.000		308	Y	20180401			SOSY		N	BIOGEN IDE	59627	2
83	83	I	85100010302120	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 250 UNIT	64406048308	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302125	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 500 UNIT	64406048408	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302130	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 750 UNIT	64406048508	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 750UNIT	20391231	20281600	0	0	0	A	750.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302135	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 1000 UNIT	64406048608	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302145	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 1500 UNIT	64406048708	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	27996002407560	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	00597029578	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB 25-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	27996002407560	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	00597029588	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB 25-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	27996002407550	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	00597030045	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	27996002407550	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	00597030093	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	15000003000320	BENZNIDAZOLE TAB 12.5 MG	00642746312	0	BENZNIDAZOLE	B	N	03	R	OR	N	04/01/2018	12/31/9999	BENZNIDAZOLE TAB 12.5MG	20391231	08309200	0	0	0	A	12.500		308	N	20180401			TABS		N	EXELTIS	00642	2
83	83	I	15000003000340	BENZNIDAZOLE TAB 100 MG	00642746410	0	BENZNIDAZOLE	B	N	03	R	OR	N	04/01/2018	12/31/9999	BENZNIDAZOLE TAB 100MG	20391231	08309200	0	0	0	A	100.000		308	N	20180401			TABS		N	EXELTIS	00642	2
83	83	I	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	00781300107	0	OMNITROPE	B	N	03	R	SC	N	01/01/2010	12/31/9999	OMNITROPE INJ 5/1.5ML	20391231	68300400	1	0	0	A	5.000	G	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLN		N	SANDOZ	00781	2
83	83	I	30100020002050	SOMATROPIN INJ 5 MG/1.5ML	00781300126	0	OMNITROPE	B	N	03	R	SC	N	01/01/2010	12/31/9999	OMNITROPE INJ 5/1.5ML	20391231	68300400	1	0	0	A	5.000	G	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLN		N	SANDOZ	00781	2
83	83	I	30100020002056	SOMATROPIN INJ 10 MG/1.5ML	00781300407	0	OMNITROPE	B	N	03	R	SC	N	01/01/2010	12/31/9999	OMNITROPE INJ 10/1.5ML	20391231	68300400	1	0	0	A	10.000	G	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLN		N	SANDOZ	00781	2
83	83	I	30100020002056	SOMATROPIN INJ 10 MG/1.5ML	00781300426	0	OMNITROPE	B	N	03	R	SC	N	01/01/2010	12/31/9999	OMNITROPE INJ 10/1.5ML	20391231	68300400	1	0	0	A	10.000	G	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLN		N	SANDOZ	00781	2
83	83	I	30100020002123	SOMATROPIN FOR INJ 5.8 MG	00781400436	0	OMNITROPE	B	N	03	R	SC	N	01/01/2010	12/31/9999	OMNITROPE INJ 5.8MG	20391231	68300400	1	0	0	A	5.800	G	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLR		N	SANDOZ	00781	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	30100020002123	SOMATROPIN FOR INJ 5.8 MG	00781401471	0	OMNITROPE	B	N	03	R	SC	N	01/01/2010	12/31/9999	OMNITROPE INJ 5.8MG	20391231	68300400	1	0	0	A	5.800	G	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	SOLR		N	SANDOZ	00781	2
83	83	I	23100010000315	FLUOXYMESTERONE TAB 10 MG	00832008600	0	ANDROXY	B	N	03	R	OR	N	01/01/2004	12/31/9999	ANDROXY TAB 10MG	20190911	68080000	1	0	0	I	10.000		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	TABS		N	UPSH-SMITH	00245	2
83	83	I	85100010202115	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 220-400 UNIT	00944284110	0	RECOMBINATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	RECOMBINATE INJ 220-400	20391231	20281600	0	0	0	A	220.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010202125	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 401-800 UNIT	00944284210	0	RECOMBINATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	RECOMBINATE INJ 401-800	20391231	20281600	0	0	0	A	401.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010202135	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 801-1240 UNIT	00944284310	0	RECOMBINATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	RECOMBINATE INJ 801-1240	20391231	20281600	0	0	0	A	801.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010202145	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1241-1800 UNIT	00944284410	0	RECOMBINATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	RECOMBINATE INJ	20391231	20281600	0	0	0	A	1241.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010202155	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1801-2400 UNIT	00944284510	0	RECOMBINATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	RECOMBINATE INJ	20391231	20281600	0	0	0	A	1801.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252120	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 250 UNIT	00944292102	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252130	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 500 UNIT	00944292202	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252140	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1000 UNIT	00944292302	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252150	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1500 UNIT	00944292402	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252185	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 4000 UNIT	00944294810	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 4000UNIT	20391231	20281600	0	0	0	A	4000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252120	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 250 UNIT	00944296010	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252130	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 500 UNIT	00944296110	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252140	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1000 UNIT	00944296210	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252150	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1500 UNIT	00944296310	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252170	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 2000 UNIT	00944296410	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252180	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 3000 UNIT	00944296510	0	ADVATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	ADVATE INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100002802120	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	00944302602	0	RIXUBIS	B	N	03	R	IV	N	01/01/2014	12/31/9999	RIXUBIS INJ 250 UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100002802130	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	00944302802	0	RIXUBIS	B	N	03	R	IV	N	01/01/2014	12/31/9999	RIXUBIS INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100002802140	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	00944303002	0	RIXUBIS	B	N	03	R	IV	N	01/01/2014	12/31/9999	RIXUBIS INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100002802150	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	00944303202	0	RIXUBIS	B	N	03	R	IV	N	01/01/2014	12/31/9999	RIXUBIS INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100002802160	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	00944303402	0	RIXUBIS	B	N	03	R	IV	N	01/01/2014	12/31/9999	RIXUBIS INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252170	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 2000 UNIT	00944304510	0	ADVATE	B	N	03	R	IV	N	05/11/2014	12/31/9999	ADVATE INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252180	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 3000 UNIT	00944304610	0	ADVATE	B	N	03	R	IV	N	05/11/2014	12/31/9999	ADVATE INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252185	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 4000 UNIT	00944304710	0	ADVATE	B	N	03	R	IV	N	05/11/2014	12/31/9999	ADVATE INJ 4000UNIT	20391231	20281600	0	0	0	A	4000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252120	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 250 UNIT	00944305102	0	ADVATE	B	N	03	R	IV	N	05/11/2014	12/31/9999	ADVATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252130	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 500 UNIT	00944305202	0	ADVATE	B	N	03	R	IV	N	05/11/2014	12/31/9999	ADVATE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252140	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1000 UNIT	00944305302	0	ADVATE	B	N	03	R	IV	N	05/11/2014	12/31/9999	ADVATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010252150	ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1500 UNIT	00944305402	0	ADVATE	B	N	03	R	IV	N	05/11/2014	12/31/9999	ADVATE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	65100007510A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	59011044010	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	65100007510A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	59011044020	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	65100007510A760	OXYCODONE HCL TAB ER 12HR DETER 60 MG	59011046010	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 60MG CR	20391231	28080800	0	1	0	A	60.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	65100007510A760	OXYCODONE HCL TAB ER 12HR DETER 60 MG	59011046020	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 60MG CR	20391231	28080800	0	1	0	A	60.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	65100007510A780	OXYCODONE HCL TAB ER 12HR DETER 80 MG	59011048010	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 80MG CR	20391231	28080800	0	1	0	A	80.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	65100007510A780	OXYCODONE HCL TAB ER 12HR DETER 80 MG	59011048020	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 80MG CR	20391231	28080800	0	1	0	A	80.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	27104010002005	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	59060018332	0	RELION R	B	M	01	P	IJ	N	01/01/2015	12/31/9999	RELION R INJ 100/ML	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	WAL-MART	49035	2
83	83	I	44400010103408	BECLOMETHASONE DIPROP INHAL AERO SOLN 40 MCG/ACT (50/VALVE)	59310020212	0	QVAR	B	N	03	R	IN	N	09/07/2014	12/31/9999	QVAR AER 40MCG	20391231	68040000	0	1	0	A	40.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERS		N	TEVA RESP	59310	2
83	83	I	44400010103428	BECLOMETHASONE DIPROP INHAL AERO SOLN 80 MCG/ACT (100/VALVE)	59310020412	0	QVAR	B	N	03	R	IN	N	09/07/2014	12/31/9999	QVAR AER 80MCG	20391231	68040000	0	1	0	A	80.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERS		N	TEVA RESP	59310	2
83	83	I	44400010128120	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT	59310030240	0	QVAR REDIHALER	B	N	03	R	IN	N	12/17/2017	12/31/9999	QVAR REDIHAL AER 40MCG	20391231	68040000	0	1	0	A	40.000		308	Y	20180401			AERB		N	TEVA RESP	59310	2
83	83	I	44400010128140	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT	59310030480	0	QVAR REDIHALER	B	N	03	R	IN	N	12/17/2017	12/31/9999	QVAR REDIHA AER 80MCG	20391231	68040000	0	1	0	A	80.000		308	Y	20180401			AERB		N	TEVA RESP	59310	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	59310057922	0	PROAIR HFA	B	N	03	R	IN	N	09/13/2012	12/31/9999	PROAIR HFA AER	20391231	12120812	0	1	0	A	108.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	TEVA RESP	59310	2
83	83	I	44201010108020	ALBUTEROL SULFATE AER POW BA 108 MCG/ACT (90 MCG BASE EQUIV)	59310058020	0	PROAIR RESPICLICK	B	N	03	R	IN	N	04/05/2015	12/31/9999	PROAIR RESPI AER	20391231	12120812	0	1	0	A	108.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AEPB		N	TEVA RESP	59310	2
83	83	I	61100025100110	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	59417010110	0	VYVANSE	B	N	03	R	OR	N	01/18/2015	12/31/9999	VYVANSE CAP 10MG	20391231	28200400	0	1	0	A	10.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	SHIRE US	54092	2
83	83	I	61100025100120	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	59417010210	0	VYVANSE	B	N	03	R	OR	N	04/01/2010	12/31/9999	VYVANSE CAP 20MG	20391231	28200400	0	1	0	A	20.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	SHIRE US	54092	2
83	83	I	61100025100130	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	59417010310	0	VYVANSE	B	N	03	R	OR	N	04/01/2010	12/31/9999	VYVANSE CAP 30MG	20391231	28200400	0	1	0	A	30.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	SHIRE US	54092	2
83	83	I	61100025100140	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	59417010410	0	VYVANSE	B	N	03	R	OR	N	04/01/2010	12/31/9999	VYVANSE CAP 40MG	20391231	28200400	0	1	0	A	40.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	SHIRE US	54092	2
83	83	I	61100025100150	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	59417010510	0	VYVANSE	B	N	03	R	OR	N	04/01/2010	12/31/9999	VYVANSE CAP 50MG	20391231	28200400	0	1	0	A	50.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	SHIRE US	54092	2
83	83	I	61100025100160	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	59417010610	0	VYVANSE	B	N	03	R	OR	N	04/01/2010	12/31/9999	VYVANSE CAP 60MG	20391231	28200400	0	1	0	A	60.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	SHIRE US	54092	2
83	83	I	61100025100170	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	59417010710	0	VYVANSE	B	N	03	R	OR	N	04/01/2010	12/31/9999	VYVANSE CAP 70MG	20391231	28200400	0	1	0	A	70.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	SHIRE US	54092	2
83	83	I	61100025100510	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	59417011501	0	VYVANSE	B	N	03	R	OR	N	03/12/2017	12/31/9999	VYVANSE CHW 10MG	20391231	28200400	0	1	0	A	10.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CHEW		N	SHIRE US	54092	2
83	83	I	61100025100520	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	59417011601	0	VYVANSE	B	N	03	R	OR	N	03/12/2017	12/31/9999	VYVANSE CHW 20MG	20391231	28200400	0	1	0	A	20.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CHEW		N	SHIRE US	54092	2
83	83	I	61100025100530	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	59417011701	0	VYVANSE	B	N	03	R	OR	N	03/12/2017	12/31/9999	VYVANSE CHW 30MG	20391231	28200400	0	1	0	A	30.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CHEW		N	SHIRE US	54092	2
83	83	I	61100025100540	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	59417011801	0	VYVANSE	B	N	03	R	OR	N	03/12/2017	12/31/9999	VYVANSE CHW 40MG	20391231	28200400	0	1	0	A	40.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CHEW		N	SHIRE US	54092	2
83	83	I	61100025100550	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	59417011901	0	VYVANSE	B	N	03	R	OR	N	03/12/2017	12/31/9999	VYVANSE CHW 50MG	20391231	28200400	0	1	0	A	50.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CHEW		N	SHIRE US	54092	2
83	83	I	61100025100560	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	59417012001	0	VYVANSE	B	N	03	R	OR	N	03/12/2017	12/31/9999	VYVANSE CHW 60MG	20391231	28200400	0	1	0	A	60.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CHEW		N	SHIRE US	54092	2
83	83	I	99392070000120	THALIDOMIDE CAP 50 MG	59572020514	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 50MG	20391231	92200000	1	1	0	A	50.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000120	THALIDOMIDE CAP 50 MG	59572020517	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 50MG	20391231	92200000	1	1	0	A	50.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000120	THALIDOMIDE CAP 50 MG	59572020594	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 50MG	20391231	92200000	1	1	0	A	50.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000120	THALIDOMIDE CAP 50 MG	59572020597	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 50MG	20391231	92200000	1	1	0	A	50.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000130	THALIDOMIDE CAP 100 MG	59572021015	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 100MG	20391231	92200000	1	1	0	A	100.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000130	THALIDOMIDE CAP 100 MG	59572021095	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 100MG	20391231	92200000	1	1	0	A	100.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000135	THALIDOMIDE CAP 150 MG	59572021513	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 150MG	20391231	92200000	1	1	0	A	150.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000135	THALIDOMIDE CAP 150 MG	59572021593	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 150MG	20391231	92200000	1	1	0	A	150.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000140	THALIDOMIDE CAP 200 MG	59572022016	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 200MG	20391231	92200000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99392070000140	THALIDOMIDE CAP 200 MG	59572022096	0	THALOMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	THALOMID CAP 200MG	20391231	92200000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000110	LENALIDOMIDE CAPS 2.5 MG	59572040200	0	REVLIMID	B	N	03	R	OR	N	04/22/2012	12/31/9999	REVLIMID CAP 2.5MG	20391231	10000000	1	1	0	A	2.500		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000110	LENALIDOMIDE CAPS 2.5 MG	59572040228	0	REVLIMID	B	N	03	R	OR	N	04/22/2012	12/31/9999	REVLIMID CAP 2.5MG	20391231	10000000	1	1	0	A	2.500		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000120	LENALIDOMIDE CAP 5 MG	59572040500	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 5MG	20391231	10000000	1	1	0	A	5.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000120	LENALIDOMIDE CAP 5 MG	59572040528	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 5MG	20391231	10000000	1	1	0	A	5.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	99394050000130	LENALIDOMIDE CAP 10 MG	59572041000	0	REVLIMID	B	N	03	R	OR	N	01/01/2012	12/31/9999	REVLIMID CAP 10MG	20391231	10000000	1	1	0	A	10.000		308	Y	20180401	Antineoplastics	Antiangiogenic Agents	CAPS		N	CELGENE	59572	2
83	83	I	97051030906304	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 28 X 1/2"	08290843003	0	BD INSULIN SYRINGE MICROFINE/U-100 0.3ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906308	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	08290843101	0	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/30G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	97051030906308	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	08290843103	0	B-D INSULIN SYRINGE ULTRAFINE/0.3M L/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290843801	0	BD INSULIN SYRINGE ULTRAFINE/0.3M L/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290843803	0	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290844001	0	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	B	N	02	O	XX	N	12/07/2004	12/31/9999	INSULIN SYRG MIS 0.3/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906320	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	08290846502	0	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906320	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	08290846503	0	BD INSULIN SYRINGE MICROFINE II/U-100/0.5ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906329	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	08290846601	0	BD INSULIN SYRINGE ULTRAFINE/0.5M L/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/30G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906318	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	08290846801	0	BD INSULIN SYRINGE ULTRAFINE/0.5M L/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97100000006200	*RESPIRATORY THERAPY SUPPLIES - DEVICES**	08462430100	0	BREATHERITE VALVED MDI CHAMBER/RIGID	B	N	02	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS MDI CHMB	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			DEVI		N	ALLIANCE	08462	
83	83	I	97100000006200	*RESPIRATORY THERAPY SUPPLIES - DEVICES**	08462430120	0	BREATHERITE VALVED MDI CHAMBER/RIGID	B	N	02	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS MDI CHMB	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			DEVI		N	ALLIANCE	08462	
83	83	I	97100000006200	*RESPIRATORY THERAPY SUPPLIES - DEVICES**	08462430200	0	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE	B	N	02	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS MDI CHMB	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			DEVI		N	ALLIANCE	08462	
83	83	I	97100000006200	*RESPIRATORY THERAPY SUPPLIES - DEVICES**	08462430220	0	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE	B	N	02	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS MDI CHMB	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			DEVI		N	ALLIANCE	08462	
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	10544060931	0	PRENATAL PLUS/IRON	B	N	03	R	OR	Y	06/10/2012	12/31/9999	PRENATAL TAB PLUS/FE	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	BLENHEIM	10544	2
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030100	0	BREATHERITE	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030101	0	BREATHERITE RIGID SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS W/MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030102	0	BREATHERITE RIGID SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS W/MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030103	0	BREATHERITE RIGID SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS W/MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030104	0	BREATHERITE RIGID SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS W/MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030105	0	BREATHERITE RIGID SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS W/MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030110	0	BREATHERITE W/LARGE MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS LG MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030120	0	BREATHERITE W/MEDIUM MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS MED MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030130	0	BREATHERITE W/SMALL MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS SM MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030200	0	BREATHERITE	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030201	0	BREATHERITE COLLAPSIBLE SPACER W/ NEONATE MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS SPACER	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030202	0	BREATHERITE COLLAPSIBLE INFANT SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS SPACER	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030203	0	BREATHERITE COLLAPSIBLE SMALL CHILD SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS SPACER	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030204	0	BREATHERITE COLLAPSIBLE CHILD SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS SPACER	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030205	0	BREATHERITE COLLAPSIBLE ADULT SPACER W/MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS SPACER	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030210	0	BREATHERITE W/LARGE MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS LG MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030220	0	BREATHERITE W/MEDIUM MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS MED MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	97100550006200	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	11391030230	0	BREATHERITE W/SMALL MASK	B	N	01	R	XX	N	01/01/2008	12/31/9999	BREATHERITE MIS SM MASK	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	VENTLAB	11391	
83	83	I	65200010208220	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	12496120201	0	SUBOXONE	B	N	03	R	SL	N	04/01/2011	12/31/9999	SUBOXONE MIS 2-0.5MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	65200010208220	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	12496120203	0	SUBOXONE	B	N	03	R	SL	N	04/01/2011	12/31/9999	SUBOXONE MIS 2-0.5MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	65200010208230	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	12496120401	0	SUBOXONE	B	N	03	R	SL	N	03/24/2013	12/31/9999	SUBOXONE MIS 4-1MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	65200010208230	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	12496120403	0	SUBOXONE	B	N	03	R	SL	N	11/18/2012	12/31/9999	SUBOXONE MIS 4-1MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	65200010208240	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	12496120801	0	SUBOXONE	B	N	03	R	SL	N	04/01/2011	12/31/9999	SUBOXONE MIS 8-2MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	65200010208240	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	12496120803	0	SUBOXONE	B	N	03	R	SL	N	04/01/2011	12/31/9999	SUBOXONE MIS 8-2MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	65200010208250	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	12496121201	0	SUBOXONE	B	N	03	R	SL	N	03/24/2013	12/31/9999	SUBOXONE MIS 12-3MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	65200010208250	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	12496121203	0	SUBOXONE	B	N	03	R	SL	N	11/18/2012	12/31/9999	SUBOXONE MIS 12-3MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	INDIVIOR	12496	2
83	83	I	21403020100105	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	00013013202	0	EMCYT	B	N	03	R	OR	N	01/01/2004	12/31/9999	EMCYT CAP 140MG	20391231	10000000	0	0	0	A	140.000		308	N	20180401	Antineoplastics	Antiestrogens/Modifiers	CAPS		N	PFIZER US	99907	2
83	83	I	90250070004030	TAZAROTENE GEL 0.1%	00023004203	0	TAZORAC	B	N	03	R	EX	N	01/01/2004	12/31/9999	TAZORAC GEL 0.1%	20391231	84920000	0	0	0	A	0.100		308	N	20180401	Dermatological Agents	Dermatological Agents	GEL		N	ALLERGAN	00023	2
83	83	I	90250070004030	TAZAROTENE GEL 0.1%	00023004210	0	TAZORAC	B	N	03	R	EX	N	01/01/2004	12/31/9999	TAZORAC GEL 0.1%	20391231	84920000	0	0	0	A	0.100		308	N	20180401	Dermatological Agents	Dermatological Agents	GEL		N	ALLERGAN	00023	2
83	83	I	86330015002010	BIMATOPROST OPHTH SOLN 0.01%	00023320503	0	LUMIGAN	B	N	03	R	OP	N	07/01/2012	12/31/9999	LUMIGAN SOL 0.01%	20391231	52402800	0	1	1	A	0.010		308	Y	20180401	Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	SOLN		N	ALLERGAN	00023	2
83	83	I	86330015002010	BIMATOPROST OPHTH SOLN 0.01%	00023320505	0	LUMIGAN	B	N	03	R	OP	N	07/01/2012	12/31/9999	LUMIGAN SOL 0.01%	20391231	52402800	0	1	1	A	0.010		308	Y	20180401	Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	SOLN		N	ALLERGAN	00023	2
83	83	I	86330015002010	BIMATOPROST OPHTH SOLN 0.01%	00023320508	0	LUMIGAN	B	N	03	R	OP	N	07/01/2012	12/31/9999	LUMIGAN SOL 0.01%	20391231	52402800	0	1	1	A	0.010		308	Y	20180401	Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	SOLN		N	ALLERGAN	00023	2
83	83	I	52500030006530	MESALAMINE CAP DR 400 MG	00023585318	0	DELZICOL	B	N	03	R	OR	N	06/12/2016	12/31/9999	DELZICOL CAP 400MG	20391231	56360000	0	0	0	A	400.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	CPDR		N	ALLERGAN	00023	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	52500030000650	MESALAMINE TAB DELAYED RELEASE 800 MG	00023590118	0	ASACOL HD	B	M	03	S	OR	N	03/19/2017	12/31/9999	ASACOL HD TAB 800MG	20391231	56360000	0	0	0	A	800.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	TBEC		N	ALLERGAN	00023	2
83	83	I	51200024006751	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	00023611201	0	ZENPEP	B	N	03	R	OR	N	11/12/2017	12/31/9999	ZENPEP CAP 20000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006783	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	00023611401	0	ZENPEP	B	N	03	R	OR	N	12/10/2017	12/31/9999	ZENPEP CAP	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006714	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	00023611501	0	ZENPEP	B	N	03	R	OR	N	02/18/2018	12/31/9999	ZENPEP CAP	20391231	56160000	0	0	0	A	0.000		308	N	20180401			CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006772	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	00023611601	0	ZENPEP	B	N	03	R	OR	N	02/18/2018	12/31/9999	ZENPEP CAP	20391231	56160000	0	0	0	A	0.000		308	N	20180401			CPEP		N	ALLERGAN	00023	2
83	83	I	90250070004020	TAZAROTENE GEL 0.05%	00023833503	0	TAZORAC	B	N	03	R	EX	N	01/01/2004	12/31/9999	TAZORAC GEL 0.05%	20391231	84920000	0	0	0	A	0.050		308	N	20180401	Dermatological Agents	Dermatological Agents	GEL		N	ALLERGAN	00023	2
83	83	I	90250070004020	TAZAROTENE GEL 0.05%	00023833510	0	TAZORAC	B	N	03	R	EX	N	01/01/2004	12/31/9999	TAZORAC GEL 0.05%	20391231	84920000	0	0	0	A	0.050		308	N	20180401	Dermatological Agents	Dermatological Agents	GEL		N	ALLERGAN	00023	2
83	83	I	90250070003720	TAZAROTENE CREAM 0.05%	00023915530	0	TAZORAC	B	N	03	R	EX	N	01/01/2004	12/31/9999	TAZORAC CRE 0.05%	20391231	84920000	0	0	0	A	0.050		308	N	20180401	Dermatological Agents	Dermatological Agents	CREA		N	ALLERGAN	00023	2
83	83	I	90250070003720	TAZAROTENE CREAM 0.05%	00023915560	0	TAZORAC	B	N	03	R	EX	N	01/01/2004	12/31/9999	TAZORAC CRE 0.05%	20391231	84920000	0	0	0	A	0.050		308	N	20180401	Dermatological Agents	Dermatological Agents	CREA		N	ALLERGAN	00023	2
83	83	I	86602020102005	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	00023932105	0	ALPHAGAN P	B	N	03	R	OP	N	02/08/2006	12/31/9999	ALPHAGAN P SOL 0.1%	20391231	52400400	0	0	0	A	0.100		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SOLN		N	ALLERGAN	00023	2
83	83	I	86602020102005	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	00023932110	0	ALPHAGAN P	B	N	03	R	OP	N	02/08/2006	12/31/9999	ALPHAGAN P SOL 0.1%	20391231	52400400	0	0	0	A	0.100		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SOLN		N	ALLERGAN	00023	2
83	83	I	86602020102005	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	00023932115	0	ALPHAGAN P	B	N	03	R	OP	N	02/08/2006	12/31/9999	ALPHAGAN P SOL 0.1%	20391231	52400400	0	0	0	A	0.100		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SOLN		N	ALLERGAN	00023	2
83	83	I	13000030100310	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	00024159601	0	PRIMAQUINE PHOSPHATE	B	N	03	R	OR	N	01/01/2004	12/31/9999	PRIMAQUINE TAB 26.3MG	20391231	08300800	0	0	0	A	26.300		308	N	20180401	Antiparasitics	Antiprotozoals	TABS		N	SANOFI-AVE	99890	2
83	83	I	35400028100320	DRONEDARONE HCL TAB 400 MG (BASE EQUIVALENT)	00024414210	0	MULTAQ	B	N	03	R	OR	N	04/01/2010	12/31/9999	MULTAQ TAB 400MG	20391231	24040420	0	0	0	A	400.000		308	N	20180401	Cardiovascular Agents	Antiarrhythmics	TABS		N	SANOFI-AVE	99890	2
83	83	I	35400028100320	DRONEDARONE HCL TAB 400 MG (BASE EQUIVALENT)	00024414260	0	MULTAQ	B	N	03	R	OR	N	04/01/2010	12/31/9999	MULTAQ TAB 400MG	20391231	24040420	0	0	0	A	400.000		308	N	20180401	Cardiovascular Agents	Antiarrhythmics	TABS		N	SANOFI-AVE	99890	2
83	83	I	2710400300D230	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML	00024586901	0	TOUJEO SOLOSTAR	B	N	03	R	SC	N	10/29/2017	12/31/9999	TOUJEO SOLO INJ 300IU/ML	20391231	68200800	0	1	0	A	300.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	SANOFI PHA	00024	2
83	83	I	2710400300D230	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML	00024586903	0	TOUJEO SOLOSTAR	B	N	03	R	SC	N	05/15/2015	12/31/9999	TOUJEO SOLO INJ 300IU/ML	20391231	68200800	0	1	0	A	300.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	SANOFI PHA	00024	2
83	83	I	3935001000D220	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 75 MG/ML	00024590101	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 75MG/ML	20391231	24062400	1	1	0	A	75.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOPN		N	SANOFI PHA	00024	2
83	83	I	3935001000D220	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 75 MG/ML	00024590102	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 75MG/ML	20391231	24062400	1	1	0	A	75.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOPN		N	SANOFI PHA	00024	2
83	83	I	3935001000D230	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 150 MG/ML	00024590201	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 150MG/ML	20391231	24062400	1	1	0	A	150.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOPN		N	SANOFI PHA	00024	2
83	83	I	3935001000D230	ALIROCUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 150 MG/ML	00024590202	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 150MG/ML	20391231	24062400	1	1	0	A	150.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOPN		N	SANOFI PHA	00024	2
83	83	I	3935001000E520	ALIROCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/ML	00024590301	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 75MG/ML	20190228	24062400	1	1	0	I	75.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOSY		N	SANOFI PHA	00024	2
83	83	I	3935001000E520	ALIROCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/ML	00024590302	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 75MG/ML	20190228	24062400	1	1	0	I	75.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOSY		N	SANOFI PHA	00024	2
83	83	I	3935001000E530	ALIROCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	00024590401	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 150MG/ML	20181117	24062400	1	1	0	I	150.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOSY		N	SANOFI PHA	00024	2
83	83	I	3935001000E530	ALIROCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	00024590402	0	PRALUENT	B	N	03	R	SC	N	01/21/2016	12/31/9999	PRALUENT INJ 150MG/ML	20181117	24062400	1	1	0	I	150.000		308	Y	20180401	Cardiovascular Agents	Dyslipidemics, Other	SOSY		N	SANOFI PHA	00024	2
83	83	I	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 250 UNIT	00026378220	0	KOGENATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 250 UNIT	00026378225	0	KOGENATE FS	B	N	03	R	IV	N	07/14/2013	12/31/9999	KOGENATE FS INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	00026378330	0	KOGENATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	00026378335	0	KOGENATE FS	B	N	03	R	IV	N	07/14/2013	12/31/9999	KOGENATE FS INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	00026378550	0	KOGENATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	00026378555	0	KOGENATE FS	B	N	03	R	IV	N	07/14/2013	12/31/9999	KOGENATE FS INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	00026378660	0	KOGENATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	00026378665	0	KOGENATE FS	B	N	03	R	IV	N	07/14/2013	12/31/9999	KOGENATE FS INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 3000 UNIT	00026378770	0	KOGENATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	KOGENATE FS INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	BAYER PHAR	00026	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	33261069060	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	33261069090	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	33261069130	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	33261069160	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	33261069190	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72170070100320	TIAGABINE HCL TAB 16 MG	33261070130	0	GABITRIL	B	N	03	R	OR	Y	12/27/2010	12/31/9999	GABITRIL TAB 16MG	20391231	28129200	0	0	0	A	16.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	TABS		N	AIDAREX PH	33261	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	33261070202	0	LYRICA	B	N	03	R	OR	Y	02/20/2011	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	33261070214	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	33261070230	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	33261070260	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	33261070290	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	33261070830	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	33261070860	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	33261070890	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	33261071630	0	LYRICA	B	N	03	R	OR	Y	09/12/2010	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	33261071660	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	33261071690	0	LYRICA	B	N	03	R	OR	Y	05/22/2011	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	AIDAREX PH	33261	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	33261073330	0	PRENATAL LOW IRON	B	N	03	R	OR	Y	02/20/2011	12/31/9999	PRENATAL TAB LOW IRON	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	AIDAREX PH	33261	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	33261073360	0	PRENATAL LOW IRON	B	N	03	R	OR	Y	02/20/2011	12/31/9999	PRENATAL TAB LOW IRON	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	AIDAREX PH	33261	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	33261073390	0	PRENATAL LOW IRON	B	N	03	R	OR	Y	02/20/2011	12/31/9999	PRENATAL TAB LOW IRON	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	AIDAREX PH	33261	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	33261087501	0	PROAIR HFA	B	N	03	R	IN	Y	08/11/2013	12/31/9999	PROAIR HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	AIDAREX PH	33261	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	33261089301	0	VENTOLIN HFA	B	N	03	R	IN	Y	03/03/2013	12/31/9999	VENTOLIN HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	AIDAREX PH	33261	2
83	83	I	40304080000310	TADALAFIL TAB 10 MG	33358007430	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 10MG	20391231	24121200	1	1	0	A	10.000	V	308	Y	20180401			TABS		N	RXCHANGE C	33358	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	33358007510	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	RXCHANGE C	33358	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	33358007530	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	RXCHANGE C	33358	2
83	83	I	40304080000305	TADALAFIL TAB 5 MG	33358007630	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 5MG	20391231	24121200	1	1	0	A	5.000	V	308	Y	20180401	Genitourinary Agents	Benign Prostatic Hypertrophy Agents	TABS		N	RXCHANGE C	33358	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33358022860	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	RXCHANGE C	33358	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	33358022890	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	RXCHANGE C	33358	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	33358022960	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	RXCHANGE C	33358	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	33358023060	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	RXCHANGE C	33358	2
83	83	I	62100080200320	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	35356001107	0	CHANTIX	B	N	03	R	OR	Y	09/09/2007	12/31/9999	CHANTIX TAB 0.5MG	20190207	12920000	0	0	0	I	0.500	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	QUALITY	35356	2
83	83	I	62100080200320	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	35356001114	0	CHANTIX	B	N	03	R	OR	Y	09/09/2007	12/31/9999	CHANTIX TAB 0.5MG	20190207	12920000	0	0	0	I	0.500	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	QUALITY	35356	2
83	83	I	62100080200320	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	35356001156	0	CHANTIX	B	N	03	R	OR	Y	03/30/2008	12/31/9999	CHANTIX TAB 0.5MG	20190207	12920000	0	0	0	I	0.500	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	QUALITY	35356	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	35356001207	0	CHANTIX	B	N	03	R	OR	Y	09/09/2007	12/31/9999	CHANTIX TAB 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	QUALITY	35356	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	35356001214	0	CHANTIX	B	N	03	R	OR	Y	09/09/2007	12/31/9999	CHANTIX TAB 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	QUALITY	35356	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	35356005330	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	35356	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	35356005360	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	35356	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	35356005390	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 25MG	20190101	28129200	0	1	0	I	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	35356	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	35356005430	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	35356	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	35356005460	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	35356	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	35356005490	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	35356	2
83	83	I	21406010200330	ABIRATERONE ACETATE TAB 500 MG	57894019506	0	ZYTIGA	B	N	03	R	OR	N	05/07/2017	12/31/9999	ZYTIGA TAB 500MG	20391231	10000000	1	1	0	A	500.000		308	Y	20180401			TABS		N	JANSSEN BI	57894	2
83	83	I	85100010266420	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 250 UNIT	58394001201	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266420	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 250 UNIT	58394001202	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266430	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 500 UNIT	58394001301	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266430	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 500 UNIT	58394001302	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266440	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 1000 UNIT	58394001401	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266440	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 1000 UNIT	58394001402	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266460	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 2000 UNIT	58394001501	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266460	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 2000 UNIT	58394001502	0	XYNTHA	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266470	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 3000 UNIT	58394001603	0	XYNTHA SOLOFUSE	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA SOLOF INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266420	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 250 UNIT	58394002203	0	XYNTHA SOLOFUSE	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA SOLOF KIT 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266430	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 500 UNIT	58394002303	0	XYNTHA SOLOFUSE	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA SOLOF INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	85100010266440	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 1000 UNIT	58394002403	0	XYNTHA SOLOFUSE	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA SOLOF INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100010266460	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 2000 UNIT	58394002503	0	XYNTHA SOLOFUSE	B	N	03	R	IV	N	07/01/2013	12/31/9999	XYNTHA SOLOF INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100028206420	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT	58394063303	0	BENEFIX	B	N	03	R	IV	N	07/01/2013	12/31/9999	BENEFIX INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100028206430	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT	58394063403	0	BENEFIX	B	N	03	R	IV	N	07/01/2013	12/31/9999	BENEFIX INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100028206440	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT	58394063503	0	BENEFIX	B	N	03	R	IV	N	07/01/2013	12/31/9999	BENEFIX INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100028206450	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT	58394063603	0	BENEFIX	B	N	03	R	IV	N	07/01/2013	12/31/9999	BENEFIX INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	85100028206460	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT	58394063703	0	BENEFIX	B	N	03	R	IV	N	07/01/2013	12/31/9999	BENEFIX INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	PFIZER US	99907	2
83	83	I	66290030002120	ETANERCEPT FOR SUBCUTANEOUS INJ 25 MG	58406042534	0	ENBREL	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL INJ 25MG	20391231	92360000	1	1	0	A	25.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOLR		N	AMGEN	55513	2
83	83	I	66290030002120	ETANERCEPT FOR SUBCUTANEOUS INJ 25 MG	58406042541	0	ENBREL	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL INJ 25MG	20391231	92360000	1	1	0	A	25.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOLR		N	AMGEN	55513	2
83	83	I	6629003000E530	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	58406043501	0	ENBREL	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL INJ 50MG/ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	AMGEN	55513	2
83	83	I	6629003000E530	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	58406043504	0	ENBREL	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL INJ 50MG/ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	AMGEN	55513	2
83	83	I	6629003000D530	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	58406044501	0	ENBREL SURECLICK	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL SRCLK INJ 50MG/ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOAJ		N	AMGEN	55513	2
83	83	I	6629003000D530	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	58406044504	0	ENBREL SURECLICK	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL SRCLK INJ 50MG/ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOAJ		N	AMGEN	55513	2
83	83	I	6629003000E525	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	58406045501	0	ENBREL	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL INJ 25/0.5ML	20391231	92360000	1	1	0	A	25.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	AMGEN	55513	2
83	83	I	6629003000E525	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	58406045504	0	ENBREL	B	N	03	R	SC	N	01/01/2014	12/31/9999	ENBREL INJ 25/0.5ML	20391231	92360000	1	1	0	A	25.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	AMGEN	55513	2
83	83	I	6629003000E230	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	58406045601	0	ENBREL MINI	B	N	03	R	SC	N	10/22/2017	12/31/9999	ENBREL MINI INJ 50MG/ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401			SOCT		N	AMGEN	55513	2
83	83	I	6629003000E230	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	58406045604	0	ENBREL MINI	B	N	03	R	SC	N	10/22/2017	12/31/9999	ENBREL MINI INJ 50MG/ML	20391231	92360000	1	1	0	A	50.000		308	Y	20180401			SOCT		N	AMGEN	55513	2
83	83	I	62404070000330	TERIFLUNOMIDE TAB 14 MG	58468021002	0	AUBAGIO	B	N	03	R	OR	N	01/01/2017	12/31/9999	AUBAGIO TAB 14MG	20391231	92200000	0	1	0	A	14.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	TABS		N	GENZYME	58468	2
83	83	I	62404070000320	TERIFLUNOMIDE TAB 7 MG	58468021101	0	AUBAGIO	B	N	03	R	OR	N	01/01/2017	12/31/9999	AUBAGIO TAB 7MG	20391231	92200000	0	1	0	A	7.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	TABS		N	GENZYME	58468	2
83	83	I	52500030005240	MESALAMINE SUPPOS 1000 MG	58914050142	0	CANASA	B	N	03	R	RE	N	01/06/2008	12/31/9999	CANASA SUP 1000MG	20391231	56360000	0	0	0	A	1000.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	SUPP		N	ALLERGAN	00023	2
83	83	I	52500030005240	MESALAMINE SUPPOS 1000 MG	58914050156	0	CANASA	B	N	03	R	RE	N	02/09/2005	12/31/9999	CANASA SUP 1000MG	20391231	56360000	0	0	0	A	1000.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	SUPP		N	ALLERGAN	00023	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	59011041010	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20391231	28080800	0	1	0	A	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	59011041020	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20391231	28080800	0	1	0	A	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	6510007510A715	OXYCODONE HCL TAB ER 12HR DETER 15 MG	59011041510	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 15MG CR	20391231	28080800	0	1	0	A	15.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	6510007510A715	OXYCODONE HCL TAB ER 12HR DETER 15 MG	59011041520	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 15MG CR	20391231	28080800	0	1	0	A	15.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	6510007510A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	59011042010	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	6510007510A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	59011042020	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	6510007510A730	OXYCODONE HCL TAB ER 12HR DETER 30 MG	59011043010	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 30MG CR	20391231	28080800	0	1	0	A	30.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	6510007510A730	OXYCODONE HCL TAB ER 12HR DETER 30 MG	59011043020	0	OXYCONTIN	B	M	03	S	OR	N	01/01/2012	12/31/9999	OXYCONTIN TAB 30MG CR	20391231	28080800	0	1	0	A	30.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	PURDUE	59011	2
83	83	I	99404035000325	EVEROLIMUS TAB 0.5 MG	00078041461	0	ZORTRESS	B	N	03	R	OR	N	10/01/2010	12/31/9999	ZORTRESS TAB 0.5MG	20391231	92440000	0	0	0	A	0.500	M	308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	NOVARTIS	00078	2
83	83	I	99404035000330	EVEROLIMUS TAB 0.75 MG	00078041520	0	ZORTRESS	B	N	03	R	OR	N	10/01/2010	12/31/9999	ZORTRESS TAB 0.75MG	20391231	92440000	0	0	0	A	0.750	M	308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	NOVARTIS	00078	2
83	83	I	99404035000330	EVEROLIMUS TAB 0.75 MG	00078041561	0	ZORTRESS	B	N	03	R	OR	N	10/01/2010	12/31/9999	ZORTRESS TAB 0.75MG	20391231	92440000	0	0	0	A	0.750	M	308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	NOVARTIS	00078	2
83	83	I	99404035000320	EVEROLIMUS TAB 0.25 MG	00078041720	0	ZORTRESS	B	N	03	R	OR	N	10/01/2010	12/31/9999	ZORTRESS TAB 0.25MG	20391231	92440000	0	0	0	A	0.250	M	308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	NOVARTIS	00078	2
83	83	I	99404035000320	EVEROLIMUS TAB 0.25 MG	00078041761	0	ZORTRESS	B	N	03	R	OR	N	10/01/2010	12/31/9999	ZORTRESS TAB 0.25MG	20391231	92440000	0	0	0	A	0.250	M	308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	NOVARTIS	00078	2
83	83	I	21534060200125	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	00078052651	0	TASIGNA	B	N	03	R	OR	N	01/01/2013	12/31/9999	TASIGNA CAP 200MG	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21534060200125	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	00078052687	0	TASIGNA	B	N	03	R	OR	N	01/01/2013	12/31/9999	TASIGNA CAP 200MG	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21532530000320	EVEROLIMUS TAB 5 MG	00078056651	0	AFINITOR	B	N	03	R	OR	N	07/01/2009	12/31/9999	AFINITOR TAB 5MG	20391231	10000000	1	1	0	A	5.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21532530000320	EVEROLIMUS TAB 5 MG	00078056661	0	AFINITOR	B	N	03	R	OR	N	07/01/2009	12/31/9999	AFINITOR TAB 5MG	20391231	10000000	1	1	0	A	5.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21532530000330	EVEROLIMUS TAB 10 MG	00078056751	0	AFINITOR	B	N	03	R	OR	N	07/01/2009	12/31/9999	AFINITOR TAB 10MG	20391231	10000000	1	1	0	A	10.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21532530000330	EVEROLIMUS TAB 10 MG	00078056761	0	AFINITOR	B	N	03	R	OR	N	07/01/2009	12/31/9999	AFINITOR TAB 10MG	20391231	10000000	1	1	0	A	10.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21534060200115	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	00078059251	0	TASIGNA	B	N	03	R	OR	N	01/01/2013	12/31/9999	TASIGNA CAP 150MG	20391231	10000000	1	1	0	A	150.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21534060200115	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	00078059287	0	TASIGNA	B	N	03	R	OR	N	01/01/2013	12/31/9999	TASIGNA CAP 150MG	20391231	10000000	1	1	0	A	150.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21532530000310	EVEROLIMUS TAB 2.5 MG	00078059451	0	AFINITOR	B	N	03	R	OR	N	07/18/2010	12/31/9999	AFINITOR TAB 2.5MG	20391231	10000000	1	1	0	A	2.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21532530000310	EVEROLIMUS TAB 2.5 MG	00078059461	0	AFINITOR	B	N	03	R	OR	N	07/18/2010	12/31/9999	AFINITOR TAB 2.5MG	20391231	10000000	1	1	0	A	2.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	62407025100120	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	00078060715	0	GILENYA	B	N	03	R	OR	N	01/01/2017	12/31/9999	GILENYA CAP 0.5MG	20391231	92200000	0	1	0	A	0.500		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	CAPS		N	NOVARTIS	00078	2
83	83	I	21532530000325	EVEROLIMUS TAB 7.5 MG	00078062051	0	AFINITOR	B	N	03	R	OR	N	03/04/2012	12/31/9999	AFINITOR TAB 7.5MG	20391231	10000000	1	1	0	A	7.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21532530000325	EVEROLIMUS TAB 7.5 MG	00078062061	0	AFINITOR	B	N	03	R	OR	N	03/04/2012	12/31/9999	AFINITOR TAB 7.5MG	20391231	10000000	1	1	0	A	7.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	9025057500D520	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	00078063941	0	COSENTYX SENSOREADY PEN	B	N	03	R	SC	N	01/01/2018	12/31/9999	COSENTYX PEN INJ 300DOSE	20391231	84920000	1	1	0	A	150.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOAJ		N	NOVARTIS	00078	2
83	83	I	9025057500D520	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	00078063968	0	COSENTYX SENSOREADY PEN	B	N	03	R	SC	N	01/01/2018	12/31/9999	COSENTYX PEN INJ 150MG/ML	20391231	84920000	1	1	0	A	150.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOAJ		N	NOVARTIS	00078	2
83	83	I	9025057500E520	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	00078063997	0	COSENTYX	B	N	03	R	SC	N	01/01/2018	12/31/9999	COSENTYX INJ 150MG/ML	20391231	84920000	1	1	0	A	150.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	NOVARTIS	00078	2
83	83	I	9025057500E520	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	00078063998	0	COSENTYX	B	N	03	R	SC	N	01/01/2018	12/31/9999	COSENTYX INJ 300DOSE	20391231	84920000	1	1	0	A	150.000		308	Y	20180401	Immunological Agents	Immune Suppressants	SOSY		N	NOVARTIS	00078	2
83	83	I	40992002600320	SACUBITRIL-VALSARTAN TAB 24-26 MG	00078065920	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 24-26MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600320	SACUBITRIL-VALSARTAN TAB 24-26 MG	00078065935	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 24-26MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600320	SACUBITRIL-VALSARTAN TAB 24-26 MG	00078065961	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 24-26MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600320	SACUBITRIL-VALSARTAN TAB 24-26 MG	00078065967	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 24-26MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	21533570100310	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	00078066615	0	MEKINIST	B	N	03	R	OR	N	04/17/2016	12/31/9999	MEKINIST TAB 0.5MG	20391231	10000000	1	1	0	A	0.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21533570100330	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	00078066815	0	MEKINIST	B	N	03	R	OR	N	04/10/2016	12/31/9999	MEKINIST TAB 2MG	20391231	10000000	1	1	0	A	2.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21534070100320	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	00078067066	0	VOTRIENT	B	N	03	R	OR	N	07/31/2016	12/31/9999	VOTRIENT TAB 200MG	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	NOVARTIS	00078	2
83	83	I	21532025100130	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	00078068166	0	TAFINLAR	B	N	03	R	OR	N	04/17/2016	12/31/9999	TAFINLAR CAP 75MG	20391231	10000000	1	1	0	A	75.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21532025100120	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	00078068266	0	TAFINLAR	B	N	03	R	OR	N	05/22/2016	12/31/9999	TAFINLAR CAP 50MG	20391231	10000000	1	1	0	A	50.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	40992002600340	SACUBITRIL-VALSARTAN TAB 97-103 MG	00078069620	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 97-103MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600340	SACUBITRIL-VALSARTAN TAB 97-103 MG	00078069635	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 97-103MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600340	SACUBITRIL-VALSARTAN TAB 97-103 MG	00078069661	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 97-103MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600340	SACUBITRIL-VALSARTAN TAB 97-103 MG	00078069667	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 97-103MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	21533030000130	MIDOSTAURIN CAP 25 MG	00078069802	0	RYDAPT	B	N	03	R	OR	N	10/01/2017	12/31/9999	RYDAPT CAP 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21533030000130	MIDOSTAURIN CAP 25 MG	00078069819	0	RYDAPT	B	N	03	R	OR	N	10/01/2017	12/31/9999	RYDAPT CAP 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21533030000130	MIDOSTAURIN CAP 25 MG	00078069851	0	RYDAPT	B	N	03	R	OR	N	10/01/2017	12/31/9999	RYDAPT CAP 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	21533030000130	MIDOSTAURIN CAP 25 MG	00078069899	0	RYDAPT	B	N	03	R	OR	N	10/01/2017	12/31/9999	RYDAPT CAP 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	NOVARTIS	00078	2
83	83	I	40992002600330	SACUBITRIL-VALSARTAN TAB 49-51 MG	00078077720	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 49-51MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	40992002600330	SACUBITRIL-VALSARTAN TAB 49-51 MG	00078077735	0	ENTRESTO	B	N	03	R	OR	N	07/01/2017	12/31/9999	ENTRESTO TAB 49-51MG	20391231	24329200	1	1	0	A	0.000		308	Y	20180401	Cardiovascular Agents	Cardiovascular Agents, Other	TABS		N	NOVARTIS	00078	2
83	83	I	22100045000335	PREDNISONE TAB 50 MG	55289033007	0	PREDNISONE	B	N	03	R	OR	Y	09/28/2008	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	PDRX PHARM	55289	2
83	83	I	22100045000335	PREDNISONE TAB 50 MG	55289033010	0	PREDNISONE	B	N	03	R	OR	Y	01/01/2004	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	PDRX PHARM	55289	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	55289056915	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PDRX PHARM	55289	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	55289056930	0	LYRICA	B	N	03	R	OR	Y	07/29/2012	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PDRX PHARM	55289	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	55289056960	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PDRX PHARM	55289	2
83	83	I	77204030000305	PHYTONADIONE TAB 5 MG	55289079302	0	MEPHYTON	B	N	03	R	OR	Y	01/01/2004	12/31/9999	MEPHYTON TAB 5MG	20391231	88240000	0	0	0	A	5.000		308	N	20180401			TABS		N	PDRX PHARM	55289	2
83	83	I	77204030000305	PHYTONADIONE TAB 5 MG	55289079310	0	MEPHYTON	B	N	03	R	OR	Y	01/01/2004	12/31/9999	MEPHYTON TAB 5MG	20391231	88240000	0	0	0	A	5.000		308	N	20180401			TABS		N	PDRX PHARM	55289	2
83	83	I	77204030000305	PHYTONADIONE TAB 5 MG	55289079312	0	MEPHYTON	B	N	03	R	OR	Y	01/01/2004	12/31/9999	MEPHYTON TAB 5MG	20391231	88240000	0	0	0	A	5.000		308	N	20180401			TABS		N	PDRX PHARM	55289	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	55289086330	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	PDRX PHARM	55289	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	55289086360	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	PDRX PHARM	55289	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MSC	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	55289086390	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	PDRX PHARM	55289	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	55289094712	0	KALETRA	B	N	03	R	OR	Y	06/13/2006	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	PDRX PHARM	55289	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	55289096930	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PDRX PHARM	55289	2
83	83	I	93100080000120	SUCCIMER CAP 100 MG	55292020111	0	CHEMET	B	N	03	R	OR	N	11/24/2013	12/31/9999	CHEMET CAP 100MG	20391231	64000000	0	0	0	A	100.000		308	N	20180401	Electrolytes/Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	CAPS		N	RECORDATI	55292	2
83	83	I	82401015102010	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	55513000201	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	09/06/2006	12/31/9999	ARANESP INJ 25MCG	20391231	20160000	1	0	0	A	25.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102010	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	55513000204	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	09/06/2006	12/31/9999	ARANESP INJ 25MCG	20391231	20160000	1	0	0	A	25.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102020	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	55513000301	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	09/06/2006	12/31/9999	ARANESP INJ 40MCG	20391231	20160000	1	0	0	A	40.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102020	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	55513000304	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	09/06/2006	12/31/9999	ARANESP INJ 40MCG	20391231	20160000	1	0	0	A	40.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102030	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	55513000401	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/29/2006	12/31/9999	ARANESP INJ 60MCG	20391231	20160000	1	0	0	A	60.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102030	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	55513000404	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/29/2006	12/31/9999	ARANESP INJ 60MCG	20391231	20160000	1	0	0	A	60.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102040	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	55513000501	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/29/2006	12/31/9999	ARANESP INJ 100MCG	20391231	20160000	1	0	0	A	100.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102040	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	55513000504	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/29/2006	12/31/9999	ARANESP INJ 100MCG	20391231	20160000	1	0	0	A	100.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	82401015102060	DARBEPOETIN ALFA SOLN INJ 200 MCG/ML	55513000601	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/29/2006	12/31/9999	ARANESP INJ 200MCG	20391231	20160000	1	0	0	A	200.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	8240101510E543	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	55513002101	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 40MCG	20391231	20160000	1	0	0	A	40.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E543	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	55513002104	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 40MCG	20391231	20160000	1	0	0	A	40.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E552	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	55513002301	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 60MCG	20391231	20160000	1	0	0	A	60.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E552	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	55513002304	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 60MCG	20391231	20160000	1	0	0	A	60.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E560	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	55513002501	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 100MCG	20391231	20160000	1	0	0	A	100.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E560	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	55513002504	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 100MCG	20391231	20160000	1	0	0	A	100.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E575	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	55513002701	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/29/2006	12/31/9999	ARANESP INJ 150MCG	20391231	20160000	1	0	0	A	150.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E575	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	55513002704	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/29/2006	12/31/9999	ARANESP INJ 150MCG	20391231	20160000	1	0	0	A	150.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E582	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML	55513002801	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/08/2006	12/31/9999	ARANESP INJ 200MCG	20391231	20160000	1	0	0	A	200.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E590	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML	55513003201	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/08/2006	12/31/9999	ARANESP INJ 500MCG	20391231	20160000	1	0	0	A	500.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E528	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	55513005701	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 25MCG	20391231	20160000	1	0	0	A	25.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E528	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	55513005704	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 25MCG	20391231	20160000	1	0	0	A	25.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	30905225100320	CINACALCET HCL TAB 30 MG (BASE EQUIV)	55513007330	0	SENSIPAR	B	N	03	R	OR	N	01/01/2004	12/31/9999	SENSIPAR TAB 30MG	20391231	68240400	0	0	0	A	30.000		308	N	20180401	Metabolic Bone Disease Agents	Metabolic Bone Disease Agents	TABS		N	AMGEN	55513	2
83	83	I	30905225100330	CINACALCET HCL TAB 60 MG (BASE EQUIV)	55513007430	0	SENSIPAR	B	N	03	R	OR	N	01/01/2004	12/31/9999	SENSIPAR TAB 60MG	20391231	68240400	0	0	0	A	60.000		308	N	20180401	Metabolic Bone Disease Agents	Metabolic Bone Disease Agents	TABS		N	AMGEN	55513	2
83	83	I	30905225100340	CINACALCET HCL TAB 90 MG (BASE EQUIV)	55513007530	0	SENSIPAR	B	N	03	R	OR	N	01/01/2004	12/31/9999	SENSIPAR TAB 90MG	20391231	68240400	0	0	0	A	90.000		308	N	20180401	Metabolic Bone Disease Agents	Metabolic Bone Disease Agents	TABS		N	AMGEN	55513	2
83	83	I	8240101510E510	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	55513009801	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	03/22/2015	12/31/9999	ARANESP INJ 10MCG	20391231	20160000	1	0	0	A	10.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	8240101510E510	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	55513009804	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	03/22/2015	12/31/9999	ARANESP INJ 10MCG	20391231	20160000	1	0	0	A	10.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	AMGEN	55513	2
83	83	I	82401015102070	DARBEPOETIN ALFA SOLN INJ 300 MCG/ML	55513011001	0	ARANESP ALBUMIN FREE	B	N	03	R	IJ	N	08/15/2006	12/31/9999	ARANESP INJ 300MCG	20391231	20160000	1	0	0	A	300.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOLN		N	AMGEN	55513	2
83	83	I	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	76125067351	0	KOATE-DVI	B	N	03	R	IV	N	05/31/2015	12/31/9999	KOATE-DVI INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	KEDRION BI	76125	2
83	83	I	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	76125067650	0	KOATE	B	N	03	R	IV	N	01/22/2017	12/31/9999	KOATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	KEDRION BI	76125	2
83	83	I	13000030100310	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	76385010201	0	PRIMAQUINE PHOSPHATE	B	N	03	R	OR	N	10/05/2014	12/31/9999	PRIMAQUINE TAB 26.3MG	20391231	08300800	0	0	0	A	26.300		308	N	20180401	Antiparasitics	Antiprotozoals	TABS		N	BAYSHORE P	76385	2
83	83	I	21101010000305	CHLORAMBUCIL TAB 2 MG	76388063525	0	LEUKERAN	B	N	03	R	OR	N	09/11/2016	12/31/9999	LEUKERAN TAB 2MG	20391231	10000000	0	0	0	A	2.000		308	N	20180401	Antineoplastics	Alkylating Agents	TABS		N	PRASCO LAB	66993	2
83	83	I	21101010000305	CHLORAMBUCIL TAB 2 MG	76388063550	0	LEUKERAN	B	N	03	R	OR	N	07/01/2012	12/31/9999	LEUKERAN TAB 2MG	20191211	10000000	0	0	0	I	2.000		308	N	20180401	Antineoplastics	Alkylating Agents	TABS		N	PRASCO LAB	66993	2
83	83	I	21100010000305	BUSULFAN TAB 2 MG	76388071325	0	MYLERAN	B	N	03	R	OR	N	07/01/2012	12/31/9999	MYLERAN TAB 2MG	20391231	10000000	0	0	0	A	2.000		308	N	20180401			TABS		N	PRASCO LAB	66993	2
83	83	I	21300060000305	THIOGUANINE TAB 40 MG	76388088025	0	TABLOID	B	N	03	R	OR	N	03/10/2013	12/31/9999	TABLOID TAB 40MG	20391231	10000000	0	0	0	A	40.000		308	N	20180401	Antineoplastics	Antimetabolites	TABS		N	PRASCO LAB	66993	2
83	83	I	90773040003715	IMIQUIMOD CREAM 3.75%	99207027028	0	ZYCLARA	B	N	03	R	EX	N	12/20/2011	12/31/9999	ZYCLARA CRE 3.75%	20391231	84920000	1	1	0	A	3.750		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	VALEANT	00187	2
83	83	I	90773040003715	IMIQUIMOD CREAM 3.75%	99207027175	0	ZYCLARA PUMP	B	N	03	R	EX	N	02/19/2012	12/31/9999	ZYCLARA PUMP CRE 3.75%	20391231	84920000	1	1	0	A	3.750		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	VALEANT	00187	2
83	83	I	90773040003710	IMIQUIMOD CREAM 2.5%	99207027675	0	ZYCLARA PUMP	B	N	03	R	EX	N	08/19/2012	12/31/9999	ZYCLARA PUMP CRE 2.5%	20391231	84920000	1	1	0	A	2.500		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	VALEANT	00187	2
83	83	I	00000000000000	PHARMACY ADJUSTMENTS NDCS	99999999995	0	COPAY ADJUSTMENT	B	N	03	R		N	03/27/2014	12/31/9999	COPAY ADJUSTMENT	20391231		0	0	0	A	0.000		308	N	20180401					N	PHARM	99999	
83	83	I	85100010206420	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 250 UNIT	00053813102	0	HELIXATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	HELIXATE FS INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010206430	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	00053813202	0	HELIXATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	HELIXATE FS INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010206440	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	00053813302	0	HELIXATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	HELIXATE FS INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010206450	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	00053813402	0	HELIXATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	HELIXATE FS INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010206460	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 3000 UNIT	00053813502	0	HELIXATE FS	B	N	03	R	IV	N	07/01/2013	12/31/9999	HELIXATE FS INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	22100045000335	PREDNISONE TAB 50 MG	00054001920	0	PREDNISONE	B	N	03	R	OR	N	10/29/2004	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	WEST-WARD	00143	2
83	83	I	22100045000335	PREDNISONE TAB 50 MG	00054001925	0	PREDNISONE	B	N	03	R	OR	N	08/18/2004	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	WEST-WARD	00143	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	00054023524	0	MORPHINE SULFATE	B	N	03	R	OR	N	04/13/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	WEST-WARD	00143	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	00054023525	0	MORPHINE SULFATE	B	N	03	R	OR	N	04/13/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	WEST-WARD	00143	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	00054023624	0	MORPHINE SULFATE	B	N	03	R	OR	N	04/13/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	WEST-WARD	00143	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	00054023625	0	MORPHINE SULFATE	B	N	03	R	OR	N	04/13/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	WEST-WARD	00143	2
83	83	I	22100020002005	DEXAMETHASONE SOLN 0.5 MG/5ML	00054317757	0	DEXAMETHASONE	B	N	03	R	OR	N	08/10/2008	12/31/9999	DEXAMETHASON SOL 0.5/5ML	20391231	68040000	0	0	0	A	0.500		308	N	20180401			SOLN		N	WEST-WARD	00143	2
83	83	I	22100020002005	DEXAMETHASONE SOLN 0.5 MG/5ML	00054317763	0	DEXAMETHASONE	B	N	03	R	OR	N	01/01/2004	12/31/9999	DEXAMETHASON SOL 0.5/5ML	20391231	68040000	0	0	0	A	0.500		308	N	20180401			SOLN		N	WEST-WARD	00143	2
83	83	I	57100040002001	DIAZEPAM ORAL SOLN 1 MG/ML	00054318863	0	DIAZEPAM	B	N	03	R	OR	N	01/01/2004	12/31/9999	DIAZEPAM SOL 1MG/ML	20391231	28240800	0	0	0	A	1.000	T	308	N	20180401	Anxiolytics	Anxiolytics	SOLN		N	WEST-WARD	00143	2
83	83	I	22100045001310	PREDNISONE CONC 5 MG/ML	00054372144	0	PREDNISONE INTENSOL	B	N	03	R	OR	N	01/01/2004	12/31/9999	PREDNISONE CON 5MG/ML	20391231	68040000	0	0	0	A	5.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	CONC		N	WEST-WARD	00143	2
83	83	I	22100045002005	PREDNISONE ORAL SOLN 5 MG/5ML	00054372250	0	PREDNISONE	B	N	03	R	OR	N	01/01/2004	12/31/9999	PREDNISONE SOL 5MG/5ML	20391231	68040000	0	0	0	A	5.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	SOLN		N	WEST-WARD	00143	2
83	83	I	22100045002005	PREDNISONE ORAL SOLN 5 MG/5ML	00054372263	0	PREDNISONE	B	N	03	R	OR	N	01/01/2004	12/31/9999	PREDNISONE SOL 5MG/5ML	20391231	68040000	0	0	0	A	5.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	SOLN		N	WEST-WARD	00143	2
83	83	I	33100040102050	PROPRANOLOL HCL ORAL SOLN 20 MG/5ML	00054372763	0	PROPRANOLOL HCL	B	N	03	R	OR	N	01/01/2004	12/31/9999	PROPRANOLOL SOL 20MG/5ML	20391231	24240000	0	0	0	A	20.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	SOLN		N	WEST-WARD	00143	2
83	83	I	33100040102060	PROPRANOLOL HCL ORAL SOLN 40 MG/5ML	00054373063	0	PROPRANOLOL HCL	B	N	03	R	OR	N	01/01/2004	12/31/9999	PROPRANOLOL SOL 40MG/5ML	20391231	24240000	0	0	0	A	40.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	SOLN		N	WEST-WARD	00143	2
83	83	I	21755040100325	LEUCOVORIN CALCIUM TAB 10 MG	00054449705	0	LEUCOVORIN CALCIUM	B	N	03	R	OR	N	01/01/2004	12/31/9999	LEUCOVOR CA TAB 10MG	20391231	92120000	0	0	0	A	10.000		308	N	20180401	Antineoplastics	Antineoplastics, Other	TABS		N	WEST-WARD	00143	2
83	83	I	21755040100325	LEUCOVORIN CALCIUM TAB 10 MG	00054449710	0	LEUCOVORIN CALCIUM	B	N	03	R	OR	N	01/01/2004	12/31/9999	LEUCOVOR CA TAB 10MG	20391231	92120000	0	0	0	A	10.000		308	N	20180401	Antineoplastics	Antineoplastics, Other	TABS		N	WEST-WARD	00143	2
83	83	I	21755040100335	LEUCOVORIN CALCIUM TAB 15 MG	00054449810	0	LEUCOVORIN CALCIUM	B	N	03	R	OR	N	01/01/2004	12/31/9999	LEUCOVOR CA TAB 15MG	20391231	92120000	0	0	0	A	15.000		308	N	20180401	Antineoplastics	Antineoplastics, Other	TABS		N	WEST-WARD	00143	2
83	83	I	12109030000110	EFAVIRENZ CAP 50 MG	00056047030	0	SUSTIVA	B	O	03	S	OR	N	01/01/2004	01/01/2019	SUSTIVA CAP 50MG	20391231	08180816	0	1	0	A	50.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	CAPS		N	BMS-PC	99908	2
83	83	I	12109030000140	EFAVIRENZ CAP 200 MG	00056047492	0	SUSTIVA	B	O	03	S	OR	N	01/01/2004	01/01/2019	SUSTIVA CAP 200MG	20391231	08180816	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	CAPS		N	BMS-PC	99908	2
83	83	I	12109030000330	EFAVIRENZ TAB 600 MG	00056051030	0	SUSTIVA	B	O	03	S	OR	N	01/01/2004	12/31/9999	SUSTIVA TAB 600MG	20391231	08180816	0	1	0	A	600.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	BMS-PC	99908	2
83	83	I	86330070002025	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	00065026005	0	TRAVATAN Z	B	N	03	R	OP	N	04/01/2007	12/31/9999	TRAVATAN Z DRO 0.004%	20391231	52402800	0	1	1	A	0.004		308	Y	20180401	Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	SOLN		N	NOVARTIS	00078	2
83	83	I	86330070002025	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	00065026025	0	TRAVATAN Z	B	N	03	R	OP	N	04/01/2007	12/31/9999	TRAVATAN Z DRO 0.004%	20391231	52402800	0	1	1	A	0.004		308	Y	20180401	Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	SOLN		N	NOVARTIS	00078	2
83	83	I	86802065102030	OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	00065027225	0	PATADAY	B	O	03	S	OP	N	01/01/2012	01/01/2019	PATADAY SOL 0.2%	20391231	52020000	0	0	0	A	0.200		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-allergy Agents	SOLN		N	NOVARTIS	00078	2
83	83	I	86802320001820	BRINZOLAMIDE OPHTH SUSP 1%	00065027510	0	AZOPT	B	N	03	R	OP	N	01/01/2004	12/31/9999	AZOPT SUS 1% OP	20391231	52401200	0	0	0	A	1.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SUSP		N	NOVARTIS	00078	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	86802320001820	BRINZOLAMIDE OPHTH SUSP 1%	00065027515	0	AZOPT	B	N	03	R	OP	N	01/01/2004	12/31/9999	AZOPT SUS 1% OP	20391231	52401200	0	0	0	A	1.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SUSP		N	NOVARTIS	00078	2
83	83	I	86104010001805	NATAMYCIN OPHTH SUSP 5%	00065064515	0	NATACYN	B	N	03	R	OP	N	01/01/2008	12/31/9999	NATACYN SUS 5% OP	20391231	52041600	0	0	0	A	5.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Agents, Other	SUSP		N	NOVARTIS	00078	2
83	83	I	86101038102020	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	00065401303	0	VIGAMOX	B	O	03	S	OP	N	01/01/2005	01/01/2019	VIGAMOX DRO 0.5%	20391231	52040400	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Agents, Other	SOLN		N	NOVARTIS	00078	2
83	83	I	86609902201820	BRINZOLAMIDE-BRIMONIDINE TARTRATE OPHTH SUSP 1-0.2%	00065414727	0	SIMBRINZA	B	N	03	R	OP	N	01/01/2014	12/31/9999	SIMBRINZA SUS 1-0.2%	20391231	52400400	0	0	0	A	0.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SUSP		N	NOVARTIS	00078	2
83	83	I	86802065102040	OLOPATADINE HCL OPHTH SOLN 0.7% (BASE EQUIVALENT)	00065427325	0	PAZEO	B	N	03	R	OP	N	10/01/2015	12/31/9999	PAZEO DRO 0.7%	20391231	52020000	0	0	0	A	0.700		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-allergy Agents	SOLN		N	NOVARTIS	00078	2
83	83	I	87991002361820	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	00065853302	0	CIPRODEX	B	N	03	R	OT	N	01/01/2005	12/31/9999	CIPRODEX SUS 0.3-0.1%	20391231	52080800	0	0	0	A	0.000		308	N	20180401	Otic Agents	Otic Agents	SUSP		N	NOVARTIS	00078	2
83	83	I	21531060000120	PALBOCICLIB CAP 75 MG	00069018721	0	IBRANCE	B	N	03	R	OR	N	07/01/2015	12/31/9999	IBRANCE CAP 75MG	20391231	10000000	1	1	0	A	75.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	21531060000130	PALBOCICLIB CAP 100 MG	00069018821	0	IBRANCE	B	N	03	R	OR	N	07/01/2015	12/31/9999	IBRANCE CAP 100MG	20391231	10000000	1	1	0	A	100.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	21531060000140	PALBOCICLIB CAP 125 MG	00069018921	0	IBRANCE	B	N	03	R	OR	N	07/01/2015	12/31/9999	IBRANCE CAP 125MG	20391231	10000000	1	1	0	A	125.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	62100080200320	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	00069046856	0	CHANTIX	B	N	03	R	OR	N	01/01/2007	12/31/9999	CHANTIX TAB 0.5MG	20391231	12920000	0	0	0	A	0.500	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	PFIZER US	99907	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	00069046903	0	CHANTIX CONTINUING MONTH PAK	B	N	03	R	OR	N	07/26/2015	12/31/9999	CHANTIX PAK 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	PFIZER US	99907	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	00069046911	0	CHANTIX CONTINUING MONTH PAK	B	N	03	R	OR	N	08/06/2017	12/31/9999	CHANTIX PAK 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	PFIZER US	99907	2
83	83	I	33100040127020	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 80 MG	62559059030	0	INNOPRAN XL	B	M	03	S	OR	N	02/25/2018	12/31/9999	INNOPRAN XL CAP 80MG	20391231	24240000	0	0	0	A	80.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	CP24		N	ANI PHARMA	62559	2
83	83	I	33100040127030	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 120 MG	62559059130	0	INNOPRAN XL	B	M	03	S	OR	N	02/25/2018	12/31/9999	INNOPRAN XL CAP 120MG	20391231	24240000	0	0	0	A	120.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	CP24		N	ANI PHARMA	62559	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	63044015001	0	PRENATAL VITAMINS PLUS LOW IRON	B	N	03	R	OR	N	01/17/2016	12/31/9999	PRENATAL VIT TAB LOW IRON	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	NNODUM	63044	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	63044015005	0	PRENATAL VITAMINS PLUS LOW IRON	B	N	03	R	OR	N	07/03/2016	12/31/9999	PRENATAL VIT TAB LOW IRON	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	NNODUM	63044	2
83	83	I	72170070100315	TIAGABINE HCL TAB 12 MG	63459041230	0	GABITRIL	B	N	03	R	OR	N	01/17/2010	12/31/9999	GABITRIL TAB 12MG	20391231	28129200	0	0	0	A	12.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	TABS		N	CEPHALON	63459	2
83	83	I	72170070100320	TIAGABINE HCL TAB 16 MG	63459041630	0	GABITRIL	B	N	03	R	OR	N	01/17/2010	12/31/9999	GABITRIL TAB 16MG	20391231	28129200	0	0	0	A	16.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	TABS		N	CEPHALON	63459	2
83	83	I	82401520706530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	63459091011	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	63459091015	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	63459091017	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E530	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	63459091036	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 300/0.5	20391231	20160000	0	0	0	A	300.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	63459091211	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	63459091212	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	63459091215	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	63459091217	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	82401520706E540	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	63459091236	0	GRANIX	B	N	03	R	SC	N	10/01/2017	12/31/9999	GRANIX INJ 480/0.8	20391231	20160000	0	0	0	A	480.000		308	N	20180401	Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	SOSY		N	CEPHALON	63459	2
83	83	I	22100020002005	DEXAMETHASONE SOLN 0.5 MG/5ML	63629269601	0	DEXAMETHASONE	B	N	03	R	OR	Y	09/26/2010	12/31/9999	DEXAMETHASON SOL 0.5/5ML	20180728	68040000	0	0	0	I	0.500		308	N	20180401			SOLN		N	BRYANTRANC	63629	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	63629273401	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	BRYANTRANC	63629	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	63629273402	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	BRYANTRANC	63629	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	63629273403	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	BRYANTRANC	63629	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	63629273404	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	BRYANTRANC	63629	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	63629273405	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	BRYANTRANC	63629	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	63629336701	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	63629336702	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	63629336703	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	63629336704	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	63629336705	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	63629336706	0	LYRICA	B	N	03	R	OR	Y	04/08/2012	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	63629336901	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	63629336902	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	63629336903	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	63629336904	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	63629336905	0	LYRICA	B	N	03	R	OR	Y	10/03/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	BRYANTRANC	63629	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	63629377201	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	63629377202	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	63629377203	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	63629377204	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	63629377205	0	OXYCONTIN	B	M	03	S	OR	Y	04/26/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20190609	28080800	0	1	0	I	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	63629377401	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	63629377402	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	63629377403	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	65100075104A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	63629377404	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	BRYANTRANC	63629	2
83	83	I	85100028002180	COAGULATION FACTOR IX FOR INJ 1000 UNIT	68516360802	0	ALPHANINE SD	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANINE SD INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002185	COAGULATION FACTOR IX FOR INJ 1500 UNIT	68516360902	0	ALPHANINE SD	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANINE SD INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102160	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	68516460101	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	07/01/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102170	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	68516460201	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	07/01/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102180	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	68516460302	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	07/01/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102190	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	68516460402	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	07/01/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102160	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	68516460501	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	08/04/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102170	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	68516460601	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	08/04/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102180	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	68516460702	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	08/04/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102190	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	68516460802	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	08/04/2013	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102193	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	68516460902	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	09/07/2014	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	85100015102193	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	68516461002	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	09/07/2014	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102160	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	68516461101	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102170	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	68516461201	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102180	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	68516461302	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102190	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	68516461402	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100015102193	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	68516461502	0	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANATE INJ VWF/HUM	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	62400030106520	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	68546031730	0	COPAXONE	B	O	03	S	SC	N	04/28/2008	12/31/9999	COPAXONE INJ 20MG/ML	20391231	92200000	0	1	0	A	20.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOSY		N	TEVA NEURO	68546	2
83	83	I	62400030106540	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	68546032512	0	COPAXONE	B	O	03	S	SC	N	02/02/2014	12/31/9999	COPAXONE INJ 40MG/ML	20391231	92200000	0	1	0	A	40.000		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	SOSY		N	TEVA NEURO	68546	2
83	83	I	24993002128720	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY	68968051408	0	COMBIPATCH	B	N	03	R	TD	N	09/07/2014	12/31/9999	COMBIPATCH DIS .05/.14	20391231	68160400	0	0	0	A	0.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	PTTW		N	NOVEN THER	68968	2
83	83	I	24993002128730	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY	68968052508	0	COMBIPATCH	B	N	03	R	TD	N	09/07/2014	12/31/9999	COMBIPATCH DIS .05/.25	20391231	68160400	0	0	0	A	0.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	PTTW		N	NOVEN THER	68968	2
83	83	I	52100010000305	CHENODIOL TAB 250 MG	68974087640	0	CHENODAL	B	N	03	R	OR	N	01/17/2016	12/31/9999	CHENODAL TAB 250MG	20391231	56140000	0	0	0	A	250.000		308	N	20180401	Gastrointestinal Agents	Gastrointestinal Agents, Other	TABS		N	RETROPHIN	68974	2
83	83	I	85100010226420	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ KIT 250 UNIT	68982013901	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ KIT 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100010222120	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ 250 UNIT	68982014001	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	68982	2
83	83	I	85100010226430	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ KIT 500 UNIT	68982014101	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ KIT 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100010222130	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ 500 UNIT	68982014201	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	68982	2
83	83	I	85100010226440	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ KIT 1000 UNIT	68982014301	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ KIT 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100010222140	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ 1000 UNIT	68982014401	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	68982	2
83	83	I	85100010226460	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ KIT 2000 UNIT	68982014501	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ KIT 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100010222160	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ 2000 UNIT	68982014601	0	NUWIQ	B	N	03	R	IV	N	04/01/2016	12/31/9999	NUWIQ INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	68982	2
83	83	I	85100010226465	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ KIT 2500 UNIT	68982014701	0	NUWIQ	B	N	03	R	IV	N	09/03/2017	12/31/9999	NUWIQ KIT 2500UNIT	20391231	20281600	0	0	0	A	2500.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100010222165	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ 2500 UNIT	68982014801	0	NUWIQ	B	N	03	R	IV	N	09/03/2017	12/31/9999	NUWIQ INJ 2500UNIT	20391231	20281600	0	0	0	A	2500.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	68982	2
83	83	I	85100010226470	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ KIT 3000 UNIT	68982014901	0	NUWIQ	B	N	03	R	IV	N	09/03/2017	12/31/9999	NUWIQ KIT 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100010222170	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ 3000 UNIT	68982015001	0	NUWIQ	B	N	03	R	IV	N	09/03/2017	12/31/9999	NUWIQ INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	68982	2
83	83	I	85100010226480	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ KIT 4000 UNIT	68982015101	0	NUWIQ	B	N	03	R	IV	N	09/03/2017	12/31/9999	NUWIQ KIT 4000UNIT	20391231	20281600	0	0	0	A	4000.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100010222180	ANTIHEMOPHILIC FACTOR (BDD-RFVIII) FOR INJ 4000 UNIT	68982015201	0	NUWIQ	B	N	03	R	IV	N	09/03/2017	12/31/9999	NUWIQ INJ 4000UNIT	20391231	20281600	0	0	0	A	4000.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	68982	2
83	83	I	85100015106430	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT	68982018201	0	WILATE	B	N	03	R	IV	N	04/17/2016	12/31/9999	WILATE INJ	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	85100015106440	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT	68982018202	0	WILATE	B	N	03	R	IV	N	04/17/2016	12/31/9999	WILATE INJ	20391231	20281600	0	0	0	A	0.000	4	308	N	20180401			KIT		N	OCTAPHARMA	68982	2
83	83	I	16000036000120	MILTEFOSINE CAP 50 MG	69051030001	0	IMPAVIDO CAP 50MG	B	N	03	R	OR	N	10/01/2016	12/31/9999	IMPAVIDO CAP 50MG	20391231	08309200	0	0	0	A	50.000		308	N	20180401			CAPS		N	PROFOUNDA	69051	2
83	83	I	13000040000310	PYRIMETHAMINE TAB 25 MG	69413033010	0	DARAPRIM	B	N	03	R	OR	N	02/28/2016	12/31/9999	DARAPRIM TAB 25MG	20391231	08300800	1	1	0	A	25.000		308	Y	20180401	Antiparasitics	Antiprotozoals	TABS		N	VYERA PHAR	69413	2
83	83	I	13000040000310	PYRIMETHAMINE TAB 25 MG	69413033030	0	DARAPRIM	B	N	03	R	OR	N	01/17/2016	12/31/9999	DARAPRIM TAB 25MG	20391231	08300800	1	1	0	A	25.000		308	Y	20180401	Antiparasitics	Antiprotozoals	TABS		N	VYERA PHAR	69413	2
83	83	I	97051030906318	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	08290329408	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 0.5/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	08290329410	0	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906380	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	08290329411	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/29G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906360	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	08290329412	0	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/27G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906387	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	08290329416	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 1ML/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906308	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	08290329417	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 0.3/30G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290329418	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 0.3/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	08290329420	0	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290329422	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16"	B	N	02	O	XX	N	01/27/2013	12/31/9999	INSULIN SYRG MIS 0.3/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	08290329424	0	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906304	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 28 X 1/2"	08290329430	0	BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/28G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906305	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	08290329431	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	B	N	02	O	XX	N	12/07/2004	12/31/9999	INSULIN SYRG MIS 0.3/29G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC	Y	N	BD MEDICAL	99811	

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	97051030906305	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	08290329431	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	B	N	03	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/29G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC	Y	N	BD MEDICAL	99811	
83	83	I	97051030906320	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	08290329461	0	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906320	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	08290329465	0	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906327	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	08290329466	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/29G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906390	INSULIN SYRINGE/NEEDLE U-100 2 ML 27.5 X 5/8"	08290329485	0	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 2/27.5G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906335	INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1"	08290329622	0	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/25G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030056320	INSULIN SYRINGE (DISP) U-100 1 ML	08290329650	0	BD INSULIN SYRINGE SLIP TIP/U-100/1ML	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906330	INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8"	08290329651	0	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/25G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906340	INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2"	08290329652	0	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/26G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030056320	INSULIN SYRINGE (DISP) U-100 1 ML	08290329654	0	BD INSULIN SYRINGE SLIP TIP/U-100/1ML	B	N	02	O	XX	N	04/22/2012	12/31/9999	INSULIN SYRG MIS 1ML	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97202025006300	*LANCETS***	08290365759	0	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	B	N	02	O	XX	N	01/01/2004	12/31/9999	MICROTAINER MIS LANCET	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD MEDICAL	99811	
83	83	I	97202025006300	*LANCETS***	08290366356	0	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	B	N	02	O	XX	N	01/01/2004	12/31/9999	MICROTAINER MIS LANCET	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD MEDICAL	99811	
83	83	I	97202025006300	*LANCETS***	08290366357	0	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	B	N	02	O	XX	N	01/01/2004	12/31/9999	MICROTAINER MIS LANCET	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD MEDICAL	99811	
83	83	I	97202025006300	*LANCETS***	08290366359	0	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	B	N	02	O	XX	N	01/01/2004	12/31/9999	MICROTAINER MIS LANCET	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD MEDICAL	99811	
83	83	I	97202025006300	*LANCETS***	08290366592	0	BD MICROTAINER LANCETS	B	N	02	O	XX	N	10/26/2008	12/31/9999	BD MICROTAIN MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97202025006300	*LANCETS***	08290366593	0	BD MICROTAINER LANCETS	B	N	02	O	XX	N	10/26/2008	12/31/9999	BD MICROTAIN MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97202025006300	*LANCETS***	08290366594	0	BD MICROTAINER LANCETS	B	N	02	O	XX	N	10/26/2008	12/31/9999	BD MICROTAIN MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97051030906333	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	08290490901	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 0.3/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906333	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	08290491001	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	B	N	02	O	XX	N	04/15/2012	12/31/9999	INSULIN SYRG MIS 0.3/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906391	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	08290491101	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	B	N	02	O	XX	N	04/15/2012	12/31/9999	INSULIN SYRG MIS 0.5/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906399	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	08290491201	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	B	N	02	O	XX	N	03/25/2012	12/31/9999	INSULIN SYRG MIS 1ML/31G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906380	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	08290593001	0	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/29G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906327	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	08290593201	0	BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/29G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	08290841002	0	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	08290841003	0	B-D INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906386	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	08290841101	0	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/30G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906360	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	08290841201	0	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/27G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906360	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	08290841203	0	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/27G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906387	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	08290841803	0	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	12104520100340	DARUNAVIR ETHANOLATE TAB 600 MG (BASE EQUIV)	54569608600	0	PREZISTA	B	N	03	R	OR	Y	06/14/2009	12/31/9999	PREZISTA TAB 600MG	20391231	08180808	0	1	0	A	600.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109035000320	ETRAVIRINE TAB 100 MG	54569610200	0	INTELENCE	B	N	03	R	OR	Y	11/02/2008	12/31/9999	INTELENCE TAB 100MG	20391231	08180816	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	62100005002410	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	54569615200	0	NICOTROL INHALER	B	N	03	R	IN	Y	04/01/2012	12/31/9999	NICOTROL INH	20391231	12920000	0	0	0	A	10.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	INHA		N	ASMEDSOLUT	54569	2
83	83	I	62100005002020	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	54569615300	0	NICOTROL NS	B	N	03	R	NA	Y	04/01/2012	12/31/9999	NICOTROL NS SPR 10MG/ML	20391231	12920000	0	0	0	A	10.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	54569616600	0	VENTOLIN HFA	B	N	03	R	IN	Y	10/01/2011	12/31/9999	VENTOLIN HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	ASMEDSOLUT	54569	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	54569616700	0	VENTOLIN HFA	B	N	03	R	IN	Y	10/01/2011	12/31/9999	VENTOLIN HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	ASMEDSOLUT	54569	2
83	83	I	12104560000320	RITONAVIR TAB 100 MG	54569617000	0	NORVIR	B	N	03	R	OR	Y	04/11/2010	12/31/9999	NORVIR TAB 100MG	20190206	08180808	0	1	0	I	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109902550310	LOPINAVIR-RITONAVIR TAB 100-25 MG	54569619900	0	KALETRA	B	N	03	R	OR	Y	10/24/2010	12/31/9999	KALETRA TAB 100-25MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109035000340	ETRAVIRINE TAB 200 MG	54569623000	0	INTELENCE	B	N	03	R	OR	Y	06/19/2011	12/31/9999	INTELENCE TAB 200MG	20391231	08180816	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	54569623900	0	LYRICA	B	N	03	R	OR	Y	10/28/2012	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	54569624000	0	LYRICA	B	N	03	R	OR	Y	11/26/2012	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	3890004000D540	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	54569625700	0	EPIPEN 2-PAK	B	N	03	R	IJ	Y	10/09/2011	12/31/9999	EPIPEN 2-PAK INJ 0.3MG	20391231	12121200	0	0	0	A	0.300		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	ASMEDSOLUT	54569	2
83	83	I	3890004000D520	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	54569625800	0	EPIPEN-JR 2-PAK	B	N	03	R	IJ	Y	10/09/2011	12/31/9999	EPIPEN-JR INJ 2-PAK	20391231	12121200	0	0	0	A	0.150		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	SOAJ		N	ASMEDSOLUT	54569	2
83	83	I	44400033208010	FLUTICASONE PROPIONATE AER POW BA 50 MCG/BLISTER	54569626500	0	FLOVENT DISKUS	B	N	03	R	IN	Y	04/01/2012	12/31/9999	FLOVENT DISK AER 50MCG	20391231	68040000	0	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	ASMEDSOLUT	54569	2
83	83	I	44400033208020	FLUTICASONE PROPIONATE AER POW BA 100 MCG/BLISTER	54569626600	0	FLOVENT DISKUS	B	N	03	R	IN	Y	04/01/2012	12/31/9999	FLOVENT DISK AER 100MCG	20391231	68040000	0	1	0	A	100.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	ASMEDSOLUT	54569	2
83	83	I	86300035101830	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	54569627100	0	LOTEMAX	B	N	03	R	OP	Y	11/06/2011	12/31/9999	LOTEMAX SUS 0.5%	20391231	52080800	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	86330070002025	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	54569627700	0	TRAVATAN Z	B	N	03	R	OP	Y	12/25/2011	12/31/9999	TRAVATAN Z DRO 0.004%	20391231	52402800	0	1	1	A	0.004		308	Y	20180401	Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	90060010004020	AZELAIC ACID GEL 15%	54569629000	0	FINACEA	B	N	03	R	EX	Y	01/15/2012	12/31/9999	FINACEA GEL 15%	20391231	84920000	0	0	0	A	15.000		308	N	20180401	Dermatological Agents	Dermatological Agents	GEL		N	ASMEDSOLUT	54569	2
83	83	I	27104006002020	INSULIN DETEMIR INJ 100 UNIT/ML	54569630000	0	LEVEMIR	B	N	03	R	SC	Y	04/01/2012	12/31/9999	LEVEMIR INJ	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	86602020102005	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	54569633200	0	ALPHAGAN P	B	N	03	R	OP	Y	07/23/2012	12/31/9999	ALPHAGAN P SOL 0.1%	20391231	52400400	0	0	0	A	0.100		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	86330015002010	BIMATOPROST OPHTH SOLN 0.01%	54569633500	0	LUMIGAN	B	N	03	R	OP	Y	07/23/2012	12/31/9999	LUMIGAN SOL 0.01%	20391231	52402800	0	1	1	A	0.010		308	Y	20180401	Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	54569633600	0	LYRICA	B	N	03	R	OR	Y	07/23/2012	12/31/9999	LYRICA CAP 150MG	20180409	28129200	0	1	0	I	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	23100030004050	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	54569633700	0	ANDROGEL PUMP	B	N	03	R	TD	Y	07/23/2012	12/31/9999	ANDROGEL GEL 1.62%	20391231	68080000	1	1	0	A	1.620		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	GEL		N	ASMEDSOLUT	54569	2
83	83	I	86802065102030	OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	54569634600	0	PATADAY	B	O	03	S	OP	Y	08/19/2012	01/01/2019	PATADAY SOL 0.2%	20391231	52020000	0	0	0	A	0.200		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-allergy Agents	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	12109904300320	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG	54569635200	0	STRIBILD	B	N	03	R	OR	Y	01/01/2013	12/31/9999	STRIBILD TAB	20391231	08180812	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12104520100350	DARUNAVIR ETHANOLATE TAB 800 MG (BASE EQUIV)	54569636600	0	PREZISTA	B	N	03	R	OR	Y	12/16/2012	12/31/9999	PREZISTA TAB 800MG	20391231	08180808	0	1	0	A	800.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ASMEDSOLUT	54569	2
83	83	I	86802320001820	BRINZOLAMIDE OPHTH SUSP 1%	54569636800	0	AZOPT	B	N	03	R	OP	Y	12/30/2012	12/31/9999	AZOPT SUS 1% OP	20391231	52401200	0	0	0	A	1.000		308	N	20180401	Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	54569637000	0	PROAIR HFA	B	N	03	R	IN	Y	12/30/2012	12/31/9999	PROAIR HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	ASMEDSOLUT	54569	2
83	83	I	44400010103428	BECLOMETHASONE DIPROP INHAL AERO SOLN 80 MCG/ACT (100/VALVE)	54569639000	0	QVAR	B	N	03	R	IN	Y	03/31/2013	12/31/9999	QVAR AER 80MCG	20391231	68040000	0	1	0	A	80.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERS		N	ASMEDSOLUT	54569	2
83	83	I	65200010208240	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	54569639900	0	SUBOXONE	B	N	03	R	SL	Y	05/12/2013	12/31/9999	SUBOXONE MIS 8-2MG	20391231	28081200	0	1	0	A	0.000		308	Y	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	FILM		N	ASMEDSOLUT	54569	2
83	83	I	12104520101820	DARUNAVIR ETHANOLATE SUSP 100 MG/ML (BASE EQUIV)	54569640300	0	PREZISTA	B	N	03	R	OR	Y	10/01/2013	12/31/9999	PREZISTA SUS 100MG/ML	20391231	08180808	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	44209902013420	IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT	54569640600	0	COMBIVENT RESPIMAT	B	N	03	R	IN	Y	06/09/2013	12/31/9999	COMBIVENT AER 20-100	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	54569870400	0	LYRICA	B	N	03	R	OR	Y	07/24/2011	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	54569870401	0	LYRICA	B	N	03	R	OR	Y	07/24/2011	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	54569870500	0	LYRICA	B	N	03	R	OR	Y	07/24/2011	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	54569870700	0	LYRICA	B	N	03	R	OR	Y	07/23/2012	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	54569870800	0	LYRICA	B	N	03	R	OR	Y	03/03/2013	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	55289021430	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PDRX PHARM	55289	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	55289025530	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PDRX PHARM	55289	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	55289025730	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PDRX PHARM	55289	2
83	83	I	22100045000335	PREDNISONE TAB 50 MG	55289033005	0	PREDNISONE	B	N	03	R	OR	Y	05/25/2008	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	PDRX PHARM	55289	2
83	83	I	93400020100920	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	69547035302	0	NARCAN	B	N	03	R	NA	N	07/01/2016	12/31/9999	NARCAN SPR	20391231	28100000	0	0	0	A	4.000		308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	LIQD		N	ADAPT PHAR	69547	2
83	83	I	65100091107420	TAPENTADOL HCL TAB ER 12HR 50 MG	69865024002	0	NUCYNTA ER	B	N	03	R	OR	N	08/06/2017	12/31/9999	NUCYNTA ER TAB 50MG	20391231	28080800	0	1	0	A	50.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	COLLEGIUM	24510	2
83	83	I	65100091107430	TAPENTADOL HCL TAB ER 12HR 100 MG	69865024502	0	NUCYNTA ER	B	N	03	R	OR	N	08/06/2017	12/31/9999	NUCYNTA ER TAB 100MG	20391231	28080800	0	1	0	A	100.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	COLLEGIUM	24510	2
83	83	I	65100091107440	TAPENTADOL HCL TAB ER 12HR 150 MG	69865025002	0	NUCYNTA ER	B	N	03	R	OR	N	08/06/2017	12/31/9999	NUCYNTA ER TAB 150MG	20391231	28080800	0	1	0	A	150.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	COLLEGIUM	24510	2
83	83	I	65100091107450	TAPENTADOL HCL TAB ER 12HR 200 MG	69865026002	0	NUCYNTA ER	B	N	03	R	OR	N	08/06/2017	12/31/9999	NUCYNTA ER TAB 200MG	20391231	28080800	0	1	0	A	200.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	COLLEGIUM	24510	2
83	83	I	65100091107460	TAPENTADOL HCL TAB ER 12HR 250 MG	69865026501	0	NUCYNTA ER	B	N	03	R	OR	N	08/06/2017	12/31/9999	NUCYNTA ER TAB 250MG	20391231	28080800	0	1	0	A	250.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	COLLEGIUM	24510	2
83	83	I	85100010556420	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT	69911047402	0	AFSTYLA	B	N	03	R	IV	N	06/19/2016	12/31/9999	AFSTYLA KIT 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010556430	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT	69911047502	0	AFSTYLA	B	N	03	R	IV	N	06/19/2016	12/31/9999	AFSTYLA KIT 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010556440	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT	69911047602	0	AFSTYLA	B	N	03	R	IV	N	06/19/2016	12/31/9999	AFSTYLA KIT 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010556450	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT	69911047702	0	AFSTYLA	B	N	03	R	IV	N	06/19/2016	12/31/9999	AFSTYLA KIT 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010556460	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT	69911047802	0	AFSTYLA	B	N	03	R	IV	N	06/19/2016	12/31/9999	AFSTYLA KIT 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010556445	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT	69911048002	0	AFSTYLA	B	N	03	R	IV	N	06/04/2017	12/31/9999	AFSTYLA KIT 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100010556455	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT	69911048102	0	AFSTYLA	B	N	03	R	IV	N	06/04/2017	12/31/9999	AFSTYLA KIT 2500UNIT	20391231	20281600	0	0	0	A	2500.000	4	308	N	20180401			KIT		N	CSL BEHRIN	00053	2
83	83	I	85100028352110	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT	69911086402	0	IDELVION	B	N	03	R	IV	N	03/20/2016	12/31/9999	IDELVION SOL 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	00053	2
83	83	I	85100028352120	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT	69911086502	0	IDELVION	B	N	03	R	IV	N	03/20/2016	12/31/9999	IDELVION SOL 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	00053	2
83	83	I	85100028352130	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT	69911086602	0	IDELVION	B	N	03	R	IV	N	03/20/2016	12/31/9999	IDELVION SOL 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	00053	2
83	83	I	85100028352140	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT	69911086702	0	IDELVION	B	N	03	R	IV	N	03/20/2016	12/31/9999	IDELVION SOL 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	CSL BEHRIN	00053	2
83	83	I	85100028202130	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	70504028205	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	70504028305	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT	70504028405	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	70504028506	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT	70504028606	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	85100028202120	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	70504028705	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	85100028202150	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	70504028805	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	85100028202160	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	70504028905	0	IXINITY	B	N	03	R	IV	N	06/20/2017	12/31/9999	IXINITY INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	APTEVO BIO	70504	2
83	83	I	3004400500D230	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	70539000101	0	TYMLOS	B	N	03	R	SC	N	10/01/2017	12/31/9999	TYMLOS INJ	20391231	68240800	1	1	0	A	3120.000		308	Y	20180401	Metabolic Bone Disease Agents	Metabolic Bone Disease Agents	SOPN		N	RADIUS HEA	70539	2
83	83	I	3004400500D230	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	70539000102	0	TYMLOS	B	N	03	R	SC	N	10/01/2017	12/31/9999	TYMLOS INJ	20391231	68240800	1	1	0	A	3120.000		308	Y	20180401	Metabolic Bone Disease Agents	Metabolic Bone Disease Agents	SOPN		N	RADIUS HEA	70539	2
83	83	I	30904045000330	NITISINONE TAB 10 MG	70709000060	0	NITYR	B	N	03	R	OR	N	01/01/2018	12/31/9999	NITYR TAB 10MG	20391231	92920000	0	0	0	A	10.000		308	N	20180401			TABS		N	CYCLE PHAR	70709	2
83	83	I	30904045000310	NITISINONE TAB 2 MG	70709000260	0	NITYR	B	N	03	R	OR	N	01/01/2018	12/31/9999	NITYR TAB 2MG	20391231	92920000	0	0	0	A	2.000		308	N	20180401			TABS		N	CYCLE PHAR	70709	2
83	83	I	30904045000320	NITISINONE TAB 5 MG	70709000560	0	NITYR	B	N	03	R	OR	N	01/01/2018	12/31/9999	NITYR TAB 5MG	20391231	92920000	0	0	0	A	5.000		308	N	20180401			TABS		N	CYCLE PHAR	70709	2
83	83	I	97202025006300	*LANCETS***	75537000585	0	ACCU-CHEK SOFT TOUCH LANCETS	B	N	01	O	XX	N	01/01/2004	12/31/9999	SOFT TOUCH MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	97202025006300	*LANCETS***	75537000971	0	ACCU-CHEK SOFTCLIX LANCETS	B	N	01	O	XX	N	01/01/2004	12/31/9999	SOFTCLIX MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	97202025006300	*LANCETS***	75537045097	0	ACCU-CHEK MULTICLIX LANCETS	B	N	01	O	XX	N	03/16/2014	12/31/9999	ACCU-CHEK MIS MLTICLIX	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	97202025006300	*LANCETS***	75537098110	0	ACCU-CHEK MULTICLIX LANCETS	B	N	01	O	XX	N	06/17/2007	12/31/9999	ACCU-CHEK MIS MLTICLIX	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	75987011110	0	ACTIMMUNE	B	N	03	R	SC	N	01/14/2018	12/31/9999	ACTIMMUNE INJ 2MU/0.5	20391231	92200000	0	0	0	A	##########		308	N	20180401	Immunological Agents	Immunomodulators	SOLN		N	HORIZON PH	75987	2
83	83	I	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	75987011111	0	ACTIMMUNE	B	N	03	R	SC	N	01/14/2018	12/31/9999	ACTIMMUNE INJ 2MU/0.5	20391231	92200000	0	0	0	A	##########		308	N	20180401	Immunological Agents	Immunomodulators	SOLN		N	HORIZON PH	75987	2
83	83	I	85100010002110	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	76125025020	0	KOATE-DVI	B	N	03	R	IV	N	08/01/2013	12/31/9999	KOATE-DVI INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	KEDRION BI	76125	2
83	83	I	85100010002110	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	76125025620	0	KOATE	B	N	03	R	IV	N	01/22/2017	12/31/9999	KOATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	KEDRION BI	76125	2
83	83	I	85100010002130	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	76125066730	0	KOATE-DVI	B	N	03	R	IV	N	08/11/2013	12/31/9999	KOATE-DVI INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	KEDRION BI	76125	2
83	83	I	85100010002130	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	76125066830	0	KOATE	B	N	03	R	IV	N	01/22/2017	12/31/9999	KOATE INJ 500 UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	KEDRION BI	76125	2
83	83	I	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	76125067250	0	KOATE-DVI	B	N	03	R	IV	N	05/31/2015	12/31/9999	KOATE-DVI INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	KEDRION BI	76125	2
83	83	I	12104515200130	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	35356006806	0	REYATAZ	B	O	03	S	OR	Y	03/30/2008	01/01/2019	REYATAZ CAP 150MG	20391231	08180808	0	1	0	A	150.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	QUALITY	35356	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	12104515200130	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	35356006860	0	REYATAZ	B	O	03	S	OR	Y	01/20/2008	01/01/2019	REYATAZ CAP 150MG	20391231	08180808	0	1	0	A	150.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	QUALITY	35356	2
83	83	I	12109030000140	EFAVIRENZ CAP 200 MG	35356006990	0	SUSTIVA	B	O	03	S	OR	Y	01/20/2008	01/01/2019	SUSTIVA CAP 200MG	20391231	08180816	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	CAPS		N	QUALITY	35356	2
83	83	I	12109050001820	NEVIRAPINE SUSP 50 MG/5ML	35356007224	0	VIRAMUNE	B	N	03	R	OR	Y	01/20/2008	12/31/9999	VIRAMUNE SUS 50MG/5ML	20391231	08180816	0	1	0	A	50.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	SUSP		N	QUALITY	35356	2
83	83	I	12108570100320	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	35356007306	0	VIREAD	B	O	03	S	OR	Y	03/16/2008	01/01/2019	VIREAD TAB 300MG	20391231	08180820	0	1	0	A	300.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	QUALITY	35356	2
83	83	I	44400036280820	MOMETASONE FUROATE INHAL POWD 220 MCG/INH (BREATH ACTIVATED)	35356009914	0	ASMANEX 14 METERED DOSES	B	N	03	R	IN	Y	04/01/2012	12/31/9999	ASMANEX 14 AER 220MCG	20391231	68040000	0	1	0	A	220.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	QUALITY	35356	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	35356010330	0	JANUVIA	B	N	03	R	OR	Y	01/01/2011	12/31/9999	JANUVIA TAB 100MG	20180602	68200500	0	1	0	I	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	QUALITY	35356	2
83	83	I	12109902550310	LOPINAVIR-RITONAVIR TAB 100-25 MG	35356011160	0	KALETRA	B	N	03	R	OR	Y	03/16/2008	12/31/9999	KALETRA TAB 100-25MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	QUALITY	35356	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	35356011201	0	KALETRA	B	N	03	R	OR	Y	03/16/2008	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	QUALITY	35356	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	35356011230	0	KALETRA	B	N	03	R	OR	Y	03/30/2008	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	QUALITY	35356	2
83	83	I	12104515200150	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	35356011406	0	REYATAZ	B	O	03	S	OR	Y	03/16/2008	01/01/2019	REYATAZ CAP 300MG	20391231	08180808	0	1	0	A	300.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	QUALITY	35356	2
83	83	I	12109030000330	EFAVIRENZ TAB 600 MG	35356011506	0	SUSTIVA	B	O	03	S	OR	Y	03/16/2008	12/31/9999	SUSTIVA TAB 600MG	20391231	08180816	0	1	0	A	600.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	QUALITY	35356	2
83	83	I	12109030000330	EFAVIRENZ TAB 600 MG	35356011530	0	SUSTIVA	B	O	03	S	OR	Y	06/08/2008	12/31/9999	SUSTIVA TAB 600MG	20391231	08180816	0	1	0	A	600.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	QUALITY	35356	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	35356013230	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	QUALITY	35356	2
83	83	I	61100025100150	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	35356013500	0	VYVANSE	B	N	03	R	OR	Y	04/01/2010	12/31/9999	VYVANSE CAP 50MG	20391231	28200400	0	1	0	A	50.000		308	Y	20180401	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	CAPS		N	QUALITY	35356	2
83	83	I	44400033223220	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	35356015701	0	FLOVENT HFA	B	N	03	R	IN	Y	04/28/2008	12/31/9999	FLOVENT HFA AER 44MCG	20391231	68040000	0	1	0	A	44.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	QUALITY	35356	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	35356016601	0	VENTOLIN HFA	B	N	03	R	IN	Y	10/01/2011	12/31/9999	VENTOLIN HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	QUALITY	35356	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	35356017456	0	CHANTIX	B	N	03	R	OR	Y	04/28/2008	12/31/9999	CHANTIX PAK 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	QUALITY	35356	2
83	83	I	62100080206320	VARENICLINE TARTRATE TAB 0.5 MG X 11 & TAB 1 MG X 42 PACK	35356017553	0	CHANTIX	B	N	03	R	OR	Y	04/28/2008	12/31/9999	CHANTIX PAK 0.5& 1MG	20391231	12920000	0	0	0	A	0.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	QUALITY	35356	2
83	83	I	12104515200140	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	35356020760	0	REYATAZ	B	O	03	S	OR	Y	06/08/2008	01/01/2019	REYATAZ CAP 200MG	20391231	08180808	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	QUALITY	35356	2
83	83	I	44100080100120	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	35356021530	0	SPIRIVA HANDIHALER	B	N	03	R	IN	Y	06/08/2008	12/31/9999	SPIRIVA CAP HANDIHLR	20190101	12080800	0	1	0	I	18.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	CAPS		N	QUALITY	35356	2
83	83	I	90784060003720	PIMECROLIMUS CREAM 1%	35356022300	0	ELIDEL	B	N	03	R	EX	Y	06/15/2008	12/31/9999	ELIDEL CRE 1%	20391231	84920000	0	0	1	A	1.000		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	QUALITY	35356	2
83	83	I	90060010004020	AZELAIC ACID GEL 15%	35356022750	0	FINACEA	B	N	03	R	EX	Y	06/15/2008	12/31/9999	FINACEA GEL 15%	20391231	84920000	0	0	0	A	15.000		308	N	20180401	Dermatological Agents	Dermatological Agents	GEL		N	QUALITY	35356	2
83	83	I	12104520100340	DARUNAVIR ETHANOLATE TAB 600 MG (BASE EQUIV)	35356028460	0	PREZISTA	B	N	03	R	OR	Y	07/27/2008	12/31/9999	PREZISTA TAB 600MG	20391231	08180808	0	1	0	A	600.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	QUALITY	35356	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	35356039860	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	35356	2
83	83	I	65100075104A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	35356039960	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	QUALITY	35356	2
83	83	I	25970002309020	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	35356041003	0	NUVARING	B	N	03	R	VA	Y	10/05/2008	12/31/9999	NUVARING MIS	20391231	68120000	0	1	0	A	0.000	K	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	RING		N	QUALITY	35356	2
83	83	I	40304080000310	TADALAFIL TAB 10 MG	35356041430	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 10MG	20391231	24121200	1	1	0	A	10.000	V	308	Y	20180401			TABS		N	QUALITY	35356	2
83	83	I	44400033208010	FLUTICASONE PROPIONATE AER POW BA 50 MCG/BLISTER	35356049401	0	FLOVENT DISKUS	B	N	03	R	IN	Y	04/01/2012	12/31/9999	FLOVENT DISK AER 50MCG	20391231	68040000	0	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AEPB		N	QUALITY	35356	2
83	83	I	72170070100320	TIAGABINE HCL TAB 16 MG	35356061830	0	GABITRIL	B	N	03	R	OR	Y	07/03/2011	12/31/9999	GABITRIL TAB 16MG	20391231	28129200	0	0	0	A	16.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	TABS		N	QUALITY	35356	2
83	83	I	65100091107430	TAPENTADOL HCL TAB ER 12HR 100 MG	35356077060	0	NUCYNTA ER	B	N	03	R	OR	Y	10/14/2012	12/31/9999	NUCYNTA ER TAB 100MG	20191231	28080800	0	1	0	I	100.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	QUALITY	35356	2
83	83	I	65100091107420	TAPENTADOL HCL TAB ER 12HR 50 MG	35356081060	0	NUCYNTA ER	B	N	03	R	OR	Y	12/16/2012	12/31/9999	NUCYNTA ER TAB 50MG	20191231	28080800	0	1	0	I	50.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	TB12		N	QUALITY	35356	2
83	83	I	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	42238011101	0	ACTIMMUNE	B	N	03	R	SC	N	01/01/2016	12/31/9999	ACTIMMUNE INJ 2MU/0.5	20391231	92200000	0	0	0	A	##########		308	N	20180401	Immunological Agents	Immunomodulators	SOLN		N	HORIZON PH	75987	2
83	83	I	21700060702020	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	42238011112	0	ACTIMMUNE	B	N	03	R	SC	N	01/01/2016	12/31/9999	ACTIMMUNE INJ 2MU/0.5	20200109	92200000	0	0	0	I	##########		308	N	20180401	Immunological Agents	Immunomodulators	SOLN		N	HORIZON PH	75987	2
83	83	I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	42291068601	0	PRENATAL PLUS	B	N	03	R	OR	N	04/21/2016	12/31/9999	PRENATAL TAB PLUS	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	AVKARE	42291	2
83	83	I	21402685100320	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	42747032730	0	FARESTON	B	N	03	R	OR	N	02/10/2013	12/31/9999	FARESTON TAB 60MG	20391231	68161200	0	0	0	A	60.000		308	N	20180401	Antineoplastics	Antiestrogens/Modifiers	TABS		N	KYOWA KIRI	42747	2
83	83	I	51200024006715	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-27000 UNIT	42865030002	0	ZENPEP	B	N	03	R	OR	N	12/21/2014	12/31/9999	ZENPEP CAP 5000UNIT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006748	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-51000-82000 UNIT	42865030202	0	ZENPEP	B	N	03	R	OR	N	12/21/2014	12/31/9999	ZENPEP CAP 15000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006752	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-68000-109000 UNIT	42865030302	0	ZENPEP	B	N	03	R	OR	N	12/21/2014	12/31/9999	ZENPEP CAP 20000UNT	20191214	56160000	0	0	0	I	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006706	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-16000 UNIT	42865030402	0	ZENPEP	B	N	03	R	OR	N	12/21/2014	12/31/9999	ZENPEP CAP 3000UNIT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	51200024006765	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-85000-136000 UNIT	42865030502	0	ZENPEP	B	N	03	R	OR	N	10/05/2014	12/31/9999	ZENPEP CAP 25000UNT	20391231	56160000	0	0	0	A	0.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CPEP		N	ALLERGAN	00023	2
83	83	I	33100050100310	TIMOLOL MALEATE TAB 10 MG	00378022101	0	TIMOLOL MALEATE	B	N	03	R	OR	N	08/15/2007	12/31/9999	TIMOLOL MAL TAB 10MG	20391231	24240000	0	0	0	A	10.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	TABS		N	MYLAN	00378	2
83	83	I	33100050100315	TIMOLOL MALEATE TAB 20 MG	00378071501	0	TIMOLOL MALEATE	B	N	03	R	OR	N	01/01/2007	12/31/9999	TIMOLOL MAL TAB 20MG	20391231	24240000	0	0	0	A	20.000		308	N	20180401	Cardiovascular Agents	Beta-adrenergic Blocking Agents	TABS		N	MYLAN	00378	2
83	83	I	56400030100120	CYSTEAMINE BITARTRATE CAP 50 MG	00378904001	0	CYSTAGON	B	N	03	R	OR	N	10/01/2007	12/31/9999	CYSTAGON CAP 50MG	20391231	92920000	0	0	0	A	50.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CAPS		N	MYLAN	00378	2
83	83	I	56400030100120	CYSTEAMINE BITARTRATE CAP 50 MG	00378904005	0	CYSTAGON	B	N	03	R	OR	N	10/01/2007	12/31/9999	CYSTAGON CAP 50MG	20391231	92920000	0	0	0	A	50.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CAPS		N	MYLAN	00378	2
83	83	I	56400030100140	CYSTEAMINE BITARTRATE CAP 150 MG	00378904501	0	CYSTAGON	B	N	03	R	OR	N	10/01/2007	12/31/9999	CYSTAGON CAP 150MG	20391231	92920000	0	0	0	A	150.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CAPS		N	MYLAN	00378	2
83	83	I	56400030100140	CYSTEAMINE BITARTRATE CAP 150 MG	00378904505	0	CYSTAGON	B	N	03	R	OR	N	10/01/2007	12/31/9999	CYSTAGON CAP 150MG	20391231	92920000	0	0	0	A	150.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CAPS		N	MYLAN	00378	2
83	83	I	52500030006530	MESALAMINE CAP DR 400 MG	00430075327	0	DELZICOL	B	N	03	R	OR	N	02/10/2013	12/31/9999	DELZICOL CAP 400MG	20180628	56360000	0	0	0	I	400.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	CPDR		N	ACTAVIS	00430	2
83	83	I	52500030000650	MESALAMINE TAB DELAYED RELEASE 800 MG	00430078327	0	ASACOL HD	B	M	03	S	OR	N	04/10/2011	12/31/9999	ASACOL HD TAB 800MG	20190417	56360000	0	0	0	I	800.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	TBEC		N	ACTAVIS	00430	2
83	83	I	55350020003705	ESTRADIOL VAGINAL CREAM 0.1 MG/GM	00430375414	0	ESTRACE	B	O	03	S	VA	N	01/01/2004	12/31/9999	ESTRACE VAG CRE 0.01%	20391231	68160400	0	0	0	A	0.100		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	CREA		N	ALLERGAN	00023	2
83	83	I	13000030100310	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	00440818714	0	PRIMAQUINE PHOSPHATE	B	N	03	R	OR	Y	02/17/2012	12/31/9999	PRIMAQUINE TAB 26.3MG	20391231	08300800	0	0	0	A	26.300		308	N	20180401	Antiparasitics	Antiprotozoals	TABS		N	LIBERTY PM	00440	2
83	83	I	13000030100310	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	00440818728	0	PRIMAQUINE PHOSPHATE	B	N	03	R	OR	Y	02/24/2013	12/31/9999	PRIMAQUINE TAB 26.3MG	20391231	08300800	0	0	0	A	26.300		308	N	20180401	Antiparasitics	Antiprotozoals	TABS		N	LIBERTY PM	00440	2
83	83	I	52557050000120	LINACLOTIDE CAP 145 MCG	00456120130	0	LINZESS	B	N	03	R	OR	N	10/01/2014	12/31/9999	LINZESS CAP 145MCG	20391231	56920000	0	0	0	A	145.000		308	N	20180401	Gastrointestinal Agents	Irritable Bowel Syndrome Agents	CAPS		N	ALLERGAN	00023	2
83	83	I	52557050000140	LINACLOTIDE CAP 290 MCG	00456120230	0	LINZESS	B	N	03	R	OR	N	10/01/2014	12/31/9999	LINZESS CAP 290MCG	20391231	56920000	0	0	0	A	290.000		308	N	20180401	Gastrointestinal Agents	Irritable Bowel Syndrome Agents	CAPS		N	ALLERGAN	00023	2
83	83	I	52557050000110	LINACLOTIDE CAP 72 MCG	00456120330	0	LINZESS	B	N	03	R	OR	N	04/05/2017	12/31/9999	LINZESS CAP 72MCG	20391231	56920000	0	0	0	A	72.000		308	N	20180401	Gastrointestinal Agents	Irritable Bowel Syndrome Agents	CAPS		N	ALLERGAN	00023	2
83	83	I	21402430000120	ENZALUTAMIDE CAP 40 MG	00469012599	0	XTANDI	B	N	03	R	OR	N	07/01/2017	12/31/9999	XTANDI CAP 40MG	20391231	10000000	1	1	0	A	40.000		308	Y	20180401	Antineoplastics	Antiandrogens	CAPS		N	ASTELLAS	99909	2
83	83	I	86101005004205	BACITRACIN OPHTH OINT 500 UNIT/GM	00574402235	0	BACITRACIN	B	N	03	R	OP	N	03/30/2014	12/31/9999	BACITRACIN OIN OP	20391231	52040400	0	0	0	A	500.000		308	N	20180401	Ophthalmic Agents, Other	Ophthalmic Agents, Other	OINT		N	PERRIGO	00574	2
83	83	I	44209902013420	IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT	00597002402	0	COMBIVENT RESPIMAT	B	N	03	R	IN	N	01/01/2013	12/31/9999	COMBIVENT AER 20-100	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERS		N	BOEHR INGL	00597	2
83	83	I	12109050001820	NEVIRAPINE SUSP 50 MG/5ML	00597004724	0	VIRAMUNE	B	N	03	R	OR	N	01/01/2004	12/31/9999	VIRAMUNE SUS 50MG/5ML	20391231	08180816	0	1	0	A	50.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	SUSP		N	BOEHR INGL	00597	2
83	83	I	44100080100120	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	00597007541	0	SPIRIVA HANDIHALER	B	N	03	R	IN	N	05/06/2007	12/31/9999	SPIRIVA CAP HANDIHLR	20391231	12080800	0	1	0	A	18.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	CAPS		N	BOEHR INGL	00597	2
83	83	I	44100080100120	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	00597007547	0	SPIRIVA HANDIHALER	B	N	03	R	IN	N	05/13/2007	12/31/9999	SPIRIVA CAP HANDIHLR	20391231	12080800	0	1	0	A	18.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	CAPS		N	BOEHR INGL	00597	2
83	83	I	44100080100120	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	00597007575	0	SPIRIVA HANDIHALER	B	N	03	R	IN	N	05/06/2007	12/31/9999	SPIRIVA CAP HANDIHLR	20391231	12080800	0	1	0	A	18.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	CAPS	Y	N	BOEHR INGL	00597	2
83	83	I	44100080103420	TIOTROPIUM BR-OLODATEROL INHAL AEROSOL 2.5 MCG/ACT	00597010061	0	RESPIMAT	B	N	03	R	IN	N	01/01/2015	12/31/9999	SPIRIVA SPR 2.5MCG	20391231	12080800	0	1	0	A	2.500		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	AERS		N	BOEHR INGL	00597	2
83	83	I	27700050000310	EMPAGLIFLOZIN TAB 10 MG	00597015230	0	JARDIANCE	B	N	03	R	OR	N	04/01/2015	12/31/9999	JARDIANCE TAB 10MG	20391231	68201800	0	1	0	A	10.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27700050000310	EMPAGLIFLOZIN TAB 10 MG	00597015290	0	JARDIANCE	B	N	03	R	OR	N	04/01/2015	12/31/9999	JARDIANCE TAB 10MG	20391231	68201800	0	1	0	A	10.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27700050000320	EMPAGLIFLOZIN TAB 25 MG	00597015330	0	JARDIANCE	B	N	03	R	OR	N	04/01/2015	12/31/9999	JARDIANCE TAB 25MG	20391231	68201800	0	1	0	A	25.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27700050000320	EMPAGLIFLOZIN TAB 25 MG	00597015390	0	JARDIANCE	B	N	03	R	OR	N	04/01/2015	12/31/9999	JARDIANCE TAB 25MG	20391231	68201800	0	1	0	A	25.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	44209902923420	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT	00597015561	0	RESPIMAT	B	N	03	R	IN	N	01/01/2017	12/31/9999	STIOLTO AER 2.5-2.5	20391231	12080800	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AERS		N	BOEHR INGL	00597	2
83	83	I	27996002400310	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	00597015918	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB 5-500MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MSC	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	27996002400310	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	00597015960	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB 5-500MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	44100080103410	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 1.25 MCG/ACT	00597016061	0	SPIRIVA RESPIMAT	B	N	03	R	IN	N	10/26/2015	12/31/9999	SPIRIVA AER 1.25MCG	20391231	12080800	0	1	0	A	1.250		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	AERS		N	BOEHR INGL	00597	2
83	83	I	27996002400325	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	00597016818	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27996002400325	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	00597016860	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27996002400315	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	00597017518	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB 5-1000MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27996002400315	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	00597017560	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB 5-1000MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27996002400320	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	00597018018	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB 12.5-500	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	27996002400320	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	00597018060	0	SYNJARDY	B	N	03	R	OR	N	04/01/2016	12/31/9999	SYNJARDY TAB 12.5-500	20391231	68201800	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	BOEHR INGL	00597	2
83	83	I	44201052203410	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)	00597019261	0	STRIVERDI RESPIMAT	B	N	03	R	IN	N	01/01/2017	12/31/9999	STRIVERDI AER 2.5MCG	20391231	12120812	0	1	0	A	2.500		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	BOEHR INGL	00597	2
83	83	I	27996002407540	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	00597028073	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB 10-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	27996002407540	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	00597028090	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB 10-1000	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	27996002407530	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	00597029059	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB 5-1000MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	27996002407530	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	00597029074	0	SYNJARDY XR	B	N	03	R	OR	N	10/01/2017	12/31/9999	SYNJARDY XR TAB 5-1000MG	20391231	68201800	0	1	0	A	0.000		308	Y	20180401			TB24		N	BOEHR INGL	00597	2
83	83	I	12103015100320	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	49702022813	0	TIVICAY	B	N	03	R	OR	N	01/01/2014	12/31/9999	TIVICAY TAB 50MG	20391231	08180812	0	1	0	A	50.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	TABS		N	VIIV HEALT	49702	2
83	83	I	77204030000305	PHYTONADIONE TAB 5 MG	49999057302	0	MEPHYTON	B	N	03	R	OR	Y	03/28/2005	12/31/9999	MEPHYTON TAB 5MG	20391231	88240000	0	0	0	A	5.000		308	N	20180401			TABS		N	QUALITY	49999	2
83	83	I	44400033223230	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	49999061401	0	FLOVENT HFA	B	N	03	R	IN	Y	07/27/2008	12/31/9999	FLOVENT HFA AER 110MCG	20190207	68040000	0	1	0	I	110.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	QUALITY	49999	2
83	83	I	86101038102020	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	49999071203	0	VIGAMOX	B	O	03	S	OP	Y	03/30/2006	01/01/2019	VIGAMOX DRO 0.5%	20391231	52040400	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Agents, Other	SOLN		N	QUALITY	49999	2
83	83	I	44209902708030	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/DOSE	49999081960	0	ADVAIR DISKUS	B	N	03	R	IN	Y	06/24/2007	12/31/9999	ADVAIR DISKU AER 250/50	20190101	12120812	0	1	0	I	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	QUALITY	49999	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	49999084830	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	QUALITY	49999	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	49999084860	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	QUALITY	49999	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	49999084930	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	QUALITY	49999	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	49999084960	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	QUALITY	49999	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	49999089530	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	49999089560	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	49999089590	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	49999090530	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	49999090560	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	49999090590	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	49999090630	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	49999090660	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	49999090690	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	49999090885	0	PROAIR HFA	B	N	03	R	IN	Y	02/13/2007	12/31/9999	PROAIR HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	QUALITY	49999	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	49999094930	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	49999094960	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	49999094990	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	QUALITY	49999	2
83	83	I	44209902708020	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/DOSE	49999098460	0	ADVAIR DISKUS	B	N	03	R	IN	Y	06/24/2007	12/31/9999	ADVAIR DISKU AER 100/50	20190101	12120812	0	1	0	I	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	QUALITY	49999	2
83	83	I	44209902708040	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/DOSE	49999098560	0	ADVAIR DISKUS	B	N	03	R	IN	Y	06/24/2007	12/31/9999	ADVAIR DISKU AER 500/50	20190101	12120812	0	1	0	I	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	QUALITY	49999	2
83	83	I	27104003002020	INSULIN GLARGINE INJ 100 UNIT/ML	49999099410	0	LANTUS	B	N	03	R	SC	Y	06/24/2007	12/31/9999	LANTUS INJ 100/ML	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	QUALITY	49999	2
83	83	I	25400070100320	ULIPRISTAL ACETATE TAB 30 MG	50102091101	0	ELLA	B	N	03	R	OR	N	04/27/2014	12/31/9999	ELLA TAB 30MG	20391231	68120000	0	1	0	A	30.000	2	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	TABS		N	AFAXYS	50102	2
83	83	I	21534025100320	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	50242006201	0	TARCEVA	B	N	03	R	OR	N	01/01/2013	12/31/9999	TARCEVA TAB 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	GENENTECH	50242	2
83	83	I	21534025100330	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	50242006301	0	TARCEVA	B	N	03	R	OR	N	01/01/2013	12/31/9999	TARCEVA TAB 100MG	20391231	10000000	1	1	0	A	100.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	GENENTECH	50242	2
83	83	I	21534025100360	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	50242006401	0	TARCEVA	B	N	03	R	OR	N	01/01/2013	12/31/9999	TARCEVA TAB 150MG	20391231	10000000	1	1	0	A	150.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	GENENTECH	50242	2
83	83	I	21532080000320	VEMURAFENIB TAB 240 MG	50242009001	0	ZELBORAF	B	N	03	R	OR	N	01/01/2012	12/31/9999	ZELBORAF TAB 240MG	20200131	10000000	1	1	0	I	240.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	GENENTECH	50242	2
83	83	I	21532080000320	VEMURAFENIB TAB 240 MG	50242009002	0	ZELBORAF	B	N	03	R	OR	N	08/30/2015	12/31/9999	ZELBORAF TAB 240MG	20391231	10000000	1	1	0	A	240.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	GENENTECH	50242	2
83	83	I	45304020002010	DORNASE ALFA INHAL SOLN 1 MG/ML	50242010039	0	PULMOZYME	B	N	03	R	IN	N	01/01/2004	12/31/9999	PULMOZYME SOL 1MG/ML	20391231	48240000	0	0	0	A	1.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	SOLN		N	GENENTECH	50242	2
83	83	I	45304020002010	DORNASE ALFA INHAL SOLN 1 MG/ML	50242010040	0	PULMOZYME	B	N	03	R	IN	N	01/01/2004	12/31/9999	PULMOZYME SOL 1MG/ML	20391231	48240000	0	0	0	A	1.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	SOLN		N	GENENTECH	50242	2
83	83	I	21533530200320	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	50242071701	0	COTELLIC	B	N	03	R	OR	N	04/01/2016	12/31/9999	COTELLIC TAB 20MG	20391231	10000000	1	1	0	A	20.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	GENENTECH	50242	2
83	83	I	25200050005320	LEVONORGESTREL RELEASING IUD 20 MCG/DAY (52 MG TOTAL)	50419042101	0	MIRENA	B	N	03	R	IU	N	01/01/2013	12/31/9999	MIRENA IUD SYSTEM	20191211	68120000	0	0	0	I	20.000	K	308	N	20180401			IUD		N	BAYER HEAL	50419	2
83	83	I	25200050005310	LEVONORGESTREL RELEASING IUD 14 MCG/DAY (13.5 MG TOTAL)	50419042201	0	SKYLA	B	N	03	R	IU	N	07/01/2013	12/31/9999	SKYLA IUD 13.5MG	20391231	68120000	0	0	0	A	13.500	K	308	N	20180401			IUD		N	BAYER HEAL	50419	2
83	83	I	25200050005320	LEVONORGESTREL RELEASING IUD 20 MCG/DAY (52 MG TOTAL)	50419042301	0	MIRENA	B	N	03	R	IU	N	08/17/2014	12/31/9999	MIRENA IUD SYSTEM	20391231	68120000	0	0	0	A	20.000	K	308	N	20180401			IUD		N	BAYER HEAL	50419	2
83	83	I	21533060400320	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	50419048858	0	NEXAVAR	B	N	03	R	OR	N	01/01/2013	12/31/9999	NEXAVAR TAB 200MG	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	BAYER HEAL	50419	2
83	83	I	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052309	0	BETASERON	B	N	03	R	SC	N	04/22/2012	12/31/9999	BETASERON INJ 0.3MG	20191211	92200000	0	1	0	I	0.300		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	KIT		N	BAYER HEAL	50419	2
83	83	I	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052335	0	BETASERON	B	N	03	R	SC	N	01/01/2012	12/31/9999	BETASERON INJ 0.3MG	20191211	92200000	0	1	0	I	0.300		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	KIT		N	BAYER HEAL	50419	2
83	83	I	62403060506420	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	50419052401	0	BETASERON	B	N	03	R	SC	N	01/05/2014	12/31/9999	BETASERON INJ 0.3MG	20391231	92200000	0	1	0	A	0.300		308	Y	20180401	Central Nervous System Agents	Multiple Sclerosis Agents	KIT		N	BAYER HEAL	50419	2
83	83	I	27104090001810	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	54569291800	0	NOVOLIN 70/30	B	N	03	O	SC	Y	01/01/2004	12/31/9999	NOVOLIN INJ 70/30	20391231	68200800	0	1	0	A	0.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	27104020001805	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	54569383500	0	NOVOLIN N U-100	B	N	03	O	SC	Y	01/01/2004	12/31/9999	NOVOLIN N INJ U-100	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	42200045101820	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	54569460100	0	NASONEX	B	O	03	S	NA	Y	01/01/2004	01/01/2019	NASONEX SPR 50MCG/AC	20391231	52080800	0	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	12109030000140	EFAVIRENZ CAP 200 MG	54569461100	0	SUSTIVA	B	O	03	S	OR	Y	01/01/2004	01/01/2019	SUSTIVA CAP 200MG	20391231	08180816	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	27300010106410	GLUCAGON (RDNA) FOR INJ KIT 1 MG	54569473400	0	GLUCAGON EMERGENCY KIT	B	N	03	R	IJ	Y	01/01/2004	12/31/9999	GLUCAGON KIT 1MG	20391231	68221200	0	0	0	A	1.000		308	N	20180401	Blood Glucose Regulators	Glycemic Agents	KIT		N	ASMEDSOLUT	54569	2
83	83	I	44209902708020	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/DOSE	54569524100	0	ADVAIR DISKUS	B	N	03	R	IN	Y	01/01/2004	12/31/9999	ADVAIR DISKU AER 100/50	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	ASMEDSOLUT	54569	2
83	83	I	44209902708030	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/DOSE	54569524200	0	ADVAIR DISKUS	B	N	03	R	IN	Y	01/01/2004	12/31/9999	ADVAIR DISKU AER 250/50	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	ASMEDSOLUT	54569	2
83	83	I	44209902708040	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/DOSE	54569524300	0	ADVAIR DISKUS	B	N	03	R	IN	Y	01/01/2004	12/31/9999	ADVAIR DISKU AER 500/50	20391231	12120812	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	ASMEDSOLUT	54569	2
83	83	I	12108570100320	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	54569533400	0	VIREAD	B	O	03	S	OR	Y	01/01/2004	01/01/2019	VIREAD TAB 300MG	20391231	08180820	0	1	0	A	300.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109030000330	EFAVIRENZ TAB 600 MG	54569537400	0	SUSTIVA	B	O	03	S	OR	Y	01/01/2004	12/31/9999	SUSTIVA TAB 600MG	20391231	08180816	0	1	0	A	600.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12105005102020	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	54569539000	0	ZIAGEN	B	O	03	S	OR	Y	08/24/2009	01/01/2019	ZIAGEN SOL 20MG/ML	20391231	08180820	0	1	0	A	20.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	86300035101830	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	54569539500	0	LOTEMAX	B	N	03	R	OP	Y	02/17/2012	12/31/9999	LOTEMAX SUS 0.5%	20391231	52080800	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Anti-inflammatories	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	90784060003720	PIMECROLIMUS CREAM 1%	54569550200	0	ELIDEL	B	N	03	R	EX	Y	01/01/2004	12/31/9999	ELIDEL CRE 1%	20391231	84920000	0	0	1	A	1.000		308	Y	20180401	Dermatological Agents	Dermatological Agents	CREA		N	ASMEDSOLUT	54569	2
83	83	I	12104515200130	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	54569553000	0	REYATAZ	B	O	03	S	OR	Y	01/01/2004	01/01/2019	REYATAZ CAP 150MG	20391231	08180808	0	1	0	A	150.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	12104515200140	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	54569553200	0	REYATAZ	B	O	03	S	OR	Y	01/01/2004	01/01/2019	REYATAZ CAP 200MG	20391231	08180808	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	40304080000310	TADALAFIL TAB 10 MG	54569554400	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 10MG	20391231	24121200	1	1	0	A	10.000	V	308	Y	20180401			TABS		N	ASMEDSOLUT	54569	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	54569554500	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	ASMEDSOLUT	54569	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	54569554502	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	ASMEDSOLUT	54569	2
83	83	I	87991002361820	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	54569556000	0	CIPRODEX	B	N	03	R	OT	Y	01/01/2005	12/31/9999	CIPRODEX SUS 0.3-0.1%	20391231	52080800	0	0	0	A	0.000		308	N	20180401	Otic Agents	Otic Agents	SUSP		N	ASMEDSOLUT	54569	2
83	83	I	86101038102020	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	54569556100	0	VIGAMOX	B	O	03	S	OP	Y	01/01/2005	01/01/2019	VIGAMOX DRO 0.5%	20391231	52040400	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Agents, Other	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	54569558800	0	TRUVADA	B	N	03	R	OR	Y	04/01/2005	12/31/9999	TRUVADA TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	54569558802	0	TRUVADA	B	N	03	R	OR	Y	07/23/2012	12/31/9999	TRUVADA TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	ASMEDSOLUT	54569	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	54569558803	0	TRUVADA	B	N	03	R	OR	Y	07/29/2012	12/31/9999	TRUVADA TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	27104003002020	INSULIN GLARGINE INJ 100 UNIT/ML	54569560500	0	LANTUS	B	N	03	R	SC	Y	12/30/2004	12/31/9999	LANTUS INJ 100/ML	20391231	68200800	0	1	0	A	100.000	I	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	ASMEDSOLUT	54569	2
83	83	I	44400033223230	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	54569566300	0	FLOVENT HFA	B	N	03	R	IN	Y	04/18/2005	12/31/9999	FLOVENT HFA AER 110MCG	20391231	68040000	0	1	0	A	110.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	ASMEDSOLUT	54569	2
83	83	I	44400033223220	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	54569567100	0	FLOVENT HFA	B	N	03	R	IN	Y	05/19/2005	12/31/9999	FLOVENT HFA AER 44MCG	20391231	68040000	0	1	0	A	44.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	ASMEDSOLUT	54569	2
83	83	I	44400033223240	FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE)	54569570200	0	FLOVENT HFA	B	N	03	R	IN	Y	07/20/2005	12/31/9999	FLOVENT HFA AER 220MCG	20391231	68040000	0	1	0	A	220.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	AERO		N	ASMEDSOLUT	54569	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	54569575200	0	KALETRA	B	N	03	R	OR	Y	02/01/2006	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	54569575201	0	KALETRA	B	N	03	R	OR	Y	07/23/2012	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	54569575202	0	KALETRA	B	N	03	R	OR	Y	09/16/2012	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ASMEDSOLUT	54569	2
83	83	I	54100055200320	SOLIFENACIN SUCCINATE TAB 5 MG	54569579000	0	VESICARE	B	N	03	R	OR	Y	04/01/2007	12/31/9999	VESICARE TAB 5MG	20391231	86120400	0	0	0	A	5.000		308	N	20180401	Genitourinary Agents	Antispasmodics, Urinary	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12109903300320	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	54569580500	0	ATRIPLA	B	N	03	R	OR	Y	09/01/2006	12/31/9999	ATRIPLA TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	54569582500	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	54569582501	0	LYRICA	B	N	03	R	OR	Y	10/10/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	54569583000	0	CHANTIX	B	N	03	R	OR	Y	01/01/2007	12/31/9999	CHANTIX PAK 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	ASMEDSOLUT	54569	2
83	83	I	62100080206320	VARENICLINE TARTRATE TAB 0.5 MG X 11 & TAB 1 MG X 42 PACK	54569583200	0	CHANTIX	B	N	03	R	OR	Y	01/01/2007	12/31/9999	CHANTIX PAK 0.5& 1MG	20391231	12920000	0	0	0	A	0.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	ASMEDSOLUT	54569	2
83	83	I	21534025100360	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	54569584800	0	TARCEVA	B	N	03	R	OR	Y	01/01/2013	12/31/9999	TARCEVA TAB 150MG	20391231	10000000	1	1	0	A	150.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	12104515200150	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	54569586400	0	REYATAZ	B	O	03	S	OR	Y	12/12/2006	01/01/2019	REYATAZ CAP 300MG	20391231	08180808	0	1	0	A	300.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	ASMEDSOLUT	54569	2
83	83	I	25970002309020	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	54569586500	0	NUVARING	B	N	03	R	VA	Y	04/01/2008	12/31/9999	NUVARING MIS	20391231	68120000	0	1	0	A	0.000	K	308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	RING		N	ASMEDSOLUT	54569	2
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	54569592500	0	JANUVIA	B	N	03	R	OR	Y	01/01/2011	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	ASMEDSOLUT	54569	2
83	83	I	12103060100320	RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	54569603400	0	ISENTRESS	B	N	03	R	OR	Y	04/01/2008	12/31/9999	ISENTRESS TAB 400MG	20391231	08180812	0	1	0	A	400.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	TABS		N	ASMEDSOLUT	54569	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	00069046912	0	CHANTIX CONTINUING MONTH PAK	B	N	03	R	OR	N	01/01/2012	12/31/9999	CHANTIX PAK 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	PFIZER US	99907	2
83	83	I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	00069046956	0	CHANTIX	B	N	03	R	OR	N	01/01/2007	12/31/9999	CHANTIX TAB 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	PFIZER US	99907	2
83	83	I	62100080206320	VARENICLINE TARTRATE TAB 0.5 MG X 11 & TAB 1 MG X 42 PACK	00069047103	0	CHANTIX STARTING MONTH PAK	B	N	03	R	OR	N	06/28/2015	12/31/9999	CHANTIX PAK 0.5& 1MG	20391231	12920000	0	0	0	A	0.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	PFIZER US	99907	2
83	83	I	21533070300120	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	00069055038	0	SUTENT	B	N	03	R	OR	N	01/01/2013	12/31/9999	SUTENT CAP 12.5MG	20391231	10000000	1	1	0	A	12.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	21533070300130	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	00069077038	0	SUTENT	B	N	03	R	OR	N	01/01/2013	12/31/9999	SUTENT CAP 25MG	20391231	10000000	1	1	0	A	25.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	21533070300135	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	00069083038	0	SUTENT	B	N	03	R	OR	N	06/29/2014	12/31/9999	SUTENT CAP 37.5MG	20391231	10000000	1	1	0	A	37.500		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	21533070300140	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	00069098038	0	SUTENT	B	N	03	R	OR	N	01/01/2013	12/31/9999	SUTENT CAP 50MG	20391231	10000000	1	1	0	A	50.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	21534015000125	CRIZOTINIB CAP 250 MG	00069814020	0	XALKORI	B	N	03	R	OR	N	01/01/2012	12/31/9999	XALKORI CAP 250MG	20391231	10000000	1	1	0	A	250.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	21534015000120	CRIZOTINIB CAP 200 MG	00069814120	0	XALKORI	B	N	03	R	OR	N	01/01/2012	12/31/9999	XALKORI CAP 200MG	20391231	10000000	1	1	0	A	200.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	CAPS		N	PFIZER US	99907	2
83	83	I	72400020000110	METHSUXIMIDE CAP 300 MG	00071052524	0	CELONTIN	B	N	03	R	OR	N	01/01/2004	12/31/9999	CELONTIN CAP 300MG	20391231	28122000	0	0	0	A	300.000		308	N	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000110	PREGABALIN CAP 25 MG	00071101268	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 25MG	20391231	28129200	0	1	0	A	25.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	00071101341	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	00071101368	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	00071101441	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	00071101468	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	00071101541	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	00071101568	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	00071101641	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	00071101668	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	00071101768	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	00071101868	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057000150	PREGABALIN CAP 225 MG	00071101968	0	LYRICA	B	N	03	R	OR	N	04/01/2010	12/31/9999	LYRICA CAP 225MG	20391231	28129200	0	1	0	A	225.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	PFIZER US	99907	2
83	83	I	72600057002020	PREGABALIN SOLN 20 MG/ML	00071102001	0	LYRICA	B	N	03	R	OR	N	04/01/2018	12/31/9999	LYRICA SOL 20MG/ML	20391231	28129200	0	1	0	A	20.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	SOLN		N	PFIZER US	99907	2
83	83	I	72200030200105	PHENYTOIN SODIUM EXTENDED CAP 30 MG	00071374066	0	DILANTIN	B	N	03	R	OR	N	08/16/2009	12/31/9999	DILANTIN CAP 30MG	20391231	28121200	0	0	0	A	30.000		308	N	20180401	Anticonvulsants	Sodium Channel Agents	CAPS		N	PFIZER US	99907	2
83	83	I	12109902550310	LOPINAVIR-RITONAVIR TAB 100-25 MG	00074052260	0	KALETRA	B	N	03	R	OR	N	11/18/2007	12/31/9999	KALETRA TAB 100-25MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ABBVIE	00074	2
83	83	I	12104560002020	RITONAVIR ORAL SOLN 80 MG/ML	00074194063	0	NORVIR	B	N	03	R	OR	N	01/01/2004	12/31/9999	NORVIR SOL 80MG/ML	20391231	08180808	0	1	0	A	80.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	SOLN		N	ABBVIE	00074	2
83	83	I	12359902350320	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	00074262528	0	MAVYRET	B	N	03	R	OR	N	11/15/2017	12/31/9999	MAVYRET TAB 100-40MG	20391231	08184020	1	0	0	A	0.000		308	Y	20180401	Antivirals	Anti-hepatitis C (HCV) Agents, Direct Acting	TABS		N	ABBVIE	00074	2
83	83	I	12104560000320	RITONAVIR TAB 100 MG	00074333330	0	NORVIR	B	N	03	R	OR	N	03/25/2010	12/31/9999	NORVIR TAB 100MG	20391231	08180808	0	1	0	A	100.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ABBVIE	00074	2
83	83	I	66270015000F820	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML	00074379902	0	HUMIRA	B	N	03	R	SC	N	10/01/2008	12/31/9999	HUMIRA KIT 40MG/0.8	20391231	92360000	1	1	0	A	40.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PSKT		N	ABBVIE	00074	2
83	83	I	66270015000F820	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML	00074379903	0	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	B	N	03	R	SC	N	10/05/2014	12/31/9999	HUMIRA PEDIA INJ CROHNS	20391231	92360000	1	1	0	A	40.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PSKT		N	ABBVIE	00074	2
83	83	I	66270015000F820	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML	00074379906	0	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	B	N	03	R	SC	N	10/05/2014	12/31/9999	HUMIRA PEDIA INJ CROHNS	20391231	92360000	1	1	0	A	40.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PSKT		N	ABBVIE	00074	2
83	83	I	66270015000F420	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	00074433902	0	HUMIRA PEN	B	N	03	R	SC	N	10/01/2008	12/31/9999	HUMIRA PEN INJ 40MG/0.8	20391231	92360000	1	1	0	A	40.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PNKT		N	ABBVIE	00074	2
83	83	I	66270015000F420	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	00074433906	0	HUMIRA PEN-CROHNS DISEASESTARTE R	B	N	03	R	SC	N	10/01/2008	12/31/9999	HUMIRA PEN INJ CROHNS	20391231	92360000	1	1	0	A	40.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PNKT		N	ABBVIE	00074	2
83	83	I	66270015000F420	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	00074433907	0	HUMIRA PEN-PSORIASIS STARTER	B	N	03	R	SC	N	03/22/2009	12/31/9999	HUMIRA PEN INJ PSORIASI	20391231	92360000	1	1	0	A	40.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PNKT		N	ABBVIE	00074	2
83	83	I	66270015000F805	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.2ML	00074634702	0	HUMIRA	B	N	03	R	SC	N	10/19/2014	12/31/9999	HUMIRA INJ 10MG/0.2	20391231	92360000	1	1	0	A	10.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PSKT		N	ABBVIE	00074	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	00074679922	0	KALETRA	B	N	03	R	OR	N	02/01/2006	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	ABBVIE	00074	2
83	83	I	66270015000F810	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.4ML	00074937402	0	HUMIRA	B	N	03	R	SC	N	10/01/2008	12/31/9999	HUMIRA KIT 20MG/0.4	20391231	92360000	1	1	0	A	20.000		308	Y	20180401	Immunological Agents	Immune Suppressants	PSKT		N	ABBVIE	00074	2
83	83	I	24993002128720	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY	00078037762	0	COMBIPATCH	B	N	03	R	TD	N	01/01/2013	12/31/9999	COMBIPATCH DIS .05/.14	20190926	68160400	0	0	0	I	0.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	PTTW		N	NOVEN THER	68968	2
83	83	I	24993002128730	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY	00078037842	0	COMBIPATCH	B	N	03	R	TD	N	01/01/2013	12/31/9999	COMBIPATCH DIS .05/.25	20190926	68160400	0	0	0	I	0.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	PTTW		N	NOVEN THER	68968	2
83	83	I	24993002128730	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY	00078037862	0	COMBIPATCH	B	N	03	R	TD	N	01/01/2013	12/31/9999	COMBIPATCH DIS .05/.25	20190926	68160400	0	0	0	I	0.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	PTTW		N	NOVEN THER	68968	2
83	83	I	99404035000325	EVEROLIMUS TAB 0.5 MG	00078041420	0	ZORTRESS	B	N	03	R	OR	N	10/01/2010	12/31/9999	ZORTRESS TAB 0.5MG	20391231	92440000	0	0	0	M	0.500	M	308	N	20180401	Immunological Agents	Immune Suppressants	TABS		N	NOVARTIS	00078	2
83	83	I	85100010302155	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 2000 UNIT	64406048808	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302165	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 3000 UNIT	64406048908	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302120	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 250 UNIT	64406080101	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302125	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 500 UNIT	64406080201	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302130	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 750 UNIT	64406080301	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 750UNIT	20391231	20281600	0	0	0	A	750.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302135	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 1000 UNIT	64406080401	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302145	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 1500 UNIT	64406080501	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302155	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 2000 UNIT	64406080601	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302165	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 3000 UNIT	64406080701	0	ELOCTATE	B	N	03	R	IV	N	01/01/2015	12/31/9999	ELOCTATE INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302170	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 4000 UNIT	64406080801	0	ELOCTATE	B	N	03	R	IV	N	03/05/2017	12/31/9999	ELOCTATE INJ 4000UNIT	20391231	20281600	0	0	0	A	4000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100010302175	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 5000 UNIT	64406080901	0	ELOCTATE	B	N	03	R	IV	N	03/05/2017	12/31/9999	ELOCTATE INJ 5000UNIT	20391231	20281600	0	0	0	A	5000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackage Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	85100010302180	ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 6000 UNIT	64406081001	0	ELOCTATE	B	N	03	R	IV	N	03/05/2017	12/31/9999	ELOCTATE INJ 6000UNIT	20391231	20281600	0	0	0	A	6000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100028402110	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT	64406091101	0	ALPROLIX	B	N	03	R	IV	N	10/01/2014	12/31/9999	ALPROLIX INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100028402120	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT	64406092201	0	ALPROLIX	B	N	03	R	IV	N	10/01/2014	12/31/9999	ALPROLIX INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100028402130	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT	64406093301	0	ALPROLIX	B	N	03	R	IV	N	10/01/2014	12/31/9999	ALPROLIX INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100028402140	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT	64406094401	0	ALPROLIX	B	N	03	R	IV	N	10/01/2014	12/31/9999	ALPROLIX INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100028402105	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT	64406096601	0	ALPROLIX	B	N	03	R	IV	N	03/27/2016	12/31/9999	ALPROLIX INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	85100028402150	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT	64406097701	0	ALPROLIX	B	N	03	R	IV	N	11/23/2016	12/31/9999	ALPROLIX INJ 4000UNIT	20391231	20281600	0	0	0	A	4000.000	4	308	N	20180401			SOLR		N	BIOGEN IDE	59627	2
83	83	I	62609902300120	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG	64597030160	0	NUEDEXTA	B	N	03	R	OR	N	04/01/2013	12/31/9999	NUEDEXTA CAP 20-10MG	20391231	28920000	0	0	0	A	0.000		308	N	20180401	Central Nervous System Agents	Central Nervous System, Other	CAPS		N	AVANIR PHA	64597	2
83	83	I	68000020000310	COLCHICINE TAB 0.6 MG	64764011901	0	COLCRYS	B	M	03	S	OR	N	09/09/2012	12/31/9999	COLCRYS TAB 0.6MG	20391231	92160000	0	0	0	A	0.600		308	N	20180401	Antigout Agents	Antigout Agents	TABS		N	TAKEDA	64764	2
83	83	I	68000020000310	COLCHICINE TAB 0.6 MG	64764011907	0	COLCRYS	B	M	03	S	OR	N	09/09/2012	12/31/9999	COLCRYS TAB 0.6MG	20391231	92160000	0	0	0	A	0.600		308	N	20180401	Antigout Agents	Antigout Agents	TABS		N	TAKEDA	64764	2
83	83	I	39100016100330	COLESEVELAM HCL TAB 625 MG	65597070118	0	WELCHOL	B	N	03	R	OR	N	01/01/2004	12/31/9999	WELCHOL TAB 625MG	20391231	24060400	0	0	0	A	625.000		308	N	20180401	Cardiovascular Agents	Dyslipidemics, Other	TABS		N	SANKYO	65597	2
83	83	I	39100016103040	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	65597090230	0	WELCHOL	B	N	03	R	OR	N	01/04/2010	12/31/9999	WELCHOL PAK 3.75GM	20391231	24060400	0	0	0	A	3.750		308	N	20180401	Cardiovascular Agents	Dyslipidemics, Other	PACK		N	SANKYO	65597	2
83	83	I	16000049000340	RIFAXIMIN TAB 550 MG	65649030302	0	XIFAXAN	B	N	03	R	OR	N	10/01/2010	12/31/9999	XIFAXAN TAB 550MG	20391231	08122830	0	1	0	A	550.000		308	Y	20180401	Gastrointestinal Agents	Gastrointestinal Agents, Other	TABS		N	VALEANT	00187	2
83	83	I	16000049000340	RIFAXIMIN TAB 550 MG	65649030303	0	XIFAXAN	B	N	03	R	OR	N	10/01/2010	12/31/9999	XIFAXAN TAB 550MG	20391231	08122830	0	1	0	A	550.000		308	Y	20180401	Gastrointestinal Agents	Gastrointestinal Agents, Other	TABS	Y	N	VALEANT	00187	2
83	83	I	16000049000340	RIFAXIMIN TAB 550 MG	65649030304	0	XIFAXAN	B	N	03	R	OR	N	06/07/2015	12/31/9999	XIFAXAN TAB 550MG	20391231	08122830	0	1	0	A	550.000		308	Y	20180401	Gastrointestinal Agents	Gastrointestinal Agents, Other	TABS		N	VALEANT	00187	2
83	83	I	97202025006300	*LANCETS***	65702012410	0	ACCU-CHEK SOFTCLIX LANCETS	B	N	03	O	XX	N	08/01/2007	12/31/9999	SOFTCLIX MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	97202025006300	*LANCETS***	65702028810	0	ACCU-CHEK FASTCLIX LANCETS	B	N	03	O	XX	N	05/05/2013	12/31/9999	FASTCLIX MIS LANCETS	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	ROCHE DIAG	50924	
83	83	I	27550070100340	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	66105065203	0	JANUVIA	B	N	03	R	OR	Y	01/01/2011	12/31/9999	JANUVIA TAB 100MG	20391231	68200500	0	1	0	A	100.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TABS		N	AQ PHARMA	66105	2
83	83	I	90371050204030	MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT)	66215001660	0	VALCHLOR	B	N	03	R	EX	N	04/01/2014	12/31/9999	VALCHLOR GEL 0.016%	20391231	84920000	0	0	0	A	0.016		308	N	20180401	Antineoplastics	Alkylating Agents	GEL		N	ACTELION P	66215	2
83	83	I	40160015000320	BOSENTAN TAB 62.5 MG	66215010106	0	TRACLEER	B	N	03	R	OR	N	01/01/2004	12/31/9999	TRACLEER TAB 62.5MG	20391231	48480000	1	1	0	A	62.500		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40160015000330	BOSENTAN TAB 125 MG	66215010206	0	TRACLEER	B	N	03	R	OR	N	01/01/2004	12/31/9999	TRACLEER TAB 125MG	20391231	48480000	1	1	0	A	125.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40160015007320	BOSENTAN TAB FOR ORAL SUSP 32 MG	66215010314	0	TRACLEER	B	N	03	R	OR	N	11/19/2017	12/31/9999	TRACLEER TAB 32MG	20391231	48480000	1	1	0	A	32.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TBSO		N	ACTELION P	66215	2
83	83	I	40160015007320	BOSENTAN TAB FOR ORAL SUSP 32 MG	66215010356	0	TRACLEER	B	N	03	R	OR	N	11/19/2017	12/31/9999	TRACLEER TAB 32MG	20391231	48480000	1	1	0	A	32.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TBSO		N	ACTELION P	66215	2
83	83	I	40160050000320	MACITENTAN TAB 10 MG	66215050115	0	OPSUMIT	B	N	03	R	OR	N	04/01/2014	12/31/9999	OPSUMIT TAB 10MG	20391231	48480000	1	1	0	A	10.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40160050000320	MACITENTAN TAB 10 MG	66215050130	0	OPSUMIT	B	N	03	R	OR	N	04/01/2014	12/31/9999	OPSUMIT TAB 10MG	20391231	48480000	1	1	0	A	10.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40120070000310	SELEXIPAG TAB 200 MCG	66215060206	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 200MCG	20391231	48480000	1	1	0	A	200.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40120070000310	SELEXIPAG TAB 200 MCG	66215060214	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 200MCG	20391231	48480000	1	1	0	A	200.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40120070000315	SELEXIPAG TAB 400 MCG	66215060406	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 400MCG	20391231	48480000	1	1	0	A	400.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40120070000320	SELEXIPAG TAB 600 MCG	66215060606	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 600MCG	20391231	48480000	1	1	0	A	600.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	40120070000325	SELEXIPAG TAB 800 MCG	66215060806	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 800MCG	20391231	48480000	1	1	0	A	800.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83	83	I	85100010002110	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	00944394002	0	HEMOFIL M	B	N	03	R	IV	N	08/01/2013	12/31/9999	HEMOFIL M INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010002130	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	00944394202	0	HEMOFIL M	B	N	03	R	IV	N	08/01/2013	12/31/9999	HEMOFIL M INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010002140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	00944394402	0	HEMOFIL M	B	N	03	R	IV	N	08/01/2013	12/31/9999	HEMOFIL M INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010002146	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT	00944394602	0	HEMOFIL M	B	N	03	R	IV	N	07/21/2013	12/31/9999	HEMOFIL M INJ 1700UNIT	20391231	20281600	0	0	0	A	1700.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010402120	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	00944425202	0	ADYNOVATE	B	N	03	R	IV	N	07/01/2016	12/31/9999	ADYNOVATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402130	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	00944425402	0	ADYNOVATE	B	N	03	R	IV	N	07/01/2016	12/31/9999	ADYNOVATE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402140	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	00944425602	0	ADYNOVATE	B	N	03	R	IV	N	07/01/2016	12/31/9999	ADYNOVATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402150	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT	00944425802	0	ADYNOVATE	B	N	03	R	IV	N	07/01/2016	12/31/9999	ADYNOVATE INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402120	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	00944462201	0	ADYNOVATE	B	N	03	R	IV	N	10/09/2016	12/31/9999	ADYNOVATE INJ 250UNIT	20391231	20281600	0	0	0	A	250.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402130	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	00944462301	0	ADYNOVATE	B	N	03	R	IV	N	10/09/2016	12/31/9999	ADYNOVATE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402140	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	00944462401	0	ADYNOVATE	B	N	03	R	IV	N	10/09/2016	12/31/9999	ADYNOVATE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402150	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT	00944462501	0	ADYNOVATE	B	N	03	R	IV	N	10/09/2016	12/31/9999	ADYNOVATE INJ 2000UNIT	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402135	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	00944462601	0	ADYNOVATE	B	N	03	R	IV	N	01/22/2017	12/31/9999	ADYNOVATE INJ 750UNIT	20391231	20281600	0	0	0	A	750.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402135	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	00944462602	0	ADYNOVATE	B	N	03	R	IV	N	02/19/2017	12/31/9999	ADYNOVATE INJ 750UNIT	20391231	20281600	0	0	0	A	750.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402145	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	00944462701	0	ADYNOVATE	B	N	03	R	IV	N	01/22/2017	12/31/9999	ADYNOVATE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402145	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	00944462702	0	ADYNOVATE	B	N	03	R	IV	N	02/19/2017	12/31/9999	ADYNOVATE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402160	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT	00944462801	0	ADYNOVATE	B	N	03	R	IV	N	08/18/2017	12/31/9999	ADYNOVATE INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010402160	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT	00944462802	0	ADYNOVATE	B	N	03	R	IV	N	08/18/2017	12/31/9999	ADYNOVATE INJ 3000UNIT	20391231	20281600	0	0	0	A	3000.000	4	308	N	20180401			SOLR		N	SHIRE US	54092	2
83	83	I	85100010502130	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT	00944500101	0	OBIZUR	B	N	03	R	IV	N	04/01/2015	12/31/9999	OBIZUR INJ 500 UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010502130	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT	00944500105	0	OBIZUR	B	N	03	R	IV	N	04/01/2015	12/31/9999	OBIZUR INJ 500 UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100010502130	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT	00944500110	0	OBIZUR	B	N	03	R	IV	N	04/01/2015	12/31/9999	OBIZUR INJ 500 UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100070202120	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT	00944755102	0	VONVENDI	B	N	03	R	IV	N	07/10/2016	12/31/9999	VONVENDI INJ 650UNIT	20391231	20281600	0	0	0	A	650.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	85100070202130	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT	00944755302	0	VONVENDI	B	N	03	R	IV	N	07/10/2016	12/31/9999	VONVENDI INJ 1300UNIT	20391231	20281600	0	0	0	A	1300.000	4	308	N	20180401			SOLR		N	BAXALTA	00944	2
83	83	I	97051050146366	INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	08290054701	0	BD PEN NEEDLE-NANO,ULTRA FINE/32G X 4MM	B	N	02	R	XX	N	11/28/2016	12/31/9999	BD PEN NEEDL MIS 32GX4MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051030906335	INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1"	08290305278	0	BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25 G X 1"	B	N	02	O	XX	N	03/14/2010	12/31/9999	INSULIN SYRG MIS 1ML/25G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906380	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	08290305282	0	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2"	B	N	02	O	XX	N	12/07/2004	12/31/9999	INSULIN SYRG MIS 1ML/29G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	08290305937	0	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"	B	N	02	O	XX	N	12/07/2004	12/31/9999	INSULIN SYRG MIS 0.3/31G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906304	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 28 X 1/2"	08290309300	0	BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/28G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906305	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	08290309301	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.3/29G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906320	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	08290309305	0	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/28G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906327	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	08290309306	0	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 0.5/29G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyy	FWP NDC Date Term - mm/dd/yyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	08290309309	0	BD INSULIN SYRINGE/U-100/1ML/28G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/28G	20190101	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906350	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	08290309310	0	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/27G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051030906380	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	08290309311	0	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	B	N	02	O	XX	N	01/01/2004	12/31/9999	INSULIN SYRG MIS 1ML/29G	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD MEDICAL	99811	
83	83	I	97051010006301	SYRINGE (DISPOSABLE) 1 ML	08290309628	0	BD SYRINGE LUER-LOK/1ML	B	N	02	O	XX	N	01/01/2011	12/31/9999	SYRINGE LUER MIS -LOK 1ML	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD DIABETE	99812	
83	83	I	97051030056320	INSULIN SYRINGE (DISP) U-100 1 ML	08290309629	0	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	B	N	02	O	XX	N	01/01/2011	12/31/9999	INSULIN SYRG MIS 1ML	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051010006301	SYRINGE (DISPOSABLE) 1 ML	08290309659	0	BD 1ML TUBERCULIN SYRINGESLIP-TIP	B	N	02	O	XX	N	01/22/2012	12/31/9999	1ML TB SYRNG MIS SLIP-TIP	20391231	94000000	0	0	0	A	0.000	3	308	N	20180401			MISC		N	BD MEDICAL	99811	
83	83	I	97051050146364	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	08290320109	0	BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	BD PEN NEEDL MIS 31GX5/16	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146358	INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	08290320119	0	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16"	B	N	02	O	XX	N	01/01/2004	12/31/9999	BD PEN NEEDL MIS 31GX3/16	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146366	INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	08290320122	0	BD PEN NEEDLE/NANO/ULTRA FINE/32G X 4MM	B	N	02	O	XX	N	04/25/2010	12/31/9999	BD PEN NEEDL MIS 32GX4MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	97051050146366	INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	08290320547	4	BD PEN NEEDLE/NANO/ULTRA FINE/32G X 4MM	B	N	02	R	XX	N	11/28/2016	12/31/9999	BD PEN NEEDL MIS 32GX4MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	BD DIABETE	99812	
83	83	I	72600057000135	PREGABALIN CAP 150 MG	68071038930	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	68071038960	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	68071038990	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72170070100315	TIAGABINE HCL TAB 12 MG	68071044645	0	GABITRIL	B	N	03	R	OR	Y	04/12/2009	12/31/9999	GABITRIL TAB 12MG	20391231	28129200	0	0	0	A	12.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	TABS		N	NUCARE PHA	66267	2
83	83	I	6510007510A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	68071044790	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 20MG CR	20391231	28080800	0	1	0	A	20.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	NUCARE PHA	66267	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	68071047630	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	68071047660	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	68071047690	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	68071049030	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	68071049060	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	68071049090	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	40304080000310	TADALAFIL TAB 10 MG	68071060608	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 10MG	20391231	24121200	1	1	0	A	10.000	V	308	Y	20180401			TABS		N	NUCARE PHA	66267	2
83	83	I	40304080000310	TADALAFIL TAB 10 MG	68071060610	0	CIALIS	B	N	03	R	OR	Y	01/01/2013	12/31/9999	CIALIS TAB 10MG	20391231	24121200	1	1	0	A	10.000	V	308	Y	20180401			TABS		N	NUCARE PHA	66267	2
83	83	I	72600057000160	PREGABALIN CAP 300 MG	68071066290	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 300MG	20391231	28129200	0	1	0	A	300.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	68071073830	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20391231	28080800	0	1	0	A	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	NUCARE PHA	66267	2
83	83	I	6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	68071073860	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 10MG CR	20391231	28080800	0	1	0	A	10.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	NUCARE PHA	66267	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	68071074090	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	68071074093	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	68071074812	0	KALETRA	B	N	03	R	OR	Y	09/02/2012	12/31/9999	KALETRA TAB 200-50MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	NUCARE PHA	66267	2
83	83	I	72600057000125	PREGABALIN CAP 100 MG	68071135400	0	LYRICA	B	N	03	R	OR	Y	11/29/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000135	PREGABALIN CAP 150 MG	68071135600	0	LYRICA	B	N	03	R	OR	Y	11/29/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000145	PREGABALIN CAP 200 MG	68071135800	0	LYRICA	B	N	03	R	OR	Y	11/29/2010	12/31/9999	LYRICA CAP 200MG	20391231	28129200	0	1	0	A	200.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	68071152505	0	PROAIR HFA	B	N	03	R	IN	Y	09/23/2012	12/31/9999	PROAIR HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	NUCARE PHA	66267	2
83	83	I	57100040002001	DIAZEPAM ORAL SOLN 1 MG/ML	68094075059	0	DIAZEPAM	B	N	03	R	OR	Y	03/04/2012	12/31/9999	DIAZEPAM SOL 5MG/5ML	20391231	28240800	0	0	0	A	5.000	T	308	N	20180401	Anxiolytics	Anxiolytics	SOLN		N	PRECISION	68094	2
83	83	I	57100040002001	DIAZEPAM ORAL SOLN 1 MG/ML	68094075062	0	DIAZEPAM	B	N	03	R	OR	Y	03/04/2012	12/31/9999	DIAZEPAM SOL 5MG/5ML	20391231	28240800	0	0	0	A	5.000	T	308	N	20180401	Anxiolytics	Anxiolytics	SOLN		N	PRECISION	68094	2
83	83	I	85100030002105	FACTOR IX COMPLEX FOR INJ 500 UNIT	68516320101	0	PROFILNINE	B	N	03	R	IV	N	07/01/2013	12/31/9999	PROFILNINE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002110	FACTOR IX COMPLEX FOR INJ 1000 UNIT	68516320202	0	PROFILNINE	B	N	03	R	IV	N	07/01/2013	12/31/9999	PROFILNINE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002115	FACTOR IX COMPLEX FOR INJ 1500 UNIT	68516320302	0	PROFILNINE	B	N	03	R	IV	N	07/01/2013	12/31/9999	PROFILNINE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002105	FACTOR IX COMPLEX FOR INJ 500 UNIT	68516320401	0	PROFILNINE SD	B	N	03	R	IV	N	08/04/2013	12/31/9999	PROFILNINE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002110	FACTOR IX COMPLEX FOR INJ 1000 UNIT	68516320502	0	PROFILNINE SD	B	N	03	R	IV	N	08/04/2013	12/31/9999	PROFILNINE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002115	FACTOR IX COMPLEX FOR INJ 1500 UNIT	68516320602	0	PROFILNINE SD	B	N	03	R	IV	N	08/04/2013	12/31/9999	PROFILNINE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002105	FACTOR IX COMPLEX FOR INJ 500 UNIT	68516320701	0	PROFILNINE	B	N	03	R	IV	N	02/11/2018	12/31/9999	PROFILNINE INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002110	FACTOR IX COMPLEX FOR INJ 1000 UNIT	68516320802	0	PROFILNINE	B	N	03	R	IV	N	02/11/2018	12/31/9999	PROFILNINE INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100030002115	FACTOR IX COMPLEX FOR INJ 1500 UNIT	68516320902	0	PROFILNINE	B	N	03	R	IV	N	02/11/2018	12/31/9999	PROFILNINE INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002170	COAGULATION FACTOR IX FOR INJ 500 UNIT	68516360102	0	ALPHANINE SD	B	N	03	R	IV	N	07/01/2013	12/31/9999	ALPHANINE SD INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002180	COAGULATION FACTOR IX FOR INJ 1000 UNIT	68516360202	0	ALPHANINE SD	B	N	03	R	IV	N	07/01/2013	12/31/9999	ALPHANINE SD INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002185	COAGULATION FACTOR IX FOR INJ 1500 UNIT	68516360302	0	ALPHANINE SD	B	N	03	R	IV	N	07/01/2013	12/31/9999	ALPHANINE SD INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002170	COAGULATION FACTOR IX FOR INJ 500 UNIT	68516360402	0	ALPHANINE SD	B	N	03	R	IV	N	08/04/2013	12/31/9999	ALPHANINE SD INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002180	COAGULATION FACTOR IX FOR INJ 1000 UNIT	68516360502	0	ALPHANINE SD	B	N	03	R	IV	N	08/04/2013	12/31/9999	ALPHANINE SD INJ 1000UNIT	20391231	20281600	0	0	0	A	1000.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002185	COAGULATION FACTOR IX FOR INJ 1500 UNIT	68516360602	0	ALPHANINE SD	B	N	03	R	IV	N	08/04/2013	12/31/9999	ALPHANINE SD INJ 1500UNIT	20391231	20281600	0	0	0	A	1500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	85100028002170	COAGULATION FACTOR IX FOR INJ 500 UNIT	68516360702	0	ALPHANINE SD	B	N	03	R	IV	N	02/11/2018	12/31/9999	ALPHANINE SD INJ 500UNIT	20391231	20281600	0	0	0	A	500.000	4	308	N	20180401			SOLR		N	GRIFOLS	68516	2
83	83	I	09000085000320	RIFAPENTINE TAB 150 MG	00088210224	0	PRIFTIN	B	N	03	R	OR	N	01/07/2018	12/31/9999	PRIFTIN TAB 150MG	20391231	08160400	0	0	0	A	150.000		308	N	20180401	Antimycobacterials	Antituberculars	TABS		N	SANOFI-AVE	99890	2
83	83	I	27104003002220	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	00088221900	0	LANTUS SOLOSTAR	B	N	03	R	SC	N	07/16/2017	12/31/9999	LANTUS INJ SOLOSTAR	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	SANOFI-AVE	99890	2
83	83	I	27104003002220	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	00088221905	0	LANTUS SOLOSTAR	B	N	03	R	SC	N	09/19/2010	12/31/9999	LANTUS INJ SOLOSTAR	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	SANOFI-AVE	99890	2
83	83	I	27104003002020	INSULIN GLARGINE INJ 100 UNIT/ML	00088222033	0	LANTUS	B	N	03	R	SC	N	01/01/2004	12/31/9999	LANTUS INJ 100/ML	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	SANOFI-AVE	99890	2
83	83	I	27104003002220	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	00088502005	0	LANTUS SOLOSTAR	B	N	03	R	SC	N	06/18/2017	12/31/9999	LANTUS INJ SOLOSTAR	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	NOVAPLUSSA	99780	2
83	83	I	27104003002020	INSULIN GLARGINE INJ 100 UNIT/ML	00088502101	0	LANTUS	B	M	03	S	SC	N	06/25/2017	12/31/9999	LANTUS INJ 100/ML	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	NOVAPLUSSA	99780	2
83	83	I	44209902708010	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	00093360782	0	FLUTICASONE PROPIONATE/SALMETEROL	B	M	03	S	IN	N	10/01/2017	12/31/9999	FLUTICASONE INH SALMETER	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	TEVA USA	00093	2
83	83	I	44209902708015	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	00093360882	0	FLUTICASONE PROPIONATE/SALMETEROL	B	M	03	S	IN	N	10/01/2017	12/31/9999	FLUTICASONE INH SALMETER	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	TEVA USA	00093	2
83	83	I	44209902708025	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	00093360982	0	FLUTICASONE PROPIONATE/SALMETEROL	B	M	03	S	IN	N	10/01/2017	12/31/9999	FLUTICASONE INH SALMETER	20391231	68040000	0	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	AEPB		N	TEVA USA	00093	2
83	83	I	59200025101320	FLUPHENAZINE HCL ORAL CONC 5 MG/ML	00121065304	0	FLUPHENAZINE HCL	B	N	03	R	OR	N	04/01/2012	12/31/9999	FLUPHENAZINE CON 5MG/ML	20391231	28160824	0	0	0	A	5.000	P	308	N	20180401	Antipsychotics	1st Generation/Typical	CONC		N	PHARM ASSC	00121	2
83	83	I	59200025101005	FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML	00121065402	0	FLUPHENAZINE HCL	B	N	03	R	OR	N	04/01/2012	12/31/9999	FLUPHENAZINE ELX 2.5/5ML	20391231	28160824	0	0	0	A	2.500	P	308	N	20180401	Antipsychotics	1st Generation/Typical	ELIX		N	PHARM ASSC	00121	2
83	83	I	59200025101505	FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML	00121065416	0	FLUPHENAZINE HCL	B	N	03	R	OR	N	04/01/2012	12/31/9999	FLUPHENAZINE ELX 2.5/5ML	20191113	28160824	0	0	0	I	2.500	P	308	N	20180401	Antipsychotics	1st Generation/Typical	ELIX		N	PHARM ASSC	00121	2
83	83	I	22100015100310	CORTISONE ACETATE TAB 25 MG	00143970001	0	CORTISONE ACETATE	B	N	03	R	OR	N	02/22/2015	12/31/9999	CORTISONE AC TAB 25MG	20391231	68040000	0	0	0	A	25.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	WEST-WARD	00143	2
83	83	I	27104010002005	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	00169183302	0	NOVOLIN R RELION	B	N	03	O	IJ	N	08/19/2012	12/31/9999	NOVOLIN R INJ RELION	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	NOVO NORD	00169	2
83	83	I	27104010002005	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	00169183311	0	NOVOLIN R	B	N	03	O	IJ	N	01/01/2004	12/31/9999	NOVOLIN R INJ U-100	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	NOVO NORD	00169	2
83	83	I	27104020001805	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	00169183402	0	NOVOLIN N RELION	B	N	03	O	SC	N	08/19/2012	12/31/9999	NOVOLIN N INJ RELION	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUSP		N	NOVO NORD	00169	2
83	83	I	27104020001805	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	00169183411	0	NOVOLIN N	B	N	03	O	SC	N	01/01/2004	12/31/9999	NOVOLIN N INJ U-100	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUSP		N	NOVO NORD	00169	2
83	83	I	27104090001810	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	00169183702	0	NOVOLIN 70/30 RELION	B	N	03	O	SC	N	08/19/2012	12/31/9999	NOVOLIN70/30 INJ RELION	20391231	68200800	0	1	0	A	0.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUSP		N	NOVO NORD	00169	2
83	83	I	27104090001810	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	00169183711	0	NOVOLIN 70/30 NOVOFINE	B	N	03	O	SC	N	01/01/2004	12/31/9999	NOVOLIN INJ 70/30	20391231	68200800	0	1	0	A	0.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUSP		N	NOVO NORD	00169	2
83	83	I	97051050146368	INSULIN PEN NEEDLE 32 G X 6 MM (1/4")	00169185189	0	NOVOFINE 32GX6MM	B	N	03	O	XX	N	01/01/2011	12/31/9999	NOVOFINE MIS 32GX6MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	NOVO NORD	00169	
83	83	I	97051050146344	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	00169185250	0	NOVOFINE 30GX8MM	B	N	03	O	XX	N	01/01/2011	12/31/9999	NOVOFINE MIS 30GX8MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	NOVO NORD	00169	

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyy	FWP NDC Date Term - mm/dd/yyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83		I	97051050146344	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	00169185275	0	NOVOFINE AUTOCOVER 30GX8MM	B	N	03	O	XX	N	01/01/2011	12/31/9999	NOVOFINE AUT MIS 30GX8MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	NOVO NORD	00169	
83		I	97051050146344	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	00169185350	0	NOVOTWIST 30GX8MM	B	N	03	R	XX	N	12/27/2010	12/31/9999	NOVOTWIST MIS 30GX8MM	20180907	94000000	0	1	0	I	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	NOVO NORD	00169	
83		I	97051050146367	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	00169185389	0	NOVOTWIST 32GX5MM	B	N	03	O	XX	N	12/27/2010	12/31/9999	NOVOTWIST MIS 32GX5MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	NOVO NORD	00169	
83		I	97051050146366	INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	00169185550	0	NOVOFINE PLUS 32GX4MM	B	N	03	O	XX	N	10/05/2014	12/31/9999	NOVOFINE PLS MIS 32GX4MM	20391231	94000000	0	1	0	A	0.000	3	308	Y	20180401	Blood Glucose Regulators	Insulins	MISC		N	NOVO NORD	00169	
83		I	27104007000D220	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML	00169255013	0	TRESIBA FLEXTOUCH	B	N	03	R	SC	N	04/01/2016	12/31/9999	TRESIBA FLEX INJ 200UNIT	20391231	68200800	0	1	0	A	200.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	NOVO NORD	00169	2
83		I	27104007000D210	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML	00169266015	0	TRESIBA FLEXTOUCH	B	N	03	R	SC	N	04/01/2016	12/31/9999	TRESIBA FLEX INJ 100UNIT	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	NOVO NORD	00169	2
83		I	27104002002020	INSULIN ASPART INJ 100 UNIT/ML	00169320111	0	FIASP	B	N	03	R	SC	N	04/01/2018	12/31/9999	FIASP INJ 100/ML	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	NOVO NORD	00169	2
83		I	27104002000D220	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	00169320415	0	FIASP FLEXTOUCH	B	N	03	R	SC	N	04/01/2018	12/31/9999	FIASP FLEX INJ TOUCH	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	NOVO NORD	00169	2
83		I	27104002000E220	INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	00169330312	0	NOVOLOG PENFILL	B	N	03	R	SC	N	01/01/2004	12/31/9999	NOVOLOG INJ PENFILL	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOCT		N	NOVO NORD	00169	2
83		I	27104070001820	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	00169368512	0	NOVOLOG MIX 70/30	B	N	03	R	SC	N	01/01/2004	12/31/9999	NOVOLOG MIX INJ 70/30	20391231	68200800	0	1	0	A	0.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUSP		N	NOVO NORD	00169	2
83		I	27104006002020	INSULIN DETEMIR INJ 100 UNIT/ML	00169368712	0	LEVEMIR	B	N	03	R	SC	N	01/01/2008	12/31/9999	LEVEMIR INJ	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	NOVO NORD	00169	2
83		I	27104070000D320	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	00169369619	0	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	B	N	03	R	SC	N	01/01/2004	12/31/9999	NOVOLOG MIX INJ FLEXPEN	20391231	68200800	0	1	0	A	0.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SUPN		N	NOVO NORD	00169	2
83		I	27170050000D220	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	00169406012	0	VICTOZA	B	N	03	R	SC	N	07/01/2012	12/31/9999	VICTOZA INJ 18MG/3ML	20391231	68200600	0	1	1	A	18.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	SOPN		N	NOVO NORD	00169	2
83		I	27170050000D220	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	00169406013	0	VICTOZA	B	N	03	R	SC	N	07/01/2012	12/31/9999	VICTOZA INJ 18MG/3ML	20391231	68200600	0	1	1	A	18.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	SOPN		N	NOVO NORD	00169	2
83		I	27104002000D220	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	00169633910	0	NOVOLOG FLEXPEN	B	N	03	R	SC	N	01/01/2004	12/31/9999	NOVOLOG INJ FLEXPEN	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	NOVO NORD	00169	2
83		I	27104006000D220	INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT/ML	00169643810	0	LEVEMIR FLEXTOUCH	B	N	03	R	SC	N	05/25/2014	12/31/9999	LEVEMIR INJ FLEXTOUC	20391231	68200800	0	1	0	A	100.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	NOVO NORD	00169	2
83		I	85100032102130	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2000-3125 UNIT	00169701301	0	TRETTEN	B	N	03	R	IV	N	10/01/2014	12/31/9999	TRETTEN INJ	20391231	20281600	0	0	0	A	2000.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83		I	85100026202117	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG)	00169720101	0	NOVOSEVEN RT	B	N	03	R	IV	N	07/01/2013	12/31/9999	NOVOSEVEN RT INJ 1MG	20391231	20281600	0	0	0	A	1.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83		I	85100026202126	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG)	00169720201	0	NOVOSEVEN RT	B	N	03	R	IV	N	07/01/2013	12/31/9999	NOVOSEVEN RT INJ 2MG	20391231	20281600	0	0	0	A	2.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83		I	85100026202145	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG)	00169720501	0	NOVOSEVEN RT	B	N	03	R	IV	N	07/01/2013	12/31/9999	NOVOSEVEN RT INJ 5MG	20391231	20281600	0	0	0	A	5.000	4	308	N	20180401			SOLR		N	NOVO NORD	00169	2
83		I	65100055100315	MORPHINE SULFATE TAB 30 MG	52959018230	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	HJ HARKINS	52959	2
83		I	65100055100315	MORPHINE SULFATE TAB 30 MG	52959018260	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	HJ HARKINS	52959	2
83		I	65100055100315	MORPHINE SULFATE TAB 30 MG	52959018290	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	HJ HARKINS	52959	2
83		I	65100075104A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	52959039660	0	OXYCONTIN	B	M	03	S	OR	Y	01/01/2012	12/31/9999	OXYCONTIN TAB 40MG CR	20391231	28080800	0	1	0	A	40.000		308	Y	20180401	Analgesics	Opioid Analgesics, Long-acting	T12A		N	HJ HARKINS	52959	2
83		I	77204030000305	PHYTONADIONE TAB 5 MG	52959042410	0	MEPHYTON	B	N	03	R	OR	Y	01/01/2004	12/31/9999	MEPHYTON TAB 5MG	20391231	88240000	0	0	0	A	5.000		308	N	20180401			TABS		N	HJ HARKINS	52959	2
83		I	72600057000125	PREGABALIN CAP 100 MG	52959074630	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000125	PREGABALIN CAP 100 MG	52959074660	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000125	PREGABALIN CAP 100 MG	52959074690	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 100MG	20391231	28129200	0	1	0	A	100.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000120	PREGABALIN CAP 75 MG	52959074701	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000120	PREGABALIN CAP 75 MG	52959074730	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000120	PREGABALIN CAP 75 MG	52959074760	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000120	PREGABALIN CAP 75 MG	52959074790	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	50280022000110	APREPITANT CAPSULE 40 MG	52959074801	0	EMEND	B	O	03	S	OR	Y	04/06/2008	01/01/2019	EMEND CAP 40MG	20391231	56223200	0	1	0	A	40.000		308	Y	20180401	Antiemetics	Emetogenic Therapy Adjuncts	CAPS		N	HJ HARKINS	52959	2
83		I	42200045101820	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	52959079800	0	NASONEX	B	O	03	S	NA	Y	07/05/2006	01/01/2019	NASONEX SPR 50MCG/AC	20391231	52080800	0	1	0	A	50.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	SUSP		N	HJ HARKINS	52959	2
83		I	86101038102020	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	52959087703	0	VIGAMOX	B	O	03	S	OP	Y	04/29/2007	01/01/2019	VIGAMOX DRO 0.5%	20391231	52040400	0	0	0	A	0.500		308	N	20180401	Ophthalmic Agents	Ophthalmic Agents, Other	SOLN		N	HJ HARKINS	52959	2
83		I	72600057000115	PREGABALIN CAP 50 MG	52959089102	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000115	PREGABALIN CAP 50 MG	52959089130	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000115	PREGABALIN CAP 50 MG	52959089160	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000115	PREGABALIN CAP 50 MG	52959089190	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000135	PREGABALIN CAP 150 MG	52959089730	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000135	PREGABALIN CAP 150 MG	52959089760	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	72600057000135	PREGABALIN CAP 150 MG	52959089790	0	LYRICA	B	N	03	R	OR	Y	08/15/2010	12/31/9999	LYRICA CAP 150MG	20391231	28129200	0	1	0	A	150.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	HJ HARKINS	52959	2
83		I	62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	52959095156	0	CHANTIX	B	N	03	R	OR	Y	10/19/2008	12/31/9999	CHANTIX PAK 1MG	20391231	12920000	0	0	0	A	1.000	S	308	N	20180401	Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	TABS		N	HJ HARKINS	52959	2
83		I	22100045000335	PREDNISONE TAB 50 MG	52959095400	0	PREDNISONE	B	N	03	R	OR	Y	11/02/2008	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	HJ HARKINS	52959	2
83		I	22100045000335	PREDNISONE TAB 50 MG	52959095405	0	PREDNISONE	B	N	03	R	OR	Y	11/02/2008	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	HJ HARKINS	52959	2
83		I	12109902550310	LOPINAVIR-RITONAVIR TAB 100-25 MG	52959096812	0	KALETRA	B	N	03	R	OR	Y	03/22/2009	12/31/9999	KALETRA TAB 100-25MG	20391231	08180808	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	TABS		N	HJ HARKINS	52959	2
83		I	12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	52959096903	0	TRUVADA	B	N	03	R	OR	Y	03/22/2009	12/31/9999	TRUVADA TAB	20391231	08180820	0	1	0	A	0.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TABS		N	HJ HARKINS	52959	2
83		I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	52959097801	0	PROAIR HFA	B	N	03	R	IN	Y	03/22/2009	12/31/9999	PROAIR HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	HJ HARKINS	52959	2
83		I	78512015000324	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG**	53002040100	0	PRENATAL PLUS/IRON	B	N	03	R	OR	Y	02/04/2011	12/31/9999	PRENATAL TAB PLUS/FE	20391231	88280000	0	0	0	A	0.000	I	308	N	20180401			TABS		N	PHARMEDIX	53002	2
83		I	44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	53002155001	0	PROAIR HFA	B	N	03	R	IN	Y	10/11/2009	12/31/9999	PROAIR HFA AER	20391231	12120812	0	0	0	A	108.000		308	N	20180401	Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	AERS		N	PHARMEDIX	53002	2
83		I	85100028202130	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	53270027005	0	IXINITY	B	N	03	R	IV	N	01/01/2016	12/31/9999	IXINITY INJ 500UNIT	20190101	20281600	0	0	0	I	500.000	4	308	N	20180401			SOLR		N	EMERGENT B	53270	2
83		I	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	53270027105	0	IXINITY	B	N	03	R	IV	N	01/01/2016	12/31/9999	IXINITY INJ 1000UNIT	20190101	20281600	0	0	0	I	1000.000	4	308	N	20180401			SOLR		N	EMERGENT B	53270	2
83		I	85100028202140	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	53270027106	0	IXINITY	B	N	03	R	IV	N	01/01/2016	12/31/9999	IXINITY INJ 1000UNIT	20190101	20281600	0	0	0	I	1000.000	4	308	N	20180401			SOLR		N	EMERGENT B	53270	2
83		I	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT	53270027205	0	IXINITY	B	N	03	R	IV	N	01/01/2016	12/31/9999	IXINITY INJ 1500UNIT	20190101	20281600	0	0	0	I	1500.000	4	308	N	20180401			SOLR		N	EMERGENT B	53270	2
83		I	85100028202145	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT	53270027206	0	IXINITY	B	N	03	R	IV	N	01/01/2016	12/31/9999	IXINITY INJ 1500UNIT	20190101	20281600	0	0	0	I	1500.000	4	308	N	20180401			SOLR		N	EMERGENT B	53270	2
83		I	52500030000210	MESALAMINE CAP ER 250 MG	54092018981	0	PENTASA	B	N	03	R	OR	N	01/01/2004	01/01/2019	PENTASA CAP 250MG CR	20391231	56360000	0	0	0	A	250.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	CPCR		N	SHIRE US	54092	2
83		I	52500030000220	MESALAMINE CAP ER 500 MG	54092019112	0	PENTASA	B	N	03	R	OR	N	10/06/2004	01/01/2019	PENTASA CAP 500MG CR	20391231	56360000	0	0	0	A	500.000		308	N	20180401	Inflammatory Bowel Disease Agents	Aminosalicylates	CPCR		N	SHIRE US	54092	2
83		I	85820040102020	ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)	54092070202	0	FIRAZYR	B	N	03	R	SC	N	04/01/2012	12/31/9999	FIRAZYR INJ 30MG/3ML	20391231	92320000	0	1	0	A	30.000		308	Y	20180401	Immunological Agents	Angioedema Agents	SOLN		N	SHIRE US	54092	2
83		I	85820040102020	ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)	54092070203	0	FIRAZYR	B	N	03	R	SC	N	04/01/2012	12/31/9999	FIRAZYR INJ 30MG/3ML	20391231	92320000	0	1	0	A	30.000		308	Y	20180401	Immunological Agents	Angioedema Agents	SOLN		N	SHIRE US	54092	2
83		I	22100045000335	PREDNISONE TAB 50 MG	54348050905	0	PREDNISONE	B	N	03	R	OR	Y	01/01/2004	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	PHARMPAK	54348	2
83		I	22100045000335	PREDNISONE TAB 50 MG	54569033300	0	PREDNISONE	B	N	03	R	OR	Y	01/01/2004	12/31/9999	PREDNISONE TAB 50MG	20391231	68040000	0	0	0	A	50.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	TABS		N	ASMEDSOLUT	54569	2
83		I	40120070000330	SELEXIPAG TAB 1000 MCG	66215061006	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 1000MCG	20391231	48480000	1	1	0	A	1000.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83		I	40120070000335	SELEXIPAG TAB 1200 MCG	66215061206	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 1200MCG	20391231	48480000	1	1	0	A	1200.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83		I	40120070000340	SELEXIPAG TAB 1400 MCG	66215061406	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 1400MCG	20391231	48480000	1	1	0	A	1400.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83		I	40120070000345	SELEXIPAG TAB 1600 MCG	66215061606	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 1600MCG	20391231	48480000	1	1	0	A	1600.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	ACTELION P	66215	2
83		I	40120070000B720	SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60)	66215062820	0	UPTRAVI	B	N	03	R	OR	N	07/01/2016	12/31/9999	UPTRAVI TAB 200/800	20391231	48480000	1	1	0	A	0.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TBPK		N	ACTELION P	66215	2
83		I	65100055100310	MORPHINE SULFATE TAB 15 MG	66267127600	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83		I	65100055100315	MORPHINE SULFATE TAB 30 MG	66267127700	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83		I	40143080000320	TADALAFIL TAB 20 MG (PAH)	66302046760	0	ADCIRCA	B	N	03	R	OR	N	01/01/2010	12/31/9999	ADCIRCA TAB 20MG	20391231	24121200	1	1	0	A	20.000		308	Y	20180401	Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	TABS		N	LILLY	00002	2
83		I	72100030004030	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	66490065020	0	DIASTAT PEDIATRIC	B	M	03	S	RE	N	01/01/2004	12/31/9999	DIASTAT PED GEL 2.5M GEL	20391231	28240800	0	0	0	A	2.500		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	GEL		N	VALEANT	00187	2
83		I	30904045000110	NITISINONE CAP 2 MG	66658010260	0	ORFADIN	B	N	03	R	OR	N	03/09/2014	12/31/9999	ORFADIN CAP 2MG	20391231	92920000	0	0	0	A	2.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CAPS		N	SOBI	66658	2
83		I	30904045000120	NITISINONE CAP 5 MG	66658010560	0	ORFADIN	B	N	03	R	OR	N	03/09/2014	12/31/9999	ORFADIN CAP 5MG	20391231	92920000	0	0	0	A	5.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CAPS		N	SOBI	66658	2
83		I	30904045000130	NITISINONE CAP 10 MG	66658011060	0	ORFADIN	B	N	03	R	OR	N	03/09/2014	12/31/9999	ORFADIN CAP 10MG	20391231	92920000	0	0	0	A	10.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CAPS		N	SOBI	66658	2
83		I	30904045000140	NITISINONE CAP 20 MG	66658012060	0	ORFADIN	B	N	03	R	OR	N	08/21/2016	12/31/9999	ORFADIN CAP 20MG	20391231	92920000	0	0	0	A	20.000		308	N	20180401			CAPS		N	SOBI	66658	2

Formulary ID	Component FWPID (if applicable)	NDC included or excluded?	GPI	GPI Name	NDC	Tier	Brand Name	Brand or Generic?	MS C	NDC Type	OTC Indicator	Route of Admin	Repackag e Code	FWP NDC Date Eff - mm/dd/yyyy	FWP NDC Date Term - mm/dd/yyyy	Label Name	Obsolete Date	AHFS Code	PA	QL	ST	NDC Status	Strength	3rd Party Exception Code	UM Package	Any UM?	As of Date	Therapeutic Category	Therapeutic Class	Dose Form	Modifier Code from Rule 01140?	Clinic Pack Code	Mfg Abbreviation	Mfg Code	DESI Code
83	83	I	30904045001820	NITISINONE SUSP 4 MG/ML	66658020490	0	ORFADIN	B	N	03	R	OR	N	06/19/2016	12/31/9999	ORFADIN SUS 4MG/ML	20391231	92920000	0	0	0	A	4.000		308	N	20180401	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SUSP		N	SOBI	66658	2
83	83	I	21758050000320	MESNA TAB 400 MG	67108356509	0	MESNEX	B	N	03	R	OR	N	12/23/2004	12/31/9999	MESNEX TAB 400MG	20391231	92560000	0	0	0	A	400.000		308	N	20180401	Antineoplastics	Treatment Adjuncts	TABS		N	BAXTER ACC	10019	2
83	83	I	72170085000320	VIGABATRIN TAB 500 MG	67386011101	0	SABRIL	B	N	03	R	OR	N	01/01/2010	12/31/9999	SABRIL TAB 500MG	20391231	28129200	0	0	0	A	500.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	TABS		N	LUNDBECK	67386	2
83	83	I	72170085003020	VIGABATRIN POWD PACK 500 MG	67386021165	0	SABRIL	B	O	03	S	OR	N	01/01/2010	01/01/2019	SABRIL POW 500MG	20391231	28129200	0	0	0	A	500.000		308	N	20180401	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	PACK		N	LUNDBECK	67386	2
83	83	I	85100015102129	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT	67467018201	0	WILATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	WILATE INJ	20180402	20281600	0	0	0	I	0.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	67467	2
83	83	I	85100015102139	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT	67467018202	0	WILATE	B	N	03	R	IV	N	07/01/2013	12/31/9999	WILATE INJ	20180402	20281600	0	0	0	I	0.000	4	308	N	20180401			SOLR		N	OCTAPHARMA	67467	2
83	83	I	16230070200120	TEDIZOLID PHOSPHATE FOR IV SOLN 200 MG	67919004001	0	SIVEXTRO	B	N	03	R	IV	N	01/01/2015	12/31/9999	SIVEXTRO INJ 200MG	20391231	08122824	0	0	0	A	200.000		308	N	20180401	Antibacterials	Antibacterials, Other	SOLR		N	MERCKSHARP	67919	2
83	83	I	16230070200320	TEDIZOLID PHOSPHATE TAB 200 MG	67919004101	0	SIVEXTRO	B	N	03	R	OR	N	01/01/2015	12/31/9999	SIVEXTRO TAB 200MG	20391231	08122824	0	1	0	A	200.000		308	Y	20180401	Antibacterials	Antibacterials, Other	TABS		N	MERCKSHARP	67919	2
83	83	I	16230070200320	TEDIZOLID PHOSPHATE TAB 200 MG	67919004102	0	SIVEXTRO	B	N	03	R	OR	N	01/01/2015	12/31/9999	SIVEXTRO TAB 200MG	20391231	08122824	0	1	0	A	200.000		308	Y	20180401	Antibacterials	Antibacterials, Other	TABS		N	MERCKSHARP	67919	2
83	83	I	24000035004035	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	68025006530	0	DIVIGEL	B	N	03	R	TD	N	12/14/2014	12/31/9999	DIVIGEL GEL 0.25MG	20391231	68160400	0	0	0	A	0.250		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	GEL		N	VERTICAL	68025	2
83	83	I	24000035004040	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	68025006630	0	DIVIGEL	B	N	03	R	TD	N	12/14/2014	12/31/9999	DIVIGEL GEL 0.5MG	20391231	68160400	0	0	0	A	0.500		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	GEL		N	VERTICAL	68025	2
83	83	I	24000035004045	ESTRADIOL TD GEL 1 MG/GM (0.1%)	68025006730	0	DIVIGEL	B	N	03	R	TD	N	11/02/2014	12/31/9999	DIVIGEL GEL 1MG/GM	20391231	68160400	0	0	0	A	1.000		308	N	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	GEL		N	VERTICAL	68025	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071017704	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071017706	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	68071017804	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100315	MORPHINE SULFATE TAB 30 MG	68071017806	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 30MG	20391231	28080800	0	0	0	A	30.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071035230	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071035256	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071035260	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071035284	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071035290	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	65100055100310	MORPHINE SULFATE TAB 15 MG	68071035291	0	MORPHINE SULFATE	B	N	03	R	OR	Y	06/23/2011	12/31/9999	MORPHINE SUL TAB 15MG	20391231	28080800	0	0	0	A	15.000		308	N	20180401	Analgesics	Opioid Analgesics, Short-acting	TABS		N	NUCARE PHA	66267	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	68071035330	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	68071035360	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000120	PREGABALIN CAP 75 MG	68071035390	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 75MG	20391231	28129200	0	1	0	A	75.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	68071036530	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	68071036560	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	72600057000115	PREGABALIN CAP 50 MG	68071036590	0	LYRICA	B	N	03	R	OR	Y	04/01/2010	12/31/9999	LYRICA CAP 50MG	20391231	28129200	0	1	0	A	50.000		308	Y	20180401	Anticonvulsants	Calcium Channel Modifying Agents	CAPS		N	NUCARE PHA	66267	2
83	83	I	23100030002020	TESTOSTERONE TD SOLN 30 MG/ACT	00002197590	0	AXIRON	B	O	03	S	TD	N	01/01/2017	01/01/2019	AXIRON SOL 30MG/ACT	20190905	68080000	1	1	0	I	30.000		308	Y	20180401	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	SOLN		N	LILLY	00002	2
83	83	I	40304080000305	TADALAFIL TAB 5 MG	00002446230	0	CIALIS	B	N	03	R	OR	N	01/01/2013	12/31/9999	CIALIS TAB 5MG	20391231	24121200	1	1	0	A	5.000	V	308	Y	20180401	Genitourinary Agents	Benign Prostatic Hypertrophy Agents	TABS		N	LILLY	00002	2
83	83	I	40304080000305	TADALAFIL TAB 5 MG	00002446234	0	CIALIS	B	N	03	R	OR	N	01/01/2013	12/31/9999	CIALIS TAB 5MG	20391231	24121200	1	1	0	A	5.000	V	308	Y	20180401	Genitourinary Agents	Benign Prostatic Hypertrophy Agents	TABS		N	LILLY	00002	2
83	83	I	40304080000305	TADALAFIL TAB 5 MG	00002446279	0	CIALIS	B	N	03	R	OR	N	01/01/2013	12/31/9999	CIALIS TAB 5MG	20391231	24121200	1	1	0	A	5.000	V	308	Y	20180401	Genitourinary Agents	Benign Prostatic Hypertrophy Agents	TABS		N	LILLY	00002	2
83	83	I	40304080000310	TADALAFIL TAB 10 MG	00002446330	0	CIALIS	B	N	03	R	OR	N	01/01/2013	12/31/9999	CIALIS TAB 10MG	20391231	24121200	1	1	0	A	10.000	V	308	Y	20180401			TABS		N	LILLY	00002	2
83	83	I	40304080000320	TADALAFIL TAB 20 MG	00002446430	0	CIALIS	B	N	03	R	OR	N	01/01/2013	12/31/9999	CIALIS TAB 20MG	20391231	24121200	1	1	0	A	20.000	V	308	Y	20180401			TABS		N	LILLY	00002	2
83	83	I	40304080000302	TADALAFIL TAB 2.5 MG	00002446534	0	CIALIS	B	N	03	R	OR	N	01/01/2013	12/31/9999	CIALIS TAB 2.5MG	20391231	24121200	1	1	0	A	2.500	V	308	Y	20180401	Genitourinary Agents	Benign Prostatic Hypertrophy Agents	TABS		N	LILLY	00002	2
83	83	I	40304080000302	TADALAFIL TAB 2.5 MG	00002446579	0	CIALIS	B	N	03	R	OR	N	01/01/2013	12/31/9999	CIALIS TAB 2.5MG	20391231	24121200	1	1	0	A	2.500	V	308	Y	20180401	Genitourinary Agents	Benign Prostatic Hypertrophy Agents	TABS		N	LILLY	00002	2
83	83	I	27300010106410	GLUCAGON (RDNA) FOR INJ KIT 1 MG	00002803101	0	GLUCAGON EMERGENCY KIT	B	N	03	R	IJ	N	01/01/2004	12/31/9999	GLUCAGON KIT 1MG	20391231	68221200	0	0	0	A	1.000		308	N	20180401	Blood Glucose Regulators	Glycemic Agents	KIT		N	LILLY	00002	2
83	83	I	30044070002020	TERIPARATIDE (RECOMBINANT) INJ 600 MCG/2.4ML	00002840001	0	FORTEO	B	N	03	R	SC	N	10/05/2008	12/31/9999	FORTEO SOL 600/2.4	20391231	68240800	1	1	0	A	600.000		308	Y	20180401	Metabolic Bone Disease Agents	Metabolic Bone Disease Agents	SOLN		N	LILLY	00002	2
83	83	I	27104010002015	INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML	00002850101	0	HUMULIN R U-500 (CONCENTRATED)	B	N	03	R	SC	N	07/01/2017	12/31/9999	HUMULIN R INJ U-500	20391231	68200800	0	1	0	A	500.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOLN		N	LILLY	00002	2
83	83	I	27104010000250	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML	00002882401	0	HUMULIN R U-500 KWIKPEN	B	N	03	R	SC	N	07/01/2017	12/31/9999	HUMULIN R INJ U-500	20391231	68200800	0	1	0	A	500.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	LILLY	00002	2
83	83	I	27104010000250	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML	00002882427	0	HUMULIN R U-500 KWIKPEN	B	N	03	R	SC	N	07/01/2017	12/31/9999	HUMULIN R INJ U-500	20391231	68200800	0	1	0	A	500.000	1	308	Y	20180401	Blood Glucose Regulators	Insulins	SOPN		N	LILLY	00002	2
83	83	I	21534020000350	DASATINIB TAB 70 MG	00003052411	0	SPRYCEL	B	N	03	R	OR	N	10/01/2013	12/31/9999	SPRYCEL TAB 70MG	20391231	10000000	1	1	0	A	70.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	BMS-PC	99908	2
83	83	I	21534020000320	DASATINIB TAB 20 MG	00003052711	0	SPRYCEL	B	N	03	R	OR	N	10/01/2013	12/31/9999	SPRYCEL TAB 20MG	20391231	10000000	1	1	0	A	20.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	BMS-PC	99908	2
83	83	I	21534020000340	DASATINIB TAB 50 MG	00003052811	0	SPRYCEL	B	N	03	R	OR	N	10/01/2013	12/31/9999	SPRYCEL TAB 50MG	20391231	10000000	1	1	0	A	50.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	BMS-PC	99908	2
83	83	I	21534020000360	DASATINIB TAB 100 MG	00003085222	0	SPRYCEL	B	N	03	R	OR	N	10/01/2013	12/31/9999	SPRYCEL TAB 100MG	20391231	10000000	1	1	0	A	100.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	BMS-PC	99908	2
83	83	I	21534020000354	DASATINIB TAB 80 MG	00003085522	0	SPRYCEL	B	N	03	R	OR	N	10/01/2013	12/31/9999	SPRYCEL TAB 80MG	20391231	10000000	1	1	0	A	80.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	BMS-PC	99908	2
83	83	I	21534020000380	DASATINIB TAB 140 MG	00003085722	0	SPRYCEL	B	N	03	R	OR	N	10/01/2013	12/31/9999	SPRYCEL TAB 140MG	20391231	10000000	1	1	0	A	140.000		308	Y	20180401	Antineoplastics	Molecular Target Inhibitors	TABS		N	BMS-PC	99908	2
83	83	I	83370010000320	APIXABAN TAB 2.5 MG	00003089321	0	ELIQUIS	B	N	03	R	OR	N	07/01/2015	12/31/9999	ELIQUIS TAB 2.5MG	20391231	20120414	0	1	0	A	2.500		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	BMS-PC	99908	2
83	83	I	83370010000330	APIXABAN TAB 5 MG	00003089421	0	ELIQUIS	B	N	03	R	OR	N	07/01/2015	12/31/9999	ELIQUIS TAB 5MG	20391231	20120414	0	1	0	A	5.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	BMS-PC	99908	2
83	83	I	83370010000330	APIXABAN TAB 5 MG	00003089470	0	ELIQUIS	B	N	03	R	OR	N	05/14/2017	12/31/9999	ELIQUIS TAB 5MG	20391231	20120414	0	1	0	A	5.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	BMS-PC	99908	2
83	83	I	12352030002020	ENTECAVIR ORAL SOLN 0.05 MG/ML	00003161412	0	BARACLUDE	B	N	03	R	OR	N	10/01/2006	12/31/9999	BARACLUDE SOL .05MG/ML	20391231	08183200	0	0	0	A	0.050		308	N	20180401	Antivirals	Anti-hepatitis B (HBV) Agents	SOLN		N	BMS-PC	99908	2
83	83	I	12104515200150	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	00003362212	0	REYATAZ	B	O	03	S	OR	N	10/31/2006	01/01/2019	REYATAZ CAP 300MG	20391231	08180808	0	1	0	A	300.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	BMS-PC	99908	2
83	83	I	12104515200130	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	00003362412	0	REYATAZ	B	O	03	S	OR	N	01/01/2004	01/01/2019	REYATAZ CAP 150MG	20391231	08180808	0	1	0	A	150.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	BMS-PC	99908	2
83	83	I	12104515200140	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	00003363112	0	REYATAZ	B	O	03	S	OR	N	01/01/2004	01/01/2019	REYATAZ CAP 200MG	20391231	08180808	0	1	0	A	200.000	A	308	Y	20180401	Antivirals	Anti-HIV Agents, Protease Inhibitors	CAPS		N	BMS-PC	99908	2
83	83	I	83370010000330	APIXABAN TAB 5 MG	00003376474	0	ELIQUIS STARTER PACK	B	N	03	R	OR	N	01/28/2018	12/31/9999	ELIQUIS ST P TAB 5MG	20391231	20120414	0	1	0	A	5.000		308	Y	20180401	Blood Products/Modifiers/ Volume Expanders	Anticoagulants	TABS		N	BMS-PC	99908	2
83	83	I	82803030000120	HYDROXYUREA CAP 200 MG	00003633517	0	DROXIA	B	N	03	R	OR	N	01/01/2004	12/31/9999	DROXIA CAP 200MG	20391231	10000000	0	0	0	A	200.000		308	N	20180401	Antineoplastics	Antimetabolites	CAPS		N	BMS ONC/IM	99970	2
83	83	I	82803030000130	HYDROXYUREA CAP 300 MG	00003633617	0	DROXIA	B	N	03	R	OR	N	01/01/2004	12/31/9999	DROXIA CAP 300MG	20391231	10000000	0	0	0	A	300.000		308	N	20180401	Antineoplastics	Antimetabolites	CAPS		N	BMS ONC/IM	99970	2
83	83	I	82803030000140	HYDROXYUREA CAP 400 MG	00003633717	0	DROXIA	B	N	03	R	OR	N	01/01/2004	12/31/9999	DROXIA CAP 400MG	20391231	10000000	0	0	0	A	400.000		308	N	20180401	Antineoplastics	Antimetabolites	CAPS		N	BMS ONC/IM	99970	2
83	83	I	12353060052020	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	00004035009	0	PEGASYS	B	N	03	R	SC	N	01/01/2004	12/31/9999	PEGASYS INJ 180MCG/M	20391231	08182000	1	0	0	A	180.000		308	Y	20180401	Antivirals	Anti-hepatitis B (HBV) Agents	SOLN		N	GENENTECH	50242	2
83	83	I	12353060052040	PEGINTERFERON ALFA-2A INJ 180 MCG/0.5ML	00004035730	0	PEGASYS	B	N	03	R	SC	N	11/13/2011	12/31/9999	PEGASYS INJ	20391231	08182000	1	0	0	A	180.000		308	Y	20180401	Antivirals	Anti-hepatitis B (HBV) Agents	SOLN		N	GENENTECH	50242	2
83	83	I	12353060052030	PEGINTERFERON ALFA-2A INJ 135 MCG/0.5ML	00004036030	0	PEGASYS PROCLICK	B	N	03	R	SC	N	10/24/2011	12/31/9999	PEGASYS INJ PROCLICK	20391231	08182000	1	0	0	A	135.000		308	Y	20180401	Antivirals	Anti-hepatitis B (HBV) Agents	SOLN		N	GENENTECH	50242	2
83	83	I	12353060052040	PEGINTERFERON ALFA-2A INJ 180 MCG/0.5ML	00004036530	0	PEGASYS PROCLICK	B	N	03	R	SC	N	10/24/2011	12/31/9999	PEGASYS INJ PROCLICK	20391231	08182000	1	0	0	A	180.000		308	Y	20180401	Antivirals	Anti-hepatitis B (HBV) Agents	SOLN		N	GENENTECH	50242	2
83	83	I	27992502707520	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-500 MG	00006007861	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 50-500MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27992502707520	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-500 MG	00006007862	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 50-500MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27992502707520	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-500 MG	00006007882	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 50-500MG	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27992502707530	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-1000 MG	00006008061	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 50-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27992502707530	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-1000 MG	00006008062	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 50-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27992502707530	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-1000 MG	00006008082	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 50-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2
83	83	I	27992502707540	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 100-1000 MG	00006008131	0	JANUMET XR	B	N	03	R	OR	N	10/01/2012	12/31/9999	JANUMET XR TAB 100-1000	20391231	68200500	0	1	0	A	0.000		308	Y	20180401	Blood Glucose Regulators	Antidiabetic Agents	TB24		N	MERCKSHARP	00006	2

Parent Name	Broad Plus	TX Preferred
ACCESSHEALTH PLUS	N	N
APNS RESOLVERX	N	N
ARETE PHARMACY NETWORK (783)	N	N
BIMART CORPORATION	N	N
CARE PHARMACIES COOPERATIVE INC	N	N
CURATORS OF THE UNIVERSITY OF MO	N	N
CVS PHARMACY IN TARGET	N	N
LIFECHEK INC	N	N
M CHEST PHARMACIES	N	N
MANAGED CARE CONNECTION	N	N
MARKET BASKET PHARMACIES	N	N
OPTUMRX	N	N
PHARMACY PLUS INC	N	N
PROCARE PHARMACY LLC	N	N
RANDALLS FOOD AND DRUG INC	N	N
THIRD PARTY STATION	N	N
Total	N	N
VIRGINIA MASON MEDICAL CTR	N	N
ABS LLC SO CAL AND IMW	Y	Y
ACCESSHEALTH	Y	Y
ACCREDO HEALTH GROUP INC	Y	N
ALBERTSONS LLC	Y	Y
AMERICAN PHARMACY NETWORK SOLUTIONS	Y	N
ARETE PHARMACY NETWORK (426)	Y	N
BRIOVARX LLC	Y	N
BROOKSHIRE BROS INC	Y	N
BROOKSHIRE GROCERY COMPANY	Y	N
CAREMARK LLC	Y	N
CITY MARKET INC	Y	Y
COMMUNITY INDEPENDENT PHARMACY NETW	Y	N
COSTCO PHARMACIES	Y	N
CVS PHARMACY INC	Y	N
DEPT OF VETERANS AFFAIRS	Y	N
DILLON STORES	Y	Y
DISCOUNT DRUG MART INC	Y	N
DOD PHARMACO ECONOMIC CENTER	Y	N
ELEVATE PROVIDER NETWORK	Y	N
EPIC PHARMACY NETWORK INC	Y	N
FRED MEYER INC	Y	Y
FREDS PHARMACY	Y	N
FRYS FOOD AND DRUG STORES	Y	Y
GENOA A QOL HEALTHCARE COMPANY LLC	Y	N
GERIMED LTC NETWORK INC	Y	N
GIANT EAGLE INC	Y	N
HARRIS TEETER INC	Y	Y
HARVARD VANGUARD MEDICAL ASSOCIATES	Y	N

Parent Name	Broad Plus	TX Preferred
HEB GROCERY COMPANY LP	Y	Y
INNOVATIX NETWORK LLC	Y	N
INSTY MEDS	Y	N
KING SOOPERS PHARMACY CO	Y	Y
KINNEY DRUGS	Y	N
KS MANAGEMENT SERVICES	Y	N
LEADER DRUG STORES INC	Y	N
LONGS DRUG STORES CALIFORNIA LLC	Y	N
MAXOR NATIONAL PHARMACY SERVICES LL	Y	N
MEDICAP PHARMACIES INC	Y	N
MEDICINE SHOPPE	Y	N
MEIJER INC	Y	N
MHA LONG TERM CARE NETWORK	Y	N
NEIGHBORCARE PHARMACY SERVICES INC	Y	N
NEW ALBERTSONS INC	Y	Y
NORTHEAST PHCY SVCE CORP	Y	N
OMNICARE INC NCS HEALTHCARE LLC	Y	N
ONCOLOGY PHARMACY SERVICES INC	Y	N
OPUS ISM LLC	Y	N
PATIENT FIRST CORPORATION	Y	N
PHARMERICA	Y	N
PPOK RXSELECT PHCY NETWORK	Y	Y
PROVIDERPAY	Y	N
PUBLIX SUPER MARKETS INC	Y	N
RALEYS DRUG CENTER	Y	N
RALPHS PHARMACY	Y	Y
RECEPT HEALTHCARE SERVICES	Y	N
RITE AID CORPORATION	Y	N
SAFEWAY INC	Y	Y
SHOPKO STORES OPERATING CO LLC	Y	N
SMART ID WORKS LLC	Y	N
SMITHS FOOD AND DRUG CENTER INC	Y	Y
THE BARTELL DRUG COMPANY	Y	N
THE KROGER CO	Y	Y
THIRD PARTY STATION CP	Y	N
THRIFTY DRUG STORES INC	Y	N
TOM THUMB PHARMACIES	Y	Y
TRINET	Y	N
U HEALTH PHARMACIES	Y	N
UNITED PHARMACY TX	Y	Y
US BIOSERVICES CORPORATION	Y	N
VONS COMPANIES INC	Y	Y
WALGREENS DRUG STORE	Y	Y
WALMART STORES INC	Y	N
WEGMAN FOOD MARKET INC	Y	N
WINN DIXIE PHARMACY	Y	N

Controlled Substance Outlier Report

Client Name	Prescriber Last Name	Prescriber First Name	Prescriber NPI	Specialty Group	CMS Class	CMS Specialty	Prescriber Address	Prescriber City	Prescriber State	Prescriber Zip	Prescriber's Rank	% of Total Claims as CS	Prime's BoB by Specialty % CS Claims	Client's BoB by Specialty % CS Claims	# Controlled Substance Claims	Prime's BoB by Specialty Avg # CS Claims	Client's BoB by Specialty Avg # CS Claims	% of CS claims as Schedule II
				Anesthesiology	Anesthesiology						1	85.33	59.12	61.42	134	465	210	80.60
				Anesthesiology	Anesthesiology						2	75.85	59.12	61.42	201	465	210	85.07
				Anesthesiology	Anesthesiology						3	75.41	59.12	61.42	325	465	210	84.62
				Anesthesiology	Anesthesiology						4	75.00	59.12	61.42	111	465	210	85.53
				Anesthesiology	Anesthesiology						5	72.35	59.12	61.42	327	465	210	88.07
				Anesthesiology	Anesthesiology						6	71.19	59.12	61.42	257	465	210	88.72
				Anesthesiology	Anesthesiology						7	63.96	59.12	61.42	126	465	210	91.27
				Anesthesiology	Anesthesiology						8	63.74	59.12	61.42	334	465	210	92.81
				Anesthesiology	Anesthesiology						9	60.82	59.12	61.42	208	465	210	75.48
				Anesthesiology	Anesthesiology						10	50.68	59.12	61.42	224	465	210	75.45
				Anesthesiology	Anesthesiology						11	45.24	59.12	61.42	209	465	210	71.77
				Anesthesiology	Anesthesiology						12	43.55	59.12	61.42	135	465	210	88.89
				Anesthesiology	Anesthesiology						13	38.20	59.12	61.42	136	465	210	87.50
				Nurse Practitioner	Nurse Practitioner	Acute Care					1	62.38	13.89	15.37	199	256	163	0.00
				Nurse Practitioner	Nurse Practitioner	Acute Care					2	27.77	13.89	15.37	138	256	163	32.83
				Nurse Practitioner	Nurse Practitioner						3	8.16	13.89	15.37	136	256	163	24.26
				Nurse Practitioner	Nurse Practitioner						4	7.69	13.89	15.37	119	256	163	6.72

GuidedHealth®

PRIME THERAPEUTICS®

[redacted]

[redacted] Anesthesiology

Prescriber Information
NPI: [redacted]
DEA: [redacted]
Address: [redacted]

Date Range: 2015-10-02 to 2016-09-30
CMS Class: Anesthesiology
CMS Specialty: Anesthesiology

Metric	Value	Client Average	Prime BoB Average
Number of CS Claims	134	210	467
% of total claims as CS	89.3%	61.5%	59.2%
% of CS claims as Schedule II	80.6%	84.8%	73.7%
Members treated with CS	27	38	76
CS claims/treated member	4.96	5.53	6.13
CS total paid/treated member	$493	$426	$789
% of members using opioid with: > 120 mg for >= 90 consecutive days and > 3 prescribers and > 3 pharmacies	0.0%	1.1%	0.9%
> 120 mg for >= 90 consecutive days	3.7%	14.3%	11.5%
> 3 prescribers and > 3 pharmacies	3.7%	3.0%	6.3%

Top Controlled Substance Products

Drug	Claims	Cost	Total Paid/ Claim
OPIOID COMBINATIONS	40	$2,173	$54
OXYCODONE	32	$6,739	$211
HYDROCODONE COMBINATIONS	22	$359	$16
TRAMADOL HCL	16	$51	$3
PREGABALIN	8	$2,702	$338
MORPHINE	6	$170	$28
FENTANYL	4	$471	$118
METHADONE HCL	3	$28	$9
CODEINE COMBINATIONS	2	$34	$17
TAPENTADOL HCL	1	$577	$577

Top Non-Controlled Substance Products

Drug	Claims	Cost	Total Paid/ Claim
TIZANIDINE HCL	8	$190	$24
BACLOFEN	2	$26	$13
GABAPENTIN	2	$13	$7
NAPROXEN	2	$10	$5
CEPHALEXIN	1	$3	$3
METHOCARBAMOL	1	$7	$7

Appendix A: Controlled Substance Outlier report field names and descriptions, as of 9/13/17.

File Format and Availability

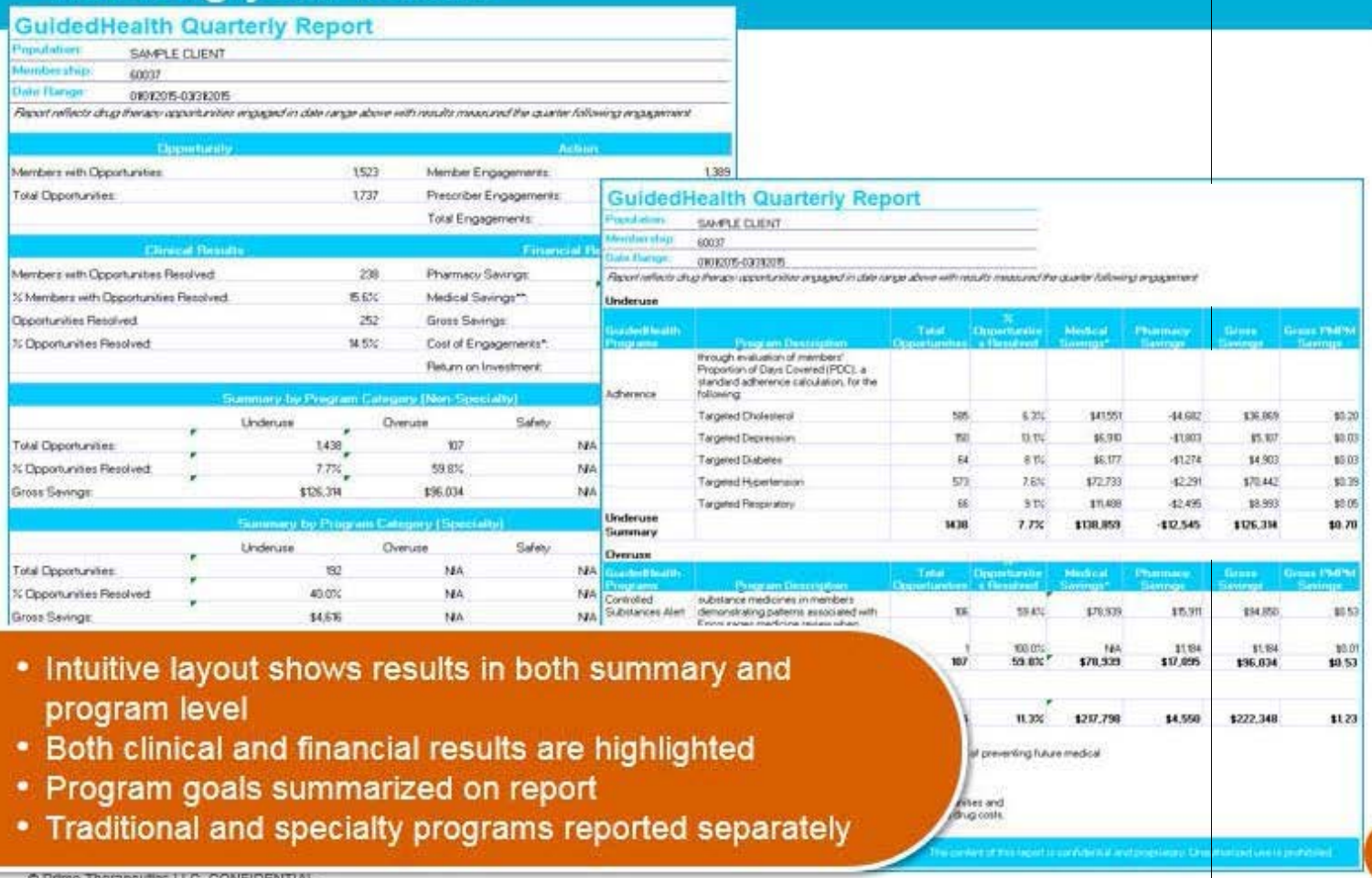
- The Controlled Substance Prescriber Outlier report is accessible through your Clinical Program Manager and will be made available to clients quarterly by the 15th of the month following the end of a quarter.

Field Name	Field Description
Client Name	Client name based on grouping of Carrier(s) (i.e. BCBSMN would include all Medicare, Medicaid & Commercial data for MN).
Prescriber Last Name	Prescriber last name.
Prescriber First Name	Prescriber first name.
Prescriber NPI	The National Provider Identifier (NPI) of the healthcare provider.
Specialty Group	Internally derived group based on CMS (Centers for Medicare & Medicaid Services) class and specialty. This report contains the top 25 providers from each of these specialty groups: • Anesthesiology • ER • Nurse Practitioner • Pain • Physician Assistant • Primary Care • Psychiatry • Rehabilitation • Surgery
CMS Class	Classification of a provider's practice. For example, family medicine, rehabilitation, and anesthesiology.
CMS Specialty	A provider-defined specialty for their practice. For example, pain, neurology, and emergency services.
Prescriber Address	The prescriber postal address.
Prescriber City	The city of the prescriber postal address.
Prescriber State	The state or province of the prescriber postal address.
Prescriber Zip	The first 5 digits of the ZIP code for the prescriber postal address.
Prescriber's Rank	Prescribers are ranked on a scale of 1 to 25 based on percentage of prescriber's total claims that are controlled substances. To be ranked, a prescriber's records in the last 365 days must meet one of the following: • Minimum of 100 paid controlled substance claims • Minimum of $100,000 in controlled substance pharmacy spend
% of Total Claims as CS	Percentage of current prescriber's total claims over the past 365 days that are controlled substances.

Field Name	Field Description
Prime's BoB by Specialty % CS Claims	Calculated mean percent of total claims that are controlled substances for all prescribers in each specialty group in Prime's book of business.
Client's BoB by Specialty % CS Claims	Calculated mean percent of total claims that are controlled substances for all prescribers in each specialty group in Client's book of business.
# Controlled Substance Claims	Number of controlled substance claims for the listed prescriber over the past 365 days.
Prime's BoB by Specialty # CS Claims	Calculated mean number of controlled substance claims for all prescribers within the specialty in Prime's book of business.
Client's BoB by Specialty # CS Claims	Calculated mean number of controlled substance claims for all prescribers within the specialty in the Client.
% of CS claims as Schedule II	Percentage of listed prescriber's total controlled substance claims that are Schedule II.

Results

Tracking your results



GuidedHealth Quarterly Report

Population:	SAMPLE CLIENT
Membership:	60037
Date Range:	01/01/2015-03/31/2015

Report reflects drug therapy opportunities engaged in date range above with results measured the quarter following engagement

Opportunity		Action	
Members with Opportunities:	1,523	Member Engagements:	1,389
Total Opportunities:	1,737	Prescriber Engagements:	
		Total Engagements:	

Clinical Results		Financial Re	
Members with Opportunities Resolved:	238	Pharmacy Savings:	
% Members with Opportunities Resolved:	15.6%	Medical Savings**:	
Opportunities Resolved:	252	Gross Savings:	
% Opportunities Resolved:	14.5%	Cost of Engagements*:	
		Return on Investment:	

Summary by Program Category (Non-Specialty)

	Underuse	Overuse	Safety
Total Opportunities:	1,438	107	N/A
% Opportunities Resolved:	7.7%	59.8%	N/A
Gross Savings:	$126,314	$96,034	N/A

Summary by Program Category (Specialty)

	Underuse	Overuse	Safety
Total Opportunities:	192	N/A	N/A
% Opportunities Resolved:	40.0%	N/A	N/A
Gross Savings:	$4,616	N/A	N/A

GuidedHealth Quarterly Report

Population:	SAMPLE CLIENT
Membership:	60037
Date Range:	01/01/2015-03/31/2015

Report reflects drug therapy opportunities engaged in date range above with results measured the quarter following engagement

Underuse

GuidedHealth Programs	Program Description	Total Opportunities	% Opportunities Resolved	Medical Savings*	Pharmacy Savings	Gross Savings	Gross PMPM Savings
Adherence	through evaluation of members' Proportion of Days Covered (PDC), a standard adherence calculation, for the following:						
	Targeted Cholesterol	585	6.3%	$41,551	-$4,682	$36,869	$0.20
	Targeted Depression	150	13.1%	$6,910	-$1,803	$5,107	$0.03
	Targeted Diabetes	64	8.1%	$6,177	-$1,274	$4,903	$0.03
	Targeted Hypertension	573	7.6%	$72,733	-$2,291	$70,442	$0.39
	Targeted Respiratory	66	9.1%	$11,488	-$2,495	$8,993	$0.05
Underuse Summary		**1438**	**7.7%**	**$138,859**	**-$12,545**	**$126,314**	**$0.70**

Overuse

GuidedHealth Programs	Program Description	Total Opportunities	% Opportunities Resolved	Medical Savings*	Pharmacy Savings	Gross Savings	Gross PMPM Savings
Controlled Substances Alert	substance medicines in members demonstrating patterns associated with Erico rages medicine review when	106	59.4%	$78,939	$15,911	$94,850	$0.53
		1	100.0%	N/A	$1,184	$1,184	$0.01
		107	**59.8%**	**$78,939**	**$17,095**	**$96,034**	**$0.53**
			11.3%	**$217,798**	**$4,550**	**$222,348**	**$1.23**

...of preventing future medical

...ities and ...drug costs.

The content of this report is confidential and proprietary. Unauthorized use is prohibited.

- Intuitive layout shows results in both summary and program level
- Both clinical and financial results are highlighted
- Program goals summarized on report
- Traditional and specialty programs reported separately

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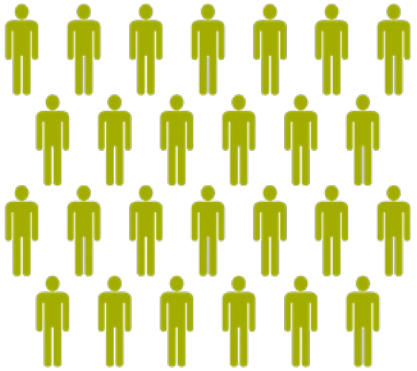
Employer Management Insights

ABC Group

Jan 2017 - Nov 2017 compared to Jan 2016 - Nov 2016

The right size and scale

Blue Plan clients



21M lives

drug spend managed

annual claim volume

retail pharmacies in network

home delivery prescription shipped annually

specialty prescriptions shipped annually

3,900

employees

BlueCross BlueShield of Texas

BlueCompare℠ 2017
Evidence Based Measures (EBM) Summary Report Definitions

Specialty: The specialty by which you are compared to your peers.
Num (Numerator): The count of patients who were provided services satisfying the criteria for the indicator.
Den (Denominator): The count of patients who qualified for the indicator.
Physician Rate: The numerator divided by the denominator for you in this practice.
Practice Rate: The numerator divided by the denominator for the Practice Evaluation ID/Specialty.

Below Expectations = more than 1 standard deviation below the mean
Meets Expectations = + or - 1 standard deviation from the mean
Above Expectations = more than 1 standard deviation above the mean

BCBSTX Specialty Rate: The numerator divided by the denominator for all BlueChoice® physicians in your specialty in Texas.

-- Means no data available for you within this practice for this indicator.

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BlueCross BlueShield of Texas

2017 BlueQ Hospital Scorecard

ABC HOSPITAL

Provider NPI: 0000000000

Report Date	Region	Total Possible Points	Total Points Earned
October 2017	Central Community	73	55

BlueQ Indicator Description	National Rate %	State Rate %	Hospital Rate %	Possible Points	Earned Points
I. Hospital Accreditation				**5**	**5**
Accreditation by The Joint Commission©, DNV Healthcare Inc., Healthcare Facilities Accreditation Program or Center for Improvement in Healthcare Quality				5	5
II. Voluntary Initiatives					
Participation				**3**	**0**
1. ANCC Magnet Program® or Pathway to Excellence™ Participation				3	0
Leapfrog Indicators				**9**	**7**
2. Submitted Survey to Leapfrog for Public Reporting (Yes/No)				1	1
3. Appropriate ICU Staffing				2	2
4. Prevent Medication Errors				2	0
5. Steps to Avoid Harm				2	2
6. Managing Serious Errors				2	2
III. CMS Process Indicators - **CMS indicators measure compliance**	**National Rate %**	**State Rate %**	**Hospital Rate %**	**Possible Points**	**Earned Points**
Heart Attack				**0**	**0**
1. Median Time to ECG (Expressed in Minutes) (Lower is Better)	7	7	*	*	*
Pregnancy and Delivery Care				**3**	**3**
2. Percent of Newborns Whose Deliveries Were Scheduled Too Early (1-3 Weeks Early) When Scheduled Delivery Was Not Medically Necessary (Lower is Better)	2	3	0	3	3
IV. CMS Outcome Indicators - **Lower numbers are better**					
Surgical Complications				**15**	**10**
3. Pressure Sores	0.48	n/a	1.11	3	2
4. Broken Hip From a Fall After Surgery	0.06	n/a	0.06	3	2
5. Blood Stream Infection After Surgery	10.21	n/a	9.47	3	2
6. A Wound That Splits Open After Surgery on the Abdomen or Pelvis	2.32	n/a	2.79	3	2
7. Accidental Cuts and Tears From Medical Treatment	1.43	n/a	1.50	3	2
Healthcare-Associated Infections (HAI)				**9**	**6**
8. Surgical Site Infections From Colon Surgery	1.00	0.86	1.31	3	2
9. Surgical Site Infections From Abdominal Hysterectomy	1.00	0.60	*	*	*
10. Methicillin-Resistant Staphylococcus Aureus (MRSA) Blood Laboratory-Identified Events (Bloodstream Infections)	1.00	0.88	0.00	3	2
11. Clostridium Difficile (C.diff.) Laboratory-Identified Events (Intestinal Infections)	1.00	0.91	0.89	3	2
Readmission Rates				**9**	**6**
12. Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	19.80	n/a	19.80	3	2
13. Heart Failure (HF) 30-Day Readmission Rate	21.60	n/a	20.00	3	2
14. Pneumonia (PN) 30-Day Readmission Rate	16.90	n/a	17.60	3	2
Mortality Rates				**9**	**6**
15. Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	13.60	n/a	13.90	3	2
16. Heart Failure (HF) 30-Day Mortality Rate	11.90	n/a	12.80	3	2
17. Pneumonia (PN) 30-Day Mortality Rate	15.90	n/a	15.20	3	2

* Indicates a value would not be meaningful. For a hospital, it means there were too few cases for the indicator to be meaningful, the hospital does not provide these services, or the hospital chose not to report the information. For a plan, state, or national average, it means the indicator is not meaningful at that level.

Printed: *October 12, 2017*

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BlueCross BlueShield of Texas

2017 BlueQ Hospital Scorecard

ABC HOSPITAL

Provider NPI: 0000000000

Report Date	Region	Total Possible Points	Total Points Earned
October 2017	Central Community	73	55

BlueQ Indicator Description	National Rate %	State Rate %	Hospital Rate %	Possible Points	Earned Points
V. Outcomes - Overall Patient Satisfaction					
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)				**5**	**3.6**
1. How often were the patients' rooms and bathrooms kept clean?	74	76	72	0.5	0.3
2. How often did doctors communicate well with patients?	82	83	80	0.5	0.3
3. How often did staff explain about medications before giving them to patients?	65	68	71	0.5	0.5
4. How often did nurses communicate well with patients?	80	81	78	0.5	0.3
5. How do patients rate the hospital overall?	73	75	78	0.5	0.5
6. How often was patients' pain well controlled?	71	73	71	0.5	0.3
7. How often was the area around the patients' room kept quiet at night?	63	70	59	0.5	0.3
8. Would patients recommend the hospital to friends and family?	72	74	78	0.5	0.5
9. Were patients given information about what to do during their recovery at home?	87	87	89	0.5	0.3
10. How often did patients receive help quickly from hospital staff?	69	70	64	0.5	0.3
VI. Blue Cross and Blue Shield of Texas Hospital-Based Providers					
Percent of Out-of-Network (OON) Billed				**6**	**6**
1. Less than 51% OON Dollars Billed - Emergency Room Providers				2	2
2. Less than 51% OON Dollars Billed - Anesthesiology Providers				1	1
3. Less than 51% OON Dollars Billed - Neonatology Providers				1	1
4. Less than 51% OON Dollars Billed - Pathology Providers				1	1
5. Less than 51% OON Dollars Billed - Radiology Providers				1	1
VII. Voluntary Participation					
Blue Distinction® Centers (BDC and BDC+) - Bonus Points					**0**
The Joint Commission© - Bonus Points					**2**
Additional Certifications					2

*** Informational Only ***

Inpatient Information	
Inpatient Surgical Complication Rate	4.1
Inpatient Readmission Rate	6.7

* Indicates a value would not be meaningful. For a hospital, it means there were too few cases for the indicator to be meaningful, the hospital does not provide these services, or the hospital chose not to report the information. For a plan, state, or national average, it means the indicator is not meaningful at that level.

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Claims Examiner NHT Redesign (Phase 2b - Pilot)

Week 1

Revised: 21 November, 2017

● =indicates DS/Learning Coach Support required

Monday (8:00 am - 5:00 pm)			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Local HR / Security Activities NEO or by Kelly Services (8 am - 2pm)	390		Welcome and Introductions	20		Morning Recap | Look Ahead	10		Morning Recap | Look Ahead	10		Morning Recap | Look Ahead	10
	Logging onto the Corporate Network / myLearning	5		Overview of the Training - What to Expect	5		WebEx Orientation	20		**Review:** Pended Outpatient Institutional "X" Case	15	SSD1383_CUR	HIPAA DLP: Business Associates	50
COMPNEW2017_CUR	2017 HCSC Annual Ethics & Compliance	30	SSD1383_CUR	HIPAA DLP: Safeguards for PHI	50	SSD1383_CUR	HIPAA DLP: Authorization and Verification	50		**Demo (con't):** Institutional **Outpatient** Claims - **"X"** Case Claims	---	●	**Group Round Robin:** Institutional Outpatient "X: Case Claims	90
COMPNEW2017_CUR	2017 HCSC Annual Ethics & Compliance Exam	30		HCSC Business Essentials	---		Claims Process Review	10		GELP Coding Guidelines / CMMouse Gauntlet Review	60		**Demo:** Institutional **Inpatient** Claims - **"X"** Case Claims	---
				What Is Insurance?	30		BlueSource Overview	30		National Provider Identifier (NPI)	20		Blue Chip Menus (GMNU, GDAT and GEEP)	10
				Who We Are	20		**Activity:** BlueSource Scavenger Hunt	20		Provider Inquiry Overview	45		GCLD	30
				HCSC Business Partners	5		Introduction to Institutional Claims	5		Provider Number Research Tool (PNR)	10	SDO702	Workman's Compensation	10
			SSD1383_CUR	HIPAA DLP: Use and Disclosure	50		**Demo:** Institutional **Outpatient** Claims - **"X"** Case Claims	5		Claims Enterprise Front End (CFE) (formerly SSD1304)	30		GCD3 Coding	5
				Service Delivery Organization (SDO) Overview	5		Paperless Inventory (formerly SSD1199)	15		GCLD	30		GSVC & Inpatient Institutional Coding Guidelines	5
				Claims Processing	---		Blue Chip Menus (GMNU, GDAT and GEEP)	45		GCLD/GCD3 Coding	30		Image (formerly SSD1291)	45
				Day in the Life of a Claims Examiner	5		Membership Prompts	15		GSVC & Outpatient Institutional Coding Guidelines	30		**Demo:** Institutional **"C" Case Outpatient / Inpatient** Claims	75
				Your Role at HCSC (Being a Critical Thinker!)	20		Member Inquiry / ACT (formerly SSD1292)	60		GCLR	15		**Scored Practice Activity** - "X" and "C" Case Claims	75
				Overview of the Claims Process	15		Member Profile User Interface (MPUI)	45		Claims GUI	60		Activity Debrief	15
				Claim Types	10		PSEUDO Grp/ID	15		GPND, GD12 Claim Pend	15		**Week 1 Evaluation (Level 1)**	10
				Activity: Claims Processing	20		BlueStar	45		**Video Vignette:** Institutional Outpatient "X" Case Claim	20		Debrief | Week 1 Wrap Up	10
				Various Claims Systems	20	SSD1383_CUR	HIPAA DLP: Group Health Plans and Brokers	50	SDO701	**Knowledge Check #1:** Claims Processing	45			
			SSD1383_CUR	HIPAA DLP: Individual Rights - Handling Requests to Access and Amend PHI	35		Debrief | Wrap Up	10		Debrief | Wrap Up	10			
			SSD1383_CUR	HIPAA DLP: Individual Rights - Administrative	45									
				Starting your Day - Logging Into HCSC Systems & VDI	45									
				Debrief | Wrap Up	10									
		7:35			6:50			7:30			7:25			7:20

Claims Examiner NHT Redesign (Phase 2b - Pilot)

● =indicates DS/Learning Coach Support required

Week 2

Revised: 21 November, 2017

Monday			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (min)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Morning Review | Look Ahead	10		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10
	Activity: Week 1 Review	20		Medicare Forms & Liability Amounts	100		HCSC Fraud, Waste and Abuse and government Programs Compliance Training Curriculum	60	SDO709	Fraud Awareness for Claims	90		Authorization Reporting Inquiry System (ARIS)	15
	Manual Coding Guidelines - Institutional Claims	60	SDO705	Medicare Sequestration	30	●	**Live Work:** Institutional Medicare Claims	210		Preparing for Live Work on the Floor	20	SDO703	Aerial Inquiry	20
	Processing Claim Errors	30		**Demo:** Processing Medicare Institutional Claims	---		Outlook & Email Etiquette	30	●	**Live Work:** On the Floor	210	~~SDO704~~	~~**Scored Activity:** Cost Containment AE~~	~~0~~
	AERO	20		Blue Chip Menu (GMNU, GDAT and GEEP)	10		**Scored Practice Activity:** Institutional Medicare Claims	60		Introduction to Cost Containment, MSA, Mental Health Dependency	45	●	**Live Work:** On the Floor	330
	RTIS Claims	20		GELP Coding Guidelines / CMMouse Gauntlet Review	10		Activity Debrief	10	SDO710	Develop Prof Phone Skills	15		**Week 2 Evaluation (Level 1)**	10
	Demo: BIS/RTIS Processing (cover claim and group locks)	60		GCLD Review	10		STEP Program / Nesting	30		Debrief | Wrap Up	15		Debrief | Week 2 Wrap Up	30
	Institutional Claim Quality Check	15		GCLD/GCD3 Coding	10		Debrief | Wrap Up	10						
	Self Pends	10		GSVC Review & Coding Guidelines	10									
	Video Vignette: BIS Institutional Claims	20		GCLR	10									
●	**Group Round Robin:** BIS Instututional Claims Processing	75		GPND, GD12 Claim Pend	5									
	MTM Claims Overview	20	SDO706	**Knowledge Check #2:** Medicare	60									
	Medicare Overview	30	SDO707	VA and MTF Claims	70									
	Determining Medicare Primary & Secondary	20		**Class Round Robin:** Processing Institutional Medicare Claims	60									
	Debrief | Wrap Up	10	SDO708	Confidential Communication Requests Overview	30									
				Debrief | Wrap Up	15									
		7:00			**7:20**			**7:00**			**6:45**			**6:55**

Claims Examiner NHT Redesign (Phase 2b - Pilot)

● =indicates DS/Learning Coach Support required

Week 3

Revised: 21 November, 2017

Monday			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Morning Review | Look Ahead	10		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10
	Introduction to Professional Claims	5		Processing Professional Medicare Claims	60		Subscriber Submitted Claims	15		BlueCard Overview	30		Real Time Benefits	120
	Demo: Professional Claims - "C" Case Claims	---		Processing Professional EOMB Claims	20	SDO712	Code Explorer / ACT	50	SDO713	BlueCard Business Components	45		Activity: Real Time Benefits	75
	Blue Chip Menus (GMNU, GDAT and GEEP)	45	●	**Live Work:** Live Medicare Professional Claims	210		Withdrawing a Claim	30	SDO715	BlueSquared	15	●	**Live Work:** BlueCard Claims Processing	200
	GELP Coding Guidelines / CMMouse Gauntlet Review	45	SDO711	Letter Generation	20		Register for AIM	20	SSD2500	iFetch / BlueCard Processing	190		**Week 3 Evaluation (Level 1)**	5
	GCLD	30		**Scored Practice Activity:** Medicare Professional Claims	90	●	**Class Round Robin:** Registered Claims	60	●	**Group Round Robin:** BlueCard Institutional Claims Processing	75		Debrief | Wrap Up	10
	GSVC & Professional Coding Guidelines	60		Debrief | Wrap Up	10	●	**Live Work:** Professional and Institutional Claims Processing	210		**Knowledge Check #3:** BlueCard Processing	60			
●	**Group Round Robin:** Processing Professional Claims	120					Debrief | Wrap Up	30						
	Provider Add Claims	20												
	Processing Professional Medicare Claims	75												
	Debrief | Wrap Up	10												
		7:00			**7:00**			**7:05**			**7:05**			**7:00**

Claims Examiner NHT Redesign (Phase 2b - Pilot)

● =indicates DS/Learning Coach Support required

Week 4

Revised: 21 November, 2017

Monday			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Morning Review | Look Ahead	15		Morning Review | Look Ahead	30		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10		Morning Review | Look Ahead	10
	Continuous Stay Calims	60		DEM processing (continued)	30	SDO719	COB Forms, Situations and Medicare	75	●	**Live Work:** COB Claims Processing	180		BlueCard Adjustments	30
SDO716	SNF and CHC Claims	30		**Demo:** DME Fron End Claims Coding Requirements)	30		COB Solution	75	SDO720	Blue on Blue and Bluecard	90		DME Adjustments	15
	Premier Pricing Inquiry Overview	60		BlueCard and DME	15		COB Processing	130		Incremented Claims	20		Corrected Claims Toolbox	60
SDO717	DME Claims	60	●	**Live Work:** DME Claims	75	●	**Class Round Robin:** COB Claims	45		**Demo:** Claims 50/50	60		**Demo:** RFCR over $50	30
SDO718	Path 16 Manual Denials	40		Introduction to COB Rules	180		**Scored Activity:** COB Processing	60		Adjustments	60	●	**Live Work:** On the Floor (corrected claims & late charges) / Adjustments	120
	Manual EOB/MEG	30		**Knowledge Check:** COB Rules	45		Activity Debrief	20		Debrief / Wrap Up	10		Course Review	30
	DME Processing	120		Knowledge Check Debrief	15		Debrief / Wrap Up	10					**Scored Activity:** Final Assessment	120
	Debrief | Wrap Up	10		Debrief | Wrap Up	10								**Week 4 Evaluation (Level 1)**	5
													Debrief / Course Wrap Up	10
		7:05			**7:10**			**7:05**			**7:10**			**7:10**

Claims Examiner NHT Redesign (Phase 2b - Pilot)

● =indicates DS/Learning Coach Support required

Week 5

Revised: 21 November, 2017

Monday			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Morning Review | Look Ahead	15		Morning Review | Look Ahead	15		Morning Review | Look Ahead	15		Morning Review | Look Ahead	15		Morning Review | Look Ahead	15
●	**Live Work:** On the Floor	360	●	**Live Work:** On the Floor	360	●	**Live Work:** On the Floor	360	●	**Live Work:** On the Floor	360	●	**Live Work:** On the Floor	360
	Debrief / Q&A	30		Debrief / Q&A	30		Debrief / Q&A	30		Debrief / Q&A	30		Debrief / Q&A	30
		6:45			**6:45**			**6:45**			**6:45**			**6:45**

Claims Examiner NHT Redesign (Phase 2b - Pilot)

● =indicates DS/Learning Coach Support required

Week 6

Revised: 21 November, 2017

Monday			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Morning Review | Look Ahead	30		Morning review | Look Ahead	15		Morning Review | Look Ahead	15		Morning Review | Look Ahead	30		Morning Review | Look Ahead	15
	Operator Must Determine Prompt	10		Medical Policy Manual Frontend Presentation	60	●	**Live Work:** Medical Policy	180	●	**Live Work:** On the Floor	360	●	**Live Work:** On the Floor	375
	Max Met Pends	45	SDO1036	Working Medical Policy Pends	50	●	**Live Work:** On the Floor	210		Debrief | Q&A	30		Debrief | Q&A	30
	Accumulators	90		5 Action Steps for Routing to the MRU (PPT)	20		Debrief / Q&A	15						
	Live Work: Max Met, Accumulators, Therapies	210	SDO1104WBT01	Requesting Medical Records	30									
	Debrief | Wrap Up	30		**Round Robin:** Claim Review	210									
				Debrief | Wrap Up	30									
		6:55			**6:55**			**7:00**			**7:00**			**7:00**

Claims Examiner NHT Redesign (Phase 2b - Pilot)

● =indicates DS/Learning Coach Support required

Week 7

Revised: 21 November, 2017

Monday			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Morning Review | Look Ahead	15		Morning Review | Look Ahead	15		Morning Review | Look Ahead	15		Morning Review | Look Ahead	15		Morning Review | Look Ahead	15
	DS Idenfitying Mobile Anesthesia	30	●	**Live Work:** On the Floor	360		Newborn Claims	120		VIPs (except HIPAA)	60	●	**Live Work:** On the Floor	360
●	**Live Work:** MRU Pends / Live Work on the Floor	360		Debrief / Wrap Up	30		Cosmetic Services (GDCC0008)	30		Dental	45		Debrief | Q&A	30
	Debrief / Wrap Up	10				●	**Live Work:** Newborn, Cosmetic Pends	120		Mental Health	45			
							ESRD	60	●	**Live Work:** On the Floor	240			
							Debrief / Wrap Up	10		Debrief / Wrap Up	10			
		6:55			**6:45**			**5:55**			**6:55**			**6:45**

Claims Examiner NHT Redesign (Phase 2b - Pilot)

● =indicates DS/Learning Coach Support required

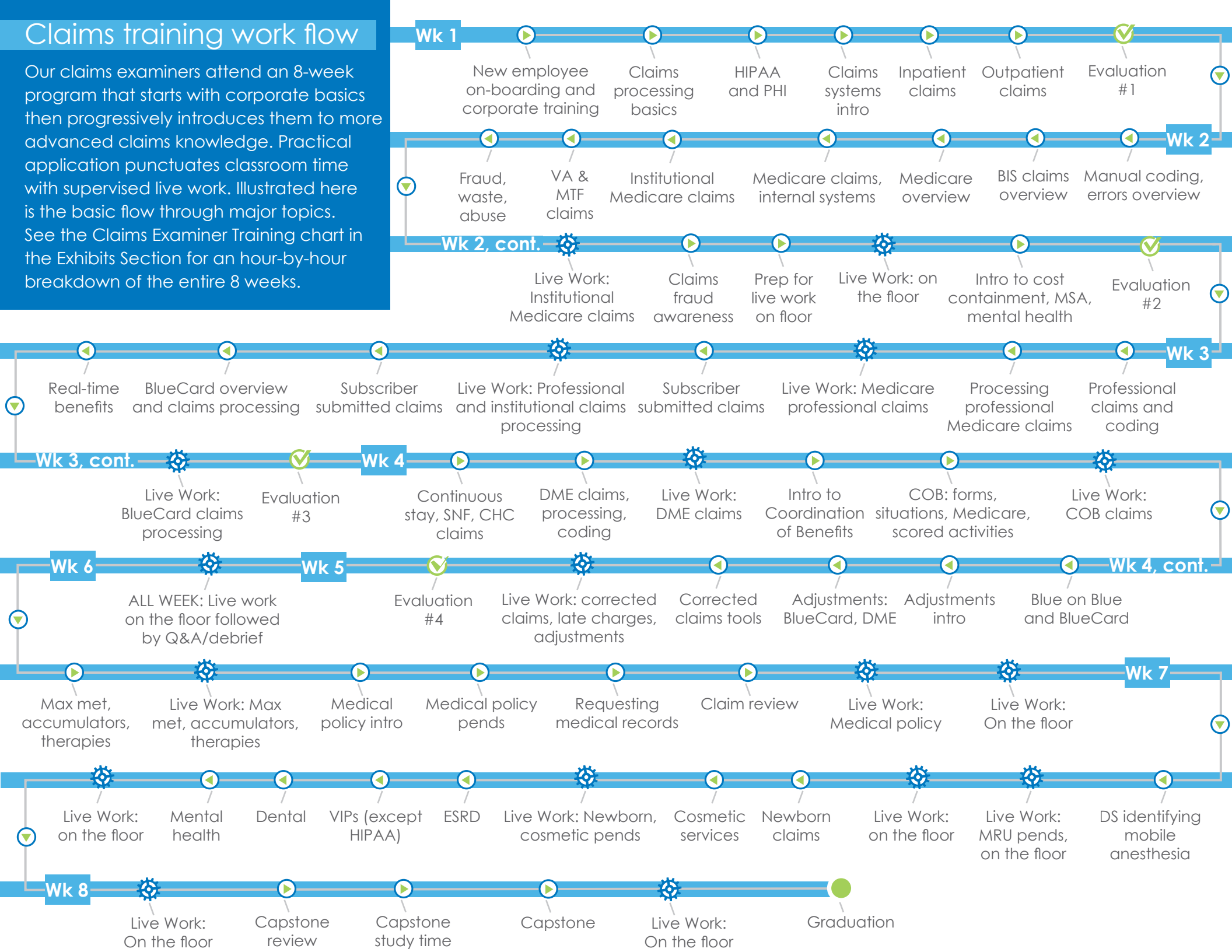
Week 8

Revised: 21 November, 2017

Monday			Tuesday			Wednesday			Thursday			Friday		
Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)	Course Code	Topic Name	Duration (mins)
	Morning Review | Look Ahead	30		Morning Review | Look Ahead	30		Morning Review | Look Ahead	15		Capstone #2 Debrief | Morning Review | Look Ahead	90		Morning Review | Graduation	90
●	**Live Work:** On the Floor	360	●	**Live Work:** On the Floor	360		Capstone #2 Review	120	●	**Live Work:** On the Floor	300	●	**Live Work:** On the Floor	300
	Debrief / Q&A	30		Debrief / Q&A	30		Capstone Study Time	60		Debrief / Q&A	30		Debrief / Q&A	30
						SDO676	Capstone #2	120						
		7:00			**7:00**			**5:15**			**7:00**			**7:00**

Claims training work flow

Our claims examiners attend an 8-week program that starts with corporate basics then progressively introduces them to more advanced claims knowledge. Practical application punctuates classroom time with supervised live work. Illustrated here is the basic flow through major topics. See the Claims Examiner Training chart in the Exhibits Section for an hour-by-hour breakdown of the entire 8 weeks.



INFORMATION SECURITY STATEMENT

HCSC | Information Technology Group
Information Security

2015 — 2016

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THE HCSC COMMITMENT

At Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), we are committed to:

- Safeguarding Protected Health Information (PHI) and Sensitive Personal Information (SPI).
- Requiring our workforce and our contracted vendors, to comply with the necessary policies, procedures and standards for effectively securing our information.
- Providing a safe and secure environment for our workforce and our contracted vendors.
- Verifying that critical business processes are protected and confirming that as an organization, we are prepared for recovery in the event of a disaster.

To fulfill these commitments, HCSC employs a full-time staff of highly skilled cyber security specialists and other information security personnel. Their primary goal is to ensure that safeguards are in place to protect the confidentiality, integrity, and availability of information for the reasonable and appropriate, effective management of our customer products and services.

To accomplish this objective, the HCSC Information Security Program has aligned its security controls and practices with the Health Information Trust Alliance (HITRUST) Common Security Framework (CSF). Controls are evaluated in part to ensure compliance with HITRUST and applicable federal and state regulations governing the security of sensitive information, such as the American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Health Insurance Portability and Accountability Act (HIPAA) Security Rule.

HCSC is subject to both internal and external audits and assessments, such as the HITRUST certification review, the annual Service Organization Control (SOC) 2 – Security assessment, the annual SOC 1 assessment and a financial audit. HCSC also invests in an internal HIPAA security assessment and reviews of the National Association of Insurance Commissioners Model Audit Rule (NAIC MAR) control standards.

The purpose of this Information Security Statement is to provide you with details about the investments and components that make up the HCSC Information Security Program. As industry practices evolve, our policies and practices will continue to mature and adapt to include current best practice solutions and maintain the effectiveness of the Program.

SECTION 2

INFORMATION SECURITY MANAGEMENT

2.1 Information Security Program Responsibilities

The HCSC Information Security Program is led by the Chief Information Security Officer (CISO). The CISO, whose role is currently defined by HCSC corporate policy, is under the leadership of the HCSC Chief Information Officer (CIO). The CIO and CISO also work in collaboration with the HCSC Chief Compliance & Privacy Officer and meet with the Board of Directors on a regular basis.

STEVE BETTS

Chief Information Officer

As Senior Vice President and Chief Information Officer at Health Care Service Corporation (HCSC), Steve Betts is responsible for developing and executing a comprehensive IT strategy to enable HCSC to deliver against its imperatives. His key agenda is focused on delivering a robust and reliable technical platform, delivering on critical projects across Group, Government and Retail product offerings, and developing a roadmap to fuel HCSC's growth.

Prior to joining HCSC, Steve served as Global Chief Information Officer for Aon PLC.

Under Steve's leadership, technology played an increasing role in Aon's go-to-market strategy. Examples include the Global Risk Insight Platform (GRIP), which gathers insights into more than US $78 billion in premium, and the launch of two innovative Health Care Exchanges. Steve also led the IT integration programs for the two largest acquisitions in Aon's history – Benfield in 2008 and Hewitt Associates in 2010. Steve leveraged the best capabilities from across all parts of the expanded technology landscape to spearhead a multi-year rationalization program, simplifying Aon's application portfolio and core technology footprint.

Prior to joining Aon, Steve led numerous large-scale business-driven technology implementations in the financial services sector and other industries for PricewaterhouseCoopers, where he served as a management consultant.

Steve is, currently, a board member of the Association for Cooperative Operations Research and Development (ACORD). He graduated from the University of Manchester in the United Kingdom with a BSc in Mathematics and Management Science.

RAYMOND BIONDO

Chief Information Security Officer

Raymond Biondo joined Health Care Service Corporation (HCSC) in 2005 and has been the Chief Information Security Officer since 2007. He has been in the cyber security industry for 15+ years and brings a wealth of technical and leadership experience to the organization, including vast experience from his tenure as a Senior Vice President at Aon Corporation and time in local law enforcement. In his role as CISO, Ray is responsible for protecting sensitive health information for over 15 million members whose benefits are covered or administered by HCSC.

Creating a cyber security strategy that aligns with the business and technology has been a primary goal. Ray has cultivated strong business alliances, with the HCSC Chief Legal Officer and the HCSC Chief Privacy and Compliance Officer and his direct reports who oversee Audit, Corporate Governance and Compliance. Ray received his bachelor's degree in business and computer science from Roosevelt University in Chicago.

The CISO is responsible for overseeing the following Program areas: Information Security Risk Management, Business Resiliency, Security Compliance, Identity & Access Management, and IT Internal Governance.

SECTION 2

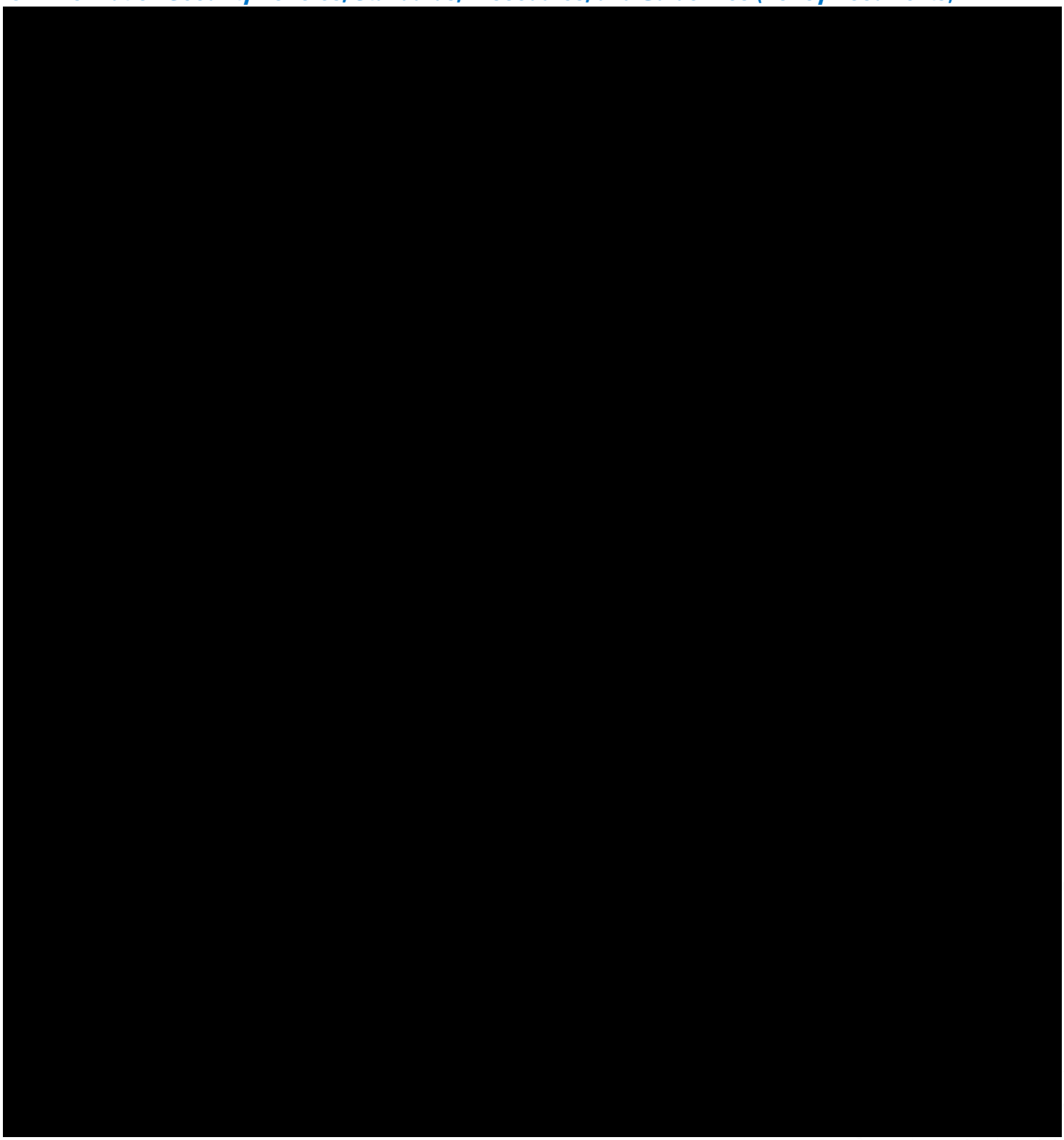
INFORMATION SECURITY MANAGEMENT

The Information Security Risk Management team conducts technical risk assessments, oversees security monitoring and performs security incident forensic investigations. The Business Resiliency team focuses on HCSC's ability to quickly react to disruptions while maintaining continuous business operations and safeguarding people, assets, technology and overall brand equity. The Security Compliance team manages regulatory compliance, audit coordination, vendor contractual requirements, contracted vendor security monitoring, security awareness and policy development. The Identity & Access Management team creates and manages security access roles while overseeing platform security and user provisioning activities. The IT Internal Governance team validates that processes and controls are in place to meet business needs and regulatory requirements.

HCSC Information Security has collaborative relationships with leadership and Subject Matter Experts (SMEs) in other departments of HCSC who provide expertise and perform the necessary functions to ensure the success of the Program.

- Chief Legal Officer: Provides counsel to the CIO and CISO, as needed, regarding applicable federal and state laws and regulations that influence policies, procedures, standards and guidelines.
- Corporate Privacy and Compliance Officer: Assists the CISO, as needed, in the implementation of safeguards to protect against inappropriate use or disclosure of sensitive information.
- Divisional Security Officers (DSOs): Assist the CISO, as needed, in the implementation of corporate cyber security policies, procedures, standards and guidelines at the business operational level. Part of their role requires them to evaluate whether to approve requests for access to HCSC's information systems and data.
- Local Security Administrators (LSAs): Serve as the security liaisons between business units, management and the user community. Part of their role requires them to verify the accuracy and compliance of requests for access to HCSC's information systems and data.
- HCSC Workforce: All levels of management must ensure that the Information Security Program and associated policies, standards, guidelines and procedures are properly communicated and understood within their respective organizational units. HCSC management also defines, approves and implements procedures in organizational units, and ensures their consistency with approved cyber security policies and standards. Employees participate in training and are required to follow corporate cyber security policies, procedures, standards and guidelines.
- Service Level Management (SLM): Measures, monitors, negotiates and reports the service levels of critical applications for HCSC business units. SLM also focuses on maintaining and improving IT service quality, defining how IT can better support business initiatives, and directly linking IT performance with business goals.
- Enterprise Project Management Office (EPMO): Provides a formal engagement process so that security analysts are able to advise and provide appropriate control requirements.
- Solution Delivery Methodology (SDM): Employs the Software Development Life Cycle (SDLC) methodology that governs the process of developing, implementing and maintaining information systems and their related technology. SDM complies with HCSC's long-term and short-term strategies and is aligned with IT standards and procedures.
- Change Management: Schedules IT changes for approval to minimize business disruption. This process is intended to provide structure around changes to the production environment. In addition to supporting HCSC's goal of delivering quality service, implementing Change Management best practices also supports NAIC-MAR compliance.
- Records and Information Management (RIM): Implements, maintains, and applies the RIM policies, procedures, standards, and the HCSC Enterprise Records Retention Schedule (ERRS). The ERRS provides guidance for all employees on how long company business records must be retained, and when these records are to be destroyed.

3.1 Information Security Policies, Standards, Procedures, and Guidelines (Policy Documents)



NOTE: HCSC IS Policy Documents are proprietary and may only be released to external parties upon pre-approval from IS Management.

SECTION 3

ADMINISTRATIVE SAFEGUARDS

3.2 Awareness and Training

HCSC believes a significant component in protecting information and resources is a workforce that understands its responsibilities. HCSC new hires and contingent workers (independent contractors) complete extensive cyber security training during orientation. As an added measure, contingent workers receive literature covering the HCSC security policies, standards, guidelines, procedures and other controls. Additionally, HCSC employees and other staff members have access to published HCSC Information Security policies, standards, guidelines and procedures via our corporate intranet. Our workforce, and contracted vendors have access to additional operational training on an as-needed basis.

HCSC employees and other staff members are required to participate in an annual Computer-Based Training course that covers cyber security, privacy and compliance topics. Course attendance and performance on the ensuing test are systematically tracked and monitored to ensure compliance with corporate requirements. As part of this training, individual employees and contingent workers must acknowledge their understanding of the HCSC Code of Business Ethics and Conduct ("Code of Conduct"). The Code of Conduct is readily available to HCSC's workforce. HCSC Information Security, in conjunction with Human Resources, maintains sanctions policies to address violations of the corporate security policies. HCSC's enterprise Security Awareness Program regularly provides our workforce with important messages and guidance. These awareness initiatives are delivered to the workforce through a variety of media, including in-person training, events, a CISO blog, memos, poster campaigns, brochures and newsletters. The awareness program also recognizes the need to provide targeted training for key audiences, such as users with administrative privileges.

3.3 Background Checks

HCSC requires New Hire Background Investigations (NHBI) and drug testing on each new hire in compliance with state law. For each potential workforce member, the NHBI involves criminal checks and confirmation of work history, as well as verification of certain professional licensing. All new hires are screened through a check of state and federal government debarment databases.

HCSC screens vendors through the same checks as new hires, and has adopted a contracting protocol whereby all vendors, with authorized exceptions, must provide evidence of applicable background checks. In addition, the vendor must agree to adhere to the Drug Free Workplace Act.

3.4 New Employee Onboarding

Managers utilize an automated workflow process when onboarding new employees, contingent workers, and internal transfers. Managers submit a single request that initiates provisioning for a desk, a phone, a computer, network access and a corporate email account. Management verifies that confidentiality agreements are in place and Compliance and Regulatory training is completed prior to issuing login credentials with the new hire and/or approving any additional access. After training is complete, the manager submits a role request that provides the new employee with access to information resources as defined by our Role-Based Access Control (RBAC) system.

3.5 Access to Systems and Data

HCSC has implemented a Role-Based Access Control (RBAC) model that assigns access rights based on a user's specific business function(s) within the organization. These roles are developed in collaboration between HCSC Information Security and the applicable business operational areas.

HCSC maintains rules to avoid roles that create unnecessary segregation of duties or violate minimum necessary requirements. Before a new role goes into production, it must first be reviewed and approved by a Divisional Security Officer (DSO) who represents the business operational area.

Approved roles can be assigned to specific users based on official management approval. Any access granted outside of a role requires approval from both the user's management and a DSO. Certain information access requires additional approval from a separate Data Owner. The granting of permitted access to information contained within the HCSC network is governed by the concept of "minimum necessary" under the HIPAA Privacy Rule. This means that users will be granted only the minimum amount of access necessary to perform their employment responsibilities.

3.6 Data Classification

HCSC is in the process of migrating to a revised tiered data classification framework to categorize systems. One of four established tiers (public, non-public, confidential, and restricted) is assigned to each application or database according to the types of data elements encompassed within. These tiers are ranked, calculated, and incorporated into the Technical Strategy for Information Protection (TSIP) guidelines which specify the level of application or database security controls required. Guidance from the TSIP is used to ensure that standardized and appropriate security safeguards are in place.

3.7 Test and Production Environment Controls

- HCSC physically and logically separates test and production environments. Logical access controls apply to both test and production.
- HCSC operates two data centers, one in Waukegan, Illinois that houses the production system and one in Fort Worth, Texas, where the disaster recovery environment resides. Physical and logical access at the data centers is tightly controlled.
- User access is defined and controlled by the user's function. Only a few narrowly defined roles, such as membership system tester, include access to a testing environment that contains copies of production data.
- HCSC maintains servers that collect and store information for business operations. HCSC maintains logical controls to identify and protect the information and its uses. Information access is designed to be compliant with the current federal requirement of "minimum necessary".
- Access to key HCSC systems is provisioned and de-provisioned through an automated system.
- User access must be approved by the user's manager and/or the DSO. HCSC's Human Resources system automatically forwards terminations and job changes to the automated system for corresponding access changes. If a user changes roles, access from the previous role is revoked before the user is granted the access associated with his or her new role.
- HCSC requires annual recertification of user access in both production and test environments. Management must certify that individuals who report to them or have access to their information systems have a business need for this access.
- HCSC has password requirements that are enforced within both production and test environments.

3.8 Compliance Assessments

Information Security (IS) collaborates with Corporate Governance, the Privacy Office, Internal Audit, and Corporate Risk Management to ensure that HCSC adheres to rules and regulations such as the HIPAA Security Rule and HITECH. The approach is risk-based and proactive. Internal controls are established and compliance is routinely monitored. Emphasis is placed on implementing controls to mitigate risks to protect HCSC from potential issues. Controls align with and support the HITRUST Common Security Framework (CSF).

HCSC's internal controls include:

- the control environment that sets the tone of the organization;
- risk assessments, or the identification and analysis of relevant risks;
- the policies and procedures or control activities that help ensure management directives are carried out;
- the identification and communication of pertinent information;
- a monitoring process that assesses the efficiency and effectiveness of the internal control systems' performance.

HCSC has elected to certify with the HITRUST Alliance. Additional external assessments include Service Organization Controls (SOC) 1, SOC 2 – Security, and Financial audits. Additionally, the Audit Committee of the HCSC Board of Directors commissions an external party to perform a triennial IT Risk Assessment.

Internal assessments include an annual HIPAA assessment, risk based audits, numerous NAIC Model Audit Rule (MAR) assessments and audits, and IS risk assessments.

These engagements measure the efficiency and effectiveness of controls in adequately mitigating risk. Any material findings are communicated to senior management. Information Security tracks and reports remediation.

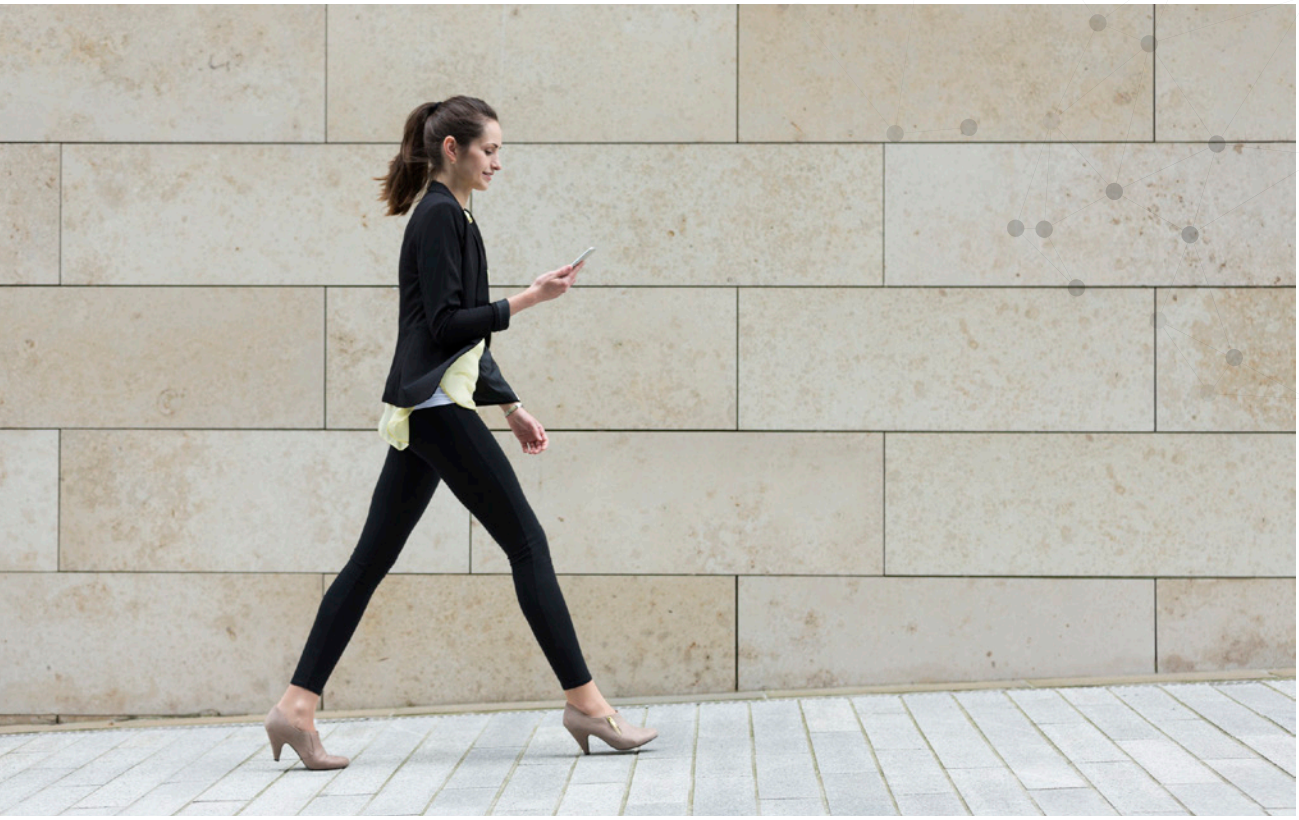
3.9 Sourcing Management: Requirements for HCSC's Contracted Vendors

HCSC works with many external vendors during the course of business operations. To manage these relationships, HCSC maintains an Enterprise Strategic Sourcing Program (ESSP). One of the purposes of the ESSP is to ensure that information about HCSC and our customers remains protected throughout the duration of the business relationships.

As a means of maintaining cyber security controls throughout a vendor relationship, HCSC Information Security is a key internal stakeholder of the sourcing program. Minimum Security Requirements (MSRs) are incorporated as an addendum to contracts with vendors who are expected to use and/or access confidential data. In addition, vendors who interact with PHI are also required to sign a Business Associate Agreement (BAA) with HCSC.

HCSC Information Security requires that vendor data be stored in the United States. Any vendor performing functions for HCSC offshore is held to a higher standard of contractual security controls by HCSC under the MSR provisions. For example, employees of offshore vendors are required to undergo more extensive background checks prior to accessing HCSC data. HCSC manages direct offshore relationships with industry recognized vendors. All offshore vendors have agreed to maintain security programs that meet HCSC security standards.

HCSC regularly evaluates new technologies through a dedicated Technology Acquisition Program. This acquisition program includes reviews by SMEs and key stakeholders to ensure that security and compatibility are maintained before any new technology is introduced into the environment.



3.10 Supplier Security Monitoring

Recognizing the importance of managing risk around third-party access to data and systems, HCSC has established a Vendor Security Management Program. Through this program, under the direction of the CISO, Information Security monitors and tracks activities associated with vendors.

The Information Security Vendor Management Program includes:

- Strategy – providing input when a decision is made to pursue vendor services
- Engagement – evaluating security controls through the procurement process
- Contracting – embedding Minimum Security Requirements into vendor contracts
- Implementation – facilitating processes to ensure appropriate access to systems and/or data by vendors
- Monitoring – evaluating the vendor's controls to ensure adequate data protection
- Termination – ensuring that data is accounted for when a vendor contract ends

Information Security works closely with the procurement, contracting, legal, audit, privacy and operational business areas. The goal of the program is to provide facts and opinions that allow business owners to make risk-based decisions involving their vendors. The level of evaluation for each vendor is determined by established criteria. Vendors, who are performing critical business functions and/or handling large volumes of confidential data, undergo a more rigorous monitoring process than those who fall into lower risk categories.

SECTION 4

PHYSICAL SAFEGUARDS

4.1 Building Security & Electronic Badges

Identification badges must be worn by every person in a visible location above the waist while on corporate property. The badge is also a proximity keycard that is used to enter secure areas. Access to secure areas follows the minimum necessary standard and is supported by business need. The access control system records keycard transactions.

Access to the computer floor areas of the corporate data centers is strictly controlled, and is authorized by limited stakeholders. Individuals who have a legitimate business need to enter these areas must provide additional authentication (PIN, biometric) within a mantrap controlled by a security officer.

HCSC headquarters and data centers are staffed 24x7x365 with trained security personnel that maintain extensive procedures on facility access controls and intruder-trespasser prevention and response. Security surveillance is conducted through closed-circuit television (CCTV) cameras, and physical intrusion detection devices are placed throughout the data centers, corporate headquarters, and other company facilities.

The HCSC Protection and Security department is currently ISO 9001 Certified and maintains detailed procedures on access control and other security risks.

4.2 Workspace Safeguards

During the annual computer-based training, staff is trained on how to physically secure computers and information within their workspaces. HCSC maintains policies and standards detailing the requirements workforce members must exercise to maintain physical security over their work environment.

Individuals are directed to lock their computer screens whenever they are not present at their workstations during normal business hours and to log off and lockdown their workstations when leaving for the day. Additionally, HCSC workstations are pre-configured to lock automatically after 10 minutes of user inactivity. HCSC has a “clean desk” requirement that directs the workforce to ensure that paper and other media, which contains PHI, SPI and/or BCI is physically secured at the end of each day.

4.3 Device and Media Control

HCSC maintains corporate policies and procedures directing the proper and secure disposal of paper, electronic media or other technologies containing PHI and SPI. Upon the termination of existing contractual relationships with suppliers, HCSC disposes of such information and data under the terms of the applicable contract. HCSC's workforce is provided secure, locked bins for the disposal of paper and/or electronic media containing such information. The contents of these bins are appropriately destroyed by a contracted vendor, to render the information irrecoverable. HCSC maintains contracts with vendors whose primary business is to ensure the secure destruction and disposal of technologies containing PHI and SPI.

HCSC policy requires devices and storage media containing PHI and SPI information to be logged for tracking purposes if delivered to an external entity for business operations. HCSC's standards and procedures require National Institute of Standards and Technology (NIST) approved sanitization as part of the destruction of technology hardware.

In addition, HCSC takes the following measures to limit risks associated with disposal of devices:

- Implementing strict data eliminations, complying with the Department of Defense (DoD), the National Security Agency (NSA), HIPAA and several other international data erasure standards.
- Receiving Certificates of Data Erasure, Destruction, and Disposal ("Certificate") from trusted vendors, along with an Asset Audit Report that lists all assets included and covered within the certificates.
- To further ensure security and removal of data from devices, HCSC requires that all hard drives be degaussed to destroy data prior to shredding. Disposing of HCSC assets in an EPA-compliant manner.

SECTION 5

TECHNICAL SAFEGUARDS

5.1 Access Controls – Passwords

Unique IDs and passwords are assigned to users of HCSC information systems and network. Users are required to change passwords upon initial login. All HCSC User ID holders must follow HCSC Information Security policies and standards detailing the proper and secure use of IDs and passwords. Subject to pre-approved exceptions, the HCSC network password standard states that a user password must conform to the following minimum controls:

- Passwords must expire and be reset after 30 days.
- Passwords must be a minimum of eight (8) characters.
- Passwords are prohibited for reuse for at least ten (10) generations.
- An account must be suspended after three (3) consecutive failed password entries.
- Passwords composition must be alphanumeric.
- Vendor-supplied default passwords must be changed before a technology can be used for operations.

5.2 Access Controls – Terminations

HCSC maintains policies and procedures governing the prompt termination of information systems and network access privileges when necessary. On a daily basis, the automated provisioning tool receives feeds regarding employment status from Human Resources. These routine feeds notify security administrators of the need to remove specific user access. Furthermore, HCSC automatically terminates contingent workers at the end of their contracts. Applicable business areas must renew contingent worker access before a new automated expiration date is set.

5.3 Access Controls – Recertification

HCSC conducts an annual Access Recertification Program. This program requires that HCSC management review roles and system access rights currently assigned to workforce members and contractors. HCSC management must certify whether the user's access should be changed, retained or removed based on that individual's current employment responsibilities or status.

5.4 Remote Access

HCSC remote access users must take computer- based training that reviews safeguards and procedures for countering risks related to remote access use. HCSC has a secure Virtual Private Network in place for remote access, and it requires two-factor authentication. HCSC-deployed laptops are hard-disk encrypted.

HCSC has a Telecommuter Program that uses a virtual desktop model. Workforce members in this program securely access a network profile via a virtual workstation. Telecommuters cannot print information or save to a local drive or external device. They can only save information to a secure network drive.

5.5 Encryption

HCSC requires the transmission of PHI or SPI over a public network to be encrypted. HCSC has implemented an Enterprise Gateway to manage data exchanges with external entities, and it is supported by technologies that leverage industry standard and regulatory-compliant encryption algorithms. HCSC uses a secure messaging product for email transmissions and a secure File Transfer Protocol (FTP) solution for file transfers.

HCSC web-based applications implement industry standard certificate-based encryption for data communication between web servers and client browsers.

Portable storage devices (PSD) such as CDs and USB drives are encrypted; however, the majority of HCSC users have read-only access to PSDs. For the limited number of users that have approved write access, the USBs automatically encrypt when they retrieve data from the HCSC information systems and network. Laptops are hard-disk encrypted and require a PIN.

HCSC physically encrypts data at rest on its servers and workstations and has implemented an enterprise key management infrastructure. These technologies ensure limited access to keys, secure generation and destruction of keys, and audit logging capabilities to track key usage.

5.6 Virus & Malware Protection

HCSC actively scans for viruses and malware within the HCSC information systems, including email transmissions. HCSC maintains a corporate policy and procedure that emphasizes the importance and need for these scanning efforts. Anti-virus and anti-malware signature files are routinely and timely updated. HCSC engineers and administrators test new versions of anti-virus products in an HCSC test environment prior to rolling out the new or updated versions into production.

SECTION 5

TECHNICAL SAFEGUARDS

5.7 Patch Management

HCSC infrastructure technology teams have joined forces to develop baseline configuration standards and supporting processes. Information Security performs periodic scanning to monitor and evaluate compliance to security and technical standards across enterprise technologies. Security compliance evaluation includes: patch management, server/workstation configuration, password policy, anti-virus signatures, wireless rogue access point monitoring and malicious process detection on servers. Results from these scans are incorporated into compliance reports that are shared with executive management and technology owners.

The Information Security Risk Advisory Service applies uniform vulnerability metrics across technology vendors and publishes specific alerts as necessary. The team continuously monitors public and private sources for vulnerabilities. When vulnerabilities are noted, the team conducts detailed analysis to determine applicability to the HCSC environment and proposes solutions to mitigate overall risk to HCSC.

5.8 Bring Your Own Device Program (BYOD)

Through the BYOD Program, HCSC makes business applications accessible to employees. By allowing authorized employees to use their company-approved personal mobile devices to access corporate resources to perform work-related functions, Information Security supports increased productivity and employee satisfaction. This enables us to meet customers' needs more efficiently and effectively while ensuring that data remains secure.

Each BYOD device is equipped with industry-leading mobile device management and secure container technology. This technology empowers employees to access their HCSC e-mails, calendar and contacts while away from their computers. Security controls include:

- Providing a clear separation between personally-owned vs. HCSC-owned applications and data through container technology
- Requiring separate device and container passwords
- Setting application time outs after a set period of inactivity
- Disabling copy and paste functions on data in the application's container to prevent data leakage
- Prohibiting applications on the device that are outside of the container from accessing data inside the container
- Monitoring enrolled devices for jail breaking and/or rooting
- Enabling remote wipe capability of the container if the device is lost or stolen or when there is no longer a need for the employee to use the device for HCSC business (e.g., termination or job change)
- Encrypting data communication between smart devices and servers
- HCSC employees are granted access to the BYOD Program based on business need after accepting HCSC's mobile device 'End User Terms of Use Agreement'. Users must adhere to applicable HCSC security policies and be recertified for the program on an annual basis.

5.9 Threat Intelligence

HCSC is actively involved with a variety of industry groups that provide focused health care and financial services threat intelligence information. This information is analyzed and communicated to both leadership and technical teams where it can be used to fine-tune response and detection capabilities.

5.10 Vulnerability Analysis

Information Security employs a team of professionals trained in cyber security risk evaluation. They evaluate various HCSC technologies for vulnerabilities that could put data and services at risk. If a risk is identified, the team recommends a proper course of remediation. HCSC also maintains a policy to enforce security risk management activities across the enterprise.

5.11 Network Intrusion Detection

HCSC maintains network Intrusion Detection Systems to monitor and detect unauthorized activities within the HCSC information systems and network. Sensors are deployed at the network perimeter and are tuned to detect new and evolving threats.

SECTION 5

TECHNICAL SAFEGUARDS

5.12 Logging & Monitoring

HCSC maintains a real-time cyber security monitoring and analysis service to proactively review security logs for unusual or unauthorized activity within the network and information systems. Controls are in place to validate the integrity of the activity logs, as well as restrict access to the logs. Logs are retained in accordance with applicable laws and as governed by the Records Management Policy.

The service has a repeatable process to continuously review emerging cyber security threats and make changes to monitoring and analysis tools as needed.

5.13 Incident Reporting

HCSC maintains security incident reporting and response policies. HCSC has administrative and technical resources to identify, investigate and properly manage security incidents. The company demands transparency from employees and trains its workforce on how to report suspected security incidents to the appropriate response teams. HCSC leverages several internal services to identify and respond to potential and realized security incidents.

5.14 Incident Response

The Security Event Analysis Service is responsible for monitoring and analyzing vast amounts of real-time security log information to proactively detect potential security incidents. This service is available 24-hours-a-day, Monday through Friday and 8 hours a day on Saturday and Sunday.

The Incident Response Service is chartered to investigate suspected internal cyber security incidents.

The Forensic Data Analysis Service is responsible for conducting digital forensic analysis on all types of digital media, including laptops, workstations, servers and mobile devices. The Forensic Data Analysis Service is performed by staff members who are all Encase (EnCE) certified, and their work is conducted in a state-of-the-art digital on-site forensics lab.

6.1 Business Resiliency Program Development, Testing, and Revision

The Business Resiliency Program maintains a robust, effective Disaster Recovery Program to securely recover technologies and information needed to maintain critical business operations during a disaster. As part of this program, HCSC performs a full Business Impact Assessment (BIA) at least once every three years, with periodic updates driven by business change. The BIA is at the core of the program, defining critical business processes, along with their associated Recovery Time Objectives (RTO) and Recovery Point Objectives (RPO). These are used as requirements for recovery.

HCSC maintains Disaster Recovery and Business Continuity plans. The Information Security Business Resiliency Team reviews the recovery plans annually and tests them for accuracy, completeness, and verification that the documented recovery times are within parameters as defined in the BIA. The current targeted recovery timeframes range from 4 hours to 14 days. HCSC maintains disaster and business recovery plans for the recovery of our primary data processing facilities, as well as our corporate and business offices. HCSC employs an in-sourced recovery model through two state-of-the-art data centers located in Fort Worth, Texas and Waukegan, Illinois. The HCSC Disaster Recovery Program focuses primarily on restoring the technology infrastructure, databases, applications, networks, and enabling technologies that support critical business processes. SMEs develop plans for technology recovery that are reviewed and approved by the appropriate IT Executive Management.

SECTION 6

BUSINESS RESILIENCY

6.2 Emergency Operations (Business Continuity)

The HCSC Business Resiliency Business Continuity (BC) Program is designed for seamless reallocation. State-of-the-art, 24x7 monitoring and operations management technology allows us to immediately re-route customer inquiries and claims processing to an "alternate site" where duplicate services are provided by experienced staff. HCSC business continuity plan strategies are flexible and scalable to address continuation of critical business processes despite an impact to our facilities, technical infrastructure or workforce. They include well-defined operating objectives and the resources required to execute strategies defined through the BIA.

HCSC business continuity plans are reviewed, exercised and updated annually to reflect organizational changes, lessons learned and metrics to support program maturity. Functional exercises are conducted in collaboration with program stakeholders and managed via our central incident command center structure. Continuity protocols also are built into relationships with vendors.

6.3 Data Backups

HCSC performs data replication between our primary data center and our recovery data center for predetermined critical applications. Applications with longer RTO/RPOs use virtual tape, which is replicated daily to our recovery data center. Incremental backups occur daily and full system backups are performed weekly.

6.4 Data Center Environmental Controls

HCSC maintains two state-of-the-art, geographically diverse data centers designed to meet Tier 4 classification criteria. The data centers are equipped with strong physical security controls and are capable of effectively enacting disaster recovery plans. These data centers include environmental controls that promote the continuity of HCSC:

- Raised floors
- Heat and smoke detectors
- Air-sampling devices
- Cooling and humidity systems
- Hand-held fire extinguishers
- Dry pipe fire suppression system
- Under-floor CO2 system

The data centers incorporate multiple feeds for electricity, gas, water, and telecommunications. Uninterruptible Power Supplies (UPS) are in place to support critical areas within the data center facilities. In the event of a power outage, these data center facilities maintain multiple redundant diesel-powered generators that can adequately support the power requirements for the building and grounds (critical and general power) inclusive of all physical security controls. Additionally, these data centers are constructed at a level that has approximately twice the structural integrity believed to be needed to withstand likely seismic or adverse weather- related activity in their respective locales.

INFORMATION SECURITY STATEMENT

HCSC | Information Technology Group
Information Security

BlueCross BlueShield of Texas

Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Texas (BCBSTX). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

THE EOB HAS THREE MAJOR SECTIONS:

- Subscriber Information and Total of Claim(s) includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- Service Detail for each claim includes:
  - Patient and provider information
  - Claim number and when it was processed
  - Service dates and descriptions
  - The amount billed
  - The discounts or other reductions subtracted from amount billed
  - Total amount covered
  - The amount you may owe (your responsibility)
- Summary - Shows you what the plan covers for each claim and your responsibility including:

Plan Provisions

- The amount covered
- Less any amounts you may owe, like deductible, copay and coinsurance

Your Responsibility

- Deductible and copay amount
- Your share of coinsurance
- Amount not covered, if any
- Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- Amounts Not Covered will show what benefit limitations or exclusions apply.
- Out-of-Pocket Expenses will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- Fraud Hotline is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- An explanation of your right to appeal if your health plan doesn't cover a health care claim.

Available in English and Spanish

Your EOBs Are Available Online!

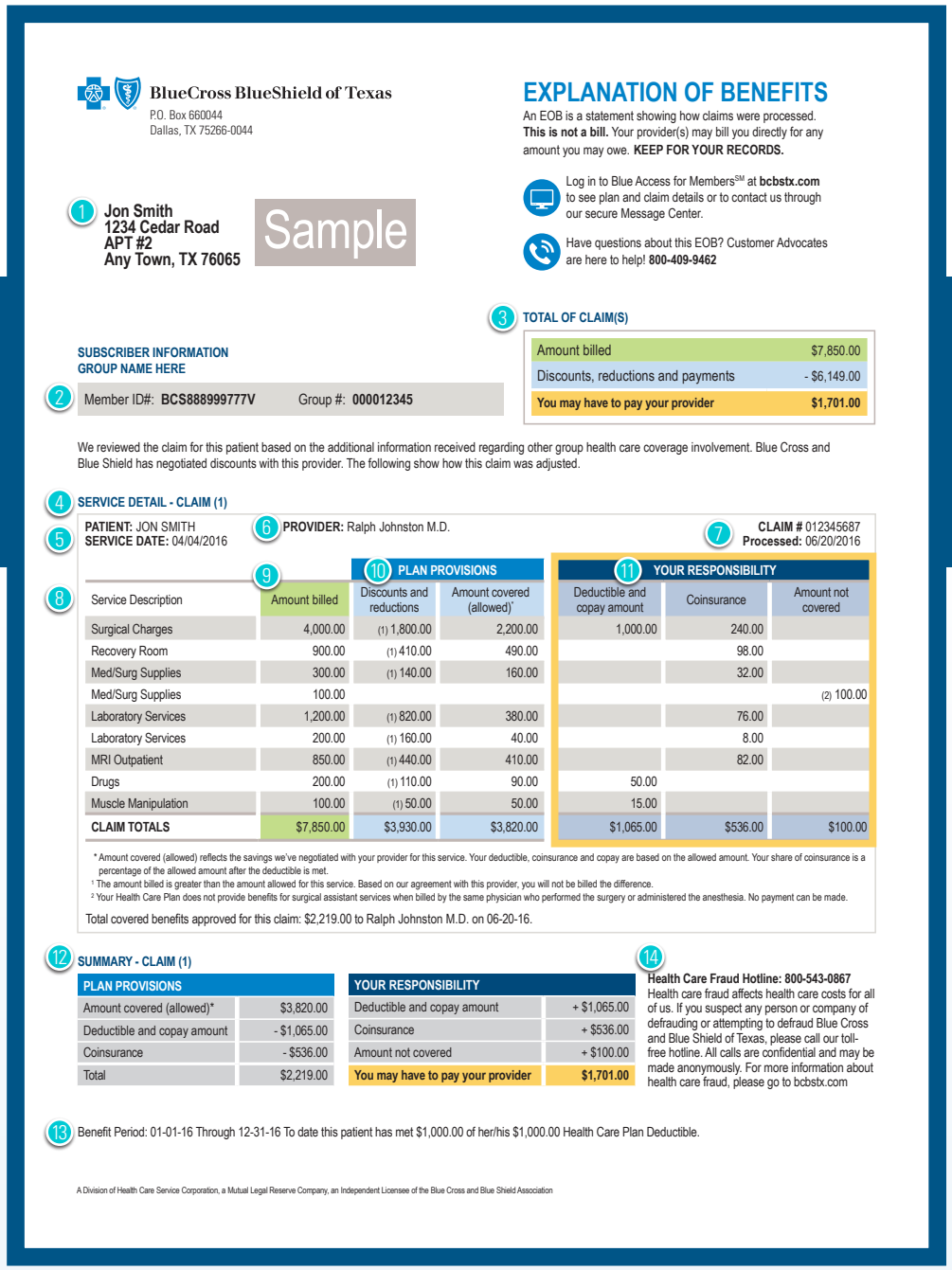
Sign up for Blue Access for Members℠ (BAM℠) at **bcbstx.com** for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.

bcbstx.com

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

45168.0117

Sample EOB



BlueCross BlueShield of Texas
P.O. Box 660044
Dallas, TX 75266-0044

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

Log in to Blue Access for Members℠ at **bcbstx.com** to see plan and claim details or to contact us through our secure Message Center.

Have questions about this EOB? Customer Advocates are here to help! **800-409-9462**

1 Jon Smith
1234 Cedar Road
APT #2
Any Town, TX 76065

Sample

3 TOTAL OF CLAIM(S)

Amount billed	$7,850.00
Discounts, reductions and payments	- $6,149.00
You may have to pay your provider	**$1,701.00**

SUBSCRIBER INFORMATION
GROUP NAME HERE

2 Member ID#: **BCS888999777V** Group #: **000012345**

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

4 SERVICE DETAIL - CLAIM (1)

5 **PATIENT:** JON SMITH
SERVICE DATE: 04/04/2016

6 **PROVIDER:** Ralph Johnston M.D.

7 **CLAIM #** 012345687
Processed: 06/20/2016

8 Service Description	9 Amount billed	10 PLAN PROVISIONS: Discounts and reductions	10 PLAN PROVISIONS: Amount covered (allowed)*	11 YOUR RESPONSIBILITY: Deductible and copay amount	11 YOUR RESPONSIBILITY: Coinsurance	11 YOUR RESPONSIBILITY: Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		98.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		76.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	$7,850.00	$3,930.00	$3,820.00	$1,065.00	$536.00	$100.00

* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.
[1] The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
[2] Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: $2,219.00 to Ralph Johnston M.D. on 06-20-16.

12 SUMMARY - CLAIM (1)

PLAN PROVISIONS	
Amount covered (allowed)*	$3,820.00
Deductible and copay amount	- $1,065.00
Coinsurance	- $536.00
Total	$2,219.00

YOUR RESPONSIBILITY	
Deductible and copay amount	+ $1,065.00
Coinsurance	+ $536.00
Amount not covered	+ $100.00
You may have to pay your provider	**$1,701.00**

14 **Health Care Fraud Hotline: 800-543-0867**
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbstx.com

13 Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met $1,000.00 of her/his $1,000.00 Health Care Plan Deductible.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

1. Member's name and mailing address
2. Member ID and group number
3. Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
4. Detailed claim information for each claim
5. Patient name and service date
6. Provider information
7. Claim number and date the claim was processed
8. Service description
9. Amount billed for each service
10. The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
11. Your share of the costs
12. Claim summary with amount covered less your responsibility
13. Deductible and/or out-of-pocket expense information
14. Health Care Fraud Hotline

* Please provide this information when contacting us about a claim.

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:
a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.)Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.

☐ NO, I DO NOT intend to use Subcontractors/Sub-consultants.
Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☒ YES, I DO intend to use Subcontractors /Sub-consultants.
Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub- Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information				
Company Name	Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company			
City Vendor ID Code				
Physical Address	9442 Captial of Texas Hwy. North, Arboretum Plaza II			
City, State Zip	Austin	Texas		78759
Phone Number	(312) 653-9281		Email Address	Latonya_Fourte-Lyles@bcbsil.com
Is the Offeror City of Austin M/WBE certified?	☒ NO ☐ YES Indicate one: ☐MBE ☒WBE ☐MBE/WBE Joint Venture			

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed Subcontracting/Sub-Consulting Utilization Form, and if applicable my completed Subcontracting/Sub-Consulting Utilization Plan, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the Request For Change form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form.

LaTonya Fourté-Lyles — 3/08/2018

Name and Title of Authorized Representative (Print or Type) Signature/Date

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

☒ **I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.**

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;
STEP TWO: Perform Good Faith Efforts (Check List provided below);
STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.

☒ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.

☒ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504
SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

☒ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☒ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

☒ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code:	☐NON-CERTIFIED
Vendor ID Code	V00000944692	
Contact Person	Florence Tubonemi	Phone Number: (512) 870-7395
Additional Contact Info	Fax Number: (512) 456-7450	E-mail: bccolllinshhc@gmail.com
Amount of Subcontract	$0	
List commodity codes & description of services	Claims and/or Medical Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code:	☐NON-CERTIFIED
Vendor ID Code	V00000913637	
Contact Person	Blanca Lesmes	Phone Number: (512) 351-6880
Additional Contact Info	Fax Number: (512) 628-3311	E-mail: info@bbimaging.net
Amount of Subcontract	$0	
List commodity codes & description of services	Claims and/or Medical Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
John Wesley-Smith	2/28/2018	Phone: (512) 974-7758 Email: John.Wesley-Smith@austintexas.gov	Contacted for list of vendors related to Claims and/or Medical Services

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code: ☐NON-CERTIFIED
Vendor ID Code	V00000942752
Contact Person	Rochelle Horton Phone: (512) 394-2080
Additional Contact Info	Fax Number: E-mail: repaug2016@yahoo.com
Amount of Subcontract	$0
List commodity codes & description of services	Claims and/or Medical Services
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

Subcontractor/Sub-consultant	
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code: ☒NON-CERTIFIED
Vendor ID Code	AxisPoint Health
Contact Person	Phone Number: (800) 338-0090
Additional Contact Info	Fax Number: E-mail: innovate@axispointhealth.com
Amount of Subcontract	$ TBD
List commodity codes & description of services	24-7 Nurse Triage Line
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
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Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

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(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Catapult Health	
Contact Person	Shannon Schaul	Phone Number: (214) 396-4801
Additional Contact Info	Fax Number:	E-mail: shannon@catapulthealth.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	On-site worksite Preventive Checkup	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Emmi Solutions, LLC	
Contact Person		Phone Number: (312) 236-3650
Additional Contact Info	Fax Number:	E-mail: info@emmisolutions.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Interactive Technology Patient Engagement Platform	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Fiserv	
Contact Person	Nancy Sullivan	Phone Number: (913) 441-7833
Additional Contact Info	Fax Number:	E-mail: Nancy.sullican@fisrv.com
Amount of Subcontract	$TBD	
List commodity codes & description of services	ID Card Production	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Interactive Health	
Contact Person	Charlie Estey	Phone Number: (847) 590-0200
Additional Contact Info	Fax Number: (847) 590-0267	E-mail: cestey@healthsolutions.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	On-site Wellness Programs	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504
SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	HSA Bank	
Contact Person	Alba Biendara, Sr	Phone Number: (920) 803-4247
Additional Contact Info	Fax Number:	E-mail: abiendara@hsabank.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Health Savings Account (HSA)	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Language Line	
Contact Person	Unavailable	Phone Number: 800-752-6096
Additional Contact Info	Fax Number:	E-mail:
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Interpreter Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MDLIVE	
Contact Person	Darin Moore	Phone Number: (732) 722-7915
Additional Contact Info	Fax Number:	E-mail: dmoore@mdlive.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Telehealth Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MedeAnalytics, Inc	
Contact Person	Scott Paddock	Phone Number: (518) 441-257
Additional Contact Info	Fax Number: (469) 916-3355	E-mail: scott.paddock@medeanalytics.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Blue Insight	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MCG	
Contact Person	Unavailable	Phone Number: (206) 389-5300
Additional Contact Info	Fax Number:	E-mail: cghelp@mcg.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Evidence-based criteria for care management, case review, and patient assessments.	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Onlife Health	
Contact Person	Phil Hadden	Phone Number: (615) 844-2134
Additional Contact Info	Fax Number:	E-mail: phadden@onlifehealth.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Wellness Program vendor	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

March 6, 2018

Dear Claims and/or Medical Supplier,

Blue Cross Blue Shield of Texas (BCBSTX) is currently in the process of bidding for an exciting opportunity with the City of Austin. If you have received this letter, it is because BCBSTX has submitted a request to the City of Austin Small and Minority Business Resource (SMBR) Department for a list of Austin Metropolitan Statistical Area-based firms that provide services in the Claims and Medical Services line of business, and your firm was included by the SMBR as a qualified vendor in this space.

Scope: Typically projects of this nature involve providing professional services related to claims procession, or broad medical services.

If there is any further support we can offer to meet your needs, please don't hesitate to let us know. Again, thank you for partnering with the Supplier Diversity Program, and for helping us ensure our supply chain represents the diverse communities in which we live and serve.

Sincerely,

LaTonya Fourte'-Lyles
Corporate Supplier Diversity

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2018-404556

Date Filed:
09/17/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Health Care Service Corporation d/b/a Blue Cross Blue Shield of Texas
Chicago, IL United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
City of Austin

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
RWS0504
Self-funded Medical, Stop Loss, and Pharmacy Benefit Manager

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Gregory Keith Barnes, and my date of birth is 01/10/63.

My address is 3084 Seneca Dr. (street), Frisco (city), TX (state), 75034 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Collin County, State of Texas, on the 18 day of September (month), 2018 (year).

Signature of authorized agent of contracting business entity
(Declarant)

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:
a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.)Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.

☐ NO, I DO NOT intend to use Subcontractors/Sub-consultants.
Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☒ YES, I DO intend to use Subcontractors /Sub-consultants.
Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub- Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information				
Company Name	Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company			
City Vendor ID Code				
Physical Address	9442 Captial of Texas Hwy. North, Arboretum Plaza II			
City, State Zip	Austin	Texas		78759
Phone Number	(312) 653-9281		Email Address	Latonya_Fourte-Lyles@bcbsil.com
Is the Offeror City of Austin M/WBE certified?	☒ NO ☐ YES Indicate one: ☐MBE ☒WBE ☐MBE/WBE Joint Venture			

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed Subcontracting/Sub-Consulting Utilization Form, and if applicable my completed Subcontracting/Sub-Consulting Utilization Plan, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the Request For Change form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form.

LaTonya Fourté-Lyles — 3/08/2018

Name and Title of Authorized Representative (Print or Type) Signature/Date

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

☒ **I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.**

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;
STEP TWO: Perform Good Faith Efforts (Check List provided below);
STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.

☒ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.

☒ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504
SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

☒ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☒ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

☒ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code:	☐NON-CERTIFIED
Vendor ID Code	V00000944692	
Contact Person	Florence Tubonemi	Phone Number: (512) 870-7395
Additional Contact Info	Fax Number: (512) 456-7450	E-mail: bccolllinshhc@gmail.com
Amount of Subcontract	$0	
List commodity codes & description of services	Claims and/or Medical Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code:	☐NON-CERTIFIED
Vendor ID Code	V00000913637	
Contact Person	Blanca Lesmes	Phone Number: (512) 351-6880
Additional Contact Info	Fax Number: (512) 628-3311	E-mail: info@bbimaging.net
Amount of Subcontract	$0	
List commodity codes & description of services	Claims and/or Medical Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
John Wesley-Smith	2/28/2018	Phone: (512) 974-7758 Email: John.Wesley-Smith@austintexas.gov	Contacted for list of vendors related to Claims and/or Medical Services

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	☒MBE ☐WBE Ethnic/Gender Code: ☐NON-CERTIFIED
Vendor ID Code	V00000942752
Contact Person	Rochelle Horton Phone: (512) 394-2080
Additional Contact Info	Fax Number: E-mail: repaug2016@yahoo.com
Amount of Subcontract	$0
List commodity codes & description of services	Claims and/or Medical Services
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

Subcontractor/Sub-consultant	
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code: ☒NON-CERTIFIED
Vendor ID Code	AxisPoint Health
Contact Person	Phone Number: (800) 338-0090
Additional Contact Info	Fax Number: E-mail: innovate@axispointhealth.com
Amount of Subcontract	$ TBD
List commodity codes & description of services	24-7 Nurse Triage Line
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504
SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Catapult Health	
Contact Person	Shannon Schaul	Phone Number: (214) 396-4801
Additional Contact Info	Fax Number:	E-mail: shannon@catapulthealth.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	On-site worksite Preventive Checkup	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Emmi Solutions, LLC	
Contact Person		Phone Number: (312) 236-3650
Additional Contact Info	Fax Number:	E-mail: info@emmisolutions.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Interactive Technology Patient Engagement Platform	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Fiserv	
Contact Person	Nancy Sullivan	Phone Number: (913) 441-7833
Additional Contact Info	Fax Number:	E-mail: Nancy.sullican@fisrv.com
Amount of Subcontract	$TBD	
List commodity codes & description of services	ID Card Production	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Interactive Health	
Contact Person	Charlie Estey	Phone Number: (847) 590-0200
Additional Contact Info	Fax Number: (847) 590-0267	E-mail: cestey@healthsolutions.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	On-site Wellness Programs	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504
SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	HSA Bank	
Contact Person	Alba Biendara, Sr	Phone Number: (920) 803-4247
Additional Contact Info	Fax Number:	E-mail: abiendara@hsabank.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Health Savings Account (HSA)	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Language Line	
Contact Person	Unavailable	Phone Number: 800-752-6096
Additional Contact Info	Fax Number:	E-mail:
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Interpreter Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MDLIVE	
Contact Person	Darin Moore	Phone Number: (732) 722-7915
Additional Contact Info	Fax Number:	E-mail: dmoore@mdlive.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Telehealth Services	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MedeAnalytics, Inc	
Contact Person	Scott Paddock	Phone Number: (518) 441-257
Additional Contact Info	Fax Number: (469) 916-3355	E-mail: scott.paddock@medeanalytics.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Blue Insight	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	

Richardson MINORITY- AND WOMEN-OWNED
BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 5800 RWS0504

SOLICITATION TITLE: Medical, Stop-Loss, Pharmacy and Optional Services

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	MCG	
Contact Person	Unavailable	Phone Number: (206) 389-5300
Additional Contact Info	Fax Number:	E-mail: cghelp@mcg.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Evidence-based criteria for care management, case review, and patient assessments.	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

Subcontractor/Sub-consultant		
City of Austin Certified	☐MBE ☐WBE Ethnic/Gender Code:	☒NON-CERTIFIED
Vendor ID Code	Onlife Health	
Contact Person	Phil Hadden	Phone Number: (615) 844-2134
Additional Contact Info	Fax Number:	E-mail: phadden@onlifehealth.com
Amount of Subcontract	$ TBD	
List commodity codes & description of services	Wellness Program vendor	
Justification for not utilizing a certified MBE/WBE	Suppliers provided by the City of Austin Small Minority Business Resource (SMBR) Department do not fit the scope of work we will be providing for this contract	

SMBR Contact Information			
SMBR Contact Name	Contact Date	#s of Contact	Reason for Contact
		Phone: Email:	