

**Exhibit I.Y.1**

**DCS and NYSIF Prescription Drug Programs  
Participation/Non-Participation Status of Certain Chain Pharmacies  
In the Offeror's Proposed Retail Pharmacy Network**

Instructions for Completion: The following list contains the name of certain chain pharmacies. Next to each pharmacy name, place an X in the proper column to indicate the participation/non-participation status of certain chain pharmacies that will participate in your retail pharmacy network on January 1, 2014.

<u>Chain Pharmacy Name</u>	<u>Participating in Offeror's Proposed Retail Pharmacy Network on 1/1/14</u>	<u>Not Participating in Offeror's Proposed Retail Pharmacy Network on 1/1/14</u>
CVS PHARMACY, INC.	<input type="checkbox"/>	<input type="checkbox"/>
DUANE READE	<input type="checkbox"/>	<input type="checkbox"/>
MED WORLD PHARMACY	<input type="checkbox"/>	<input type="checkbox"/>
KINNEY DRUGS	<input type="checkbox"/>	<input type="checkbox"/>
RITE AID CORPORATION	<input type="checkbox"/>	<input type="checkbox"/>
WALGREEN DRUG STORE INC.	<input type="checkbox"/>	<input type="checkbox"/>

**Note: Placing an X in the "participating" column means that the Offeror holds an executed contract with the chain pharmacy and requires the participation of this pharmacy in the Programs' Retail Pharmacy Network commencing on January 1, 2014, to the extent that the pharmacy is continuing in operation. This exhibit must be completed in a manner that accurately reflects the contents of the Offeror's Proposed Retail Pharmacy Network File.**