

» *A Proposal to Provide*
Pharmacy Benefit Management Services

Cost Proposal Volume

Request for Proposal No.: RX-2018-1

Pharmacy Benefit Services for the Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs

July 13, 2018

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Cost Proposal

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State of New York

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Section V: Cost Proposal Requirements

A. General:

The purpose of this section of the RFP is to set forth the duties and responsibilities required of the Offeror as regards to its cost quotes and to pose questions (i.e., the information and documentation required under the Confirmations and Required Submissions sections) concerning those duties and responsibilities. The Offeror's Cost Proposal must contain responses to all questions in the format requested, as well as, the cost exhibits required in Section C.1., below. The Cost Proposal evaluation will analyze the relative impact of each Offeror's Cost Proposal on the Programs' claims costs and administration costs and net savings that will result for the Offeror's Pharma Revenue Guarantee. Each Offeror may submit ONLY ONE Cost Proposal. Each Cost Proposal will be evaluated with the following goal in mind: the lowest possible total combined Program cost over the term of the Agreements resulting from this RFP while being responsive to the requirements of the RFP.

Informational Claim Data Files

To assist Offeror's in the development of their Cost Proposal, the Procuring Agencies have produced informational claim data files containing claims paid for the period January 1, 2017 through December 31, 2017 (DCS) and for the period January 1, 2016 through December 31, 2017 (NYSIF). The informational claim file data layouts for the DCS (Exhibit V.B) and NYSIF (Exhibit V.B.1) Programs can be obtained by prospective Offerors by following the instructions and meeting the requirements specified in Section III.F. of this RFP.

Understood and agreed.

B. Evaluation Process – General

The evaluation of Cost Proposals will be conducted by applying each Offeror's cost quotes to normalized claim data. In particular, the evaluation will involve the following:

1. Analysis of the impact of proposed Guaranteed Discounts and dispensing fees, and the Offeror's per final paid claim Pharma Revenue Guarantee on combined Program claim costs;
2. Analysis of the impact of the Offeror's proposed Claims Administration Fees for administering the Programs; and
3. Analysis of the impact of the Offeror's proposed Vaccine Administration Fees.

Understood and agreed.

C. Analysis of Cost Components

1. Cost Exhibits to Complete

The Offeror must complete the following cost exhibits in strict accordance with the directions set forth in this RFP and submit them as part of their Cost Proposal:

Exhibit V.A Proposed Claim Reimbursement Quote

Exhibit V.D Specialty Pharmacy Program Dispensing Fees

Exhibit V.E Pharma Revenue Guarantee Quote

Exhibit V.F Claims Administration Fee(s) Quotes

Exhibit V.G Vaccination Administration Fees

Please see the *Exhibits Section* for Express Scripts' completed cost exhibits.

2. Cost Exhibits – Informational

The following exhibits are provided for informational purposes only in order to assist Offerors in submitting their Cost Proposal:

Exhibit V.B Layout Specifications for DCS Program Informational Claims Data File

Confirmed.

Exhibit V.B.1 Layout Specifications for NYSIF Program Informational Claims Data File

Confirmed.

Exhibit V.B.2 Designated Specialty Pharmacy Identifiers

Confirmed.

Exhibit V.C Retail and Mail Service Pharmacy Generic Drugs – MAC List Costs Per GPI

Confirmed.

Exhibit V.E.1 Documentation to Support Pharma Revenue Guarantee Quote

Confirmed.

Exhibit V.H DCS Classified Generic Drugs

Confirmed.

3. Claim Ingredient Cost - General

The Procuring Agencies require full transparency of claim ingredient costs in the Retail Pharmacy Network. The Offeror is required to propose an overall Guaranteed Minimum Discount off the aggregate AWP of all Brand Drugs dispensed through the Retail Pharmacy Network. The Offeror is required to propose overall Guaranteed Minimum Discounts off the aggregate AWP of all Generic Drugs dispensed through the Retail Pharmacy Network and Mail Service Pharmacy Process. In addition, the Offeror is required to propose a Guaranteed Discount off the aggregate AWP of Brand Drugs dispensed to Enrollees/Claimants through the Mail Service Pharmacy Process and a Guaranteed Discount off the aggregate AWP of Specialty Drugs/Medications dispensed to Enrollees/Claimants through the Specialty Pharmacy Program. The Offeror must also propose a pricing methodology for Compound Drugs dispensed to Enrollees/Claimants that will be utilized for both retail claims and Mail Service Pharmacy Process claims. This section sets forth the Program requirements related to those guarantees.

Confirmed.

a. Duties and Responsibilities – Claim Ingredient Cost - General

- (1) All proposed discounts and dispensing fees for Brand and Generic Drugs must be guaranteed for the entire term of the Agreements without qualification or condition. In addition, the selected Offeror's proposed Compound Drug pricing methodology must be guaranteed for the entire term of the Agreements without qualification or condition.

Confirmed.

- (2) All proposed discounts and dispensing fees for Specialty Drugs/Medications apply only to Enrollees/Claimants who participate in and have drugs dispensed through the Specialty Pharmacy Program and must be guaranteed for the entire term of the Agreements without qualification or condition.

Confirmed.

- (3) The Contractor shall utilize the Medi-Span field coded R028 entitled "AWP unit price" as the source of Average Wholesale Price (AWP) information for purposes of calculating Ingredient Cost.

Confirmed.

- (4) During the term of the Agreements, in the event the Medi-Span reporting service changes its methodology related to any of the information fields used in the Procuring Agencies' classification of Brand and Generic Drugs, or its methodology for coding drugs in connection with these information fields, the Contractor shall be obligated to inform the Procuring Agencies in writing of such changes within 30 Days of learning of such changes. Upon written notification, the Contractor and the Procuring Agencies will meet and agree in writing to any Brand and/or Generic Drug classification changes that may be necessary to enable each to maintain the same economic position and obligations as are set forth in the Agreements.

Confirmed.

- (5) If, during the term of the Agreements, industry events have caused the Contractor's source of AWP to become obsolete or no longer available, the Procuring Agencies and the Contractor shall agree on revised pricing terms. In no event shall the Programs' actual costs for drugs increase as the result of new pricing terms. The Contractor shall notify the Procuring Agencies in writing as soon as any information indicating a problem with the future use of the Contractor's AWP source is received. Within two weeks of the initial notification, the Contractor shall submit a detailed written proposal to the Procuring Agencies for effectively revising pricing terms including but not limited to a file containing the Contractor's pricing for all drugs dispensed during the prior six months utilizing the current AWP source and the Contractor's revised pricing for such drugs using the proposed methodology. The Contractor's Proposal should ensure continued alignment of the Contractor's interests with those of the Programs.

Confirmed.

- (6) To protect Enrollees/Claimants from disruption due to reclassification of drugs, during the term of the Agreements, and to assure that Offeror's Proposals are evaluated consistently, drugs shall be classified for pricing purposes in accordance with current Program Brand /Generic Drug classifications and in accordance with the definitions in the Contract Provisions, Section VII.A and VII.B (see Article I, entitled "Definition of Terms") of this RFP.

Confirmed.

- (7) Offerors must use the Programs current Brand/Generic classification methodology, which is primarily based on a particular set of Medi-Span indicators.

Confirmed.

The following methodologies shall be used by Offerors and will be used by the Procuring Agencies in their evaluation of Offerors' Proposals to determine the appropriate Brand / Generic Drug classification so as to comply with the contractual definitions set forth in the Contract Provisions, Sections VII.A and VII.B (see Article I, entitled "Definition of Terms") of this RFP.

(a) Classification Methodology General

- (i) Drugs shall be classified for pricing purposes during the term of the Agreements in accordance with the Programs' classification determinations based on the definitions contained in Section VIII of this RFP. No later than November 15th of each Plan Year, the Contractor shall submit for the Programs' written approval a file containing all NDCs dispensed through the Program during the prior year and the classification of each NDC derived from application of the Contractor's electronic classification process. To the extent the Contractor's electronic process results in classifications inconsistent with the Programs' determinations, the Contractor commits to modify its classification methodology to replicate the results of the Programs' determination, including the steps set forth in V.C.3.a(7)(a)(ii) below. The Programs' determination shall be final.

Confirmed.

- (ii) To the extent the electronic process fails to comprehensively replicate drug classifications specified by the DCS Program in Exhibit B, the Requests for Proposals entitled "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and the New York State Insurance Fund Workers' Compensation Prescription Drug Programs," of this RFP consistent with the definitions of Brand and Generic Drugs set forth in Section VIII of this RFP, the Contractor agrees to modify to the extent possible its electronic processing system before January 1, 2019, including setting appropriate Copayment levels as required, and to undertake all other necessary manual steps to ensure that the result of the prescription processing process from a cost basis to both Enrollee and Plan is in accordance with the DCS determination of classification.

Confirmed.

- (iii) The Contractor shall conduct a year end reconciliation each Plan Year to ensure that the claim amount charged to the Plan is in accordance with the definition of Brand and Generic Drugs set forth in Section VIII this RFP. The reconciliation will include claims paid during the Plan Year and is to be completed by February 15th of the following year. If DCS's review of the Contractor's reconciliation indicates an adjustment is required, then DCS reserves the right to make an adjustment to the Contractor's submitted reconciliation. The Contractor shall credit or debit the Plan as applicable no later than 30 Days following the date of reconciliation and reflect the result in the Annual Financial Statement.

Confirmed.

(b) Brand Name Drug Determination Methodology

A drug labeled with the identifier “M” or “O” in the Medi-Span Multi-Source code shall be processed as a Brand Drug unless the same drug is identified as “G” in the Medi-Span Brand-Name code.

In addition to drugs identified as “M” or “O” in the Medi-Span Multi-Source code, a drug that is identified as “N” in the Medi-Span Multi-Source code shall be designated a Brand Drug if the drug is identified as “T” in the Medi-Span Brand- Name code.

Confirmed.

(c) Generic Drug Determination Methodology

A drug identified as “Y” in the Medi-Span Multi-Source code shall be designated as a Generic Drug.

In addition to drugs identified as “Y” in the Medi-Span Multi-Source code, a drug identified as “N” in the Medi-Span Multi-Source Code shall be designated as a Generic Drug if the corresponding Medi-Span Brand-Name code for such drug is “B” or “G.”

In addition, a drug identified as “G” in the Medi-Span Brand-Name Code shall be designated as a Generic Drug, regardless of the identifier designated in the Medi-Span Multi-Source code.

As stated in the definition, as set forth in the Contract Provisions, Sections VII.A and VII.B, (see Article I, entitled “Definition of Terms”) of this RFP, no drug approved through an FDA Generic Drug approval process, including any FDA approval process established for approving generic equivalents of biologic drugs, shall be processed as a Brand Drug regardless of the assigned Medi-Span indicators or the result of the Offeror/Contractor’s proposed methodology for determining the appropriate classification of a drug. Furthermore, the DCS Program classifies a small list of drugs as Generic Drugs that are classified by Medi-Span as Brand Drugs. See Exhibit V.H for listing of these Generic Drugs. The drugs listed in Exhibit. V.H must be classified as Generic Drugs during the term of the agreement with DCS, unless a change to the list is requested by DCS in writing.

Exhibit III.E Current Brand-Generic Classification presents a listing of the NDC’s dispensed to DCS Program Enrollees/Claimants in 2017 and the required brand name/generic drug classification assigned to each NDC.

Confirmed.

(d) Compound Drug Determination Methodology

A Compound Drug is a drug with two or more ingredients (solid, semi-solid or liquid), where the primary active ingredient is an FDA approved covered drug with a valid NDC requiring a Prescription for dispensing, combined together in a method specified in a Prescription issued by a medical professional. The end result of this combination must

be a Prescription medication for a specific patient that is not otherwise commercially available in that form or dose/strength from a single manufacturer. The Prescription must identify the multiple ingredients in the Compound, including active ingredient(s), diluent(s), ratios or amounts of product, therapeutic use and directions for use. The act of compounding must be performed or supervised by a licensed Pharmacist. Any commercially available product with a unique assigned NDC requiring reconstitution or mixing according to the FDA approved package insert prior to dispensing will not be considered a Compound Prescription by the Programs.

Confirmed.

- (8) The selected Offeror shall be required to submit a file containing the NDC's dispensed to Enrollees/Claimants in 2017 and the resulting brand/generic classification of each NDC derived from application of the Contractor's electronic classification process. If, at that time, the Procuring Agencies determine that the selected Offeror's proposed classification methodology does not replicate the results of the Programs' methodology for determining the brand name/generic classification of drugs, the selected Offeror must modify its classification methodology to replicate the results of the Programs' methodology, either automatically through the claims adjudication system or through an annual claims reconciliation process. The Procuring Agencies determination shall be final.

Confirmed.

- (9) The Programs' Lesser of Logic, as defined in Section VIII (Glossary of Terms), shall apply to all claims processed under the Programs.

Confirmed.

b. Confirmation – Claim Ingredient Cost - General

- (1) Offerors must confirm their agreement to perform/fulfill and comply with the Duties and Responsibilities contained within "Claim Ingredient Cost - General" section above including, but not limited to:

- (a) The guarantee that all discounts and dispensing fees shall remain in effect during the entire term of the Agreements, without qualification or condition;

Confirmed.

- (b) Pricing for Specialty Drugs/Medications, shall apply only to Enrollees/Claimants who participate in and fill a prescription through the Specialty Pharmacy Program. Specialty Drugs/Medications for all other Enrollees/Claimants and/or claims shall be priced using the Offeror's proposed pricing for retail and mail service drugs;

Confirmed.

- (c) AWP will be determined by Medi-Span utilizing the field coded R028 entitled “AWP unit price;”

Confirmed.

- (d) Confirmation that if the Procuring Agencies determine that industry events have caused the Contractor’s proposed source of AWP to become inflated against new industry standards, obsolete, or unavailable, the Contractor agrees to negotiate revised pricing terms ensuring that the Programs’ actual costs for drugs in no event increase as the result of new pricing terms, in accordance with Section V.C.3.a.(5) above;

Confirmed.

- (e) Drugs will be classified as brand name, generic, or compound consistent with Section V.C.3.a.(7) above;

Confirmed.

- (f) Prescriptions shall be processed consistent with the Programs’ classification of drugs on an NDC basis. Confirmation that, if selected, the Offeror agrees to submit a file containing the NDC’s dispensed to Enrollees/Claimants in 2017 and the resulting brand/generic classification of each NDC utilizing the Offeror’s proposed methodology for determining the brand name/generic classification of drugs. Confirmation that, if the Procuring Agencies determine that the Offeror’s proposed classification methodology does not replicate the results of the Programs’ methodology for determining the brand name/generic classification of drugs, the Offeror shall agree to modify its classification methodology to replicate the results of the Programs’ methodology either automatically through the claims adjudication system or through an annual claims reconciliation process; and

Confirmed.

- (g) Applying the Programs’ Lesser of Logic to all claims.

Confirmed.

c. Required Submission – Claim Ingredient Cost - General

- (1) Confirm the Offeror’s agreement to utilize the Medi-Span field coded R028 entitled “AWP unit price” as the source of AWP information for calculating Ingredient Cost.

Confirmed.

4. Mandatory Generic Substitution at Retail and Mail

Encouraging utilization of cost-effective clinically equivalent Generic Drugs is an integral component of the Programs' benefit design. To promote the use of Generic Drugs, the Programs have a mandatory generic substitution requirement that mandates that FDA approved A-rated Generic Drugs and authorized Generic Drugs be substituted for equivalent Brand Drugs or the Enrollee/Claimant pays the applicable Level 3 Drug Copayment plus an "Ancillary Charge." Under the NYSIF Program, there are no Copayments or Ancillary Charges collected from the Enrollee/Claimant. The Offeror must apply this requirement on a consistent basis at the retail network pharmacies and through the Mail Service Pharmacy Process.

Confirmed.

a. Duties and Responsibilities

To ensure strict adherence to the Programs' Mandatory Generic Substitution Requirement and protect the financial interests of the Programs, the Contractor shall be required to:

- (1) Apply mandatory generic substitution to all specific NDC's of Brand Drugs for which there is an FDA- approved A-rated Generic Drug (including but not limited to, Generic Drugs rated AA, AB, AN, AO, AT, etc.) or an authorized Generic Drug as permissible by NYS law. Retail network pharmacies shall comply with all state laws related to mandatory generic substitution. The Programs' mandatory generic substitution provisions shall apply to any claim where the A-rated or authorized Generic Drug is required or permitted to be substituted under state law. Mandatory generic substitution provisions will not apply to B-rated or unrated Generic Drugs or in the unlikely event that state law prohibits dispensing of the A-rated or authorized Generic Drug.

Confirmed.

- (2) (Exclusive to DCS) Establish the Ancillary Charge by calculating the difference in the Discounted Ingredient Cost of the Brand Drug and the Discounted Ingredient Cost of the equivalent A-rated Generic Drug or authorized Generic Drug based on the Programs' MAC List price assigned when a Brand Drug for which an A-rated or authorized Generic Drug has been introduced in the market is dispensed to the Enrollee. In such cases, the Enrollee shall be responsible for paying the applicable Level 3 Drug Copayment plus Ancillary Charge not to exceed the cost of the drug to the DCS Program. The Ancillary Charge shall be assessed even in the event a doctor has specifically directed a Pharmacist to dispense the Brand Drug rather than the A-rated or authorized Generic Drug through DAW notation.

Confirmed.

- (3) Monitor the pharmaceutical industry on behalf of the Procuring Agencies to identify Generic Drugs expected to enter the market. Prior to the actual introduction of the Generic Drug to market, the Contractor shall inform the Procuring Agencies of anticipated shipping dates of the first generic introduced into the market for one or more strengths of a particular Brand Drug.

Confirmed.

(4) (Exclusive to DCS) Following the first shipment of a first Generic Drug for one or more strengths of a particular Brand Drug, the Contractor shall be required to:

(a) Inform the Department as soon as practicable but in no event later than fourteen (14) Days after the first date of shipment, (from manufacturer to wholesaler or retailer) of the financial impact of enforcing mandatory generic substitution via the “MAC Alert Notice” detailed in Section IV of this RFP under “Reporting;”

Confirmed.

(b) For those drugs that will result in a lower net cost to the Programs by enforcing mandatory generic substitution, the Contractor shall provide the “MAC Alert Notice” as described in (a) above. The Contractor shall add the GPI to the Programs’ MAC List and begin enforcement as soon as practicable but in no event later than fourteen (14) Days after the first date of shipment provided that the participating retail network pharmacies are able to obtain the Generic Drug;

Confirmed.

(c) For those drugs that could potentially result in a higher net cost to the Programs by enforcing mandatory generic substitution, the Contractor shall provide the “MAC Alert Notice” as described in (a) above. The Contractor shall also notify the Department whether the drug should be included in the Brand for Generic strategy. The Department, in its sole discretion, may determine that enforcement is contrary to the best financial interests of the Programs and shall inform the Contractor whether Mandatory Substitution shall be applied. If the Contractor does not receive a formal response to the information provided via the “MAC Alert Notice,” enforcement shall commence and the GPI shall be added to the Programs’ MAC List effective on the 21st day after shipment of the first A-rated generic equivalent drug or authorized Generic Drug provided that the pharmacies are able to obtain the Generic Drug. In the event the Department decides to exercise its discretion not to enforce mandatory generic substitution, the Contractor shall apply MAC pricing to the Generic Drug when dispensed;

Confirmed.

(d) To assist the Department in determining whether or not mandatory generic substitution should be enforced within 21 Days, the Contractor shall survey its Retail Pharmacy Network to identify the pharmacies that are unable to obtain the new Generic Drug within 21 Days. The Contractor shall submit this information to the Department and provide any additional information as required by the Department to reach a determination. The DCS, in its sole discretion, shall determine based on such evidence how the Programs’ mandatory generic substitution provisions will be applied. The Programs will not consider and the Contractor shall not act on availability information provided by third party sources, including but not limited to Medi-Span;

Confirmed.

- (e) For preferred Brand Drugs for which an A-rated or authorized Generic Drug has been introduced into the market for one or more strengths of a Brand Drug, the status of the Brand Drug shall be changed from preferred to Non-Preferred status concurrent with the commencement of the enforcement of mandatory generic substitution. Enrollees prescribed strengths of the Preferred Brand Drug for which an A-rated or authorized Generic Drug has been introduced shall receive the Generic Drug and be charged the Level 1 Copayment. If the prescribing Physician requires that the Brand Drug be dispensed, the Enrollee will be charged the applicable Level 3 Drug Copayment and Ancillary Charge. Enrollees prescribed strengths of the preferred Brand Drug for which no A-rated or authorized Generic Drug has been introduced shall continue to receive the prescribed drug at the applicable Level 2 Copayment and mandatory generic substitution provisions shall not apply;

Confirmed.

- (f) For Non-Preferred Brand Drugs for which an A-rated or authorized Generic Drug has been introduced into the market for one or more strengths of a Brand Drug, the status of the Brand Drug shall remain Non-Preferred for all strengths. Concurrent with enforcement of mandatory generic substitution, Enrollees prescribed strengths of the Non-Preferred Brand Drug for which an A-rated or authorized Generic Drug has been introduced shall receive the Generic Drug and be charged the Level 1 Copayment. If the prescribing Physician requires that the Brand Drug be dispensed, the Enrollee will be charged the applicable Level 3 Drug Copayment and Ancillary Charge. Enrollees prescribed strengths of the Non-Preferred Brand Drug for which no A-rated or authorized Generic Drug has been introduced shall continue to receive the prescribed drug at the applicable Level 3 Drug Copayment and mandatory generic substitution provisions shall not apply; and

Confirmed.

- (g) The Contractor shall cause the dispensing Network Pharmacy to inform the Enrollee prior to dispensing the Brand Drug, that an Ancillary Charge would be applied in addition to the applicable Level 3 Drug Copayment. If the prescribing Physician requires the Brand Drug be dispensed, the Contractor shall cause the dispensing Network Pharmacy to collect the applicable Level 3 Drug Copayment plus the calculated Ancillary Charge. However, under no circumstances shall the Enrollee's total cost exceed what the actual cost of the Brand Drug would have been to the DCS Program after application of the Programs' Lesser of Logic provisions.

Confirmed.

- (5) Charge the Programs based on the Programs' MAC List price assigned to the GPI of the dispensed Brand Drug plus the applicable dispensing fee as set forth in "Programs' Claims Reimbursement" of the Contract Provisions, Sections VII.A and VII.B of this RFP;

Confirmed.

- (6) Receive written approval from the Procuring Agencies for any and all exceptions to the Programs' mandatory substitution provisions, beyond the approval of specific generic appeals or approval through the Medical Exception Program. Following commencement of mandatory generic substitution, the Contractor must receive Procuring Agencies' written approval prior to suspending enforcement of the Programs' mandatory generic substitution provisions; and

Confirmed.

- (7) Maintain an electronic claims processing system capable of obtaining information from Network Pharmacies to ensure consistent enforcement of the Programs' mandatory generic substitution provisions. In particular, the claims processing system must be capable of capturing information concerning the availability of the Generic Drug at the Network Pharmacy submitting the electronic claim. If a Generic Drug is available to be dispensed by the Network Pharmacy, the Programs' mandatory generic substitution rules shall be applied. If the Network Pharmacy does not have the A-rated or authorized Generic Drug in stock, mandatory generic substitution provisions will not apply and the Enrollee/Claimant shall receive the Brand Drug, be charged the applicable Generic Drug Copayment and the Plan charged based on Generic Drug pricing. Currently, the Programs reject, with appropriate messaging, claims for Brand Drugs subject to mandatory generic substitution that are submitted with a DAW 0-code and require resubmission of the claim (since a DAW 0-code provides no indication of Generic Drug availability in the Network Pharmacy). Similar rules can be applied to other DAW submission codes as necessary to ensure consistent, accurate application of the Programs' mandatory generic substitution requirements.

Confirmed.

b. Confirmation - Mandatory Generic Substitution at Retail and Mail

Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities contained within Section V.C.4.a "Mandatory Generic Substitution at Retail and Mail" section above.

Confirmed.

5. Retail Pharmacy Network Claims

The cost of all Covered Drugs dispensed at network pharmacies shall be charged to the Programs consistent with the requirements set forth in this RFP, including but not limited to the Lesser of Logic set forth in Section V.C.3.a.(9) above and Pass-through Pricing.

Confirmed.

General Provisions

The following general provisions apply to all claims submitted by Retail Pharmacy Networks:

a. Duties and Responsibilities - Retail Pharmacy Network Claims - General

- (1) The Contractor shall ensure that the Network Pharmacy collects the appropriate Copayment specified in Exhibit II.C DCS / NYSIF Prescription Drug Program Copayment Matrix (plus Ancillary Charge, if applicable) from the Enrollee/Claimant and will charge the Programs the Discounted Ingredient Cost as determined through the application of the Lesser of Logic detailed in Section V.C.3.a.(9) above plus the Contractor's applicable pharmacy contracted dispensing fee minus the applicable Copayment for all drugs dispensed through a Network Pharmacy.

Confirmed.

- (2) (Exclusive to DCS) If the current Discounted Ingredient Cost plus the dispensing fee or the submitted cost is less than the applicable Copayment, then the Contractor shall ensure that the Network Pharmacy charges the Enrollee the lesser amount.

Confirmed.

- (3) The Contractor shall implement a control process at point of service intended to protect the Programs from any inflated AWP costs associated with "repackaged" drugs charged to the Programs.

Confirmed.

b. Confirmation – Retail Pharmacy Network Claims - General

Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities in Section V.C.5. of this RFP, under subheading "General Provisions."

Confirmed.

c. Required Submission – Retail Pharmacy Network Claims - General

- (1) The Offeror is required to describe the process it proposes to utilize to ensure that the Programs' financial interests are protected from any inflated AWP costs associated with "repackaged" drugs charged to the Program.

Confirmed.

Retail Pharmacy Network Brand Name Drug Pricing

a. Duties and Responsibilities – Brand Name Drug Pricing

- (1) The Contractor shall charge the Program utilizing Pass-through Pricing for all Brand Name Drugs dispensed to Enrollees/Claimants through the Network Pharmacies. The Contractor's pharmacy contracted discount off of AWP and pharmacy contracted dispensing fee(s) for Brand Drugs shall be applicable to the aggregate AWP for all Brand Drugs dispensed to Enrollees/Claimants from a Network Pharmacy;

Confirmed.

- (2) Guarantee an overall minimum discount off of the aggregate AWP for all Brand Drugs dispensed at Retail Network Pharmacies as defined in the RFP. The Contractor shall guarantee the Programs that its management of Brand Drug costs dispensed by pharmacies shall result in each Program achieving the Contractor's overall Guaranteed Minimum Discounts during each Program Year as proposed by the Contractor in its Proposal. The discounts achieved off of the aggregate AWP for all Brand Drugs as a result of Pass-through Pricing will be calculated utilizing the following formula: $1 - \frac{\text{Sum of Ingredient Costs of dispensed Brand Drugs}}{\text{sum of the AWP of dispensed Brand Drugs}}$. The aggregate discount calculation will be based on Final Paid Claim Pharmacy Prescriptions filled with a Brand Drug including Empire Plan Medicare Rx claims. Claims submitted for secondary payer consideration, Compound Drug claims, powders, subrogation claims, long term care pharmacy claims, nursing home pharmacy claims, Veterans Affairs hospital pharmacy claims, NYSIF Program non-network claims and claims submitted by governmental entities must be excluded from the aggregate discount calculation. In addition, claims with a calculated AWP discount greater than 50% must be verified by the Offeror that the quantity and the validity of the calculated discount is correct, subject to the approval of the Procuring Agencies; and

Confirmed.

- (3) If the overall aggregate discounts obtained, as calculated utilizing the formula set forth in the prior paragraph, are less than the Guaranteed Minimum Discounts proposed, the Contractor shall reimburse each Program the difference between the Ingredient Cost each Program was charged utilizing Pass-through Pricing and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of the aggregate AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discounts off the aggregate AWP for all Brand Drugs dispensed by pharmacies.

This calculation shall be performed for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st. Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the reconciliation due date. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor.

The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discount off the aggregate AWP set forth in duties and responsibilities of Section V.C.5 entitled "Retail Pharmacy Network Claims." Any shortfall in the Guaranteed Minimum Discount set forth in Section V.C.5. cannot be recovered by the Contractor in subsequent years.

Confirmed.

b. Confirmation – Brand Name Drug Pricing

- (1) Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities in Section V.C.5. of this RFP, under subheading "Retail Pharmacy Network Brand Name Drug Pricing."

Confirmed.

- (2) The Offeror agrees that it has an obligation to maximize the discounts achieved on behalf of the Program for Brand Drugs dispensed by network pharmacies.

Confirmed.

c. Required Submission – Brand Name Drug Pricing

The Offeror is required to provide its Guaranteed Minimum Discount in Exhibit V.A as a percent off of the aggregate AWP for all Brand Drugs dispensed at Network Pharmacies in Exhibit V.A.

Confirmed.

Retail Pharmacy Network Generic Pricing

a. Duties and Responsibilities – Generic Pricing

- (1) The Contractor shall charge the Programs utilizing Pass-through Pricing for all Generic Drugs dispensed to Enrollees/Claimants through the Network Pharmacies.

Confirmed.

(2) To maximize savings for the Programs on Generic Drugs dispensed through a Network Pharmacy, the Contractor is required to:

- (a) Create and maintain a single, Programs specific Maximum Allowable Cost (MAC) List called the Programs' MAC List for Retail and Mail Service Pharmacies, setting the maximum price the Programs will be charged, and the amount the dispensing Network Pharmacy will be paid, for the Ingredient Cost for the drugs required to be included on the Programs' MAC List. The MAC price assigned shall not exceed the Discounted Ingredient Cost to the Programs achieved through Pharmacy submitted pricing or pricing achieved by using the Contractor's highest contracted Retail Pharmacy Brand Discount off of AWP applied to the AWP of the dispensed Generic Drug.

NOTE: Each Procuring Agency, respectively, reserve its rights for the Contractor to create and maintain a second MAC List should industry or programmatic events necessitate the use of a second list. The use of a second MAC List will be at the sole discretion and approval of each Procuring Agency, respectively. The Guaranteed Minimum Discounts and the overall maximum dispensing fee guarantees for generic drugs will be subject to negotiation if a second MAC List is utilized.

Confirmed.

- (b) Assign a MAC price to all NDCs of drugs included within a GPI, including NDCs of all Brand Drugs, containing an A-rated or authorized Generic Drug form of the original Brand Drug in the GPI. The Contractor shall add the GPI to the Programs' MAC List and set a MAC price for the GPI in accordance with Section V.C.4.a. The provisions of these paragraphs require that MAC pricing be applied in no event later than 21 Days after the first shipment of the first Generic Drug from the manufacturer to a wholesaler or retailer. All A-rated or authorized Generic Drugs shall be placed on the MAC List in all instances including, but not limited to circumstances in which the Department in its sole discretion decides not to enforce mandatory generic substitution of the Brand Drug in that GPI. There shall be one MAC price applicable to all NDCs included in the GPI on the Programs' MAC List. However, depending on particular market factors, it may be in the best interests of the Programs, and therefore appropriate, for more than one MAC price to be assigned within a GPI. Such situations would require that the Contractor provide any information the Procuring Agencies deem necessary to support such action and obtain prior written approval from the Procuring Agencies;

Confirmed.

- (c) Assign a MAC price to the NDCs of B-rated or unrated Generic Drugs included within a GPI that does not include an A-rated or authorized Generic Drug. The Offeror shall add the GPI to the Programs' MAC List and set a MAC price for the Generic Drug NDCs included in the GPI as soon as practicable, but in no event later than 21 Days after the first shipment of the first Generic Drug from the manufacturer to a wholesaler or retailer concurrent with transmission of the MAC alert notice. The Contractor shall not apply the MAC price to the NDC(s) for Brand Drugs dispensed in the GPI and shall not enforce the Programs' mandatory generic substitution provisions for Brand Drugs dispensed in this GPI. There shall be one MAC price applicable to all Generic Drug NDCs included in the GPI on the Programs' MAC List. However, depending on particular market factors, it may be in the best interests of the Programs, and therefore appropriate, for more than one MAC price to be assigned within a GPI. Such situations would require that the Contractor provide any information the Procuring Agencies deem necessary to support such action and obtain prior written approval from the Procuring Agencies;

Confirmed.

- (d) Charge the Programs for Generic Drugs not on the MAC list dispensed, utilizing pass-through pricing at the Contractor's pharmacy contracted discount applied to the AWP of the dispensed Generic Drug as proposed by the Contractor in its Proposal. The only Generic Drugs not on the MAC list will be Generic Drugs included in GPIs required to be on the Programs' MAC List but which have not yet been assigned a MAC price within the required time frame;

Confirmed.

- (e) The Contractor shall inform the Department of any market based condition which makes the strict compliance with paragraphs (a)-(d) above contrary to the financial interests of the Programs. The Contractor shall agree that, in cases where the Department, at its sole discretion, determines that the above requirements are contrary to the best financial interests of the Programs, the Department may waive such requirements;

Confirmed.

- (f) Monitor the Programs' MAC List pricing to ensure that NDCs contained in GPIs subject to MAC pricing are paying at the MAC price after application of the Programs' Lesser of Logic provisions. The Contractor shall notify the Programs of any GPIs subject to MAC pricing in which the majority of claims are processing at a basis other than the MAC price;

Confirmed.

- (g) Agree that there shall be no increases to Programs' MAC List prices where such adjustment is intended to limit the discount achieved on behalf of the Programs to the Guaranteed Minimum Discounts off of the aggregate AWP for all Generic Drugs dispensed by Network Pharmacies during the Plan Year as proposed in Exhibit V.A;

Confirmed.

- (h) Provide to the Department full access to the Programs' MAC List used to price Generic Drugs dispensed by Network and Mail Service Pharmacies for the Programs. The Programs' MAC List provided in the Offeror's proposal as Exhibit V.C must support the Contractor's Guaranteed Minimum Discounts off of the aggregate AWP for all Generic Drugs dispensed by Retail and Mail Service Pharmacies for the Program as proposed by the Contractor in its Proposal. (Note: Offerors must be prepared to provide valid documented market rationale to support their Programs MAC pricing should the Procuring Agencies request this information. In order to protect the Programs' financial interests from the date of the award until the termination date of the Agreements, the selected Offeror must agree that any increases to the proposed Programs' MAC pricing must be justified to the Procuring Agencies with valid documented market rationale. Following selection, the successful Offeror shall manage the content of the Programs' MAC List consistent with the requirements of the RFP. Prices assigned to required new additions to the Programs' MAC List shall be equivalent to the selected Offeror's most aggressive MAC price for that drug. To ensure compliance with these requirements, the successful Offeror shall notify the Department on a monthly basis of all changes, additions, and deletions made to the Programs' MAC List in the format specified in Exhibit II.F.4, Cycle Claims Report, and the requirements specified in Section IV, entitled "Reporting." Compliance with these requirements as noted herein shall be a condition of contract award. Should the selected Offeror fail to comply with the requirements noted herein, the State reserves the right to deem the selected Offeror non-responsive and withdraw said conditional award. Throughout the term of the Agreements, the Contractor shall commit to use its best efforts to maintain the aggregate effectiveness of the Programs' MAC List. The Contractor must ensure that MAC pricing is reduced to an appropriate level based on any change in market conditions such as increased competition within a GPI;

Confirmed.

Please see the *Exhibits Section* for Express Scripts' completed Exhibit V.C.

- (i) The Contractor shall strictly enforce all requirements of the Programs' mandatory generic substitution provision as detailed in the duties and responsibilities of Section V.C.4. entitled "Mandatory Generic Substitution at Retail and Mail;"

Confirmed.

- (j) The Contractor must guarantee an overall minimum discount off of the aggregate AWP for all Generic Drugs dispensed at Retail and Mail Service Pharmacies as defined in the RFP. The Contractor shall guarantee the Programs that its management of Generic Drug costs dispensed by pharmacies, including maintenance of the Programs' MAC List, and application of pricing provisions related to Generic Drugs that do not meet the requirements for inclusion on the Programs' MAC List, shall result in the Programs achieving the Contractor's overall Guaranteed Minimum Discounts during the Program Year as proposed in the Contractor's Proposal. The discount achieved off of the aggregate AWP for all Generic Drugs as a result of Pass-through Pricing will be calculated utilizing the following formula: $1 - \frac{\text{Sum of Ingredient Costs of dispensed Generic Drugs at Retail and Mail Service Pharmacies}}{\text{sum of the AWP of dispensed Generic Drugs}}$. The aggregate discount calculation will be based on Final Paid Claim Pharmacy Prescriptions filled with a Generic Drug including Empire Plan Medicare Rx claims. Claims submitted for secondary payer consideration, Compound Drug claims, powders, subrogation, long term care pharmacy claims, nursing home pharmacy claims, Veterans Affairs hospital pharmacy claims, NYSIF Program non-network claims and claims submitted by governmental entities must be excluded from the aggregate discount calculation. In addition, claims with a calculated AWP discount greater than 90% and a total AWP greater than \$500 must be verified by the Offeror that the quantity and validity of the calculated discount is correct, subject to the approval of the Procuring Agencies. The setting of an overall minimum discount off of the aggregate AWP for all Generic Drugs dispensed at Network Pharmacies shall in no way modify the Contractor's contractual obligation to maximize the NYSIF Program's aggregate discount above the Contractor's overall Guaranteed Minimum Discount off of the aggregate AWP; and

Confirmed.

- (k) If the overall aggregate discount obtained, as calculated utilizing the formula set forth in the prior paragraph, is less than the Contractor's Guaranteed Minimum Discounts, the Contractor shall reimburse the Programs the difference between the Ingredient Cost the Programs were charged utilizing Pass-through Pricing and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of the aggregate AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discounts off the aggregate AWP for all Generic Drugs dispensed by Retail and Mail Service Pharmacies.

These calculations shall be performed for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st. Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the reconciliation due date. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor.

The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discount off the aggregate AWP set forth in duties and responsibilities of Section V.C.5. entitled "Retail Pharmacy Network Claims." Any shortfall in the Guaranteed Minimum Discount set forth in Section V.C.5. cannot be recovered by the Contractor in subsequent years.

Confirmed.

b. Confirmation – Generic Pricing

- (1) Confirm the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the Retail Pharmacy Network Generic Pricing in Sections V.C.5. of this RFP, under subheading "Retail Pharmacy Network Generic Pricing."

Confirmed.

- (2) The Offeror agrees that it has an obligation to maximize the discount achieved on behalf of the Program for Generic Drugs dispensed by Retail and Mail Service pharmacies.

Confirmed.

- (3) The Offeror agrees that it will develop a Program's MAC List for Retail and Mail Service Pharmacies in order to maximize the discount achieved on behalf of the Programs for Generic Drugs.

Confirmed.

c. Required Submission – Generic Pricing

- (1) The Offeror is required to provide its Program's MAC list unit cost information in Exhibit V.C, Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI, in accordance with the instructions provided in the files.

Confirmed.

- (2) The Offeror is required to provide its Guaranteed Minimum Discount as a percent off of the aggregate AWP for all Generic Drugs dispensed by Retail and Mail Service Pharmacies in Exhibit V.A, Proposed Claim Reimbursement Quote.

Confirmed.

Retail Pharmacy Network Compound Drug Pricing

Compound Drugs must be classified as compounds consistent with the definition in the Contract Provisions, Section VII.A and VII.B, (see Article I, entitled “Definition of Terms”). Drugs assigned a unique NDC that require reconstitution and/or mixing prior to dispensing do not meet the Programs’ definition of a Compound Drug and shall be processed in accordance with the requirements set forth in this RFP.

Confirmed.

a. Duties and Responsibilities – Compound Drug Pricing

The Contractor shall be required to:

- (1) Utilize its pricing methodology for Compound Drugs utilizing Pass-through Pricing, as proposed by the Contractor in its Proposal in Exhibit V.A, Proposed Claim Reimbursement Quote, for the entire term of the Agreements. (Note: If an Offeror has multiple methods of pricing, the Offeror may propose each pricing method in Exhibit V.A. for Procuring Agency consideration and selection.) The proposed pricing methodology(ies) for Compound Medications must be the same for retail and Mail Service Pharmacy Process claims;

Confirmed.

- (2) (Exclusive to DCS) Charge Enrollees the applicable Level 2 Drug Copayment for all Compound Medications. If the current Discounted Ingredient Cost or the submitted cost is less than the applicable Level 2 Drug Copayment, then the Offeror shall ensure that the Enrollee is charged the lesser amount;

Confirmed

- (3) Process Compound Drug claims in a manner that verifies the validity of the claim as a Compound Medication according to the Programs’ definition of a Compound Drug and provides appropriate claim Level control procedures to protect the financial interests of the Programs; and

Confirmed.

- (4) Conduct due diligence as well as audit Network Pharmacies to ensure that drugs are being properly classified as Compound Drugs consistent with the Programs’ definition of a Compound Drug and to ensure that compound claims are priced in accordance with the Contractor’s pricing methodology for Compound Medications, as proposed by the Contractor in its Proposal, selected by the Procuring Agencies.

Confirmed.

b. Confirmation – Compound Drug Pricing

Confirm the Offeror’s agreement to perform/fulfill and comply with the Duties and Responsibilities in Section V.C.5. of this RFP, under subheading “Retail Pharmacy Network Compound Drug Pricing.”

Confirmed.

c. Required Submission – Compound Drug Pricing

In Exhibit V.A, the Offeror is required to provide its pricing methodology utilizing Pass-through Pricing for Compound Drugs dispensed by Network Pharmacies; its dispensing fees; and if the Offeror is proposing the use of NCPDP transaction standards for Compound Drugs, a level of effort fee based on the claims level of effort code.

Confirmed.

6. Mail Service Pharmacy Process Claims

The current Programs include a Mail Service Pharmacy Process by which Enrollees/Claimants can obtain all Covered Drugs through the mail including any and all drugs that could be classified as Specialty Drugs/Medications for Enrollees/Claimants who do not participate in the Specialty Pharmacy Program. Enrollees are entitled to fill Prescriptions for up to a ninety (90) day supply with refills up to one year at a cost savings to the Enrollee and the DCS Program.

General Provisions

The following provisions shall apply to all claims submitted through the Mail Service Pharmacy Process.

a. Duties and Responsibilities – General

The Contractor shall be required to:

- (1) Consistently enforce and administer all provisions of the Program (including but not limited to mandatory generic substitution, drug utilization review, prior authorization, refill too-soon edits, etc.) to the claims dispensed through the Mail Service Pharmacy Process, consistent with the processing of claims through the Retail Pharmacy Network process;

Confirmed.

- (2) Charge the Programs for those drugs dispensed to the Enrollee/Claimant in original manufacturer packaging, based on the Contractor’s source of AWP as proposed by the Contractor in its Proposal for the 11-digit NDC of the package size dispensed through the Mail Service Pharmacy Process, subject to MAC pricing for Generic drugs. If the drug is not dispensed to the Enrollee/Claimant in original manufacturer packaging (i.e., dispensed from bulk), the Programs shall be charged based on the Contractor’s source of AWP as proposed by the Contractor in its Proposal for the 11-digit NDC of the package size from which the drug was originally dispensed by the Mail Service Pharmacy Process Facility,

subject to MAC pricing for Generic drugs. If the drug is dispensed from a bulk package size for which no AWP is reported in the Contractor's proposed AWP source as proposed by the Contractor in its Proposal, the Programs will be charged based on the reported AWP for the NDC of the largest package size contained in the Contractor's AWP source as proposed by the Contractor in its Proposal. The Programs shall not be charged based on an NDC assigned to repackaged drugs or based on package sizes prepared by special arrangement with the original manufacturer, unless such packaging offers a net savings to the Programs;

Confirmed.

- (3) Charge the Programs based on the Contractor's pricing terms and dispensing fees (if any) applicable to Brand, Generic, and Compound Drug claims as set forth in Exhibit V.A of the Contractor's Proposal for all prescriptions submitted through the Mail Service Pharmacy Process. If multiple Compound Drug pricing methodologies were proposed by the Contractor in its Proposal, the Programs must be charged according to the methodology selected by the Procuring Agencies for Compound Drug claims. The Programs' Lesser of Logic shall be applied;

Confirmed.

- (4) (Exclusive to DCS) Ensure that the Mail Service Pharmacy Process Facilities collect the appropriate Copayment specified in Exhibit II.C, DCS / NYSIF Prescription Drug Program Copayment Matrix (plus Ancillary Charge, if applicable) from the Enrollee and charge the Programs the balance of the Discounted Ingredient Cost as determined through the application of the Lesser of Logic detailed in Section V.C.3.a.(9) plus the Contractor's applicable proposed Guaranteed Dispensing Fee minus the applicable Copayment for all drugs dispensed through the Mail Service Pharmacy Process; and

Confirmed.

- (5) (Exclusive to DCS) Inform the Enrollee prior to shipping if the total amount for a new Prescription order submitted through the Mail Service Pharmacy Process exceeds \$100 and Enrollee has payment information (e.g., credit card) on file or Enrollee's total balance is over \$100 and Enrollee has no payment information (e.g., credit card) on file. The Mail Service Pharmacy Process Facility will not be required to inform Enrollees if there is a consistent history of the acceptance of shipments that exceed the maximum amount specified for the same medications. If the Brand Drug is dispensed, the Contractor shall cause the dispensing facility to collect the applicable Level 3 Drug Copayment plus the calculated Ancillary Charge, if any. Under no circumstances shall the Enrollee's total cost exceed what the actual cost of the Brand Drug would have been to the Program.

Confirmed.

b. Confirmation – General Provisions

Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities in Section V.C.6. of this RFP, under subheading "General Provisions."

Confirmed.

Mail Service Pharmacy Process Brand Name Drug Pricing

The Contractor must classify Brand Drugs in accordance with the definition in the Contract Provisions, Sections VII.A. and VII.B., (see Articles I, entitled "Definition of Terms") as well as the methodology outlined in Section V.C.3.a.(7)(b) of the RFP entitled "Brand Drug Determination Methodology."

Confirmed.

a. Duties and Responsibilities – Brand Drug Pricing

The Contractor shall be required to:

(1) Utilize the Contractor's fixed contracted Guaranteed Discount off of Average Wholesale Price (AWP) as proposed by the Contractor in its Proposal to determine the Ingredient Cost of the Prescription to charge the Programs. The Contractor's fixed contracted Guaranteed Discount shall be applicable to the aggregate AWP for all Brand Drugs dispensed to Enrollees/Claimants through the Mail Service Pharmacy Process; and

Confirmed.

(2) Ensure that the Mail Service Pharmacy Process dispensing facility collects the appropriate Brand Drug Copayment (plus Ancillary Charge if applicable) from the Enrollee and charges the Programs the balance of the Discounted Ingredient Cost plus the Contractor's guaranteed dispensing fee, if any, for Brand Drugs dispensed through the Mail Service Pharmacy Process, as proposed by the Contractor in its Proposal. If the current Discounted Ingredient Cost plus the dispensing fee (if applicable) or the submitted cost is less than the applicable Level 2 or Level 3 Drug Copayment then the Contractor shall ensure that the Enrollee/Dependent is charged the lesser amount.

Confirmed.

b. Confirmation – Brand Name Pricing

Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities Section V.C.6. of this RFP, under subheading "Mail Service Pharmacy Process Brand Name Drug Pricing."

Confirmed.

c. Required Submission – Brand Name Pricing

The Offeror is required to provide the Offeror's fixed contracted Guaranteed Discount off of AWP for Brand Drugs dispensed through the Mail Service Pharmacy Process on Exhibit V.A, Proposed Claim Reimbursement Quote. The Offeror shall assume in its pricing that the Procuring Agencies will not allow promotion of the Mail Service Pharmacy Process. However, the Procuring Agencies reserve the right during the term of the Agreements to allow promotion of the Mail Service Pharmacy Process provided such promotion is in the best financial interests of the State and complies with all applicable state laws and regulations.

Confirmed.

Mail Service Pharmacy Process – Generic Drug Pricing

The Contractor shall classify Generic Drugs in accordance with the definition in the Contract Provisions, Sections VII.A. and VII.B., (see Articles I, entitled "Definition of Terms") as well as the methodology outlined in Section V.C.3.a(7)(c) of the RFP entitled "Generic Drug Determination Methodology."

Confirmed.

a. Duties and Responsibilities – Generic Drug Pricing

The Contractor shall be required to:

(1) Utilize the Programs' MAC list for Retail and Mail Service Pharmacies to determine the Ingredient Cost of each Prescription charged to the Programs. The Contractor's Programs' MAC list for Retail and Mail Service Pharmacies shall be applicable to the aggregate AWP for all Generic Drugs dispensed to Enrollees/Claimants through the Mail Service Pharmacy Process;

Confirmed.

(2) Ensure that the Mail Service Pharmacy Process dispensing facility collects the Level 1 Drug Copayment from the Enrollee and charges the Programs the balance of the Discounted Ingredient Cost plus the Contractor's guaranteed dispensing fee for Generic Drugs dispensed through the Mail Service Pharmacy Process, if any, as proposed by the Contractor in its Proposal. If the current Discounted Ingredient Cost plus the dispensing fee (if applicable) or the submitted cost is less than the applicable Level 1 Drug Copayment then the Contractor shall ensure that the Enrollee is charged the lesser amount;

Confirmed.

- (3) Guarantee an overall minimum discount off of the aggregate AWP for all Generic Drugs dispensed through the Mail Service Pharmacy as defined in the RFP. The Contractor shall guarantee the Programs that its management of Generic Drug costs dispensed by the Mail Service Pharmacy, including maintenance of the Programs' MAC List for Retail and Mail Service Pharmacies, and application of pricing provisions related to Generic Drugs that do not meet the requirements for inclusion on the Programs' MAC List, shall result in the Plan achieving the Contractor's overall Guaranteed Minimum Discounts during the Plan Year, as proposed by the Contractor in its Proposal.

The discounts achieved off of the aggregate AWP for all Generic Drugs dispensed at Retail and Mail Service Pharmacies as a result of Pass-through Pricing will be calculated utilizing the following formula: $1 - \frac{\text{Sum of Ingredient Costs of dispensed Generic Drugs dispensed at Retail and Mail Service Pharmacies}}{\text{sum of the AWP of dispensed Generic Drugs}}$. The aggregate discount calculation will be based on Final Paid Claim Pharmacy Prescriptions filled with a Generic Drug including Empire Plan Medicare Rx claims. Claims submitted for secondary payer consideration, Compound Drug claims, house generic claims, powders, subrogation claims, long term care pharmacy claims, nursing home pharmacy claims, Veterans Affairs hospital pharmacy claims, NYSIF Program non-network claims and claims submitted by governmental entities must be excluded from the aggregate discount calculations. In addition, claims with a calculated AWP discount greater than 90% and a total AWP greater than \$500 must be verified by the Offeror that the quantity and the validity of the calculated discount is correct, subject to the approval of the Procuring Agencies; and

Confirmed.

- (4) If the overall aggregate discounts obtained, as calculated utilizing the formula set forth in the prior paragraph, are less than the Guaranteed Minimum Discounts as proposed by the Contractor in its Proposal, the Contractor shall reimburse the Programs the difference between the Ingredient Cost the Programs were charged utilizing Pass-through Pricing and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of the aggregate AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's proposed Guaranteed Minimum Discounts off the aggregate AWP for all Generic Drugs dispensed by pharmacies.

This calculation shall be performed for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st. The Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the reconciliation due date. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor.

Confirmed.

b. Confirmation – Generic Pricing

Confirm the Offeror’s agreement to perform/fulfill and comply with the Duties and Responsibilities in Section V.C.6. of this RFP, under subheading “Mail Service Pharmacy Process - Generic Drug Pricing.”

Confirmed.

c. Required Submission – Generic Pricing

(1) The Offeror is required to provide its Guaranteed Minimum Discount as a percent off of the aggregate AWP for all Generic Drugs dispensed through the Mail Service Pharmacy Process on Exhibit V.A, Proposed Claim Reimbursement Quote.

Confirmed.

(2) The Offeror is required to provide a listing of the Offeror’s proposed house generics to be dispensed through the Mail Service Pharmacy Process.

Confirmed.

Mail Service Pharmacy Process – Compound Drug Pricing

The Contractor must classify Compound Drugs in accordance with the definition in the Contract Provisions, Sections VII.A. and VII.B., (see Articles I, entitled “Definition of Terms”). Drugs assigned a unique NDC that require reconstitution and/or mixing prior to dispensing do not meet the Programs’ definition of a Compound Drug and shall be processed in accordance with the requirements set forth in the RFP.

Confirmed.

a. Duties and Responsibilities – Compound Drug Pricing

The Contractor shall be required to:

(1) Utilize its pricing methodology for Compound Drugs utilizing Pass-through Pricing, as proposed by the Contractor in Exhibit V.A of its Proposal, for the entire term of the Agreement. (Note: If an Offeror has multiple methods of pricing, the Offeror may propose each pricing method in Exhibit V.A for Procuring Agency consideration and selection.) The Contractor’s pricing methodology(ies) for Compound Medications, as proposed by the Contractor in its Proposal, must be the same for retail and Mail Service Pharmacy Process claims;

Confirmed.

- (2) Charge Enrollees the applicable Level 2 Drug Copayment for all Compound Medications. If the current Discounted Ingredient Cost or the submitted cost is less than the applicable Level 2 Drug Copayment then the Contractor shall ensure that the Enrollee is charged the lesser amount;

Confirmed.

- (3) Process Compound Drug claims in a manner that verifies the validity of the claim as a Compound Medication according to the Programs' definition and provides appropriate claim control mechanisms to protect the financial interests of the Programs; and

Confirmed.

- (4) Conduct due diligence to ensure that drugs are being properly classified as Compound Drugs consistent with the Programs' definition of a Compound Drug and ensure that compound claims are priced in accordance with the Contractor's pricing methodology for Compound Medications, as proposed by the Contractor in its Proposal, selected by the Procuring Agencies.

Confirmed.

b. Confirmation – Compound Drug Pricing

Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities in Section V.C.6. of this RFP, under subheading "Mail Service Pharmacy Process – Compound Drug Pricing."

Confirmed.

c. Required Submission – Compound Drug Pricing

In Exhibit V.A, the Offeror is required to provide its pricing methodology utilizing Pass-through Pricing for Compound Drugs dispensed by Network Pharmacies; its dispensing fees; and if the Offeror is proposing the use of NCPDP transaction standards for Compound Drugs, a level of effort fee based on the claims level of effort code.

Confirmed.

7. Enrollee Submitted Claims

The cost to the Program for Prescriptions for which Enrollees submit direct claims for reimbursement will be charged to the DCS Program at the actual amount reimbursed by the Contractor. For the DCS Programs, such reimbursement shall be based on the lesser of the submitted cost, minus the applicable Copayment; or the Discounted Ingredient Cost, plus the applicable (brand/generic) Guaranteed Maximum Dispensing Fee, minus the applicable Copayment. In the case of an Enrollee who has dual Empire Plan coverage, the applicable copayment will not be subtracted from the reimbursement for the secondary claim.

Confirmed.

a. Duties and Responsibilities – Enrollee Submitted Claims

The Contractor shall be required to utilize the following methodology to charge the Programs:

- (1) (Exclusive to DCS) Brand Drugs, including Specialty Drugs/Medications, must be charged to the Programs utilizing the Guaranteed Minimum Discount off of AWP for Brand Drugs dispensed at the Retail Pharmacy Network and retail brand Guaranteed Maximum Dispensing Fee for Brand Drugs, minus the applicable Copayment;

Confirmed.

- (2) (Exclusive to DCS) Generic Drugs, including Specialty Drugs/Medications, must be charged to the Program utilizing the Contractor's assigned MAC price for the Retail and Mail Service Pharmacies, plus the Guaranteed Maximum Dispensing Fee for Generic Drugs, minus the applicable Copayment. Generic Drugs without a MAC price must be charged to the DCS Program using the Contractor's Guaranteed Minimum Discount for Brand Drugs, as proposed by the Contractor in its Proposal, off of AWP of the dispensed Generic Drug, plus the Guaranteed Maximum Dispensing Fee for Generic Drugs, minus the applicable Copayment;

Confirmed.

- (3) (Exclusive to DCS) Compound Drugs must be charged to the DCS Program by applying the Contractor's pricing methodology for Compound Drugs as defined in Section V.C.5. of the RFP, under the subheading "Retail Pharmacy Compound Drug Pricing," as proposed by the Contractor in its Proposal, plus the Guaranteed Maximum Dispensing Fee for Compound Drugs minus the applicable Level 2 Drug Copayment;

Confirmed.

- (4) (Exclusive to DCS) The Program's Lesser of Logic must be applied to all Enrollee Submitted Claims; and

Confirmed.

(5) (Exclusive to NYSIF) For the NYSIF Program, all Enrollee/Dependent Submitted Claims must be charged to the Program at the submitted cost, (i.e., Enrollees/Dependents must be reimbursed one hundred percent (100%) of their actual cost).

Confirmed.

b. Confirmation – Enrollee Submitted Claims

Confirm the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the Enrollee Submitted Claims section above.

Confirmed.

8. Non-Network Pharmacy Submitted Claims (Exclusive to NYSIF)

The cost to the NYSIF Program for Prescriptions for which Non-Network Pharmacies submit direct claims for reimbursement will be charged to the NYSIF Program in accordance with New York State Worker's Compensation Board laws and regulations, specifically, Section 440 of Chapter V. of Title 12 NYCRR (New York Codes Rules and Regulations).

a. Duties and Responsibilities – Non-Network Pharmacy Submitted Claims

The Contractor shall be required to utilize the following methodology to charge the Programs:

(1) Brand Drugs, including Specialty Drugs/Medications, must be charged to the NYSIF Program at the New York State Workers' Compensation Board rates, currently a twelve percent (12%) discount off of AWP, plus a \$4 Dispensing Fee; and

Confirmed.

(2) Generic Drugs, including Specialty Drugs/Medications, must be charged to the NYSIF Program at the New York State Workers' Compensation Board rates, currently a twenty percent (20%) discount off of AWP, plus a \$5 Dispensing Fee.

Confirmed.

b. Confirmation – Non-Network Pharmacy Submitted Claims

Confirm the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the Non-Network Pharmacy Submitted Claims section above.

Confirmed.

9. Dispensing Fee

A Dispensing Fee is the amount of money, if any, paid to the pharmacies in compensation for the services rendered for filling a Prescription under the Agreements. The level of dispensing fees should encourage appropriate dispensing and compliance with the Programs' mandatory generic substitution requirements.

Confirmed.

a. Duties and Responsibilities – Dispensing Fees

- (1) Dispensing fees at Retail Network Pharmacies shall be subject to Pass-through Pricing, up to a Guaranteed Maximum Dispensing Fee applied to aggregate claims. Dispensing fees for claims filled at the Specialty Pharmacy(ies), may be variable commensurate with the level of clinical services offered through the Specialty Pharmacy Program. (Note: Offerors may propose a different Guaranteed Maximum Dispensing Fee at Retail Network Pharmacies for Brand Drugs vs. Generic Drugs. Offerors shall propose a single contracted dispensing fee for the Mail Service Process.)

Confirmed.

- (2) The Contractor shall be required to guarantee its dispensing fee(s), as proposed by the Contractor in its Proposal, for the entire term of the Agreements.

Confirmed.

- (3) No dispensing fee shall be charged to the Programs for any claim that is paid on the basis of the Pharmacy's Usual and Customary price.

Confirmed.

- (4) The Contractor must guarantee the overall maximum dispensing fee for Brand, Generic and Compound claims, respectively, dispensed at Retail Network Pharmacies, as proposed by the Contractor in its Proposal. The level of dispensing fees achieved as a result of Pass-through Pricing at Retail Pharmacies will be calculated utilizing the following formula: Total Retail Network Dispensing Fees paid by each Program on an annual basis divided by the number of Final Paid Claims at Retail Network Pharmacies for each of Generic, Brand, and Compound claims.

Confirmed.

- (5) If the overall aggregate dispensing fees paid, as calculated utilizing the formula set forth in the prior paragraph, are more than the Guaranteed Maximum Dispensing Fee proposed for each of Brand, Generic, and Compound claims at Retail Network Pharmacies, the Contractor shall reimburse each Program the difference between the Dispensing Fee the Programs were charged utilizing Pass-through Pricing and the Dispensing Fee the Programs would have been charged if the Guaranteed Maximum Dispensing Fee had been obtained.

This calculation shall be performed for each Program Year based on claims for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st. The Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the reconciliation due date. If the Procuring Agencies' review of the Contractor's calculations indicates and adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor. The Programs shall retain the benefit of any cost savings in excess of the Guaranteed Maximum Dispensing Fees set forth in Section V.C.9. Any shortfall in the Guaranteed Maximum Dispensing Fees set forth in Section V.C.9. cannot be recovered by the Contractor in subsequent years.

Confirmed.

b. Confirmation – Dispensing Fees

Confirm the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the dispensing fee section above.

Confirmed.

c. Required Submission – Dispensing Fees

- (1) The Offeror is required to provide the Offeror's proposed Guaranteed Maximum Dispensing Fees for retail Brand and Generic claims on Exhibit V.A, Proposed Claim Reimbursement Quote.

Confirmed.

- (2) The Offeror is required to provide the Offeror's proposed fixed dispensing fees for mail order Brand and Generic claims on Exhibit V.A.

Confirmed.

- (3) The Offeror is required to complete Exhibit V.D, Specialty Pharmacy Program Dispensing Fees, listing the Offeror's proposed dispensing fees for each drug proposed to be included in the Offeror's Specialty Pharmacy Program.

Confirmed.

10. Specialty Pharmacy Program Pricing

NYSIF Claimants and all DCS Program Enrollee Groups participate in the Specialty Pharmacy Program, which provides an enhanced level of clinical management for Enrollees/Claimants taking Specialty Drugs/Medications. Under the current plan design, an Enrollee/Claimant is allowed to have a Grace Fill of certain Specialty Drugs dispensed from any Pharmacy. However, Specialty Drugs identified for short-term therapy for which a delay in starting therapy would not affect clinical outcomes are not eligible for this Grace Fill benefit and must be filled through the Designated Specialty Pharmacy. After the first Specialty Drug/Medication Prescription is filled through Retail or Mail Service Pharmacy, future fills are subject to a Hard Edit (DCS only), meaning that Enrollees are required to obtain the drug through the Specialty Pharmacy Process, subject to the mail service copayment (DCS only) when dispensed by the Designated Specialty Pharmacy. This requirement does not apply to enrollees in the Empire Plan Medicare Rx program.

In addition to a Grace Fill at Retail, certain Specialty Drugs/Medications available through the Specialty Pharmacy Program as well as all Specialty Medications covered under the NYSIF Program are also available through the Retail Pharmacy Network, because of their clinical requirements and/or urgent dispensing timeframe or NYS laws and regulations. All drugs filled at a Retail Pharmacy Network are subject to the Retail Network Pharmacy Pass-through Pricing and Copayments (DCS only). For those drugs available only through the Specialty Pharmacy Program, the Offeror may propose dispensing fees on a drug by drug basis, commensurate with the clinical services provided for each. All drugs shall be classified as either Brand Name, Generic, or Compound for pricing purposes based on the classification methodologies set forth in Section V.C.3.a.(7) of this RFP. The Programs shall be entitled to all manufacturer revenue derived from Specialty Drugs/Medications.

Drugs to be included in the Specialty Pharmacy Program, Specialty Drugs/Medications are:

- a. "orphan drugs";
- b. drugs requiring special handling, special administration and/or intensive patient monitoring/testing;
- c. biotech drugs developed from human cell proteins and DNA, targeted to treat disease at the cellular level; or,
- d. other drugs identified by the Program as used to treat patients with chronic or life-threatening diseases.

Confirmed.

The Offeror must provide a Special Pharmacy Program where Enrollees/Claimants receive their Specialty Drugs/Medications through one or more designated pharmacies that offer enhanced clinical management. The process must provide extensive clinical support in the most cost-effective manner possible for the Program.

Confirmed.

a. Duties and Responsibilities – Specialty Pharmacy Program Pricing

- (1) Consistently enforce and administer all provisions of the Program (including but not limited to mandatory generic substitution, drug utilization review, prior authorization, refill too-soon edits, etc.) to the claims dispensed through the Specialty Pharmacy Process, consistent with the processing of claims through the Retail and Mail Service Pharmacy Network processes.

Confirmed.

- (2) Charge the Programs for those drugs dispensed to Enrollees/Claimants in original manufacturer packaging, based on the Contractor's source of AWP for the 11-digit NDC of the package size dispensed through the Specialty Pharmacy Process. If the drug is not dispensed to the Enrollee/Claimant in original manufacturer packaging (i.e., dispensed from bulk), the Programs shall be charged based on the Contractor's source of AWP for the 11-digit NDC of the package size from which the drug was originally dispensed by the Designated Specialty Pharmacy. If the drug is dispensed from a bulk package size for which no AWP is reported in the Contractor's AWP source, the Programs shall be charged based on the reported AWP for the NDC of the largest package size contained in the Contractor's AWP source. The Programs shall not be charged based on an NDC assigned to repackaged drugs or based on package sizes prepared by special arrangement with the original manufacturer unless such packaging offers a net savings to the Programs.

Confirmed.

- (3) Charge the Programs based on the Contractor's pricing terms and dispensing fees (if any) applicable to Brand and Generic, Specialty Drug/Medication claims as set forth in Exhibit V.A, Proposed Claim Reimbursement Quote and Exhibit V.D, Specialty Pharmacy Program Dispensing Fees, for all prescriptions submitted through the Specialty Pharmacy Program.

Confirmed.

- (4) Ensure that the Designated Specialty Pharmacy(ies) collects the appropriate Copayment specified by the Department (plus Ancillary Charge, if applicable) from the Enrollee and will charge the Programs the balance of the Discounted Ingredient Cost plus the Offeror's applicable guaranteed dispensing fee set forth in Section V.C.9. of the RFP, minus the applicable Copayment for all drugs dispensed through the Specialty Pharmacy Process.

Confirmed.

- (5) Classify Brand Drugs consistent with the definition in the Contract Provisions, Sections VII.A and VII.B, (see Articles I, entitled "Definition of Terms") as well as the methodology outlined earlier within Section V.C.3.a.(7)(b) of the RFP entitled "Brand Drug Determination Methodology."

Confirmed.

(6) Classify Generic Drugs consistent with the definition in the Contract Provisions, Sections VII.A and VII.B, (see Articles I, entitled “Definition of Terms”) as well as the methodology outlined earlier within Section V of the RFP entitled “Generic Drug Determination Methodology.”

Confirmed.

(7) Propose a fixed contracted Guaranteed Discount off of Average Wholesale Price (AWP) that will be utilized to determine the Ingredient Cost of the Prescription to charge the Programs. The Offeror’s Guaranteed Discount shall be applicable to the aggregate AWP of all Prescriptions for Brand Drugs and Generic Drugs dispensed to Enrollees/Claimants through the Specialty Pharmacy.

Confirmed.

(8) Act in the interests of the Programs when dispensing Generic Drugs through the Specialty Pharmacy Process by avoiding the dispensing of NDC’s with higher AWP’s unless market conditions exist making dispensing the more cost effective NDC impractical or impossible.

Confirmed.

b. Confirmation – Specialty Pharmacy Program Pricing

Confirm the Offeror’s agreement perform/fulfill and comply with to the Duties and Responsibilities – Section V.C.10. of this RFP, under the subheading “Specialty Pharmacy Program Pricing.”

Confirmed.

c. Required Submission – Specialty Pharmacy Program Pricing

The Offeror is required to provide the Offeror’s fixed contracted Guaranteed Discount off of the aggregate Average Wholesale Price (AWP) for Brand Drugs and Generic Drugs as set forth in Exhibit V.A of the RFP.

Confirmed.

11. 100% Pharma Revenue Guarantee

The Empire Plan is one of the largest health insurance plans in the country. The DCS Program has adopted a three-level drug benefit structure for Enrollees to enhance the ability of the DCS Program to obtain direct discounts from manufacturers. The Contractor is required to manage the Program's Drug List and to negotiate, on the Programs' behalf, agreements with manufacturers for direct discounts off of the cost of drugs dispensed to Program Enrollees/Claimants. Manufacturer discounts related to Programs utilization can make a drug with a higher AWP competitive with clinically comparable drugs with lower AWPs. However, the Contractor's receipt of revenue related to the Programs' utilization can create a potential conflict of interest in the decision to classify a drug as Preferred, Non-Preferred or excluded.

Full transparency is critical to protecting the interests of the State, Participating Agencies and Enrollees/Claimants and ensuring alignment of the Programs' financial interests with those of the Contractor. This section details the Contractor's duties and responsibilities with regard to management of Pharma Revenue on the Programs' behalf.

Definitions

Pharma Revenue is defined as set forth in the "Glossary of Terms" Section VIII. Pharma Revenue is any and all revenues generated from agreements between the pharmaceutical manufacturers and the Contractor and/or its Key Subcontractor or any Affiliate of the Contractor or its Key Subcontractor which relate to Program utilization and/or Pharmacy benefit management services provided under the Agreements. Such revenues include, but are not limited to revenues described as: formulary rebates; market share rebates; administrative fees; AWP caps; inflation protection program; or by any other name.

Confirmed.

A Final Paid Claim is defined as set forth in the "Glossary of Terms" Section VIII. A Final Paid Claim is a claim processed and paid by the Contractor for a Prescription drug provided to an Enrollee/Claimant, including but not limited to, claims for Prescriptions filled at a retail Pharmacy or through the Mail Service Pharmacy Process or Specialty Pharmacy Program. A claim that is denied prior to processing is not considered a Final Paid Claim. In addition, a claim that is processed and paid but is subsequently voided, reversed, or otherwise adjusted is not a Final Paid Claim. Zero balance claims are considered Final Paid Claims. Consistent with the definition of a Final Paid Claim, the Pharma Revenue guarantee per Final Paid Claim quoted applies to rebatable and non-rebatable claims.

Confirmed.

a. Duties and Responsibilities – Pharma Revenue Guarantee

The Contractor agrees to and shall:

- (1) Negotiate Pharma Revenue agreements with manufacturers that maximize savings to the Programs, leveraging the significant enrollment of the Programs for each individual drug. The Contractor agrees that any Program specific Pharma Revenue agreement shall derive total Pharma Revenue that meets or exceeds the Pharma Revenue derived from any other Pharma Revenue agreements the Contractor uses to administer its Book of Business for each individual drug;

Confirmed.

- (2) Pay the Programs quarterly within 60 Days of the end of each quarter, the greater of 100% Pharma Revenue received or the minimum guaranteed amount attributable to the Programs' combined utilization;

Confirmed.

- (3) Calculate and distribute Pharma Revenue to the Programs in a fully transparent and verifiable process. The Contractor agrees that all direct and indirect revenue arrangements with manufacturers, suppliers, or other vendors shall be disclosed and the revenue generated related or attributable to the Programs' utilization shall be credited to the Programs. The Contractor acknowledges and agrees that the records, methods, and calculations utilized to total and distribute these amounts to the Programs are subject to audit by the State under the audit authority set forth in Contract Provisions, Sections VII.A and VII.B, of the RFP and Appendices A and B thereto. In addition, the Contractor shall provide all agreements as necessary for the Programs to evaluate Drug List decisions including direct access to any manufacturer contracts in unredacted form, under which the Programs is entitled to derive Pharma Revenue pursuant to the terms of the Agreements;

Confirmed.

- (4) Not enter into any agreement that has the effect of diverting, shortchanging, or trading off any form of Pharma Revenue that would otherwise be due the Programs for other consideration. There shall be no fees charged to the Programs or received from a manufacturer, separate from the Claims Administration Fees as described and authorized in the RFP, by the Contractor for rebate or other Pharma Revenue administration. The Contractor agrees that it shall not divert, shortchange, or trade off Pharma Revenue that would otherwise inure to the Programs' financial benefit for Enrollee/Claimant drug utilization in return for reduced drug acquisition costs or other monetary or non-monetary consideration from manufacturers;

Confirmed.

- (5) Upon selection of the successful Offeror and as a condition of contract award and throughout the term of the Agreements, the successful Offeror/Contractor shall provide, upon the request of the State, all information and documentation related to Pharma Revenue agreements, including but not limited to, full direct access by the Procuring Agencies staff or their agents to complete unredacted Pharma Revenue agreements pursuant to which the Programs derives Pharma Revenue;

Confirmed.

- (6) Utilize manufacturer agreements for the Programs that meet or exceed the Contractor's best existing Pharma Revenue agreements for all individual drugs. If the Contractor's business model allows for more than one Pharma Revenue agreement with manufacturers, the Contractor agrees that in no instance will the Programs receive less Pharma Revenue in any therapeutic class than other clients of the Contractor with a comparable benefit design and consistent preferred drug designations in the class, provided the Programs' utilization of the drugs generating Pharma Revenue in the class is equal to or greater than those of other clients. The Contractor, as part of its Proposal, must propose a process satisfactory to the Procuring Agencies to confirm compliance with this provision and must implement and administer said satisfactory process under the Agreements. The Programs shall receive full pass-through of 100% of Pharma Revenue derived from any Pharma Revenue agreement with a pharmaceutical manufacturer. Where any Pharma Revenue contracts allow for higher Pharma Revenue for Mail Service Pharmacy or Specialty Pharmacy Program claims, the Programs will receive the full financial benefit of those higher rates receiving 100% of the Pharma Revenue derived from those agreements on mail order claims. If manufacturer agreements provide less Pharma Revenue for Mail Service Pharmacy or Specialty Pharmacy Program claims than retail claims for the same drug, the terms of the manufacturer agreement applicable to retail claims shall be applied to Program Mail Service Pharmacy and Specialty Pharmacy Program claims for purposes of calculating the amount of Pharma Revenue due the Programs;

Confirmed.

- (7) The Contractor, as part of its Proposal, must propose a Minimum Pharma Revenue Guarantee Per Final Paid Claim that will be utilized by the Contractor in calculating the minimum annual amount due to the Programs for Pharma Revenue. The Minimum Pharma Revenue amount due the Programs on an annual basis will be calculated according to the formula: Contractor's Minimum Per Final Paid Claim Pharma Revenue Guarantee multiplied by the number of Final Paid Claims incurred for the DCS Program and the NYSIF Program for the respective Program Year;

Confirmed.

- (8) Ensure the Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim is not contingent upon the Programs' participation in any of the Contractor's formulary management or intervention programs, including step therapy. The Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim is also not contingent on the Program's use of the Contractor's book of business or standard formulary offerings, or the timing of any patent expirations and/or introduction of generic equivalent drugs, including but not limited to early and/or at risk Generic Drug launches. The Programs will review the guaranteed amount only in the event of legislative, regulatory, or judicial action excluding patent litigation not specific to the Contractor's business practices that serves to void existing Pharma Revenue agreements materially compromising the Contractor's ability to obtain contracted Pharma Revenue necessary to meet the Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim. Further, any exclusions the Offeror is proposing as part of its Formulary must comply with the requirements of Section IV, B.15; and

Confirmed.

- (9) Calculate and perform an annual reconciliation of the Pharma Revenue credit to the Pharma Revenue earned. As part of this annual reconciliation the Contractor shall be required to:

- (a) Calculate the Pharma Revenue guarantee on all Final Paid Claims, incurred for the respective Program Year. The Pharma Revenue guarantee shall be on the aggregate level, not separated for each therapeutic class;

Confirmed.

- (b) Credit the Programs an amount calculated based on the following formula: if in any Program Year, the Pharma Revenue realized and credited to the Programs by the Contractor is less than the amount due the Programs as determined utilizing the minimum Pharma Revenue credit set forth above in (7) of this Section, the amount of the credit shall be equal to the difference between the reported Pharma Revenue credited to the Programs and the Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim;

Confirmed.

- (c) Submit calculations and documentation supporting the amount of Pharma Revenue reported and credited to the Programs for the Procuring Agencies' review and written approval. The Contractor shall provide all information and documentation deemed necessary by the Procuring Agencies to verify the Programs were credited with all Pharma Revenue due it under the terms of the Agreements;

Confirmed.

- (d) If at the close of any Plan Year, the Pharma Revenue credited to the Programs is greater than the higher of the amount derived through application of the Pharma Revenue guarantee formula or the actual Pharma Revenue realized by the Programs, upon notice and verification by the Procuring Agencies, the DCS Program and the NYSIF Program shall pay the Contractor the difference between the amount previously credited to each Program and the higher of the minimum Pharma Revenue guaranteed amount or actual Pharma Revenue realized during the Program Year;

Confirmed.

- (e) If at the close of any Program Year, the Pharma Revenue credited to the Programs is less than the actual Pharma Revenue realized by the Programs, the Contractor shall credit each Program the difference between what was previously credited and the full amount due to the Programs;

Confirmed.

- (f) Include such reconciliations as part of the Contractor’s annual financial summary report. The Procuring Agencies require the Contractor’s Minimum Pharma Revenue Guarantee Per Final Claim Paid be credited to the claims experience on the annual financial reports regardless of the amount of Pharma Revenue that has been received by the Contractor; and

Confirmed.

- (g) Administer the Procuring Agencies’ Pharma Revenue Program in accordance with the Contract Provisions, Sections VII.A and VII.B of the RFP. In this regard, the Contractor agrees to the terms set forth in Contract Provisions, Sections VII.A and VII.B, of the RFP (see Articles XIII, entitled “100% Pharma Revenue Guarantee” and Articles XV “Payments/(Credits) to/(from) the Contractor.”

Confirmed.

b. Confirmation – Pharma Revenue Guarantee

Confirm the Offeror’s agreement to the definitions and the Offeror’s agreement to perform/fulfill and comply with the duties and responsibilities listed in the Pharma Revenue guarantee section above.

Confirmed.

c. Required Submission – Pharma Revenue Guarantee

- (1) The Offeror is required to provide its proposed Minimum Pharma Revenue Guarantee Per Final Paid Claim in Exhibit V.E, Pharma Revenue Guarantee Quote. Offerors may provide a different Minimum Pharma Revenue Guarantee Per Final Paid Claims for each year of the Agreements. The minimum credit to the Programs for Pharma Revenue shall be the Offeror’s Minimum Pharma Revenue Guarantee Per Final Paid Claim (as submitted on Exhibit V.E) times the number of Final Paid Claims paid for each Program for the respective Program Year as defined in the “Glossary of Terms,” Section VIII.”).

Confirmed.

- (2) The Offeror is required to provide adequate documentation as determined by the Procuring Agencies, to support the Offeror’s offer relative to Pharma Revenue. Said documentation is to be provided as Exhibit V.E.1, Documentation to Support Pharma Revenue Guarantee Quote, of the Offeror’s Proposal.

Confirmed.

Please see the *Exhibits Section* for our completed Exhibit V.E.1.

12. Claims Administration Fees

The Claims Administration Fees are the fees, quoted by the Contractor in its Proposal that the Contractor shall charge the Programs to cover all of the administrative services provided by the Contractor. Three separate Claims Administration Fees must be developed and quoted by Offerors for the Programs: DCS Program Primary; EGWP Medicare Primary; and NYSIF Program. The DCS Program Primary Claims Administrative Fee covers the Contractor’s administration of The Empire Plan for non-Medicare-primary Enrollees, as well as the SEHP and the Excelsior Plan, as may be modified from time to time. The Contractor’s EGWP Medicare Primary Claims Administrative Fee covers the Contractor’s administration of The Empire Plan for Medicare primary Enrollees. The Contractor’s NYSIF Program Claims Administrative Fee covers the Contractor’s administration of the NYSIF Program.

Confirmed.

a. Duties and Responsibilities – Claims Administration Fees

The Contractor shall be required to:

- (1) Be bound by its Claims Administration Fees, as proposed in the Contractor’s Proposal for the entire term of the Agreements;

Confirmed.

- (2) Implement any changes necessary to accommodate Programs modifications resulting from collective bargaining, legislation or within the statutory discretion of the State within 60 days of notice, or as soon as practicable;

Confirmed.

- (3) Agree not to request higher Claims Administration Fees, and the Procuring Agencies will not consider any increases to the Claims Administration Fees, that are not based on a material changes to the Programs requiring the Contractor to incur additional costs. The determination of what constitutes a material change will be at the sole discretion of the Procuring Agencies. Implementation of an alternate formulary or multiple formularies shall not constitute a material change and the Contractor agrees to implement, if required, all alternative formularies at the Claims Administration Fees proposed;

Confirmed.

- (4) Manage all Programs Enrollees/Claimants based on the Contractor's associated Claims Administration Fees as proposed by the Contractor in its Proposal;

Confirmed.

- (5) Submit detailed documentation of additional administrative/clinical costs, over and above existing administrative/clinical costs, with any request for an increase in the Claims Administration Fee(s) resulting from a material change in the benefit structure of the Programs. The Procuring Agencies reserve the right to request and the Contractor agrees to provide any additional information and documentation the Procuring Agencies deem necessary to verify that the request for an increase to a Claims Administration Fee(s) is warranted. The Procuring Agencies' decision to modify the Claims Administration Fees to the extent necessary to compensate the Contractor for documented additional costs incurred shall be at the sole discretion of the Procuring Agencies, subject to the approval of a formal amendment to the Agreement(s) by the New York State Attorney General and New York State Office of State Comptroller;

Confirmed.

- (6) Implement all benefit designs as required by the Department with or without final resolution of any request for a Claims Administration Fee(s) adjustment. Refusal to implement changes will constitute a material breach of the Agreement(s) and the Procuring Agencies will seek compensation for all damages resulting; and

Confirmed.

- (7) Agree that Claims Administration Fees shall be payable only for Final Paid Claims and that the Programs will not pay a Claims Administration Fee or other charge or fees for any claim that is denied prior to processing or any claim that is subsequently voided, reversed, or otherwise modified.

Confirmed.

b. Confirmation – Claims Administration Fees

Confirm the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the Claims Administration Fees section above.

Confirmed.

c. Required Submission – Claims Administration Fees

The Offeror is required to provide the Offeror's Claims Administration Fees in Exhibit V.F, Claims Administration Fee(s) Quotes, on a fee per Final Paid Claim basis.

Confirmed.

13. Vaccination Network Pharmacy Pricing (Exclusive to DCS)

Empire Plan non Medicare-Primary enrollees can receive Influenza, Shingles, Pneumococcal, and Meningococcal vaccinations with no copayment when they are administered by licensed pharmacists at vaccination network pharmacies. Offerors should quote the DCS program for the Administration Fees associated with the vaccination benefits in Exhibit V.G, as indicated below. Offeror's Discount Guarantees in Exhibit V.A should be inclusive of Vaccine Fees and Dispensing Fees. Offeror's Claims Administration Fees in Exhibit V.F should be inclusive of Vaccines.

Confirmed.

a. Duties and Responsibilities – Vaccination Network Pharmacy Pricing

The Offeror shall be required to quote the DCS Program, on a pass-through basis, as follows:

- (1) Seasonal Vaccines shall be charged an Administration Fee to the Program on a Pass-through basis, as proposed in Exhibit V.G, Vaccination Administration Fees;

Confirmed.

- (2) Non-Seasonal Vaccines shall be charged an Administration Fee to the Program on a Pass-through basis, as proposed in Exhibit V.G;

Confirmed.

- (3) The Offeror shall be bound by its Vaccination Administration Fee, as proposed in the Contractor’s Proposal for the entire term of the Agreements; and

Confirmed.

- (4) Shall implement any changes necessary to accommodate Programs modifications resulting from collective bargaining, legislation or within the statutory discretion of the State within 60 days of notice, or as soon as practicable.

Confirmed.

b. Confirmation – Vaccination Network Pharmacy Pricing

Confirm the Offeror’s agreement to perform/fulfill and comply with the Duties and Responsibilities Section V.C.13 of this RFP, under subheading “Vaccination Network Pharmacy Pricing.”

Confirmed.

c. Required Submission – Vaccination Network Pharmacy Pricing

The Offeror is required to complete Exhibit V.G for all Seasonal and Non-Seasonal Vaccines dispensed at Network Participating Pharmacies.

Confirmed.

14. Payments/(Credits) to/from the Contractor

This section presents details regarding the financial structure and timing of financial transactions related to the Agreements and the specific items Offerors must submit with their Cost Proposal and questions related to those requirements. The following information is presented for use by Offerors in developing their Cost Proposal. Additional detail regarding each of these provisions may be found in Contract Provisions, Sections VII.A and VII.B of the RFP.

As of May 2018, there were 254,455 individual contracts and 283,798 family contracts with Empire Plan prescription drug coverage. In addition to the Empire Plan contracts, there are 203 individual contracts and 114 family contracts with the Excelsior Plan and 4,675 individual contracts and 698 family contracts with the Student Employee Health Plan (SEHP) benefits. Under NYSIF’s Program, the agency was servicing approximately 40,000 Claimants with NYSIF Program benefits. The enrollment mix and benefit characteristics are presented in Exhibits II.B through II.B.2 and Exhibits III.A through III.D.8 of this RFP; however, the Procuring Agencies cannot guarantee that, during the term of the Agreements, the same enrollment mix and benefit characteristics as those set forth in Exhibit II.B through Exhibit II.B.2 and Exhibits III.A through III.D.8 of this RFP will exist.

a. Duties and Responsibilities – Financial Structure and Timing of Financial Transactions

- (1) Each Procuring Agency will separately reimburse the Contractor for claim payments and associated Claims Administration Fees no sooner than two (2) Business Days and no later than five (5) Business Days after receipt of an accurate invoice, following each claims processing cycle (weekly for the NYSIF Program and bi-weekly for the DCS Programs). The Offeror is required to submit a detailed claim file concurrent with each invoice (for the NYSIF Program) and within fifteen (15) Days after the end of each claims processing cycle (for the DCS Programs) to support the submitted invoices. The data file layout and file transmission protocol will be mutually agreed upon by the Contractor and the Procuring Agencies during Implementation, in accordance with the Contractor's Proposal. Note: On an annual basis coinciding with the end of the State's fiscal year, the Statewide Financial System (SFS) will be shut down for approximately one to two weeks during which no payment transactions will be processed. The shutdown typically occurs between the last week of March and first week of April. The SFS may also be shut down for short periods during other times of the year for maintenance or upgrades or other reasons that are outside the control of the Department. Payments delayed as a result of the SFS shut down will be processed on the first business day after the SFS returns to operation.

Confirmed.

- (2) Any credit amounts due from the Contractor to the Procuring Agencies for failure of the Contractor to meet the performance guarantees set forth in the Agreements shall be applied as a credit against the Claims Administration Fees charged separately to the Programs in the first invoice(s) processed after the performance guarantee has been calculated and agreed to by the Program(s).

Confirmed.

- (3) Upon final audit determination by the Procuring Agencies, any audit liability amount assessed by the Procuring Agencies shall be paid/credited to the Programs within thirty (30) Days of the date of the Procuring Agencies' final determination.

Confirmed.

- (4) (Exclusive to DCS) Coordination of Benefit recoveries collected by the Contractor shall be aggregated and paid/credited to the DCS Program within fifteen Days after the end of the month.

Confirmed.

- (5) Drug litigation recoveries and settlements shall be paid/credited to the Programs within fifteen (15) Days of receipt by the Contractor.

Confirmed.

- (6) Sixty (60) Days after the end of the first quarter, the Contractor shall pay/credit the Program the greater of (1) the actual Pharma Revenue received on behalf of the Programs or (2) the Minimum Pharma Revenue Guarantee Per Final Paid Claim, set forth in the Contract Provisions, Sections VII.A. and VII.B. Articles 13.9.7, multiplied by the number of Final Paid Claims incurred for the first quarter.

Confirmed.

- (a) For each subsequent quarter of the Program Year the calculations shall be performed on a cumulative Program Year-to-Date basis. The Contractor shall pay/credit the Programs the greater cumulative amount less the amount previously paid for the Program Year.

Confirmed.

- (b) The Contractor shall perform a reconciliation by May 31st of each year and the incremental Pharma Revenue amount shall be paid/credited to the Programs within thirty (30) Days of May 31st.

Confirmed.

- (c) At the May 31st Pharma Revenue reconciliation, to the extent that any amount is owed by the Contractor, the Contractor shall pay/credit the Programs within thirty (30) Days after the Final Pharma Revenue reconciliation for the amount owed.

Confirmed.

b. Confirmation – Financial Structure and Timing of Financial Transactions

- (1) The Offeror is required to confirm the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the Details on the Financial Structure and Timing of Financial Transactions section above.

Confirmed.

c. Required Submission – Financial Structure and Timing of Financial Transactions

- (1) Describe in detail the Contractor’s proposed invoicing process, including the timing for invoice preparation and supporting detail claims files at the end of each cycle, required payment timeframes and whether this structure is in effect for any other self-funded customers.**

Weekly for NYSIF and biweekly for DCS, Express Scripts will prepare and provide the Programs with an invoice for all drugs dispensed under the program during the period covered by the invoice. Invoices represent claims paid on the Programs’ behalf; therefore, payment for these invoices is due in full within two calendar days of receipt of invoice, except during the Programs’ annual shutdown. Payment for the claim funding process is typically made by electronic funds transfer (EFT).

The billing package includes a claims invoice for claim charges, as well as a billing detail report detailing the claim costs and dispensing fees. In exchange for our services, Express Scripts charges an administrative fee for all claims successfully adjudicated and billed to the State.

Express Scripts provides clients with the ability to receive their standard claims and administrative invoices electronically via secure eBilling delivery. The invoice conversion is the latest example of a “green solution” that minimizes paper to be more efficient, cost-effective, and considerate to the environment. Custom client invoices, special reports, billing detail reports, and comma delimited formats can all be sent via eBilling. This method is faster and more reliable than CDs and equally as secure.

**Proposed Claim Reimbursement Quote
 DCS and NYSIF Programs Prescription Drug Program
 1/1/2019 - 12/31/2023**

| | Proposed Ingredient Cost Discount | | Proposed Dispensing Fee Per Claim |
|---------------------------------------|--|------------------------------------|--|
| <u>Retail Pharmacy Network</u> | | | |
| Brand Name Drugs (1) | Minimum Guaranteed Discount: [REDACTED] | Maximum Guaranteed Dispensing Fee: | [REDACTED] |
| Generic Drugs (2) | Minimum Guaranteed Discount: [REDACTED] | Maximum Guaranteed Dispensing Fee: | [REDACTED] |
| Compounds (3) | | Maximum Guaranteed Dispensing Fee: | [REDACTED] |

Mail Service Pharmacy Process

| | | | |
|----------------------|---|----------------------------|------------|
| Brand Name Drugs (4) | Guaranteed Discount: [REDACTED] | Guaranteed Dispensing Fee: | [REDACTED] |
| Generic Drugs (5) | Minimum Guaranteed Discount: Same as retail | Guaranteed Dispensing Fee: | [REDACTED] |
| Compounds (6) | | Guaranteed Dispensing Fee: | [REDACTED] |

Specialty Pharmacy Program

| | | | |
|---------------------|---------------------------------|---------------------------------------|--|
| Specialty Drugs (7) | Guaranteed Discount: [REDACTED] | Quote Dispensing Fees in Exhibit V.D. | |
|---------------------|---------------------------------|---------------------------------------|--|

Compound Drug Pricing Methodology(ies) (8)

| | |
|-----------------------------------|------------|
| Proposed pricing methodology(ies) | [REDACTED] |
|-----------------------------------|------------|

DCS and NYSIF Programs Prescription Drug Program
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Compound Drug Pricing Level of Effort Fee, if applicable (9)

| Level of Effort Code | Description | Fee |
|----------------------|--|------------|
| 11 | Single Ingredient batched capsule; any combination of commercially available products; or | [REDACTED] |
| 12 | Two or three ingredient batched capsule; transdermal gel; or | [REDACTED] |
| 13 | Four or more ingredient batched capsule; three or less ingredient cream/ointment/gel; suppository; two or less ingredient capsule; noncomplex suspension; tablet triturate; or | [REDACTED] |
| 14 | Topical containing controlled ingredient; three or more ingredient troche; four or more ingredient capsule; complex suspensions (e.g., pediatric); custom capsule (includes rapid dissolution preparations); chemotherapy cream/ointment/gel; hormone therapy (capsules, troches, and suppositories); or | [REDACTED] |
| 15 | Sterile product | [REDACTED] |

Source of Therapeutic Category

Provide the source of the therapeutic category classification system you

use for preferred drug list development.

[REDACTED]

If different, specify the source of the category classification system utilized in negotiating pharma revenue agreements.

[REDACTED]

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- (1) Brand Name Drugs dispensed in a Retail Pharmacy Network as well as Brand Name Vaccines dispensed and administered in the Vaccination Network shall be billed to the Programs using Lesser of Logic, incorporating pass-through pricing contracted with the dispensing pharmacy. Enter the Offeror's Minimum Guaranteed Discount off AWP for Brand Name Drugs and Vaccines and the Maximum Guaranteed Dispensing Fee for Brand Name Drugs and Vaccines. The amounts quoted will be subject to an annual reconciliation to verify that the Minimum Guaranteed Discount and Maximum Guaranteed Dispensing Fee are achieved.
- (2) Generic Drugs dispensed in a Retail Pharmacy Network as well as Generic Vaccines dispensed and administered in the Vaccination Network shall be billed to the Programs using Lesser of Logic, incorporating the Programs MAC list for Retail and Mail Service Pharmacies and pass-through pricing contracted with the dispensing pharmacy. Enter the Offeror's Minimum Guaranteed Discount off AWP for Generic Drugs and Vaccines and the Maximum Guaranteed Dispensing Fee for Generic Drugs and Vaccines. The amounts quoted will be subject to an annual reconciliation to verify that the Minimum Guaranteed Discount and Maximum Guaranteed Dispensing Fee are achieved. The Minimum Guaranteed Discount reconciliation will be combined for Retail and Mail Service Pharmacy dispensed Generic Drugs.
- (3) Compound Drugs dispensed in a Retail Pharmacy Network shall be billed to the Programs using Lesser of Logic, incorporating pass-through pricing contracted with the dispensing pharmacy. Enter the Offeror's Maximum Guaranteed Dispensing Fee for Compounds. The amount quoted will be subject to an annual reconciliation to verify that the Maximum Guaranteed Dispensing Fee is achieved. Compound Drug ingredient costs will be priced using the Offeror's proposed pricing methodology, as set forth on this Exhibit V.A.
- (4) Brand Name Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic, incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Discount off AWP for Brands and the Guaranteed Dispensing Fee for Brands.
- (5) Brand Name Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic, incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Discount off AWP for Brands and the Guaranteed Dispensing Fee for Brands.
- (6) Compound Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic, incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Dispensing Fee for Compounds. Compound Drug ingredient costs will be priced using the Offeror's proposed pricing methodology, as set forth on this Exhibit V.A.
- (7) Compound Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic, incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Dispensing Fee for Compounds. Compound Drug ingredient costs will be priced using the Offeror's proposed pricing methodology, as set forth on this Exhibit V.A.
- (8) The Offeror must propose a pricing methodology(ies) utilizing "pass through pricing" to be applied to retail and mail service pharmacy process compound drug claims that meet the Programs' definition of a compound drug as defined in the glossary, Section VIII. Offeror's may propose multiple pricing methodologies utilizing "pass through pricing" for the Procuring Agencies' review and selection.
- (9) For Offerors proposing the use of NCPDP transaction standards for Compound Drugs, enter the Offeror's level of effort fee for each claim level of effort code listed.

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
|---|--|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| Exhibit V.C instructions: Submit on a CD (for Offerors proposing to use Medispan related to generic drug pricing) 1) For each GPI provide the proposed Empire Plan MAC List for Retail and Mail Service Pharmacy unit cost as of 5/1/2017 in the Retail and Mail Service Pharmacy MAC Unit Cost column. These figures should support the Offeror's proposed guaranteed minimum discounts off the aggregate AWP for all generic drugs dispensed by Retail and Mail Service Pharmacies for the Program. 2) For each GPI indicate with a "Y" (yes) or "N" (no) whether the MAC price is applicable to all NDCs within the GPI, including any brand NDC in the GPI. 3) If any NDCs within a GPI are exempted from MAC pricing for reasons other than being B-rated or unrated, list the GPI, all excluded NDCs and drug names and the reason for the exclusion in a separate worksheet labeled "excluded NDCs". 4) For each GPI indicate with a "Y" (yes) or "N" (no) whether a therapeutically equivalent generic (A-rated or Authorized) is available. | | | | |
| 1100010102125 | Penicillin G Potassium For Inj 5000000 Unit | | | |
| 1100010102135 | Penicillin G Potassium For Inj 20000000 Unit | | | |
| 1100010112070 | Penicillin G Potassium Inj 60000 Unit/ML in Dextrose | | | |
| 1100030001820 | Penicillin G Procaine Intramuscular Susp 600000 Unit/ML | | | |
| 1100040100310 | Penicillin V Potassium Tab 250 MG | | | |
| 1100040100315 | Penicillin V Potassium Tab 500 MG | | | |
| 1100040102105 | Penicillin V Potassium For Soln 125 MG/5ML | | | |
| 1100040102110 | Penicillin V Potassium For Soln 250 MG/5ML | | | |
| 1200010100105 | Amoxicillin (Trihydrate) Cap 250 MG | | | |
| 1200010100110 | Amoxicillin (Trihydrate) Cap 500 MG | | | |
| 1200010100303 | Amoxicillin (Trihydrate) Tab 500 MG | | | |
| 1200010100315 | Amoxicillin (Trihydrate) Tab 875 MG | | | |
| 1200010100505 | Amoxicillin (Trihydrate) Chew Tab 125 MG | | | |
| 1200010100510 | Amoxicillin (Trihydrate) Chew Tab 250 MG | | | |
| 1200010101910 | Amoxicillin (Trihydrate) For Susp 125 MG/5ML | | | |
| 1200010101913 | Amoxicillin (Trihydrate) For Susp 200 MG/5ML | | | |
| 1200010101915 | Amoxicillin (Trihydrate) For Susp 250 MG/5ML | | | |
| 1200010101924 | Amoxicillin (Trihydrate) For Susp 400 MG/5ML | | | |
| 1200020200105 | Ampicillin Cap 250 MG | | | |
| 1200020200110 | Ampicillin Cap 500 MG | | | |
| 1200020201915 | Ampicillin For Susp 250 MG/5ML | | | |
| 1200020302110 | Ampicillin Sodium For Inj 250 MG | | | |
| 1200020302120 | Ampicillin Sodium For Inj 1 GM | | | |
| 1200020302125 | Ampicillin Sodium For Inj 2 GM | | | |
| 1300020100110 | Dicloxacillin Sodium Cap 250 MG | | | |
| 1300020100115 | Dicloxacillin Sodium Cap 500 MG | | | |
| 1300040102115 | Nafcillin Sodium For Inj 2 GM | | | |
| 1300040102125 | Nafcillin Sodium For Inj 10 GM | | | |
| 1300040112025 | Nafcillin Sodium in Dextrose Inj 2 GM/100ML | | | |
| 1300050102120 | Oxacillin Sodium For Inj 2 GM | | | |
| 1300050102130 | Oxacillin Sodium For Inj 10 GM | | | |
| 1990002200310 | Amoxicillin & K Clavulanate Tab 250-125 MG | | | |
| 1990002200320 | Amoxicillin & K Clavulanate Tab 500-125 MG | | | |
| 1990002200340 | Amoxicillin & K Clavulanate Tab 875-125 MG | | | |
| 1990002200515 | Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG | | | |
| 1990002200535 | Amoxicillin & K Clavulanate Chew Tab 400-57 MG | | | |
| 1990002201915 | Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML | | | |
| 1990002201920 | Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML | | | |
| 1990002201935 | Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML | | | |
| 1990002201960 | Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML | | | |
| 1990002207420 | Amoxicillin & K Clavulanate Tab SR 12HR 1000-62.5 MG | | | |
| 1990002252110 | Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM | | | |
| 1990002252120 | Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM | | | |
| 1990002702120 | Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM) | | | |
| 1990002702130 | Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM) | | | |
| 1990002702140 | Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM) | | | |
| 1990002702170 | Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM) | | | |
| 2100010000105 | Cefadroxil Cap 500 MG | | | |
| 2100010000305 | Cefadroxil Tab 1 GM | | | |
| 2100010001910 | Cefadroxil For Susp 250 MG/5ML | | | |
| 2100010001915 | Cefadroxil For Susp 500 MG/5ML | | | |
| 2100015102115 | Cefazolin Sodium For Inj 1 GM | | | |
| 2100015102125 | Cefazolin Sodium For Inj 10 GM | | | |
| 2100020000105 | Cephalexin Cap 250 MG | | | |
| 2100020000110 | Cephalexin Cap 500 MG | | | |
| 2100020000120 | Cephalexin Cap 750 MG | | | |
| 2100020000310 | Cephalexin Tab 250 MG | | | |
| 2100020000315 | Cephalexin Tab 500 MG | | | |
| 2100020001910 | Cephalexin For Susp 125 MG/5ML | | | |
| 2100020001915 | Cephalexin For Susp 250 MG/5ML | | | |
| 2200040000105 | Cefaclor Cap 250 MG | | | |
| 2200040000110 | Cefaclor Cap 500 MG | | | |

| | | ***Confidential and Proprietary Information*** | As of 7/1/2018 | EXHIBIT V.C |
|--|--|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 2200040001905 | Cefaclor For Susp 125 MG/5ML | | | |
| 2200040001910 | Cefaclor For Susp 250 MG/5ML | | | |
| 2200040107430 | Cefaclor Monohydrate Tab SR 12HR 500 MG | | | |
| 2200060102110 | Cefoxitin Sodium For IV Soln 2 GM | | | |
| 2200062000320 | Cefprozil Tab 250 MG | | | |
| 2200062000330 | Cefprozil Tab 500 MG | | | |
| 2200062001910 | Cefprozil For Susp 125 MG/5ML | | | |
| 2200062001920 | Cefprozil For Susp 250 MG/5ML | | | |
| 2200065050310 | Cefuroxime Axetil Tab 250 MG | | | |
| 2200065050315 | Cefuroxime Axetil Tab 500 MG | | | |
| 2300040000120 | Cefdinir Cap 300 MG | | | |
| 2300040001920 | Cefdinir For Susp 125 MG/5ML | | | |
| 2300040001930 | Cefdinir For Susp 250 MG/5ML | | | |
| 2300060000510 | Cefixime Chew Tab 100 MG | | | |
| 2300060000530 | Cefixime Chew Tab 200 MG | | | |
| 2300060001910 | Cefixime For Susp 100 MG/5ML | | | |
| 2300060001920 | Cefixime For Susp 200 MG/5ML | | | |
| 2300065100320 | Cefpodoxime Proxetil Tab 100 MG | | | |
| 2300065100330 | Cefpodoxime Proxetil Tab 200 MG | | | |
| 2300065101920 | Cefpodoxime Proxetil For Susp 50 MG/5ML | | | |
| 2300065101930 | Cefpodoxime Proxetil For Susp 100 MG/5ML | | | |
| 2300080002110 | Ceftazidime For Inj 1 GM | | | |
| 2300080002115 | Ceftazidime For Inj 2 GM | | | |
| 2300080002120 | Ceftazidime For Inj 6 GM | | | |
| 2300083000120 | Ceftibuten Cap 400 MG | | | |
| 2300083001940 | Ceftibuten For Susp 180 MG/5ML | | | |
| 2300090102105 | Ceftriaxone Sodium For Inj 250 MG | | | |
| 2300090102110 | Ceftriaxone Sodium For Inj 500 MG | | | |
| 2300090102115 | Ceftriaxone Sodium For Inj 1 GM | | | |
| 2300090102117 | Ceftriaxone Sodium For IV Soln 1 GM | | | |
| 2300090102120 | Ceftriaxone Sodium For Inj 2 GM | | | |
| 2300090102125 | Ceftriaxone Sodium For Inj 10 GM | | | |
| 2300090112015 | Ceftriaxone Sodium in Dextrose Inj 20 MG/ML | | | |
| 2300090112020 | Ceftriaxone Sodium in Dextrose Inj 40 MG/ML | | | |
| 2300090132130 | Ceftriaxone Sodium for IV Soln 2 GM and Dextrose 2.22% | | | |
| 2400040102022 | Cefepime HCl IV Soln 1 GM/50ML | | | |
| 2400040102024 | Cefepime HCl IV Soln 2 GM/100ML | | | |
| 2400040102110 | Cefepime HCl For Inj 1 GM | | | |
| 2400040102120 | Cefepime HCl For Inj 2 GM | | | |
| 2400040122110 | Cefepime HCl and Dextrose 5% For IV Soln 1 GM/50ML | | | |
| 3100005000305 | Erythromycin Tab 250 MG | | | |
| 3100005000310 | Erythromycin Tab 500 MG | | | |
| 3100005000605 | Erythromycin Tab Delayed Release 250 MG | | | |
| 3100005000610 | Erythromycin Tab Delayed Release 333 MG | | | |
| 3100005000615 | Erythromycin Tab Delayed Release 500 MG | | | |
| 31000050006720 | Erythromycin w/ Delayed Release Particles Cap 250 MG | | | |
| 3100010100305 | Erythromycin Stearate Tab 250 MG | | | |
| 3100030300305 | Erythromycin Ethylsuccinate Tab 400 MG | | | |
| 3100030301910 | Erythromycin Ethylsuccinate For Susp 200 MG/5ML | | | |
| 3400010000320 | Azithromycin Tab 250 MG | | | |
| 3400010000334 | Azithromycin Tab 500 MG | | | |
| 3400010000340 | Azithromycin Tab 600 MG | | | |
| 3400010001920 | Azithromycin For Susp 100 MG/5ML | | | |
| 3400010001930 | Azithromycin For Susp 200 MG/5ML | | | |
| 3400010002120 | Azithromycin IV For Soln 500 MG | | | |
| 3400010003020 | Azithromycin Powd Pack for Susp 1 GM | | | |
| 3500010000310 | Clarithromycin Tab 250 MG | | | |
| 3500010000320 | Clarithromycin Tab 500 MG | | | |
| 3500010001910 | Clarithromycin For Susp 125 MG/5ML | | | |
| 3500010001920 | Clarithromycin For Susp 250 MG/5ML | | | |
| 3500010007520 | Clarithromycin Tab SR 24HR 500 MG | | | |
| 4000010100305 | Demeclocycline HCl Tab 150 MG | | | |
| 4000010100310 | Demeclocycline HCl Tab 300 MG | | | |
| 4000020000105 | Doxycycline Monohydrate Cap 50 MG | | | |
| 4000020000107 | Doxycycline Monohydrate Cap 75 MG | | | |
| 4000020000110 | Doxycycline Monohydrate Cap 100 MG | | | |
| 4000020000305 | Doxycycline Monohydrate Tab 50 MG | | | |
| 4000020000307 | Doxycycline Monohydrate Tab 75 MG | | | |
| 4000020000310 | Doxycycline Monohydrate Tab 100 MG | | | |
| 4000020000315 | Doxycycline Monohydrate Tab 150 MG | | | |
| 4000020001905 | Doxycycline Monohydrate For Susp 25 MG/5ML | | | |
| 4000020100105 | Doxycycline Hyclate Cap 50 MG | | | |
| 4000020100110 | Doxycycline Hyclate Cap 100 MG | | | |
| 4000020100302 | Doxycycline Hyclate Tab 20 MG | | | |
| 4000020100305 | Doxycycline Hyclate Tab 50 MG | | | |
| 4000020100310 | Doxycycline Hyclate Tab 100 MG | | | |
| 4000020100610 | Doxycycline Hyclate Tab Delayed Release 50 MG | | | |
| 4000020100620 | Doxycycline Hyclate Tab Delayed Release 75 MG | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
|--|--|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 4000020100630 | Doxycycline Hyclate Tab Delayed Release 100 MG | | | |
| 4000020100650 | Doxycycline Hyclate Tab Delayed Release 200 MG | | | |
| 4000020102105 | Doxycycline Hyclate For Inj 100 MG | | | |
| 4000040100105 | Minocycline HCl Cap 50 MG | | | |
| 4000040100107 | Minocycline HCl Cap 75 MG | | | |
| 4000040100110 | Minocycline HCl Cap 100 MG | | | |
| 4000040100305 | Minocycline HCl Tab 50 MG | | | |
| 4000040100307 | Minocycline HCl Tab 75 MG | | | |
| 4000040100310 | Minocycline HCl Tab 100 MG | | | |
| 4000040107520 | Minocycline HCl Tab SR 24HR 45 MG | | | |
| 4000040107530 | Minocycline HCl Tab SR 24HR 90 MG | | | |
| 4000040107540 | Minocycline HCl Tab SR 24HR 135 MG | | | |
| 4000060100105 | Tetracycline HCl Cap 250 MG | | | |
| 4000060100110 | Tetracycline HCl Cap 500 MG | | | |
| 5000020001920 | Ciprofloxacin For Oral Susp 250 MG/5ML (5%) (5 GM/100ML) | | | |
| 5000020001930 | Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML) | | | |
| 5000020057520 | Ciprofloxacin-Ciprofloxacin HCl Tab SR 24HR 500 MG (Base Eq) | | | |
| 5000020057540 | Ciprofloxacin-Ciprofloxacin HCl Tab SR 24HR 1000 MG(Base Eq) | | | |
| 5000020100305 | Ciprofloxacin HCl Tab 100 MG (Base Equiv) | | | |
| 5000020100310 | Ciprofloxacin HCl Tab 250 MG (Base Equiv) | | | |
| 5000020100315 | Ciprofloxacin HCl Tab 500 MG (Base Equiv) | | | |
| 5000020100320 | Ciprofloxacin HCl Tab 750 MG (Base Equiv) | | | |
| 5000020112028 | Ciprofloxacin 400 MG/200ML in D5W | | | |
| 5000034000320 | Levofloxacin Tab 250 MG | | | |
| 5000034000330 | Levofloxacin Tab 500 MG | | | |
| 5000034000340 | Levofloxacin Tab 750 MG | | | |
| 5000034002020 | Levofloxacin IV Soln 25 MG/ML | | | |
| 5000034002050 | Levofloxacin Oral Soln 25 MG/ML | | | |
| 5000034112028 | Levofloxacin in D5W IV Soln 500 MG/100ML | | | |
| 5000034112032 | Levofloxacin in D5W IV Soln 750 MG/150ML | | | |
| 5000037100320 | Moxifloxacin HCl Tab 400 MG (Base Equiv) | | | |
| 5000050000340 | Ofloxacin Tab 400 MG | | | |
| 7000010102011 | Amikacin Sulfate Inj 500 MG/2ML (250 MG/ML) | | | |
| 7000010102013 | Amikacin Sulfate Inj 1 GM/4ML (250 MG/ML) | | | |
| 7000020102045 | Gentamicin Sulfate Inj 40 MG/ML | | | |
| 7000020112015 | Gentamicin in Saline Inj 1 MG/ML | | | |
| 7000020112045 | Gentamicin in Saline Inj 1.6 MG/ML | | | |
| 7000040100305 | Neomycin Sulfate Tab 500 MG | | | |
| 7000055100110 | Paromomycin Sulfate Cap 250 MG | | | |
| 7000070002520 | Tobramycin Nebu Soln 300 MG/5ML | | | |
| 7000070102034 | Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv) | | | |
| 7000070102038 | Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv) | | | |
| 7000070102039 | Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv) | | | |
| 7000070102105 | Tobramycin Sulfate For Inj 1.2 GM | | | |
| 8000020000305 | Sulfadiazine Tab 500 MG | | | |
| 9000040100305 | Ethambutol HCl Tab 100 MG | | | |
| 9000040100310 | Ethambutol HCl Tab 400 MG | | | |
| 9000060000310 | Isoniazid Tab 300 MG | | | |
| 9000060001210 | Isoniazid Syrup 50 MG/5ML | | | |
| 9000070000310 | Pyrazinamide Tab 500 MG | | | |
| 9000075000120 | Rifabutin Cap 150 MG | | | |
| 9000080000105 | Rifampin Cap 150 MG | | | |
| 9000080000110 | Rifampin Cap 300 MG | | | |
| 9990002100110 | Isoniazid & Rifampin Cap 150-300 MG | | | |
| 11000010002105 | Amphotericin B For Inj 50 MG | | | |
| 11000020000105 | Flucytosine Cap 250 MG | | | |
| 11000030100315 | Griseofulvin Microsize Tab 500 MG | | | |
| 11000030101805 | Griseofulvin Microsize Susp 125 MG/5ML | | | |
| 11000030200305 | Griseofulvin Ultramicrosize Tab 125 MG | | | |
| 11000030200315 | Griseofulvin Ultramicrosize Tab 250 MG | | | |
| 11000060000305 | Nystatin Tab 500000 Unit | | | |
| 11000060002900 | *Nystatin Oral Powder* | | | |
| 11000080100310 | Terbinafine HCl Tab 250 MG | | | |
| 11404040000310 | Ketoconazole Tab 200 MG | | | |
| 11404050002900 | Miconazole Powder | | | |
| 11407015000310 | Fluconazole Tab 50 MG | | | |
| 11407015000320 | Fluconazole Tab 100 MG | | | |
| 11407015000325 | Fluconazole Tab 150 MG | | | |
| 11407015000330 | Fluconazole Tab 200 MG | | | |
| 11407015001910 | Fluconazole For Susp 10 MG/ML | | | |
| 11407015001940 | Fluconazole For Susp 40 MG/ML | | | |
| 11407015012010 | Fluconazole in NaCl 0.9% Inj 200 MG/100ML | | | |
| 11407015012020 | Fluconazole in NaCl 0.9% Inj 400 MG/200ML | | | |
| 11407035000120 | Itraconazole Cap 100 MG | | | |
| 11407080000320 | Voriconazole Tab 50 MG | | | |
| 11407080000340 | Voriconazole Tab 200 MG | | | |
| 11407080001920 | Voriconazole For Susp 40 MG/ML | | | |
| 12105005100320 | Abacavir Sulfate Tab 300 MG (Base Equiv) | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
|--|---|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 12105015006528 | Didanosine Delayed Release Capsule 200 MG | | | |
| 12105015006535 | Didanosine Delayed Release Capsule 250 MG | | | |
| 12105015006550 | Didanosine Delayed Release Capsule 400 MG | | | |
| 12106060000320 | Lamivudine Tab 150 MG | | | |
| 12106060000330 | Lamivudine Tab 300 MG | | | |
| 12106060002020 | Lamivudine Oral Soln 10 MG/ML | | | |
| 12108070000140 | Stavudine Cap 40 MG | | | |
| 12108085000110 | Zidovudine Cap 100 MG | | | |
| 12108085000330 | Zidovudine Tab 300 MG | | | |
| 12108085001210 | Zidovudine Syrup 10 MG/ML | | | |
| 12109050000320 | Nevirapine Tab 200 MG | | | |
| 12109050007520 | Nevirapine Tab SR 24HR 400 MG | | | |
| 12109902200340 | Abacavir Sulfate-Lamivudine Tab 600-300 MG | | | |
| 12109902500320 | Lamivudine-Zidovudine Tab 150-300 MG | | | |
| 12109902552020 | Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML) | | | |
| 12109903200320 | Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG | | | |
| 12200030102110 | Ganciclovir Sodium For Inj 500 MG | | | |
| 12200066100320 | Valganciclovir HCl Tab 450 MG (Base Equivalent) | | | |
| 12200066102120 | Valganciclovir HCl For Soln 50 MG/ML (Base Equiv) | | | |
| 12352015100320 | Adefovir Dipivoxil Tab 10 MG | | | |
| 12352030000320 | Entecavir Tab 0.5 MG | | | |
| 12352030000330 | Entecavir Tab 1 MG | | | |
| 12352050000315 | Lamivudine Tab 100 MG (HBV) | | | |
| 12353070000120 | Ribavirin Cap 200 MG | | | |
| 12353070000320 | Ribavirin Tab 200 MG | | | |
| 12353070000360 | Ribavirin Tab 600 MG | | | |
| 12353070006320 | Ribavirin Tab 400 MG & Ribavirin Tab 600 MG Dose Pack | | | |
| 12405010000110 | Acylovir Cap 200 MG | | | |
| 12405010000320 | Acylovir Tab 400 MG | | | |
| 12405010000330 | Acylovir Tab 800 MG | | | |
| 12405010001810 | Acylovir Susp 200 MG/5ML | | | |
| 12405010102030 | Acylovir Sodium IV Soln 50 MG/ML | | | |
| 12405085100310 | Valacyclovir HCl Tab 500 MG | | | |
| 12405085100320 | Valacyclovir HCl Tab 1 GM | | | |
| 12408040000305 | Famciclovir Tab 125 MG | | | |
| 12408040000310 | Famciclovir Tab 250 MG | | | |
| 12408040000320 | Famciclovir Tab 500 MG | | | |
| 12500070100320 | Rimantadine Hydrochloride Tab 100 MG | | | |
| 12504060200110 | Oseltamivir Phosphate Cap 30 MG (Base Equiv) | | | |
| 12504060200115 | Oseltamivir Phosphate Cap 45 MG (Base Equiv) | | | |
| 12504060200120 | Oseltamivir Phosphate Cap 75 MG (Base Equiv) | | | |
| 13000010200305 | Chloroquine Phosphate Tab 250 MG | | | |
| 13000010200310 | Chloroquine Phosphate Tab 500 MG | | | |
| 13000020100305 | Hydroxychloroquine Sulfate Tab 200 MG | | | |
| 13000025100310 | Mefloquine HCl Tab 250 MG | | | |
| 13000030100310 | Primaquine Phosphate Tab 26.3 MG (15 MG Base) | | | |
| 13000060100119 | Quinine Sulfate Cap 324 MG | | | |
| 13990002050310 | Atovaquone-Proguanil HCl Tab 62.5-25 MG | | | |
| 13990002050320 | Atovaquone-Proguanil HCl Tab 250-100 MG | | | |
| 14000030002900 | Iodoquinol Powder | | | |
| 15000007000310 | Ivermectin Tab 3 MG | | | |
| 15000010000505 | Mebendazole Chew Tab 100 MG | | | |
| 16000005002120 | Aztreonam For Inj 1 GM | | | |
| 16000005002130 | Aztreonam For Inj 2 GM | | | |
| 16000015002105 | Colistimethate Sodium For Inj 150 MG | | | |
| 16000035000107 | Metronidazole Cap 375 MG | | | |
| 16000035000305 | Metronidazole Tab 250 MG | | | |
| 16000035000310 | Metronidazole Tab 500 MG | | | |
| 16000035112020 | Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML | | | |
| 16000053000310 | Tinidazole Tab 250 MG | | | |
| 16000053000320 | Tinidazole Tab 500 MG | | | |
| 16000055000305 | Trimethoprim Tab 100 MG | | | |
| 16000060100110 | Vancomycin HCl Cap 125 MG | | | |
| 16000060100120 | Vancomycin HCl Cap 250 MG | | | |
| 16000060102105 | Vancomycin HCl For Inj 500 MG | | | |
| 16000060102107 | Vancomycin HCl For Inj 750 MG | | | |
| 16000060102108 | Vancomycin HCl For Inj 1000 MG | | | |
| 16000060102109 | Vancomycin HCl For Inj 5000 MG | | | |
| 16000060102120 | Vancomycin HCl For Inj 10 GM | | | |
| 16000060112020 | Vancomycin HCl in Dextrose Inj 500 MG/100ML | | | |
| 16000060112030 | Vancomycin HCl in Dextrose Inj 750 MG/150ML | | | |
| 16000060112040 | Vancomycin HCl in Dextrose Inj 1 GM/200ML | | | |
| 16000060152020 | Vancomycin HCl in Sodium Chloride 0.9% IV Soln 500 MG/100ML | | | |
| 16000060152030 | Vancomycin HCl in Sodium Chloride 0.9% IV Soln 750 MG/150ML | | | |
| 16000060152040 | Vancomycin HCl in Sodium Chloride 0.9% IV Soln 1 GM/200ML | | | |
| 16100010102105 | Polymyxin B Sulfate For Inj 500000 Unit | | | |
| 16150050002120 | Meropenem IV For Soln 500 MG | | | |
| 16150050002140 | Meropenem IV For Soln 1 GM | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 16150050052120 | Meropenem & Sodium Chloride 0.9% For IV Soln 500 MG/50ML | | | |
| 16150050052130 | Meropenem & Sodium Chloride 0.9% For IV Soln 1 GM/50ML | | | |
| 16159902402110 | Imipenem-Cilastatin Intravenous For Soln 250 MG | | | |
| 16159902402120 | Imipenem-Cilastatin Intravenous For Soln 500 MG | | | |
| 16220020100105 | Clindamycin HCl Cap 75 MG | | | |
| 16220020100110 | Clindamycin HCl Cap 150 MG | | | |
| 16220020100120 | Clindamycin HCl Cap 300 MG | | | |
| 16220020222120 | Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv) | | | |
| 16220020302031 | Clindamycin Phosphate Inj 300 MG/2ML | | | |
| 16220020302033 | Clindamycin Phosphate Inj 900 MG/6ML | | | |
| 16220020302034 | Clindamycin Phosphate Inj 9 GM/60ML | | | |
| 16220020312030 | Clindamycin Phosphate in D5W IV Soln 600 MG/50ML | | | |
| 16230040000330 | Linezolid Tab 600 MG | | | |
| 16230040001920 | Linezolid For Susp 100 MG/5ML | | | |
| 16230040002040 | Linezolid IV Soln 600 MG/300ML (2 MG/ML) | | | |
| 16270030002140 | Daptomycin For IV Soln 500 MG | | | |
| 16290070002120 | Tigecycline For IV Soln 50 MG | | | |
| 16300010000310 | Dapsone Tab 25 MG | | | |
| 16300010000320 | Dapsone Tab 100 MG | | | |
| 16400020001820 | Atovaquone Susp 750 MG/5ML | | | |
| 16990002300310 | Sulfamethoxazole-Trimethoprim Tab 400-80 MG | | | |
| 16990002300320 | Sulfamethoxazole-Trimethoprim Tab 800-160 MG | | | |
| 16990002301810 | Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML | | | |
| 16990002302010 | Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML | | | |
| 18990002201805 | Tetanus-Diphtheria Toxoids (Td) Inj 2-2 LF/0.5ML | | | |
| 21100015002030 | Carboplatin IV Soln 50 MG/5ML | | | |
| 21100015002035 | Carboplatin IV Soln 150 MG/15ML | | | |
| 21100015002040 | Carboplatin IV Soln 450 MG/45ML | | | |
| 21100015002045 | Carboplatin IV Soln 600 MG/60ML | | | |
| 21100020002020 | Cisplatin Inj 50 MG/50ML (1 MG/ML) | | | |
| 21100020002025 | Cisplatin Inj 100 MG/100ML (1 MG/ML) | | | |
| 21100028002025 | Oxaliplatin IV Soln 50 MG/10ML | | | |
| 21100028002030 | Oxaliplatin IV Soln 100 MG/20ML | | | |
| 21100028002120 | Oxaliplatin For IV Inj 50 MG | | | |
| 21100028002130 | Oxaliplatin For IV Inj 100 MG | | | |
| 21101020000105 | Cyclophosphamide Cap 25 MG | | | |
| 21101020000110 | Cyclophosphamide Cap 50 MG | | | |
| 21101020002120 | Cyclophosphamide For Inj 500 MG | | | |
| 21101020002125 | Cyclophosphamide For Inj 1 GM | | | |
| 21102020000110 | Lomustine Cap 10 MG | | | |
| 21102020000115 | Lomustine Cap 40 MG | | | |
| 21102020000120 | Lomustine Cap 100 MG | | | |
| 21104070000110 | Temozolomide Cap 5 MG | | | |
| 21104070000120 | Temozolomide Cap 20 MG | | | |
| 21104070000140 | Temozolomide Cap 100 MG | | | |
| 21104070000143 | Temozolomide Cap 140 MG | | | |
| 21104070000147 | Temozolomide Cap 180 MG | | | |
| 21104070000150 | Temozolomide Cap 250 MG | | | |
| 21200010102105 | Bleomycin Sulfate For Inj 15 Unit | | | |
| 21200040102010 | Doxorubicin HCl Inj 2 MG/ML | | | |
| 21200040402210 | Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML | | | |
| 21200050002105 | Mitomycin For IV Soln 5 MG | | | |
| 21200050002110 | Mitomycin For IV Soln 20 MG | | | |
| 21200050002120 | Mitomycin For IV Soln 40 MG | | | |
| 21300003001920 | Azacitidine For Inj 100 MG | | | |
| 21300005000320 | Capecitabine Tab 150 MG | | | |
| 21300005000350 | Capecitabine Tab 500 MG | | | |
| 21300010002011 | Cytarabine Inj PF 20 MG/ML | | | |
| 21300025102120 | Fludarabine Phosphate For Inj 50 MG | | | |
| 21300030002020 | Fluorouracil Inj 500 MG/10ML (50 MG/ML) | | | |
| 21300030002025 | Fluorouracil Inj 1 GM/20ML (50 MG/ML) | | | |
| 21300030002030 | Fluorouracil Inj 2.5 GM/50ML (50 MG/ML) | | | |
| 21300030002035 | Fluorouracil Inj 5 GM/100ML (50 MG/ML) | | | |
| 21300034102060 | Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv) | | | |
| 21300034102110 | Gemcitabine HCl For Inj 200 MG | | | |
| 21300034102140 | Gemcitabine HCl For Inj 1 GM | | | |
| 21300034102160 | Gemcitabine HCl For Inj 2 GM | | | |
| 21300040000305 | Mercaptopurine Tab 50 MG | | | |
| 21300050100310 | Methotrexate Sodium Tab 2.5 MG (Base Equiv) | | | |
| 21300050100320 | Methotrexate Sodium Tab 5 MG (Base Equiv) | | | |
| 21300050100330 | Methotrexate Sodium Tab 7.5 MG (Base Equiv) | | | |
| 21300050100340 | Methotrexate Sodium Tab 10 MG (Base Equiv) | | | |
| 21300050100350 | Methotrexate Sodium Tab 15 MG (Base Equiv) | | | |
| 21300050102062 | Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML) | | | |
| 21300050102063 | Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML) | | | |
| 21300050102067 | Methotrexate Sodium Inj PF 200 MG/8ML (25 MG/ML) | | | |
| 21300050102068 | Methotrexate Sodium Inj 250 MG/10ML (25 MG/ML) | | | |
| 21300050102069 | Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML) | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 21300050102075 | Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML) | | | |
| 21300050102150 | Methotrexate Sodium For Inj 1 GM | | | |
| 21402420000320 | Bicalutamide Tab 50 MG | | | |
| 21402440000110 | Flutamide Cap 125 MG | | | |
| 21402460000330 | Nilutamide Tab 150 MG | | | |
| 21402680100310 | Tamoxifen Citrate Tab 10 MG (Base Equivalent) | | | |
| 21402680100320 | Tamoxifen Citrate Tab 20 MG (Base Equivalent) | | | |
| 21402810000310 | Anastrozole Tab 1 MG | | | |
| 21402835000320 | Exemestane Tab 25 MG | | | |
| 21402860000320 | Letrozole Tab 2.5 MG | | | |
| 21404007202020 | Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML | | | |
| 21404020100305 | Megestrol Acetate Tab 20 MG | | | |
| 21404020100310 | Megestrol Acetate Tab 40 MG | | | |
| 21404020101810 | Megestrol Acetate Susp 40 MG/ML | | | |
| 21405010106407 | Leuprolide Acetate Inj Kit 5 MG/ML | | | |
| 21500005001310 | Docetaxel For Inj Conc 20 MG/ML | | | |
| 21500005001315 | Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML) | | | |
| 21500010000120 | Etoposide Cap 50 MG | | | |
| 215000100002025 | Etoposide Inj 100 MG/5ML (20 MG/ML) | | | |
| 215000100002030 | Etoposide Inj 500 MG/25ML (20 MG/ML) | | | |
| 21500012001335 | Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML) | | | |
| 21500012001340 | Paclitaxel IV Conc 150 MG/25ML (6 MG/ML) | | | |
| 21500012001350 | Paclitaxel IV Conc 300 MG/50ML (6 MG/ML) | | | |
| 21500020102005 | Vincristine Sulfate IV Soln 1 MG/ML | | | |
| 21500030102020 | Vinblastine Sulfate Inj 1 MG/ML | | | |
| 21500050802020 | Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv) | | | |
| 21500050802025 | Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv) | | | |
| 21534035100320 | Imatinib Mesylate Tab 100 MG (Base Equivalent) | | | |
| 21534035100340 | Imatinib Mesylate Tab 400 MG (Base Equivalent) | | | |
| 21550040102025 | Irinotecan HCl Inj 40 MG/2ML (20 MG/ML) | | | |
| 21550040102030 | Irinotecan HCl Inj 100 MG/5ML (20 MG/ML) | | | |
| 21700020002105 | Dacarbazine For Inj 100 MG | | | |
| 21700020002110 | Dacarbazine For Inj 200 MG | | | |
| 21700030000105 | Hydroxyurea Cap 500 MG | | | |
| 21708080000110 | Tretinoin Cap 10 MG | | | |
| 21708220000120 | Bexarotene Cap 75 MG | | | |
| 21755040100310 | Leucovorin Calcium Tab 5 MG | | | |
| 21755040100325 | Leucovorin Calcium Tab 10 MG | | | |
| 21755040100335 | Leucovorin Calcium Tab 15 MG | | | |
| 21755040100345 | Leucovorin Calcium Tab 25 MG | | | |
| 21755040102130 | Leucovorin Calcium For Inj 100 MG | | | |
| 21755040102150 | Leucovorin Calcium For Inj 200 MG | | | |
| 21755040102160 | Leucovorin Calcium For Inj 350 MG | | | |
| 21758050002010 | Mesna Inj 100 MG/ML | | | |
| 22100012006720 | Budesonide Delayed Release Particles Cap 3 MG | | | |
| 22100015100310 | Cortisone Acetate Tab 25 MG | | | |
| 22100020000315 | Dexamethasone Tab 0.5 MG | | | |
| 22100020000320 | Dexamethasone Tab 0.75 MG | | | |
| 22100020000325 | Dexamethasone Tab 1 MG | | | |
| 22100020000330 | Dexamethasone Tab 1.5 MG | | | |
| 22100020000335 | Dexamethasone Tab 2 MG | | | |
| 22100020000340 | Dexamethasone Tab 4 MG | | | |
| 22100020000345 | Dexamethasone Tab 6 MG | | | |
| 22100020001005 | Dexamethasone Elixir 0.5 MG/5ML | | | |
| 22100020001320 | Dexamethasone Conc 1 MG/ML | | | |
| 22100020002005 | Dexamethasone Soln 0.5 MG/5ML | | | |
| 2210002000B720 | Dexamethasone Tab Therapy Pack 1.5 MG (21) | | | |
| 2210002000B725 | Dexamethasone Tab Therapy Pack 1.5 MG (35) | | | |
| 2210002000B730 | Dexamethasone Tab Therapy Pack 1.5 MG (51) | | | |
| 22100020202005 | Dexamethasone Sodium Phosphate Inj 4 MG/ML | | | |
| 22100020202010 | Dexamethasone Sodium Phosphate Inj 10 MG/ML | | | |
| 22100020202011 | Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML | | | |
| 22100020202040 | Dexamethasone Sodium Phosphate Inj 20 MG/5ML | | | |
| 22100020202045 | Dexamethasone Sodium Phosphate Inj 120 MG/30ML | | | |
| 22100020202060 | Dexamethasone Sodium Phosphate Inj 100 MG/10ML | | | |
| 22100025000303 | Hydrocortisone Tab 5 MG | | | |
| 22100025000305 | Hydrocortisone Tab 10 MG | | | |
| 22100025000310 | Hydrocortisone Tab 20 MG | | | |
| 22100030000310 | Methylprednisolone Tab 4 MG | | | |
| 22100030000315 | Methylprednisolone Tab 8 MG | | | |
| 22100030000320 | Methylprednisolone Tab 16 MG | | | |
| 22100030000330 | Methylprednisolone Tab 32 MG | | | |
| 2210003000B705 | Methylprednisolone Tab Therapy Pack 4 MG (21) | | | |
| 22100030101810 | Methylprednisolone Acetate Inj Susp 40 MG/ML | | | |
| 22100030101815 | Methylprednisolone Acetate Inj Susp 80 MG/ML | | | |
| 22100030202105 | Methylprednisolone Sodium Succinate For Inj 40 MG | | | |
| 22100030202110 | Methylprednisolone Sodium Succinate For Inj 125 MG | | | |
| 22100030202120 | Methylprednisolone Sodium Succinate For Inj 1000 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 22100040000305 | Prednisolone Tab 5 MG | | | |
| 22100040001205 | Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent) | | | |
| 2210004000B730 | Prednisolone Tab Therapy Pack 5 MG (48) | | | |
| 22100040202020 | Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv) | | | |
| 22100040202025 | Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq) | | | |
| 22100040202040 | Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base) | | | |
| 22100040202050 | Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv) | | | |
| 22100040202060 | Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv) | | | |
| 22100040207215 | Prednisolone Sod Phos Orally Disintegr Tab 10 MG (Base Eq) | | | |
| 22100040207220 | Prednisolone Sod Phos Orally Disintegr Tab 15 MG (Base Eq) | | | |
| 22100040207240 | Prednisolone Sod Phos Orally Disintegr Tab 30 MG (Base Eq) | | | |
| 22100045000305 | Prednisone Tab 1 MG | | | |
| 22100045000310 | Prednisone Tab 2.5 MG | | | |
| 22100045000315 | Prednisone Tab 5 MG | | | |
| 22100045000320 | Prednisone Tab 10 MG | | | |
| 22100045000325 | Prednisone Tab 20 MG | | | |
| 22100045000335 | Prednisone Tab 50 MG | | | |
| 22100045001310 | Prednisone Conc 5 MG/ML | | | |
| 22100045002005 | Prednisone Oral Soln 5 MG/5ML | | | |
| 2210004500B705 | Prednisone Tab Therapy Pack 5 MG (21) | | | |
| 2210004500B710 | Prednisone Tab Therapy Pack 5 MG (48) | | | |
| 2210004500B720 | Prednisone Tab Therapy Pack 10 MG (21) | | | |
| 2210004500B725 | Prednisone Tab Therapy Pack 10 MG (48) | | | |
| 22109902101810 | Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML | | | |
| 22200030100305 | Fludrocortisone Acetate Tab 0.1 MG | | | |
| 23100005000105 | Danazol Cap 50 MG | | | |
| 23100005000110 | Danazol Cap 100 MG | | | |
| 23100005000115 | Danazol Cap 200 MG | | | |
| 23100020000105 | Methyltestosterone Cap 10 MG | | | |
| 23100020000310 | Methyltestosterone Oral Tab 10 MG | | | |
| 23100030004025 | Testosterone TD Gel 25 MG/2.5GM (1%) | | | |
| 23100030004030 | Testosterone TD Gel 50 MG/5GM (1%) | | | |
| 23100030004040 | Testosterone TD Gel 12.5 MG/ACT (1%) | | | |
| 23100030004070 | Testosterone TD Gel 10MG/ACT (2%) | | | |
| 23100030008920 | Testosterone Implant Pellets 75 MG | | | |
| 23100030102010 | Testosterone Cypionate IM Inj in Oil 100 MG/ML | | | |
| 23100030102015 | Testosterone Cypionate IM Inj in Oil 200 MG/ML | | | |
| 23100030202010 | Testosterone Enanthate IM Inj in Oil 200 MG/ML | | | |
| 23200040000305 | Oxandrolone Tab 2.5 MG | | | |
| 23200040000320 | Oxandrolone Tab 10 MG | | | |
| 24000030000305 | Esterified Estrogens Tab 0.3 MG | | | |
| 24000030000310 | Esterified Estrogens Tab 0.625 MG | | | |
| 24000030000315 | Esterified Estrogens Tab 1.25 MG | | | |
| 24000035000303 | Estradiol Tab 0.5 MG | | | |
| 24000035000305 | Estradiol Tab 1 MG | | | |
| 24000035000310 | Estradiol Tab 2 MG | | | |
| 24000035008705 | Estradiol TD Patch Twice Weekly 0.025 MG/24HR | | | |
| 24000035008710 | Estradiol TD Patch Twice Weekly 0.0375 MG/24HR | | | |
| 24000035008720 | Estradiol TD Patch Twice Weekly 0.05 MG/24HR | | | |
| 24000035008730 | Estradiol TD Patch Twice Weekly 0.075 MG/24HR | | | |
| 24000035008750 | Estradiol TD Patch Twice Weekly 0.1 MG/24HR | | | |
| 24000035008810 | Estradiol TD Patch Weekly 0.025 MG/24HR | | | |
| 24000035008815 | Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR) | | | |
| 24000035008820 | Estradiol TD Patch Weekly 0.05 MG/24HR | | | |
| 24000035008824 | Estradiol TD Patch Weekly 0.06 MG/24HR | | | |
| 24000035008830 | Estradiol TD Patch Weekly 0.075 MG/24HR | | | |
| 24000035008840 | Estradiol TD Patch Weekly 0.1 MG/24HR | | | |
| 24000035101710 | Estradiol Cypionate IM in Oil 5 MG/ML | | | |
| 24000035201710 | Estradiol Valerate IM in Oil 20 MG/ML | | | |
| 24000035201715 | Estradiol Valerate IM In Oil 40 MG/ML | | | |
| 24000055000305 | Estropipate Tab 0.75 MG | | | |
| 24000055000310 | Estropipate Tab 1.5 MG | | | |
| 24000055000315 | Estropipate Tab 3 MG | | | |
| 24991002300305 | Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG | | | |
| 24991002300310 | Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG | | | |
| 24993002120305 | Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG | | | |
| 24993002120310 | Estradiol & Norethindrone Acetate Tab 1-0.5 MG | | | |
| 24993002250305 | Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG | | | |
| 24993002250310 | Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG | | | |
| 24993002650320 | Estradiol Tab 1 MG(15)/Estrad-Norgestimate Tab 1-0.09MG(15) | | | |
| 25100010000305 | Norethindrone Tab 0.35 MG | | | |
| 25150035101820 | Medroxyprogesterone Acetate IM Susp 150 MG/ML | | | |
| 2515003510E620 | Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML | | | |
| 25400040000320 | Levonorgestrel Tab 0.75 MG | | | |
| 25400040000340 | Levonorgestrel Tab 1.5 MG | | | |
| 25960002508820 | Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR | | | |
| 25990002100320 | Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG | | | |
| 25990002150316 | Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 25990002150320 | Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG | | | |
| 25990002200310 | Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG | | | |
| 25990002200320 | Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG | | | |
| 25990002400305 | Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG | | | |
| 25990002400310 | Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG | | | |
| 25990002500305 | Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG | | | |
| 25990002500310 | Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG | | | |
| 25990002500320 | Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG | | | |
| 25990002600310 | Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG | | | |
| 25990002600320 | Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG | | | |
| 25990002700310 | Norethindrone & Mestranol Tab 1 MG-50 MCG | | | |
| 25990002900310 | Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG | | | |
| 25990002900320 | Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG | | | |
| 25990002950310 | Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG | | | |
| 25990003200320 | Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG | | | |
| 25990003600520 | Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG | | | |
| 25990003600540 | Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG | | | |
| 25990003610310 | Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG | | | |
| 25990003610312 | Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24) | | | |
| 25990003610320 | Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG | | | |
| 25990003610512 | Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24) | | | |
| 25991002050320 | Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5) | | | |
| 25991002200310 | Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11) | | | |
| 25992002030320 | Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG | | | |
| 25992002100310 | Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG | | | |
| 25992002200310 | Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG | | | |
| 25992002200330 | Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG | | | |
| 25992002300310 | Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG | | | |
| 25992002300320 | Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG | | | |
| 25992003300340 | Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG | | | |
| 25993002300315 | Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7) | | | |
| 25993002300320 | Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG | | | |
| 25993002300330 | Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7) | | | |
| 25993002300350 | Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG | | | |
| 25994002350320 | Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG | | | |
| 26000020200305 | Medroxyprogesterone Acetate Tab 2.5 MG | | | |
| 26000020200310 | Medroxyprogesterone Acetate Tab 5 MG | | | |
| 26000020200315 | Medroxyprogesterone Acetate Tab 10 MG | | | |
| 26000023201840 | Megestrol Acetate Susp 625 MG/5ML | | | |
| 26000030100305 | Norethindrone Acetate Tab 5 MG | | | |
| 26000040001705 | Progesterone IM in Oil 50 MG/ML | | | |
| 26000040100120 | Progesterone Micronized Cap 100 MG | | | |
| 26000040100130 | Progesterone Micronized Cap 200 MG | | | |
| 27200020000305 | Chlorpropamide Tab 100 MG | | | |
| 27200020000310 | Chlorpropamide Tab 250 MG | | | |
| 27200027000310 | Glimepiride Tab 1 MG | | | |
| 27200027000320 | Glimepiride Tab 2 MG | | | |
| 27200027000340 | Glimepiride Tab 4 MG | | | |
| 27200030000305 | Glipizide Tab 5 MG | | | |
| 27200030000310 | Glipizide Tab 10 MG | | | |
| 27200030007505 | Glipizide Tab SR 24HR 2.5 MG | | | |
| 27200030007510 | Glipizide Tab SR 24HR 5 MG | | | |
| 27200030007520 | Glipizide Tab SR 24HR 10 MG | | | |
| 27200040000305 | Glyburide Tab 1.25 MG | | | |
| 27200040000310 | Glyburide Tab 2.5 MG | | | |
| 27200040000315 | Glyburide Tab 5 MG | | | |
| 27200040100310 | Glyburide Micronized Tab 1.5 MG | | | |
| 27200040100320 | Glyburide Micronized Tab 3 MG | | | |
| 27200040100340 | Glyburide Micronized Tab 6 MG | | | |
| 27200060000310 | Tolbutamide Tab 500 MG | | | |
| 27250050000320 | Metformin HCl Tab 500 MG | | | |
| 27250050000340 | Metformin HCl Tab 850 MG | | | |
| 27250050000350 | Metformin HCl Tab 1000 MG | | | |
| 27250050007520 | Metformin HCl Tab SR 24HR 500 MG | | | |
| 27250050007530 | Metformin HCl Tab SR 24HR 750 MG | | | |
| 27250050007560 | Metformin HCl Tab SR 24HR Osmotic 500 MG | | | |
| 27250050007570 | Metformin HCl Tab SR 24HR Osmotic 1000 MG | | | |
| 27250050007580 | Metformin HCl Tab SR 24HR Modified Release 500 MG | | | |
| 27250050007590 | Metformin HCl Tab SR 24HR Modified Release 1000 MG | | | |
| 27280040000320 | Nateglinide Tab 60 MG | | | |
| 27280040000330 | Nateglinide Tab 120 MG | | | |
| 27280060000310 | Repaglinide Tab 0.5 MG | | | |
| 27280060000320 | Repaglinide Tab 1 MG | | | |
| 27280060000330 | Repaglinide Tab 2 MG | | | |
| 27500010000310 | Acarbose Tab 25 MG | | | |
| 27500010000320 | Acarbose Tab 50 MG | | | |
| 27500010000340 | Acarbose Tab 100 MG | | | |
| 27500050000310 | Miglitol Tab 25 MG | | | |

| | | ***Confidential and Proprietary Information*** | As of 7/1/2018 | EXHIBIT V.C |
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| Empire Plan Prescription Drug Program | | | | |
| Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 27500050000320 | Miglitol Tab 50 MG | | | |
| 27500050000340 | Miglitol Tab 100 MG | | | |
| 27550010100310 | Alogliptin Benzoate Tab 6.25 MG (Base Equiv) | | | |
| 27550010100320 | Alogliptin Benzoate Tab 12.5 MG (Base Equiv) | | | |
| 27550010100330 | Alogliptin Benzoate Tab 25 MG (Base Equiv) | | | |
| 27607050100320 | Pioglitazone HCl Tab 15 MG (Base Equiv) | | | |
| 27607050100330 | Pioglitazone HCl Tab 30 MG (Base Equiv) | | | |
| 27607050100340 | Pioglitazone HCl Tab 45 MG (Base Equiv) | | | |
| 27992502100320 | Alogliptin-Metformin HCl Tab 12.5-500 MG | | | |
| 27992502100330 | Alogliptin-Metformin HCl Tab 12.5-1000 MG | | | |
| 27994002100320 | Alogliptin-Pioglitazone Tab 12.5-15 MG | | | |
| 27994002100325 | Alogliptin-Pioglitazone Tab 12.5-30 MG | | | |
| 27994002100340 | Alogliptin-Pioglitazone Tab 25-15 MG | | | |
| 27994002100345 | Alogliptin-Pioglitazone Tab 25-30 MG | | | |
| 27994002100350 | Alogliptin-Pioglitazone Tab 25-45 MG | | | |
| 27995002700320 | Repaglinide-Metformin HCl Tab 1-500 MG | | | |
| 27995002700330 | Repaglinide-Metformin HCl Tab 2-500 MG | | | |
| 27997002350320 | Glipizide-Metformin HCl Tab 2.5-250 MG | | | |
| 27997002350325 | Glipizide-Metformin HCl Tab 2.5-500 MG | | | |
| 27997002350340 | Glipizide-Metformin HCl Tab 5-500 MG | | | |
| 27997002400310 | Glyburide-Metformin Tab 1.25-250 MG | | | |
| 27997002400320 | Glyburide-Metformin Tab 2.5-500 MG | | | |
| 27997002400330 | Glyburide-Metformin Tab 5-500 MG | | | |
| 27997802400320 | Pioglitazone HCl-Glimepiride Tab 30-2 MG | | | |
| 27997802400340 | Pioglitazone HCl-Glimepiride Tab 30-4 MG | | | |
| 27998002400320 | Pioglitazone HCl-Metformin HCl Tab 15-500 MG | | | |
| 27998002400340 | Pioglitazone HCl-Metformin HCl Tab 15-850 MG | | | |
| 28100010100305 | Levothyroxine Sodium Tab 25 MCG | | | |
| 28100010100310 | Levothyroxine Sodium Tab 50 MCG | | | |
| 28100010100315 | Levothyroxine Sodium Tab 75 MCG | | | |
| 28100010100317 | Levothyroxine Sodium Tab 88 MCG | | | |
| 28100010100320 | Levothyroxine Sodium Tab 100 MCG | | | |
| 28100010100322 | Levothyroxine Sodium Tab 112 MCG | | | |
| 28100010100325 | Levothyroxine Sodium Tab 125 MCG | | | |
| 28100010100327 | Levothyroxine Sodium Tab 137 MCG | | | |
| 28100010100330 | Levothyroxine Sodium Tab 150 MCG | | | |
| 28100010100335 | Levothyroxine Sodium Tab 175 MCG | | | |
| 28100010100340 | Levothyroxine Sodium Tab 200 MCG | | | |
| 28100010100345 | Levothyroxine Sodium Tab 300 MCG | | | |
| 28100010102103 | Levothyroxine Sodium For IV Inj 100 MCG | | | |
| 28100020100305 | Liothyronine Sodium Tab 5 MCG | | | |
| 28100020100310 | Liothyronine Sodium Tab 25 MCG | | | |
| 28100020100315 | Liothyronine Sodium Tab 50 MCG | | | |
| 28100050000305 | Thyroid Tab 15 MG (1/4 Grain) | | | |
| 28100050000310 | Thyroid Tab 30 MG (1/2 Grain) | | | |
| 28100050000315 | Thyroid Tab 60 MG (1 Grain) | | | |
| 28100050000318 | Thyroid Tab 65 MG | | | |
| 28100050000320 | Thyroid Tab 90 MG (1 1/2 Grain) | | | |
| 28300010000305 | Methimazole Tab 5 MG | | | |
| 28300010000310 | Methimazole Tab 10 MG | | | |
| 28300020000310 | Propylthiouracil Tab 50 MG | | | |
| 29000020100305 | Methylergonovine Maleate Tab 0.2 MG | | | |
| 30042010100305 | Alendronate Sodium Tab 5 MG | | | |
| 30042010100310 | Alendronate Sodium Tab 10 MG | | | |
| 30042010100335 | Alendronate Sodium Tab 35 MG | | | |
| 30042010100340 | Alendronate Sodium Tab 40 MG | | | |
| 30042010100370 | Alendronate Sodium Tab 70 MG | | | |
| 30042010102020 | Alendronate Sodium Oral Soln 70 MG/75ML | | | |
| 30042040100305 | Etidronate Disodium Tab 200 MG | | | |
| 30042040100310 | Etidronate Disodium Tab 400 MG | | | |
| 30042048100360 | Ibandronate Sodium Tab 150 MG (Base Equivalent) | | | |
| 30042048102030 | Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent) | | | |
| 30042060102012 | Pamidronate Disodium IV Soln 9 MG/ML | | | |
| 30042060102140 | Pamidronate Disodium For Inj 90 MG | | | |
| 30042065100305 | Risedronate Sodium Tab 5 MG | | | |
| 30042065100320 | Risedronate Sodium Tab 30 MG | | | |
| 30042065100330 | Risedronate Sodium Tab 35 MG | | | |
| 30042065100380 | Risedronate Sodium Tab 150 MG | | | |
| 30042065100635 | Risedronate Sodium Tab Delayed Release 35 MG | | | |
| 30042090001320 | Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML | | | |
| 30042090002016 | Zoledronic Acid IV Soln 4 MG/100ML | | | |
| 30042090002020 | Zoledronic Acid IV Soln 5 MG/100ML | | | |
| 30043020002080 | Calcitonin (Salmon) Nasal Soln 200 Unit/ACT | | | |
| 30053060100320 | Raloxifene HCl Tab 60 MG | | | |
| 30062020002140 | Chorionic Gonadotropin For Inj 10000 Unit | | | |
| 30066030100305 | Clomiphene Citrate Tab 50 MG | | | |
| 30090040102020 | Ganirelix Acetate Inj 250 MCG/0.5ML | | | |
| 30100020002050 | Somatropin Inj 5 MG/1.5ML | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 30170070102005 | Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML) | | | |
| 30170070102010 | Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML) | | | |
| 30170070102015 | Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML) | | | |
| 30170070102030 | Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML) | | | |
| 30201010100310 | Desmopressin Acetate Tab 0.1 MG | | | |
| 30201010100320 | Desmopressin Acetate Tab 0.2 MG | | | |
| 30201010102030 | Desmopressin Acetate Inj 4 MCG/ML | | | |
| 30201010112010 | Desmopressin Acetate Nasal Soln 0.01% (Refrigerated) | | | |
| 30201010122010 | Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated) | | | |
| 30201010132010 | Desmopressin Acetate Nasal Spray Soln 0.01% | | | |
| 30402020000320 | Cabergoline Tab 0.5 MG | | | |
| 30903045100330 | Levocarnitine Tab 330 MG | | | |
| 30903045102010 | Levocarnitine Oral Soln 1 GM/10ML (10%) | | | |
| 30903045102060 | Levocarnitine Inj 200 MG/ML | | | |
| 30905030000105 | Calcitriol Cap 0.25 MCG | | | |
| 30905030000110 | Calcitriol Cap 0.5 MCG | | | |
| 30905030002005 | Calcitriol Inj 1 MCG/ML | | | |
| 30905030002050 | Calcitriol Oral Soln 1 MCG/ML | | | |
| 30905040000105 | Doxercalciferol Cap 0.5 MCG | | | |
| 30905040000110 | Doxercalciferol Cap 1 MCG | | | |
| 30905040000120 | Doxercalciferol Cap 2.5 MCG | | | |
| 30905070000110 | Paricalcitol Cap 1 MCG | | | |
| 30905070000120 | Paricalcitol Cap 2 MCG | | | |
| 31100030102040 | Mirinone Lactate IV Soln 20 MG/20ML (Base Equivalent) | | | |
| 31100030102050 | Mirinone Lactate IV Soln 50 MG/50ML (Base Equivalent) | | | |
| 31100030112040 | Mirinone in Dextrose 5% IV Soln 20MG/100 ML | | | |
| 31200010000305 | Digoxin Tab 125 MCG (0.125 MG) | | | |
| 31200010000310 | Digoxin Tab 250 MCG (0.25 MG) | | | |
| 31200010002040 | Digoxin Oral Soln 0.05 MG/ML | | | |
| 32100020000305 | Isosorbide Dinitrate Tab 5 MG | | | |
| 32100020000310 | Isosorbide Dinitrate Tab 10 MG | | | |
| 32100020000315 | Isosorbide Dinitrate Tab 20 MG | | | |
| 32100020000320 | Isosorbide Dinitrate Tab 30 MG | | | |
| 32100020000405 | Isosorbide Dinitrate Tab CR 40 MG | | | |
| 32100025000310 | Isosorbide Mononitrate Tab 10 MG | | | |
| 32100025000320 | Isosorbide Mononitrate Tab 20 MG | | | |
| 32100025007520 | Isosorbide Mononitrate Tab SR 24HR 30 MG | | | |
| 32100025007530 | Isosorbide Mononitrate Tab SR 24HR 60 MG | | | |
| 32100025007540 | Isosorbide Mononitrate Tab SR 24HR 120 MG | | | |
| 32100030000205 | Nitroglycerin Cap CR 2.5 MG | | | |
| 32100030000215 | Nitroglycerin Cap CR 6.5 MG | | | |
| 32100030000710 | Nitroglycerin SL Tab 0.3 MG | | | |
| 32100030000715 | Nitroglycerin SL Tab 0.4 MG | | | |
| 32100030000720 | Nitroglycerin SL Tab 0.6 MG | | | |
| 32100030002060 | Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY) | | | |
| 32100030003460 | Nitroglycerin Lingual Aerosol 400 MCG/SPRAY | | | |
| 32100030004205 | Nitroglycerin Oint 2% | | | |
| 32100030008510 | Nitroglycerin TD Patch 24HR 0.1 MG/HR | | | |
| 32100030008520 | Nitroglycerin TD Patch 24HR 0.2 MG/HR | | | |
| 32100030008540 | Nitroglycerin TD Patch 24HR 0.4 MG/HR | | | |
| 32100030008550 | Nitroglycerin TD Patch 24HR 0.6 MG/HR | | | |
| 33100010000303 | Nadolol Tab 20 MG | | | |
| 33100010000305 | Nadolol Tab 40 MG | | | |
| 33100010000310 | Nadolol Tab 80 MG | | | |
| 33100030000305 | Pindolol Tab 5 MG | | | |
| 33100030000310 | Pindolol Tab 10 MG | | | |
| 33100040100305 | Propranolol HCl Tab 10 MG | | | |
| 33100040100310 | Propranolol HCl Tab 20 MG | | | |
| 33100040100315 | Propranolol HCl Tab 40 MG | | | |
| 33100040100320 | Propranolol HCl Tab 60 MG | | | |
| 33100040100325 | Propranolol HCl Tab 80 MG | | | |
| 33100040102050 | Propranolol HCl Oral Soln 20 MG/5ML | | | |
| 33100040102060 | Propranolol HCl Oral Soln 40 MG/5ML | | | |
| 33100040107025 | Propranolol HCl Cap SR 24HR 60 MG | | | |
| 33100040107030 | Propranolol HCl Cap SR 24HR 80 MG | | | |
| 33100040107035 | Propranolol HCl Cap SR 24HR 120 MG | | | |
| 33100040107040 | Propranolol HCl Cap SR 24HR 160 MG | | | |
| 33100045100310 | Sotalol HCl Tab 80 MG | | | |
| 33100045100315 | Sotalol HCl Tab 120 MG | | | |
| 33100045100320 | Sotalol HCl Tab 160 MG | | | |
| 33100045100330 | Sotalol HCl Tab 240 MG | | | |
| 33100045120310 | Sotalol HCl (AFIB/AFL) Tab 80 MG | | | |
| 33100045120315 | Sotalol HCl (AFIB/AFL) Tab 120 MG | | | |
| 33100045120320 | Sotalol HCl (AFIB/AFL) Tab 160 MG | | | |
| 33100050100305 | Timolol Maleate Tab 5 MG | | | |
| 33100050100310 | Timolol Maleate Tab 10 MG | | | |
| 33100050100315 | Timolol Maleate Tab 20 MG | | | |
| 33200010100105 | Acebutolol HCl Cap 200 MG | | | |

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|--|--|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 33200010100110 | Acebutolol HCl Cap 400 MG | | | |
| 33200020000303 | Atenolol Tab 25 MG | | | |
| 33200020000305 | Atenolol Tab 50 MG | | | |
| 33200020000310 | Atenolol Tab 100 MG | | | |
| 33200021100310 | Betaxolol HCl Tab 10 MG | | | |
| 33200021100320 | Betaxolol HCl Tab 20 MG | | | |
| 33200022100310 | Bisoprolol Fumarate Tab 5 MG | | | |
| 33200022100320 | Bisoprolol Fumarate Tab 10 MG | | | |
| 33200030057510 | Metoprolol Succinate Tab SR 24HR 25 MG (Tartrate Equiv) | | | |
| 33200030057520 | Metoprolol Succinate Tab SR 24HR 50 MG (Tartrate Equiv) | | | |
| 33200030057530 | Metoprolol Succinate Tab SR 24HR 100 MG (Tartrate Equiv) | | | |
| 33200030057540 | Metoprolol Succinate Tab SR 24HR 200 MG (Tartrate Equiv) | | | |
| 33200030100305 | Metoprolol Tartrate Tab 25 MG | | | |
| 33200030100307 | Metoprolol Tartrate Tab 37.5 MG | | | |
| 33200030100310 | Metoprolol Tartrate Tab 50 MG | | | |
| 33200030100312 | Metoprolol Tartrate Tab 75 MG | | | |
| 33200030100315 | Metoprolol Tartrate Tab 100 MG | | | |
| 33300007000305 | Carvedilol Tab 3.125 MG | | | |
| 33300007000310 | Carvedilol Tab 6.25 MG | | | |
| 33300007000320 | Carvedilol Tab 12.5 MG | | | |
| 33300007000330 | Carvedilol Tab 25 MG | | | |
| 33300010100305 | Labetalol HCl Tab 100 MG | | | |
| 33300010100310 | Labetalol HCl Tab 200 MG | | | |
| 33300010100315 | Labetalol HCl Tab 300 MG | | | |
| 34000003100320 | Amlodipine Besylate Tab 2.5 MG | | | |
| 34000003100330 | Amlodipine Besylate Tab 5 MG | | | |
| 34000003100340 | Amlodipine Besylate Tab 10 MG | | | |
| 34000010100305 | Diltiazem HCl Tab 30 MG | | | |
| 34000010100310 | Diltiazem HCl Tab 60 MG | | | |
| 34000010100315 | Diltiazem HCl Tab 90 MG | | | |
| 34000010100320 | Diltiazem HCl Tab 120 MG | | | |
| 34000010106910 | Diltiazem HCl Cap SR 12HR 60 MG | | | |
| 34000010106915 | Diltiazem HCl Cap SR 12HR 90 MG | | | |
| 34000010106920 | Diltiazem HCl Cap SR 12HR 120 MG | | | |
| 34000010107020 | Diltiazem HCl Cap SR 24HR 120 MG | | | |
| 34000010107030 | Diltiazem HCl Cap SR 24HR 180 MG | | | |
| 34000010107040 | Diltiazem HCl Cap SR 24HR 240 MG | | | |
| 34000010117020 | Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG | | | |
| 34000010117030 | Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG | | | |
| 34000010117040 | Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG | | | |
| 34000010117050 | Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG | | | |
| 34000010117060 | Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG | | | |
| 34000010117070 | Diltiazem HCl Extended Release Beads Cap SR 24HR 420 MG | | | |
| 34000010127020 | Diltiazem HCl Coated Beads Cap SR 24HR 120 MG | | | |
| 34000010127030 | Diltiazem HCl Coated Beads Cap SR 24HR 180 MG | | | |
| 34000010127040 | Diltiazem HCl Coated Beads Cap SR 24HR 240 MG | | | |
| 34000010127050 | Diltiazem HCl Coated Beads Cap SR 24HR 300 MG | | | |
| 34000010127060 | Diltiazem HCl Coated Beads Cap SR 24HR 360 MG | | | |
| 34000010127530 | Diltiazem HCl Coated Beads Tab SR 24HR 180 MG | | | |
| 34000010127540 | Diltiazem HCl Coated Beads Tab SR 24HR 240 MG | | | |
| 34000010127550 | Diltiazem HCl Coated Beads Tab SR 24HR 300 MG | | | |
| 34000010127560 | Diltiazem HCl Coated Beads Tab SR 24HR 360 MG | | | |
| 34000010127570 | Diltiazem HCl Coated Beads Tab SR 24HR 420 MG | | | |
| 34000013007505 | Felodipine Tab SR 24HR 2.5 MG | | | |
| 34000013007510 | Felodipine Tab SR 24HR 5 MG | | | |
| 34000013007520 | Felodipine Tab SR 24HR 10 MG | | | |
| 34000015000110 | Isradipine Cap 2.5 MG | | | |
| 34000015000120 | Isradipine Cap 5 MG | | | |
| 34000018100120 | Nicardipine HCl Cap 20 MG | | | |
| 34000018100125 | Nicardipine HCl Cap 30 MG | | | |
| 34000020000105 | Nifedipine Cap 10 MG | | | |
| 34000020000110 | Nifedipine Cap 20 MG | | | |
| 34000020007530 | Nifedipine Tab SR 24HR 30 MG | | | |
| 34000020007540 | Nifedipine Tab SR 24HR 60 MG | | | |
| 34000020007550 | Nifedipine Tab SR 24HR 90 MG | | | |
| 34000020007570 | Nifedipine Tab SR 24HR Osmotic Release 30 MG | | | |
| 34000020007575 | Nifedipine Tab SR 24HR Osmotic Release 60 MG | | | |
| 34000020007580 | Nifedipine Tab SR 24HR Osmotic Release 90 MG | | | |
| 34000022000120 | Nimodipine Cap 30 MG | | | |
| 34000024007508 | Nisoldipine Tab SR 24HR 8.5 MG | | | |
| 34000024007517 | Nisoldipine Tab SR 24HR 17 MG | | | |
| 34000024007520 | Nisoldipine Tab SR 24HR 20 MG | | | |
| 34000024007526 | Nisoldipine Tab SR 24HR 25.5 MG | | | |
| 34000024007530 | Nisoldipine Tab SR 24HR 30 MG | | | |
| 34000024007535 | Nisoldipine Tab SR 24HR 34 MG | | | |
| 34000024007540 | Nisoldipine Tab SR 24HR 40 MG | | | |
| 34000030100303 | Verapamil HCl Tab 40 MG | | | |
| 34000030100305 | Verapamil HCl Tab 80 MG | | | |

| | | ***Confidential and Proprietary Information*** | As of 7/1/2018 | EXHIBIT V.C |
|--|------------------------------------|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 34000030100310 | Verapamil HCl Tab 120 MG | | | |
| 34000030100410 | Verapamil HCl Tab CR 120 MG | | | |
| 34000030100415 | Verapamil HCl Tab CR 180 MG | | | |
| 34000030100420 | Verapamil HCl Tab CR 240 MG | | | |
| 34000030102005 | Verapamil HCl IV Soln 2.5 MG/ML | | | |
| 34000030107015 | Verapamil HCl Cap SR 24HR 100 MG | | | |
| 34000030107020 | Verapamil HCl Cap SR 24HR 120 MG | | | |
| 34000030107025 | Verapamil HCl Cap SR 24HR 180 MG | | | |
| 34000030107030 | Verapamil HCl Cap SR 24HR 200 MG | | | |
| 34000030107035 | Verapamil HCl Cap SR 24HR 240 MG | | | |
| 34000030107040 | Verapamil HCl Cap SR 24HR 300 MG | | | |
| 34000030107045 | Verapamil HCl Cap SR 24HR 360 MG | | | |
| 35100010100105 | Disopyramide Phosphate Cap 100 MG | | | |
| 35100010100110 | Disopyramide Phosphate Cap 150 MG | | | |
| 35100030100403 | Quinidine Gluconate Tab CR 324 MG | | | |
| 35100030300310 | Quinidine Sulfate Tab 200 MG | | | |
| 35100030300315 | Quinidine Sulfate Tab 300 MG | | | |
| 35200020102020 | Lidocaine HCl IV Inj 10 MG/ML | | | |
| 35200020102030 | Lidocaine HCl IV Inj 20 MG/ML | | | |
| 35200025100105 | Mexiletine HCl Cap 150 MG | | | |
| 35200025100110 | Mexiletine HCl Cap 200 MG | | | |
| 35200025100115 | Mexiletine HCl Cap 250 MG | | | |
| 35300010100303 | Flecainide Acetate Tab 50 MG | | | |
| 35300010100305 | Flecainide Acetate Tab 100 MG | | | |
| 35300010100310 | Flecainide Acetate Tab 150 MG | | | |
| 35300050000320 | Propafenone HCl Tab 150 MG | | | |
| 35300050000325 | Propafenone HCl Tab 225 MG | | | |
| 35300050000330 | Propafenone HCl Tab 300 MG | | | |
| 353000500006920 | Propafenone HCl Cap SR 12HR 225 MG | | | |
| 353000500006930 | Propafenone HCl Cap SR 12HR 325 MG | | | |
| 353000500006940 | Propafenone HCl Cap SR 12HR 425 MG | | | |
| 354000050000303 | Amiodarone HCl Tab 100 MG | | | |
| 354000050000305 | Amiodarone HCl Tab 200 MG | | | |
| 354000050000320 | Amiodarone HCl Tab 400 MG | | | |
| 35400025000110 | Dofetilide Cap 125 MCG (0.125 MG) | | | |
| 35400025000120 | Dofetilide Cap 250 MCG (0.25 MG) | | | |
| 35400025000130 | Dofetilide Cap 500 MCG (0.5 MG) | | | |
| 36100005100310 | Benazepril HCl Tab 5 MG | | | |
| 36100005100320 | Benazepril HCl Tab 10 MG | | | |
| 36100005100330 | Benazepril HCl Tab 20 MG | | | |
| 36100005100340 | Benazepril HCl Tab 40 MG | | | |
| 36100010000305 | Captopril Tab 12.5 MG | | | |
| 36100010000310 | Captopril Tab 25 MG | | | |
| 36100010000315 | Captopril Tab 50 MG | | | |
| 36100010000320 | Captopril Tab 100 MG | | | |
| 36100020100303 | Enalapril Maleate Tab 2.5 MG | | | |
| 36100020100305 | Enalapril Maleate Tab 5 MG | | | |
| 36100020100310 | Enalapril Maleate Tab 10 MG | | | |
| 36100020100315 | Enalapril Maleate Tab 20 MG | | | |
| 36100027100310 | Fosinopril Sodium Tab 10 MG | | | |
| 36100027100320 | Fosinopril Sodium Tab 20 MG | | | |
| 36100027100340 | Fosinopril Sodium Tab 40 MG | | | |
| 36100030000303 | Lisinopril Tab 2.5 MG | | | |
| 36100030000305 | Lisinopril Tab 5 MG | | | |
| 36100030000310 | Lisinopril Tab 10 MG | | | |
| 36100030000315 | Lisinopril Tab 20 MG | | | |
| 36100030000324 | Lisinopril Tab 30 MG | | | |
| 36100030000330 | Lisinopril Tab 40 MG | | | |
| 36100033100310 | Moexipril HCl Tab 7.5 MG | | | |
| 36100033100320 | Moexipril HCl Tab 15 MG | | | |
| 36100035100310 | Perindopril Erbumine Tab 2 MG | | | |
| 36100035100320 | Perindopril Erbumine Tab 4 MG | | | |
| 36100035100330 | Perindopril Erbumine Tab 8 MG | | | |
| 36100040100305 | Quinapril HCl Tab 5 MG | | | |
| 36100040100310 | Quinapril HCl Tab 10 MG | | | |
| 36100040100320 | Quinapril HCl Tab 20 MG | | | |
| 36100040100340 | Quinapril HCl Tab 40 MG | | | |
| 36100050000110 | Ramipril Cap 1.25 MG | | | |
| 36100050000120 | Ramipril Cap 2.5 MG | | | |
| 36100050000130 | Ramipril Cap 5 MG | | | |
| 36100050000140 | Ramipril Cap 10 MG | | | |
| 36100060000310 | Trandolapril Tab 1 MG | | | |
| 36100060000320 | Trandolapril Tab 2 MG | | | |
| 36100060000340 | Trandolapril Tab 4 MG | | | |
| 36150020100310 | Candesartan Cilexetil Tab 4 MG | | | |
| 36150020100320 | Candesartan Cilexetil Tab 8 MG | | | |
| 36150020100330 | Candesartan Cilexetil Tab 16 MG | | | |
| 36150020100340 | Candesartan Cilexetil Tab 32 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 36150024200330 | Eprosartan Mesylate Tab 600 MG | | | |
| 36150030000310 | Irbesartan Tab 75 MG | | | |
| 36150030000320 | Irbesartan Tab 150 MG | | | |
| 36150030000340 | Irbesartan Tab 300 MG | | | |
| 36150040200320 | Losartan Potassium Tab 25 MG | | | |
| 36150040200330 | Losartan Potassium Tab 50 MG | | | |
| 36150040200340 | Losartan Potassium Tab 100 MG | | | |
| 36150055200320 | Olmesartan Medoxomil Tab 5 MG | | | |
| 36150055200340 | Olmesartan Medoxomil Tab 20 MG | | | |
| 36150055200360 | Olmesartan Medoxomil Tab 40 MG | | | |
| 36150070000310 | Telmisartan Tab 20 MG | | | |
| 36150070000320 | Telmisartan Tab 40 MG | | | |
| 36150070000340 | Telmisartan Tab 80 MG | | | |
| 36150080000310 | Valsartan Tab 40 MG | | | |
| 36150080000320 | Valsartan Tab 80 MG | | | |
| 36150080000330 | Valsartan Tab 160 MG | | | |
| 36150080000340 | Valsartan Tab 320 MG | | | |
| 36201010100305 | Clonidine HCl Tab 0.1 MG | | | |
| 36201010100310 | Clonidine HCl Tab 0.2 MG | | | |
| 36201010100315 | Clonidine HCl Tab 0.3 MG | | | |
| 36201010108810 | Clonidine HCl TD Patch Weekly 0.1 MG/24HR | | | |
| 36201010108820 | Clonidine HCl TD Patch Weekly 0.2 MG/24HR | | | |
| 36201010108830 | Clonidine HCl TD Patch Weekly 0.3 MG/24HR | | | |
| 36201025100320 | Guanfacine HCl Tab 1 MG | | | |
| 36201025100330 | Guanfacine HCl Tab 2 MG | | | |
| 36201030000310 | Methyldopa Tab 250 MG | | | |
| 36201030000315 | Methyldopa Tab 500 MG | | | |
| 36202005100310 | Doxazosin Mesylate Tab 1 MG | | | |
| 36202005100320 | Doxazosin Mesylate Tab 2 MG | | | |
| 36202005100330 | Doxazosin Mesylate Tab 4 MG | | | |
| 36202005100340 | Doxazosin Mesylate Tab 8 MG | | | |
| 36202030100105 | Prazosin HCl Cap 1 MG | | | |
| 36202030100110 | Prazosin HCl Cap 2 MG | | | |
| 36202030100115 | Prazosin HCl Cap 5 MG | | | |
| 36202040100105 | Terazosin HCl Cap 1 MG | | | |
| 36202040100110 | Terazosin HCl Cap 2 MG | | | |
| 36202040100115 | Terazosin HCl Cap 5 MG | | | |
| 36202040100120 | Terazosin HCl Cap 10 MG | | | |
| 36250030000320 | Eplerenone Tab 25 MG | | | |
| 36250030000330 | Eplerenone Tab 50 MG | | | |
| 36300010100105 | Phenoxylbenzamine HCl Cap 10 MG | | | |
| 36400010100305 | Hydralazine HCl Tab 10 MG | | | |
| 36400010100310 | Hydralazine HCl Tab 25 MG | | | |
| 36400010100315 | Hydralazine HCl Tab 50 MG | | | |
| 36400010100320 | Hydralazine HCl Tab 100 MG | | | |
| 36400020000305 | Minoxidil Tab 2.5 MG | | | |
| 36400020000310 | Minoxidil Tab 10 MG | | | |
| 36991502200120 | Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG | | | |
| 36991502200130 | Amlodipine Besylate-Benazepril HCl Cap 5-10 MG | | | |
| 36991502200140 | Amlodipine Besylate-Benazepril HCl Cap 5-20 MG | | | |
| 36991502200145 | Amlodipine Besylate-Benazepril HCl Cap 5-40 MG | | | |
| 36991502200150 | Amlodipine Besylate-Benazepril HCl Cap 10-20 MG | | | |
| 36991502200160 | Amlodipine Besylate-Benazepril HCl Cap 10-40 MG | | | |
| 36991502700420 | Trandolapril-Verapamil HCl Tab CR 1-240 MG | | | |
| 36991502700432 | Trandolapril-Verapamil HCl Tab CR 2-180 MG | | | |
| 36991502700436 | Trandolapril-Verapamil HCl Tab CR 2-240 MG | | | |
| 36991502700452 | Trandolapril-Verapamil HCl Tab CR 4-240 MG | | | |
| 36991802150310 | Benazepril & Hydrochlorothiazide Tab 5-6.25 MG | | | |
| 36991802150320 | Benazepril & Hydrochlorothiazide Tab 10-12.5 MG | | | |
| 36991802150330 | Benazepril & Hydrochlorothiazide Tab 20-12.5 MG | | | |
| 36991802150340 | Benazepril & Hydrochlorothiazide Tab 20-25 MG | | | |
| 36991802250310 | Captopril & Hydrochlorothiazide Tab 25-15 MG | | | |
| 36991802250320 | Captopril & Hydrochlorothiazide Tab 25-25 MG | | | |
| 36991802250330 | Captopril & Hydrochlorothiazide Tab 50-15 MG | | | |
| 36991802250340 | Captopril & Hydrochlorothiazide Tab 50-25 MG | | | |
| 36991802350305 | Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG | | | |
| 36991802350310 | Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG | | | |
| 36991802400310 | Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG | | | |
| 36991802400320 | Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG | | | |
| 36991802550305 | Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG | | | |
| 36991802550310 | Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG | | | |
| 36991802550320 | Lisinopril & Hydrochlorothiazide Tab 20-25 MG | | | |
| 36991802600310 | Moexipril-Hydrochlorothiazide Tab 7.5-12.5 MG | | | |
| 36991802600316 | Moexipril-Hydrochlorothiazide Tab 15-12.5 MG | | | |
| 36991802600320 | Moexipril-Hydrochlorothiazide Tab 15-25 MG | | | |
| 36991802650320 | Quinapril-Hydrochlorothiazide Tab 10-12.5 MG | | | |
| 36991802650330 | Quinapril-Hydrochlorothiazide Tab 20-12.5 MG | | | |
| 36991802650335 | Quinapril-Hydrochlorothiazide Tab 20-25 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 36992002100310 | Atenolol & Chlorthalidone Tab 50-25 MG | | | |
| 36992002100320 | Atenolol & Chlorthalidone Tab 100-25 MG | | | |
| 36992002130310 | Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG | | | |
| 36992002130320 | Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG | | | |
| 36992002130330 | Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG | | | |
| 36992002200310 | Metoprolol & Hydrochlorothiazide Tab 50-25 MG | | | |
| 36992002200320 | Metoprolol & Hydrochlorothiazide Tab 100-25 MG | | | |
| 36992002200325 | Metoprolol & Hydrochlorothiazide Tab 100-50 MG | | | |
| 36992002207520 | Metoprolol & Hydrochlorothiazide Tab SR 24HR 25-12.5 MG | | | |
| 36992002207530 | Metoprolol & Hydrochlorothiazide Tab SR 24HR 50-12.5 MG | | | |
| 36992002207540 | Metoprolol & Hydrochlorothiazide Tab SR 24HR 100-12.5 MG | | | |
| 36992002300310 | Nadolol & Bendroflumethiazide Tab 40-5 MG | | | |
| 36992002300320 | Nadolol & Bendroflumethiazide Tab 80-5 MG | | | |
| 36992002400310 | Propranolol & Hydrochlorothiazide Tab 40-25 MG | | | |
| 36992002400320 | Propranolol & Hydrochlorothiazide Tab 80-25 MG | | | |
| 36993002050310 | Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG | | | |
| 36993002050320 | Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG | | | |
| 36993002050330 | Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG | | | |
| 36993002050340 | Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG | | | |
| 36993002100310 | Amlodipine Besylate-Valsartan Tab 5-160 MG | | | |
| 36993002100320 | Amlodipine Besylate-Valsartan Tab 5-320 MG | | | |
| 36993002100330 | Amlodipine Besylate-Valsartan Tab 10-160 MG | | | |
| 36993002100340 | Amlodipine Besylate-Valsartan Tab 10-320 MG | | | |
| 36993002700320 | Telmisartan-Amlodipine Tab 40-5 MG | | | |
| 36993002700330 | Telmisartan-Amlodipine Tab 40-10 MG | | | |
| 36993002700340 | Telmisartan-Amlodipine Tab 80-5 MG | | | |
| 36993002700350 | Telmisartan-Amlodipine Tab 80-10 MG | | | |
| 36994002200320 | Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG | | | |
| 36994002200340 | Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG | | | |
| 36994002200350 | Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG | | | |
| 36994002300320 | Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG | | | |
| 36994002300340 | Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG | | | |
| 36994002450320 | Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG | | | |
| 36994002450325 | Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG | | | |
| 36994002450340 | Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG | | | |
| 36994002500320 | Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG | | | |
| 36994002500340 | Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG | | | |
| 36994002500345 | Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG | | | |
| 36994002600320 | Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG | | | |
| 36994002600340 | Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG | | | |
| 36994002600345 | Telmisartan-Hydrochlorothiazide Tab 80-25 MG | | | |
| 36994002700320 | Valsartan-Hydrochlorothiazide Tab 80-12.5 MG | | | |
| 36994002700340 | Valsartan-Hydrochlorothiazide Tab 160-12.5 MG | | | |
| 36994002700350 | Valsartan-Hydrochlorothiazide Tab 160-25 MG | | | |
| 36994002700360 | Valsartan-Hydrochlorothiazide Tab 320-12.5 MG | | | |
| 36994002700370 | Valsartan-Hydrochlorothiazide Tab 320-25 MG | | | |
| 36994503200320 | Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG | | | |
| 36994503200325 | Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG | | | |
| 36994503200330 | Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG | | | |
| 36994503200335 | Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG | | | |
| 36994503200340 | Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG | | | |
| 36994503450310 | Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG | | | |
| 36994503450320 | Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG | | | |
| 36994503450330 | Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG | | | |
| 36994503450340 | Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG | | | |
| 36994503450350 | Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG | | | |
| 36995002700310 | Methyldopa & Hydrochlorothiazide Tab 250-15 MG | | | |
| 36995002700320 | Methyldopa & Hydrochlorothiazide Tab 250-25 MG | | | |
| 37100010000305 | Acetazolamide Tab 125 MG | | | |
| 37100010000310 | Acetazolamide Tab 250 MG | | | |
| 37100010006920 | Acetazolamide Cap SR 12HR 500 MG | | | |
| 37100030000303 | Methazolamide Tab 25 MG | | | |
| 37100030000305 | Methazolamide Tab 50 MG | | | |
| 37200010000305 | Bumetanide Tab 0.5 MG | | | |
| 37200010000310 | Bumetanide Tab 1 MG | | | |
| 37200010000315 | Bumetanide Tab 2 MG | | | |
| 37200010002005 | Bumetanide Inj 0.25 MG/ML | | | |
| 37200020000305 | Ethacrynic Acid Tab 25 MG | | | |
| 37200030000305 | Furosemide Tab 20 MG | | | |
| 37200030000310 | Furosemide Tab 40 MG | | | |
| 37200030000315 | Furosemide Tab 80 MG | | | |
| 37200030002005 | Furosemide Inj 10 MG/ML | | | |
| 37200030002045 | Furosemide Oral Soln 8 MG/ML | | | |
| 37200030002050 | Furosemide Oral Soln 10 MG/ML | | | |
| 37200080000310 | Torsemide Tab 5 MG | | | |
| 37200080000320 | Torsemide Tab 10 MG | | | |
| 37200080000330 | Torsemide Tab 20 MG | | | |
| 37200080000350 | Torsemide Tab 100 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 37400030002025 | Mannitol IV Soln 25% | | | |
| 37500010100305 | Amiloride HCl Tab 5 MG | | | |
| 37500020000305 | Spironolactone Tab 25 MG | | | |
| 37500020000310 | Spironolactone Tab 50 MG | | | |
| 37500020000315 | Spironolactone Tab 100 MG | | | |
| 37600020000305 | Chlorothiazide Tab 250 MG | | | |
| 37600020000310 | Chlorothiazide Tab 500 MG | | | |
| 37600025000305 | Chlorthalidone Tab 25 MG | | | |
| 37600025000310 | Chlorthalidone Tab 50 MG | | | |
| 37600040000110 | Hydrochlorothiazide Cap 12.5 MG | | | |
| 37600040000303 | Hydrochlorothiazide Tab 12.5 MG | | | |
| 37600040000305 | Hydrochlorothiazide Tab 25 MG | | | |
| 37600040000310 | Hydrochlorothiazide Tab 50 MG | | | |
| 37600050000303 | Indapamide Tab 1.25 MG | | | |
| 37600050000305 | Indapamide Tab 2.5 MG | | | |
| 37600055000310 | Methyclothiazide Tab 5 MG | | | |
| 37600060000305 | Metolazone Tab 2.5 MG | | | |
| 37600060000310 | Metolazone Tab 5 MG | | | |
| 37600060000315 | Metolazone Tab 10 MG | | | |
| 37990002100310 | Amiloride & Hydrochlorothiazide Tab 5-50 MG | | | |
| 37990002200310 | Spironolactone & Hydrochlorothiazide Tab 25-25 MG | | | |
| 37990002300105 | Triamterene & Hydrochlorothiazide Cap 37.5-25 MG | | | |
| 37990002300110 | Triamterene & Hydrochlorothiazide Cap 50-25 MG | | | |
| 37990002300315 | Triamterene & Hydrochlorothiazide Tab 37.5-25 MG | | | |
| 37990002300330 | Triamterene & Hydrochlorothiazide Tab 75-50 MG | | | |
| 38000032102020 | Epinephrine HCl PF IV Soln 1 MG/ML (For IV Infusion) | | | |
| 38000083100320 | Midodrine HCl Tab 2.5 MG | | | |
| 38000083100330 | Midodrine HCl Tab 5 MG | | | |
| 38000083100340 | Midodrine HCl Tab 10 MG | | | |
| 38000095102010 | Phenylephrine HCl Inj 10 MG/ML | | | |
| 3890004000D520 | Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000) | | | |
| 3890004000D530 | Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000) | | | |
| 3890004000D540 | Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000) | | | |
| 39100010002905 | Cholestyramine Powder 4 GM/DOSE | | | |
| 39100010003005 | Cholestyramine Powder Packets 4 GM | | | |
| 39100010102905 | Cholestyramine Light Powder 4 GM/DOSE | | | |
| 39100010103005 | Cholestyramine Light Powder Packets 4 GM | | | |
| 39100020100320 | Colestipol HCl Tab 1 GM | | | |
| 39100020102705 | Colestipol HCl Granules 5 GM | | | |
| 39100020103010 | Colestipol HCl Granule Packets 5 GM | | | |
| 39200006006520 | Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv) | | | |
| 39200006006540 | Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv) | | | |
| 39200024000320 | Fenofibric Acid Tab 35 MG | | | |
| 39200024000340 | Fenofibric Acid Tab 105 MG | | | |
| 39200025000110 | Fenofibrate Cap 50 MG | | | |
| 39200025000124 | Fenofibrate Cap 150 MG | | | |
| 39200025000308 | Fenofibrate Tab 40 MG | | | |
| 39200025000310 | Fenofibrate Tab 48 MG | | | |
| 39200025000312 | Fenofibrate Tab 54 MG | | | |
| 39200025000322 | Fenofibrate Tab 120 MG | | | |
| 39200025000323 | Fenofibrate Tab 145 MG | | | |
| 39200025000325 | Fenofibrate Tab 160 MG | | | |
| 39200025100104 | Fenofibrate Micronized Cap 43 MG | | | |
| 39200025100107 | Fenofibrate Micronized Cap 67 MG | | | |
| 39200025100114 | Fenofibrate Micronized Cap 130 MG | | | |
| 39200025100115 | Fenofibrate Micronized Cap 134 MG | | | |
| 39200025100130 | Fenofibrate Micronized Cap 200 MG | | | |
| 39200030000310 | Gemfibrozil Tab 600 MG | | | |
| 39300030000320 | Ezetimibe Tab 10 MG | | | |
| 39400010100310 | Atorvastatin Calcium Tab 10 MG (Base Equivalent) | | | |
| 39400010100320 | Atorvastatin Calcium Tab 20 MG (Base Equivalent) | | | |
| 39400010100330 | Atorvastatin Calcium Tab 40 MG (Base Equivalent) | | | |
| 39400010100350 | Atorvastatin Calcium Tab 80 MG (Base Equivalent) | | | |
| 39400030100120 | Fluvastatin Sodium Cap 20 MG | | | |
| 39400030100140 | Fluvastatin Sodium Cap 40 MG | | | |
| 39400030100750 | Fluvastatin Sodium Tab SR 24 HR 80 MG | | | |
| 39400050000305 | Lovastatin Tab 10 MG | | | |
| 39400050000310 | Lovastatin Tab 20 MG | | | |
| 39400050000320 | Lovastatin Tab 40 MG | | | |
| 39400060100305 | Rosuvastatin Calcium Tab 5 MG | | | |
| 39400060100310 | Rosuvastatin Calcium Tab 10 MG | | | |
| 39400060100320 | Rosuvastatin Calcium Tab 20 MG | | | |
| 39400060100340 | Rosuvastatin Calcium Tab 40 MG | | | |
| 39400065100320 | Pravastatin Sodium Tab 10 MG | | | |
| 39400065100330 | Pravastatin Sodium Tab 20 MG | | | |
| 39400065100340 | Pravastatin Sodium Tab 40 MG | | | |
| 39400065100360 | Pravastatin Sodium Tab 80 MG | | | |
| 39400075000310 | Simvastatin Tab 5 MG | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 39400075000320 | Simvastatin Tab 10 MG | | | |
| 39400075000330 | Simvastatin Tab 20 MG | | | |
| 39400075000340 | Simvastatin Tab 40 MG | | | |
| 39400075000360 | Simvastatin Tab 80 MG | | | |
| 39450050000350 | Niacin (Antihyperlipidemic) Tab 500 MG | | | |
| 39450050000450 | Niacin Tab CR 500 MG (Antihyperlipidemic) | | | |
| 39450050000460 | Niacin Tab CR 750 MG (Antihyperlipidemic) | | | |
| 39450050000470 | Niacin Tab CR 1000 MG (Antihyperlipidemic) | | | |
| 39500045200130 | Omega-3-acid Ethyl Esters Cap 1 GM | | | |
| 40100030100305 | Isosuprine HCl Tab 10 MG | | | |
| 40100060102900 | Papaverine HCl Powder | | | |
| 40143060100320 | Sildenafil Citrate Tab 20 MG | | | |
| 40992502150305 | Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-10 MG | | | |
| 40992502150320 | Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG | | | |
| 40992502150325 | Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG | | | |
| 40992502150330 | Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG | | | |
| 40992502150350 | Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG | | | |
| 40992502150355 | Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG | | | |
| 40992502150360 | Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG | | | |
| 41200010150320 | Carbinoxamine Maleate Tab 4 MG | | | |
| 41200010152030 | Carbinoxamine Maleate Soln 4 MG/5ML | | | |
| 41200020400310 | Clemastine Fumarate Tab 2.68 MG | | | |
| 41200030101010 | Diphenhydramine HCl Elixir 12.5 MG/5ML | | | |
| 41200030102010 | Diphenhydramine HCl Inj 50 MG/ML | | | |
| 41400020100305 | Promethazine HCl Tab 12.5 MG | | | |
| 41400020100310 | Promethazine HCl Tab 25 MG | | | |
| 41400020100315 | Promethazine HCl Tab 50 MG | | | |
| 41400020101210 | Promethazine HCl Syrup 6.25 MG/5ML | | | |
| 41400020102005 | Promethazine HCl Inj 25 MG/ML | | | |
| 41400020102010 | Promethazine HCl Inj 50 MG/ML | | | |
| 41400020105205 | Promethazine HCl Suppos 12.5 MG | | | |
| 41400020105210 | Promethazine HCl Suppos 25 MG | | | |
| 41400020105215 | Promethazine HCl Suppos 50 MG | | | |
| 41500020100305 | Cyproheptadine HCl Tab 4 MG | | | |
| 41500020101210 | Cyproheptadine HCl Syrup 2 MG/5ML | | | |
| 41550020102010 | Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) | | | |
| 41550021000320 | Desloratadine Tab 5 MG | | | |
| 41550021007210 | Desloratadine Tab Orally Disintegrating 2.5 MG | | | |
| 41550021007220 | Desloratadine Tab Orally Disintegrating 5 MG | | | |
| 41550024100320 | Fexofenadine HCl Tab 60 MG | | | |
| 41550024100350 | Fexofenadine HCl Tab 180 MG | | | |
| 41550027100320 | Levocetirizine Dihydrochloride Tab 5 MG | | | |
| 41550027102020 | Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML) | | | |
| 42200015001810 | Budesonide Nasal Susp 32 MCG/ACT | | | |
| 42200030002005 | Flunisolide Nasal Soln 25 MCG/ACT (0.025%) | | | |
| 42200032301810 | Fluticasone Propionate Nasal Susp 50 MCG/ACT | | | |
| 42200045101820 | Mometasone Furoate Nasal Susp 50 MCG/ACT | | | |
| 42200060103210 | Triamcinolone Acetonide Nasal Aerosol Suspension 55 MCG/ACT | | | |
| 42300040102010 | Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY) | | | |
| 42300040102020 | Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY) | | | |
| 42401015102020 | Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY) | | | |
| 42401015102030 | Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY) | | | |
| 42401060102020 | Olopatadine HCl Nasal Soln 0.6% | | | |
| 43101010000310 | Hydrocodone w/ Homatropine Tab 5-1.5 MG | | | |
| 43101010001210 | Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML | | | |
| 43102010000105 | Benzonatate Cap 100 MG | | | |
| 43102010000107 | Benzonatate Cap 150 MG | | | |
| 43102010000110 | Benzonatate Cap 200 MG | | | |
| 43300010002003 | Acetylcysteine Inhal Soln 10% | | | |
| 43300010002005 | Acetylcysteine Inhal Soln 20% | | | |
| 43400010002520 | Sodium Chloride Soln Nebu 0.9% | | | |
| 43400010002530 | Sodium Chloride Soln Nebu 3% | | | |
| 43400010002535 | Sodium Chloride Soln Nebu 7% | | | |
| 43400010002540 | Sodium Chloride Soln Nebu 10% | | | |
| 43993002687420 | Fexofenadine-Pseudoephedrine Tab SR 12HR 60-120 MG | | | |
| 43993002701210 | Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML | | | |
| 43995202341210 | Promethazine w/ Codeine Syrup 6.25-10 MG/5ML | | | |
| 43995202366920 | Hydrocod Polst-Chlorphen Polst Cap SR 12HR 5-4 MG | | | |
| 43995202366930 | Hydrocod Polst-Chlorphen Polst Cap SR 12HR 10-8 MG | | | |
| 43995202366910 | Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML | | | |
| 43995303101210 | Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML | | | |
| 43995303542030 | Pseudoeph-Chlorphen w/ Hydrocodone Soln 60-4-5 MG/5ML | | | |
| 43995702301210 | Promethazine-DM Syrup 6.25-15 MG/5ML | | | |
| 43995803321210 | Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML | | | |
| 43997002282017 | Guaifenesin-Codeine Soln 100-6.3 MG/5ML | | | |
| 43997002282020 | Guaifenesin-Codeine Soln 100-10 MG/5ML | | | |
| 43997303302010 | Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML | | | |
| 44100030102020 | Ipratropium Bromide Inhal Soln 0.02% | | | |

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| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 44150010102505 | Cromolyn Sodium Soln Nebu 20 MG/2ML | | | |
| 44201010100305 | Albuterol Sulfate Tab 2 MG | | | |
| 44201010100310 | Albuterol Sulfate Tab 4 MG | | | |
| 44201010101205 | Albuterol Sulfate Syrup 2 MG/5ML | | | |
| 44201010102515 | Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML) | | | |
| 44201010102520 | Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML) | | | |
| 44201010102555 | Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv) | | | |
| 44201010102560 | Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv) | | | |
| 44201010107410 | Albuterol Sulfate Tab SR 12HR 4 MG | | | |
| 44201010107420 | Albuterol Sulfate Tab SR 12HR 8 MG | | | |
| 44201045102510 | Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv) | | | |
| 44201045102520 | Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv) | | | |
| 44201045102530 | Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv) | | | |
| 44201045102560 | Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv) | | | |
| 44201045503220 | Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv) | | | |
| 44201050201205 | Metaproterenol Sulfate Syrup 10 MG/5ML | | | |
| 44201060200305 | Terbutaline Sulfate Tab 2.5 MG | | | |
| 44201060200310 | Terbutaline Sulfate Tab 5 MG | | | |
| 44201060202005 | Terbutaline Sulfate Inj 1 MG/ML | | | |
| 44202020202010 | Epinephrine HCl Inj 1 MG/ML | | | |
| 44209902012015 | Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML | | | |
| 44300040001010 | Theophylline Elixir 80 MG/15ML | | | |
| 44300040002010 | Theophylline Soln 80 MG/15ML | | | |
| 44300040007020 | Theophylline Cap SR 24HR 100 MG | | | |
| 44300040007030 | Theophylline Cap SR 24HR 200 MG | | | |
| 44300040007040 | Theophylline Cap SR 24HR 300 MG | | | |
| 44300040007050 | Theophylline Cap SR 24HR 400 MG | | | |
| 44300040007420 | Theophylline Tab SR 12HR 100 MG | | | |
| 44300040007430 | Theophylline Tab SR 12HR 200 MG | | | |
| 44300040007440 | Theophylline Tab SR 12HR 300 MG | | | |
| 44300040007455 | Theophylline Tab SR 12HR 450 MG | | | |
| 44300040007540 | Theophylline Tab SR 24HR 400 MG | | | |
| 44300040007560 | Theophylline Tab SR 24HR 600 MG | | | |
| 44400015001830 | Budesonide Inhalation Susp 0.25 MG/2ML | | | |
| 44400015001840 | Budesonide Inhalation Susp 0.5 MG/2ML | | | |
| 44400015001850 | Budesonide Inhalation Susp 1 MG/2ML | | | |
| 44504085007420 | Zileuton Tab SR 12HR 600 MG | | | |
| 44505050100330 | Montelukast Sodium Tab 10 MG (Base Equiv) | | | |
| 44505050100516 | Montelukast Sodium Chew Tab 4 MG (Base Equiv) | | | |
| 44505050100520 | Montelukast Sodium Chew Tab 5 MG (Base Equiv) | | | |
| 44505050103020 | Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv) | | | |
| 44505080000310 | Zafirlukast Tab 10 MG | | | |
| 44505080000320 | Zafirlukast Tab 20 MG | | | |
| 46600020002010 | Lactulose Solution 10 GM/15ML | | | |
| 46600020003010 | Lactulose Oral Crystal Packet 10 GM | | | |
| 46600020003020 | Lactulose Oral Crystal Packet 20 GM | | | |
| 46600033002910 | Polyethylene Glycol 3350 Oral Powder | | | |
| 46600033003020 | Polyethylene Glycol 3350 Oral Packet | | | |
| 46992004302120 | PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM | | | |
| 46992005302130 | PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM | | | |
| 46992005302140 | PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM | | | |
| 47100010100310 | Diphenoxylate w/ Atropine Tab 2.5-0.025 MG | | | |
| 47100010100910 | Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML | | | |
| 47100020100105 | Loperamide HCl Cap 2 MG | | | |
| 47100030201505 | Opium Tincture 1% (10 MG/ML) (Morphine Equiv) | | | |
| 47100040001510 | Paregoric Tincture 2 MG/5ML (Morphine Equivalent) | | | |
| 47300025003000 | *Probiotic Product - Packet** | | | |
| 49101010102020 | Atropine Sulfate Inj 0.4 MG/ML | | | |
| 49101010102030 | Atropine Sulfate Inj 1 MG/ML | | | |
| 49101030100310 | Hyoscyamine Sulfate Tab 0.125 MG | | | |
| 49101030100710 | Hyoscyamine Sulfate Tab SL 0.125 MG | | | |
| 49101030101055 | Hyoscyamine Sulfate Elixir 0.125 MG/5ML | | | |
| 49101030102050 | Hyoscyamine Sulfate Soln 0.125 MG/ML | | | |
| 49101030107220 | Hyoscyamine Sulfate Tab Disp 0.125 MG | | | |
| 49101030107420 | Hyoscyamine Sulfate Tab SR 12HR 0.375 MG | | | |
| 49102030000310 | Glycopyrrolate Tab 1 MG | | | |
| 49102030000315 | Glycopyrrolate Tab 2 MG | | | |
| 49102030002010 | Glycopyrrolate Inj 0.2 MG/ML | | | |
| 49102030002014 | Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML) | | | |
| 49102060100305 | Methscopolamine Bromide Tab 2.5 MG | | | |
| 49102060100320 | Methscopolamine Bromide Tab 5 MG | | | |
| 49102070100310 | Propantheline Bromide Tab 15 MG | | | |
| 49103010100105 | Dicyclomine HCl Cap 10 MG | | | |
| 49103010100305 | Dicyclomine HCl Tab 20 MG | | | |
| 49103010102050 | Dicyclomine HCl Oral Soln 10 MG/5ML | | | |
| 49109902155210 | Belladonna Alkaloids & Opium Suppos 16.2-30 MG | | | |
| 49109902155220 | Belladonna Alkaloids & Opium Suppos 16.2-60 MG | | | |
| 49109902450110 | Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 49109904050320 | PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG | | | |
| 49200010000305 | Cimetidine Tab 200 MG | | | |
| 49200010000310 | Cimetidine Tab 300 MG | | | |
| 49200010000315 | Cimetidine Tab 400 MG | | | |
| 49200010000320 | Cimetidine Tab 800 MG | | | |
| 49200010102050 | Cimetidine HCl Soln 300 MG/5ML | | | |
| 49200020100105 | Ranitidine HCl Cap 150 MG | | | |
| 49200020100110 | Ranitidine HCl Cap 300 MG | | | |
| 49200020100305 | Ranitidine HCl Tab 150 MG | | | |
| 49200020100310 | Ranitidine HCl Tab 300 MG | | | |
| 49200020101210 | Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML) | | | |
| 49200020102006 | Ranitidine HCl Inj 50 MG/2ML (25 MG/ML) | | | |
| 49200020102007 | Ranitidine HCl Inj 150 MG/6ML (25 MG/ML) | | | |
| 49200020102009 | Ranitidine HCl Inj 1000 MG/40ML (25 MG/ML) | | | |
| 49200030000320 | Famotidine Tab 20 MG | | | |
| 49200030000340 | Famotidine Tab 40 MG | | | |
| 492000300001920 | Famotidine For Susp 40 MG/5ML | | | |
| 492000300002015 | Famotidine Inj 20 MG/2ML | | | |
| 492000300002020 | Famotidine Inj 40 MG/4ML | | | |
| 492000300002030 | Famotidine Inj 200 MG/20ML | | | |
| 49200030112020 | Famotidine in NaCl 0.9% IV Soln 20 MG/50ML | | | |
| 49200040000110 | Nizatidine Cap 150 MG | | | |
| 49200040000120 | Nizatidine Cap 300 MG | | | |
| 492000400002050 | Nizatidine Oral Soln 15 MG/ML | | | |
| 49250030000310 | Misoprostol Tab 100 MCG | | | |
| 49250030000320 | Misoprostol Tab 200 MCG | | | |
| 49270025106520 | Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq) | | | |
| 49270025106540 | Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq) | | | |
| 49270025306550 | Esomeprazole Strontium Cap Delayed Release 49.3 MG | | | |
| 492700400006510 | Lansoprazole Cap Delayed Release 15 MG | | | |
| 492700400006520 | Lansoprazole Cap Delayed Release 30 MG | | | |
| 492700600006510 | Omeprazole Cap Delayed Release 10 MG | | | |
| 492700600006520 | Omeprazole Cap Delayed Release 20 MG | | | |
| 492700600006530 | Omeprazole Cap Delayed Release 40 MG | | | |
| 49270070100610 | Pantoprazole Sodium EC Tab 20 MG (Base Equiv) | | | |
| 49270070100620 | Pantoprazole Sodium EC Tab 40 MG (Base Equiv) | | | |
| 49270070102120 | Pantoprazole Sodium For IV Soln 40 MG (Base Equiv) | | | |
| 49270076100620 | Rabeprazole Sodium EC Tab 20 MG | | | |
| 49300010000305 | Sucralate Tab 1 GM | | | |
| 49300010001820 | Sucralate Susp 1 GM/10ML | | | |
| 49993003206320 | Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack | | | |
| 49996002600120 | Omeprazole-Sodium Bicarbonate Cap 20-1100 MG | | | |
| 49996002600140 | Omeprazole-Sodium Bicarbonate Cap 40-1100 MG | | | |
| 49996002603020 | Omeprazole-Sodium Bicarbonate Powd Pack for Susp 20-1680 MG | | | |
| 49996002603040 | Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG | | | |
| 50200050000305 | Meclizine HCl Tab 12.5 MG | | | |
| 50200050000310 | Meclizine HCl Tab 25 MG | | | |
| 50200070100120 | Trimethobenzamide HCl Cap 300 MG | | | |
| 50200070102005 | Trimethobenzamide HCl Inj 100 MG/ML | | | |
| 50250035100310 | Granisetron HCl Tab 1 MG | | | |
| 50250035102010 | Granisetron HCl Inj 1 MG/ML | | | |
| 50250065007220 | Ondansetron Orally Disintegrating Tab 4 MG | | | |
| 50250065007240 | Ondansetron Orally Disintegrating Tab 8 MG | | | |
| 50250065050310 | Ondansetron HCl Tab 4 MG | | | |
| 50250065050320 | Ondansetron HCl Tab 8 MG | | | |
| 50250065052024 | Ondansetron HCl Inj 4 MG/2ML (2 MG/ML) | | | |
| 50250065052030 | Ondansetron HCl Inj 40 MG/20ML (2 MG/ML) | | | |
| 50250065052070 | Ondansetron HCl Oral Soln 4 MG/5ML | | | |
| 50280020000110 | Aprepitant Capsule 40 MG | | | |
| 50280020000120 | Aprepitant Capsule 80 MG | | | |
| 50280020000130 | Aprepitant Capsule 125 MG | | | |
| 50280020006320 | Aprepitant Capsule Therapy Pack 80 & 125 MG | | | |
| 50300030000110 | Dronabinol Cap 2.5 MG | | | |
| 50300030000115 | Dronabinol Cap 5 MG | | | |
| 50300030000120 | Dronabinol Cap 10 MG | | | |
| 51200024006715 | Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-27000 Unit | | | |
| 52100040000120 | Ursodiol Cap 300 MG | | | |
| 52100040000325 | Ursodiol Tab 250 MG | | | |
| 52100040000350 | Ursodiol Tab 500 MG | | | |
| 52160015101320 | Cromolyn Sodium Oral Conc 100 MG/5ML | | | |
| 52300020100303 | Metoclopramide HCl Tab 5 MG | | | |
| 52300020100305 | Metoclopramide HCl Tab 10 MG | | | |
| 52300020102005 | Metoclopramide HCl Inj 5 MG/ML | | | |
| 52300020102013 | Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) | | | |
| 52300020107210 | Metoclopramide HCl Orally Disintegrating Tab 5 MG | | | |
| 52300020107220 | Metoclopramide HCl Orally Disintegrating Tab 10 MG | | | |
| 524000200002010 | Lactulose (Encephalopathy) Solution 10 GM/15ML | | | |
| 52500020100120 | Balsalazide Disodium Cap 750 MG | | | |

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| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 52500030000650 | Mesalamine Tab Delayed Release 800 MG | | | |
| 52500030005105 | Mesalamine Enema 4 GM | | | |
| 52500030206420 | *Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit** | | | |
| 525000600000310 | Sulfasalazine Tab 500 MG | | | |
| 525000600000610 | Sulfasalazine Tab Delayed Release 500 MG | | | |
| 52554015100310 | Alosetron HCl Tab 0.5 MG (Base Equiv) | | | |
| 52554015100320 | Alosetron HCl Tab 1 MG (Base Equiv) | | | |
| 52800020100120 | Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca) | | | |
| 52800020100320 | Calcium Acetate (Phosphate Binder) Tab 667 MG | | | |
| 528000700050340 | Sevelamer Carbonate Tab 800 MG | | | |
| 53000020100310 | Methenamine Mandelate Tab 0.5 GM | | | |
| 53000020100320 | Methenamine Mandelate Tab 1 GM | | | |
| 53000020200305 | Methenamine Hippurate Tab 1 GM | | | |
| 53000050001810 | Nitrofurantoin Susp 25 MG/5ML | | | |
| 53000050100110 | Nitrofurantoin Macrocrystalline Cap 25 MG | | | |
| 53000050100115 | Nitrofurantoin Macrocrystalline Cap 50 MG | | | |
| 53000050100120 | Nitrofurantoin Macrocrystalline Cap 100 MG | | | |
| 53000050150120 | Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG | | | |
| 53992004200325 | *Methenamine-Hyoscamine-Meth Blue-Sod Phos Tab 81.6 MG*** | | | |
| 53992005150325 | Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG | | | |
| 53992005200128 | *Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG*** | | | |
| 53992005200130 | *Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 120 MG*** | | | |
| 53992005200320 | *Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG*** | | | |
| 53992005200322 | *Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG*** | | | |
| 54100010207520 | Darifenacin Hydrobromide Tab SR 24HR 7.5 MG (Base Equiv) | | | |
| 54100010207530 | Darifenacin Hydrobromide Tab SR 24HR 15 MG (Base Equiv) | | | |
| 54100045200330 | Oxybutynin Chloride Tab 5 MG | | | |
| 54100045201220 | Oxybutynin Chloride Syrup 5 MG/5ML | | | |
| 54100045207520 | Oxybutynin Chloride Tab SR 24HR 5 MG | | | |
| 54100045207530 | Oxybutynin Chloride Tab SR 24HR 10 MG | | | |
| 54100045207540 | Oxybutynin Chloride Tab SR 24HR 15 MG | | | |
| 54100060200320 | Tolterodine Tartrate Tab 1 MG | | | |
| 54100060200330 | Tolterodine Tartrate Tab 2 MG | | | |
| 54100060207020 | Tolterodine Tartrate Cap SR 24HR 2 MG | | | |
| 54100060207030 | Tolterodine Tartrate Cap SR 24HR 4 MG | | | |
| 54100065200320 | Trospium Chloride Tab 20 MG | | | |
| 54100065207020 | Trospium Chloride Cap SR 24HR 60 MG | | | |
| 54300010100310 | Bethanechol Chloride Tab 5 MG | | | |
| 54300010100320 | Bethanechol Chloride Tab 10 MG | | | |
| 54300010100330 | Bethanechol Chloride Tab 25 MG | | | |
| 54300010100340 | Bethanechol Chloride Tab 50 MG | | | |
| 54400025100310 | Flavoxate HCl Tab 100 MG | | | |
| 55100018103720 | Clindamycin Phosphate Vaginal Cream 2% | | | |
| 55100035004020 | Metronidazole Vaginal Gel 0.75% | | | |
| 55104015123720 | Butoconazole Nitrate (One Dose) Vaginal Cream 2% | | | |
| 55104050105210 | Miconazole Nitrate Vaginal Suppos 200 MG | | | |
| 55104070003710 | Terconazole Vaginal Cream 0.4% | | | |
| 55104070003720 | Terconazole Vaginal Cream 0.8% | | | |
| 55104070005210 | Terconazole Vaginal Suppos 80 MG | | | |
| 55350020000310 | Estradiol Vaginal Tab 10 MCG | | | |
| 55350020003705 | Estradiol Vaginal Cream 0.1 MG/GM | | | |
| 56202010200420 | Potassium Citrate Tab CR 5 MEQ (540 MG) | | | |
| 56202010200440 | Potassium Citrate Tab CR 10 MEQ (1080 MG) | | | |
| 56202010200460 | Potassium Citrate Tab CR 15 MEQ (1620 MG) | | | |
| 56202020002010 | Sodium Citrate & Citric Acid Soln 500-334 MG/5ML | | | |
| 56202022002025 | Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML | | | |
| 56202022003010 | Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG | | | |
| 56202030102020 | Pot & Sod Citrates w/ Cit Ac Soln 550-500-334 MG/5ML | | | |
| 56300010100305 | Phenazopyridine HCl Tab 100 MG | | | |
| 56300010100310 | Phenazopyridine HCl Tab 200 MG | | | |
| 56500010002010 | Dimethyl Sulfoxide Soln 50% | | | |
| 56700040002005 | Acetic Acid Irrigation Soln 0.25% | | | |
| 56700060002010 | Sodium Chloride Irrigation Soln 0.9% | | | |
| 56701002102000 | Neomycin-Polymyxin B GU Irrigation Soln | | | |
| 56851020000120 | Dutasteride Cap 0.5 MG | | | |
| 56851030000320 | Finasteride Tab 5 MG | | | |
| 56852010107530 | Alfuzosin HCl Tab SR 24HR 10 MG | | | |
| 56852070100110 | Tamsulosin HCl Cap 0.4 MG | | | |
| 56859902250120 | Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG | | | |
| 57100010000305 | Alprazolam Tab 0.25 MG | | | |
| 57100010000310 | Alprazolam Tab 0.5 MG | | | |
| 57100010000315 | Alprazolam Tab 1 MG | | | |
| 57100010000320 | Alprazolam Tab 2 MG | | | |
| 57100010001310 | Alprazolam Conc 1 MG/ML | | | |
| 57100010007205 | Alprazolam Orally Disintegrating Tab 0.25 MG | | | |
| 57100010007210 | Alprazolam Orally Disintegrating Tab 0.5 MG | | | |
| 57100010007215 | Alprazolam Orally Disintegrating Tab 1 MG | | | |
| 57100010007220 | Alprazolam Orally Disintegrating Tab 2 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 57100010007505 | Alprazolam Tab SR 24HR 0.5 MG | | | |
| 57100010007510 | Alprazolam Tab SR 24HR 1 MG | | | |
| 57100010007520 | Alprazolam Tab SR 24HR 2 MG | | | |
| 57100010007530 | Alprazolam Tab SR 24HR 3 MG | | | |
| 57100020100105 | Chlordiazepoxide HCl Cap 5 MG | | | |
| 57100020100110 | Chlordiazepoxide HCl Cap 10 MG | | | |
| 57100020100115 | Chlordiazepoxide HCl Cap 25 MG | | | |
| 57100030100305 | Clorazepate Dipotassium Tab 3.75 MG | | | |
| 57100030100310 | Clorazepate Dipotassium Tab 7.5 MG | | | |
| 57100030100320 | Clorazepate Dipotassium Tab 15 MG | | | |
| 57100040000305 | Diazepam Tab 2 MG | | | |
| 57100040000310 | Diazepam Tab 5 MG | | | |
| 57100040000315 | Diazepam Tab 10 MG | | | |
| 57100040001310 | Diazepam Conc 5 MG/ML | | | |
| 57100040002001 | Diazepam Oral Soln 1 MG/ML | | | |
| 57100040002010 | Diazepam Inj 5 MG/ML | | | |
| 5710004000D520 | Diazepam IM Solution Auto-inj 10 MG/2ML | | | |
| 57100060000305 | Lorazepam Tab 0.5 MG | | | |
| 57100060000310 | Lorazepam Tab 1 MG | | | |
| 57100060000315 | Lorazepam Tab 2 MG | | | |
| 57100060001320 | Lorazepam Conc 2 MG/ML | | | |
| 57100060002005 | Lorazepam Inj 2 MG/ML | | | |
| 57100070000105 | Oxazepam Cap 10 MG | | | |
| 57100070000110 | Oxazepam Cap 15 MG | | | |
| 57100070000115 | Oxazepam Cap 30 MG | | | |
| 57200005100310 | Buspirone HCl Tab 5 MG | | | |
| 57200005100315 | Buspirone HCl Tab 7.5 MG | | | |
| 57200005100320 | Buspirone HCl Tab 10 MG | | | |
| 57200005100330 | Buspirone HCl Tab 15 MG | | | |
| 57200005100340 | Buspirone HCl Tab 30 MG | | | |
| 57200040100305 | Hydroxyzine HCl Tab 10 MG | | | |
| 57200040100310 | Hydroxyzine HCl Tab 25 MG | | | |
| 57200040100315 | Hydroxyzine HCl Tab 50 MG | | | |
| 57200040101210 | Hydroxyzine HCl Syrup 10 MG/5ML | | | |
| 57200040102005 | Hydroxyzine HCl IM Soln 25 MG/ML | | | |
| 57200040200105 | Hydroxyzine Pamoate Cap 25 MG | | | |
| 57200040200110 | Hydroxyzine Pamoate Cap 50 MG | | | |
| 57200040200115 | Hydroxyzine Pamoate Cap 100 MG | | | |
| 57200050000305 | Meprobamate Tab 200 MG | | | |
| 57200050000310 | Meprobamate Tab 400 MG | | | |
| 58030050000308 | Mirtazapine Tab 7.5 MG | | | |
| 58030050000315 | Mirtazapine Tab 15 MG | | | |
| 58030050000330 | Mirtazapine Tab 30 MG | | | |
| 58030050000345 | Mirtazapine Tab 45 MG | | | |
| 58030050007215 | Mirtazapine Orally Disintegrating Tab 15 MG | | | |
| 58030050007230 | Mirtazapine Orally Disintegrating Tab 30 MG | | | |
| 58030050007245 | Mirtazapine Orally Disintegrating Tab 45 MG | | | |
| 58100020100305 | Phenelzine Sulfate Tab 15 MG | | | |
| 58100030100305 | Tranylcypromine Sulfate Tab 10 MG | | | |
| 58120050100305 | Nefazodone HCl Tab 50 MG | | | |
| 58120050100310 | Nefazodone HCl Tab 100 MG | | | |
| 58120050100320 | Nefazodone HCl Tab 150 MG | | | |
| 58120050100330 | Nefazodone HCl Tab 200 MG | | | |
| 58120050100340 | Nefazodone HCl Tab 250 MG | | | |
| 58120080100305 | Trazodone HCl Tab 50 MG | | | |
| 58120080100310 | Trazodone HCl Tab 100 MG | | | |
| 58120080100315 | Trazodone HCl Tab 150 MG | | | |
| 58120080100325 | Trazodone HCl Tab 300 MG | | | |
| 58160020100310 | Citalopram Hydrobromide Tab 10 MG (Base Equiv) | | | |
| 58160020100320 | Citalopram Hydrobromide Tab 20 MG (Base Equiv) | | | |
| 58160020100340 | Citalopram Hydrobromide Tab 40 MG (Base Equiv) | | | |
| 58160020102020 | Citalopram Hydrobromide Oral Soln 10 MG/5ML | | | |
| 58160034100310 | Escitalopram Oxalate Tab 5 MG (Base Equiv) | | | |
| 58160034100320 | Escitalopram Oxalate Tab 10 MG (Base Equiv) | | | |
| 58160034100330 | Escitalopram Oxalate Tab 20 MG (Base Equiv) | | | |
| 58160034102020 | Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv) | | | |
| 58160040000110 | Fluoxetine HCl Cap 10 MG | | | |
| 58160040000120 | Fluoxetine HCl Cap 20 MG | | | |
| 58160040000140 | Fluoxetine HCl Cap 40 MG | | | |
| 58160040000310 | Fluoxetine HCl Tab 10 MG | | | |
| 58160040000320 | Fluoxetine HCl Tab 20 MG | | | |
| 58160040000360 | Fluoxetine HCl Tab 60 MG | | | |
| 58160040002020 | Fluoxetine HCl Solution 20 MG/5ML | | | |
| 58160040006530 | Fluoxetine HCl Cap Delayed Release 90 MG | | | |
| 58160045100310 | Fluvoxamine Maleate Tab 25 MG | | | |
| 58160045100320 | Fluvoxamine Maleate Tab 50 MG | | | |
| 58160045100330 | Fluvoxamine Maleate Tab 100 MG | | | |
| 58160045107020 | Fluvoxamine Maleate Cap SR 24HR 100 MG | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 58160045107030 | Fluvoxamine Maleate Cap SR 24HR 150 MG | | | |
| 58160060000310 | Paroxetine HCl Tab 10 MG | | | |
| 58160060000320 | Paroxetine HCl Tab 20 MG | | | |
| 58160060000330 | Paroxetine HCl Tab 30 MG | | | |
| 58160060000340 | Paroxetine HCl Tab 40 MG | | | |
| 58160060007520 | Paroxetine HCl Tab SR 24HR 12.5 MG | | | |
| 58160060007530 | Paroxetine HCl Tab SR 24HR 25 MG | | | |
| 58160060007540 | Paroxetine HCl Tab SR 24HR 37.5 MG | | | |
| 58160070100305 | Sertraline HCl Tab 25 MG | | | |
| 58160070100310 | Sertraline HCl Tab 50 MG | | | |
| 58160070100320 | Sertraline HCl Tab 100 MG | | | |
| 58160070101320 | Sertraline HCl Oral Conc 20 MG/ML | | | |
| 58180020007520 | Desvenlafaxine Tab SR 24HR 50 MG | | | |
| 58180020007540 | Desvenlafaxine Tab SR 24HR 100 MG | | | |
| 58180020207510 | Desvenlafaxine Succinate Tab SR 24HR 25 MG (Base Equiv) | | | |
| 58180020207520 | Desvenlafaxine Succinate Tab SR 24HR 50 MG (Base Equiv) | | | |
| 58180020207540 | Desvenlafaxine Succinate Tab SR 24HR 100 MG (Base Equiv) | | | |
| 58180025106720 | Duloxetine HCl Enteric Coated Pellets Cap 20 MG | | | |
| 58180025106730 | Duloxetine HCl Enteric Coated Pellets Cap 30 MG | | | |
| 58180025106740 | Duloxetine HCl Enteric Coated Pellets Cap 40 MG | | | |
| 58180025106750 | Duloxetine HCl Enteric Coated Pellets Cap 60 MG | | | |
| 58180090100320 | Venlafaxine HCl Tab 25 MG | | | |
| 58180090100340 | Venlafaxine HCl Tab 37.5 MG | | | |
| 58180090100350 | Venlafaxine HCl Tab 50 MG | | | |
| 58180090100360 | Venlafaxine HCl Tab 75 MG | | | |
| 58180090100370 | Venlafaxine HCl Tab 100 MG | | | |
| 58180090107020 | Venlafaxine HCl Cap SR 24HR 37.5 MG (Base Equivalent) | | | |
| 58180090107030 | Venlafaxine HCl Cap SR 24HR 75 MG (Base Equivalent) | | | |
| 58180090107050 | Venlafaxine HCl Cap SR 24HR 150 MG (Base Equivalent) | | | |
| 58180090107510 | Venlafaxine HCl Tab SR 24HR 37.5 MG (Base Equivalent) | | | |
| 58180090107520 | Venlafaxine HCl Tab SR 24HR 75 MG (Base Equivalent) | | | |
| 58180090107530 | Venlafaxine HCl Tab SR 24HR 150 MG (Base Equivalent) | | | |
| 58180090107540 | Venlafaxine HCl Tab SR 24HR 225 MG (Base Equivalent) | | | |
| 58200010100305 | Amitriptyline HCl Tab 10 MG | | | |
| 58200010100310 | Amitriptyline HCl Tab 25 MG | | | |
| 58200010100315 | Amitriptyline HCl Tab 50 MG | | | |
| 58200010100320 | Amitriptyline HCl Tab 75 MG | | | |
| 58200010100325 | Amitriptyline HCl Tab 100 MG | | | |
| 58200010100330 | Amitriptyline HCl Tab 150 MG | | | |
| 58200020000305 | Amoxapine Tab 25 MG | | | |
| 58200020000310 | Amoxapine Tab 50 MG | | | |
| 58200020000315 | Amoxapine Tab 100 MG | | | |
| 58200025100120 | Clomipramine HCl Cap 25 MG | | | |
| 58200025100130 | Clomipramine HCl Cap 50 MG | | | |
| 58200025100140 | Clomipramine HCl Cap 75 MG | | | |
| 58200030100305 | Desipramine HCl Tab 10 MG | | | |
| 58200030100310 | Desipramine HCl Tab 25 MG | | | |
| 58200030100315 | Desipramine HCl Tab 50 MG | | | |
| 58200030100320 | Desipramine HCl Tab 75 MG | | | |
| 58200030100325 | Desipramine HCl Tab 100 MG | | | |
| 58200030100330 | Desipramine HCl Tab 150 MG | | | |
| 58200040100105 | Doxepin HCl Cap 10 MG | | | |
| 58200040100110 | Doxepin HCl Cap 25 MG | | | |
| 58200040100115 | Doxepin HCl Cap 50 MG | | | |
| 58200040100120 | Doxepin HCl Cap 75 MG | | | |
| 58200040100125 | Doxepin HCl Cap 100 MG | | | |
| 58200040100130 | Doxepin HCl Cap 150 MG | | | |
| 58200040101305 | Doxepin HCl Conc 10 MG/ML | | | |
| 58200050100305 | Imipramine HCl Tab 10 MG | | | |
| 58200050100310 | Imipramine HCl Tab 25 MG | | | |
| 58200050100315 | Imipramine HCl Tab 50 MG | | | |
| 58200050200105 | Imipramine Pamoate Cap 75 MG | | | |
| 58200050200110 | Imipramine Pamoate Cap 100 MG | | | |
| 58200050200115 | Imipramine Pamoate Cap 125 MG | | | |
| 58200050200120 | Imipramine Pamoate Cap 150 MG | | | |
| 58200060100105 | Nortriptyline HCl Cap 10 MG | | | |
| 58200060100110 | Nortriptyline HCl Cap 25 MG | | | |
| 58200060100115 | Nortriptyline HCl Cap 50 MG | | | |
| 58200060100120 | Nortriptyline HCl Cap 75 MG | | | |
| 58200060102005 | Nortriptyline HCl Soln 10 MG/5ML | | | |
| 58200070100305 | Protriptyline HCl Tab 5 MG | | | |
| 58200070100310 | Protriptyline HCl Tab 10 MG | | | |
| 58200080100105 | Trimipramine Maleate Cap 25 MG | | | |
| 58200080100110 | Trimipramine Maleate Cap 50 MG | | | |
| 58300010100305 | Maprotiline HCl Tab 25 MG | | | |
| 58300010100310 | Maprotiline HCl Tab 50 MG | | | |
| 58300010100315 | Maprotiline HCl Tab 75 MG | | | |
| 58300040100305 | Bupropion HCl Tab 75 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC | MAC applicable to all NDCs in | A-rated or Authorized Generic |
| 58300040100310 | Bupropion HCl Tab 100 MG | | | |
| 58300040107420 | Bupropion HCl Tab SR 12HR 100 MG | | | |
| 58300040107430 | Bupropion HCl Tab SR 12HR 150 MG | | | |
| 58300040107440 | Bupropion HCl Tab SR 12HR 200 MG | | | |
| 58300040107520 | Bupropion HCl Tab SR 24HR 150 MG | | | |
| 58300040107530 | Bupropion HCl Tab SR 24HR 300 MG | | | |
| 59070050007505 | Paliperidone Tab SR 24HR 1.5 MG | | | |
| 59070050007510 | Paliperidone Tab SR 24HR 3 MG | | | |
| 59070050007520 | Paliperidone Tab SR 24HR 6 MG | | | |
| 59070050007530 | Paliperidone Tab SR 24HR 9 MG | | | |
| 59070070000303 | Risperidone Tab 0.25 MG | | | |
| 59070070000306 | Risperidone Tab 0.5 MG | | | |
| 59070070000310 | Risperidone Tab 1 MG | | | |
| 59070070000320 | Risperidone Tab 2 MG | | | |
| 59070070000330 | Risperidone Tab 3 MG | | | |
| 59070070000340 | Risperidone Tab 4 MG | | | |
| 59070070002010 | Risperidone Soln 1 MG/ML | | | |
| 59070070007210 | Risperidone Orally Disintegrating Tab 0.25 MG | | | |
| 59070070007220 | Risperidone Orally Disintegrating Tab 0.5 MG | | | |
| 59070070007230 | Risperidone Orally Disintegrating Tab 1 MG | | | |
| 59070070007240 | Risperidone Orally Disintegrating Tab 2 MG | | | |
| 59070070007250 | Risperidone Orally Disintegrating Tab 3 MG | | | |
| 59070070007260 | Risperidone Orally Disintegrating Tab 4 MG | | | |
| 59100010100305 | Haloperidol Tab 0.5 MG | | | |
| 59100010100310 | Haloperidol Tab 1 MG | | | |
| 59100010100315 | Haloperidol Tab 2 MG | | | |
| 59100010100320 | Haloperidol Tab 5 MG | | | |
| 59100010100325 | Haloperidol Tab 10 MG | | | |
| 59100010100330 | Haloperidol Tab 20 MG | | | |
| 59100010201305 | Haloperidol Lactate Oral Conc 2 MG/ML | | | |
| 59100010202005 | Haloperidol Lactate Inj 5 MG/ML | | | |
| 59100010302010 | Haloperidol Decanoate IM Soln 50 MG/ML | | | |
| 59100010302020 | Haloperidol Decanoate IM Soln 100 MG/ML | | | |
| 59152020000320 | Clozapine Tab 25 MG | | | |
| 59152020000325 | Clozapine Tab 50 MG | | | |
| 59152020000330 | Clozapine Tab 100 MG | | | |
| 59152020000340 | Clozapine Tab 200 MG | | | |
| 59152020007210 | Clozapine Orally Disintegrating Tab 12.5 MG | | | |
| 59152020007220 | Clozapine Orally Disintegrating Tab 25 MG | | | |
| 59152020007230 | Clozapine Orally Disintegrating Tab 100 MG | | | |
| 59152020007240 | Clozapine Orally Disintegrating Tab 150 MG | | | |
| 59153070100310 | Quetiapine Fumarate Tab 25 MG | | | |
| 59153070100314 | Quetiapine Fumarate Tab 50 MG | | | |
| 59153070100320 | Quetiapine Fumarate Tab 100 MG | | | |
| 59153070100330 | Quetiapine Fumarate Tab 200 MG | | | |
| 59153070100340 | Quetiapine Fumarate Tab 300 MG | | | |
| 59153070100350 | Quetiapine Fumarate Tab 400 MG | | | |
| 59153070107505 | Quetiapine Fumarate Tab SR 24HR 50 MG | | | |
| 59153070107515 | Quetiapine Fumarate Tab SR 24HR 150 MG | | | |
| 59153070107520 | Quetiapine Fumarate Tab SR 24HR 200 MG | | | |
| 59153070107530 | Quetiapine Fumarate Tab SR 24HR 300 MG | | | |
| 59153070107540 | Quetiapine Fumarate Tab SR 24HR 400 MG | | | |
| 59154020200105 | Loxapine Succinate Cap 5 MG | | | |
| 59154020200110 | Loxapine Succinate Cap 10 MG | | | |
| 59154020200115 | Loxapine Succinate Cap 25 MG | | | |
| 59154020200120 | Loxapine Succinate Cap 50 MG | | | |
| 59157060000305 | Olanzapine Tab 2.5 MG | | | |
| 59157060000310 | Olanzapine Tab 5 MG | | | |
| 59157060000315 | Olanzapine Tab 7.5 MG | | | |
| 59157060000320 | Olanzapine Tab 10 MG | | | |
| 59157060000330 | Olanzapine Tab 15 MG | | | |
| 59157060000340 | Olanzapine Tab 20 MG | | | |
| 59157060002120 | Olanzapine For IM Inj 10 MG | | | |
| 59157060007210 | Olanzapine Orally Disintegrating Tab 5 MG | | | |
| 59157060007220 | Olanzapine Orally Disintegrating Tab 10 MG | | | |
| 59157060007230 | Olanzapine Orally Disintegrating Tab 15 MG | | | |
| 59157060007240 | Olanzapine Orally Disintegrating Tab 20 MG | | | |
| 59200015100305 | Chlorpromazine HCl Tab 10 MG | | | |
| 59200015100310 | Chlorpromazine HCl Tab 25 MG | | | |
| 59200015100315 | Chlorpromazine HCl Tab 50 MG | | | |
| 59200015100320 | Chlorpromazine HCl Tab 100 MG | | | |
| 59200015100325 | Chlorpromazine HCl Tab 200 MG | | | |
| 59200015102005 | Chlorpromazine HCl Inj 25 MG/ML | | | |
| 59200025100305 | Fluphenazine HCl Tab 1 MG | | | |
| 59200025100310 | Fluphenazine HCl Tab 2.5 MG | | | |
| 59200025100315 | Fluphenazine HCl Tab 5 MG | | | |
| 59200025100320 | Fluphenazine HCl Tab 10 MG | | | |
| 59200025102005 | Fluphenazine HCl Inj 2.5 MG/ML | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 59200025302005 | Fluphenazine Decanoate Inj 25 MG/ML | | | |
| 59200045000305 | Perphenazine Tab 2 MG | | | |
| 59200045000310 | Perphenazine Tab 4 MG | | | |
| 59200045000315 | Perphenazine Tab 8 MG | | | |
| 59200045000320 | Perphenazine Tab 16 MG | | | |
| 59200055005215 | Prochlorperazine Suppos 25 MG | | | |
| 59200055100305 | Prochlorperazine Maleate Tab 5 MG (Base Equivalent) | | | |
| 59200055100310 | Prochlorperazine Maleate Tab 10 MG (Base Equivalent) | | | |
| 59200055202005 | Prochlorperazine Edisylate Inj 5 MG/ML | | | |
| 59200080100305 | Thioridazine HCl Tab 10 MG | | | |
| 59200080100315 | Thioridazine HCl Tab 25 MG | | | |
| 59200080100320 | Thioridazine HCl Tab 50 MG | | | |
| 59200080100325 | Thioridazine HCl Tab 100 MG | | | |
| 59200085100305 | Trifluoperazine HCl Tab 1 MG | | | |
| 59200085100310 | Trifluoperazine HCl Tab 2 MG | | | |
| 59200085100315 | Trifluoperazine HCl Tab 5 MG | | | |
| 59200085100320 | Trifluoperazine HCl Tab 10 MG | | | |
| 59250015000305 | Aripiprazole Tab 2 MG | | | |
| 59250015000310 | Aripiprazole Tab 5 MG | | | |
| 59250015000320 | Aripiprazole Tab 10 MG | | | |
| 59250015000330 | Aripiprazole Tab 15 MG | | | |
| 59250015000340 | Aripiprazole Tab 20 MG | | | |
| 59250015000350 | Aripiprazole Tab 30 MG | | | |
| 59250015002020 | Aripiprazole Oral Solution 1 MG/ML | | | |
| 59250015007220 | Aripiprazole Orally Disintegrating Tab 10 MG | | | |
| 59300020100105 | Thiothixene Cap 1 MG | | | |
| 59300020100110 | Thiothixene Cap 2 MG | | | |
| 59300020100115 | Thiothixene Cap 5 MG | | | |
| 59300020100120 | Thiothixene Cap 10 MG | | | |
| 59400085100120 | Ziprasidone HCl Cap 20 MG | | | |
| 59400085100130 | Ziprasidone HCl Cap 40 MG | | | |
| 59400085100140 | Ziprasidone HCl Cap 60 MG | | | |
| 59400085100150 | Ziprasidone HCl Cap 80 MG | | | |
| 59500010002010 | Lithium Oral Solution 8 mEq/5ML | | | |
| 59500010100103 | Lithium Carbonate Cap 150 MG | | | |
| 59500010100105 | Lithium Carbonate Cap 300 MG | | | |
| 59500010100110 | Lithium Carbonate Cap 600 MG | | | |
| 59500010100305 | Lithium Carbonate Tab 300 MG | | | |
| 59500010100405 | Lithium Carbonate Tab CR 300 MG | | | |
| 59500010100410 | Lithium Carbonate Tab CR 450 MG | | | |
| 60100060000305 | Phenobarbital Tab 15 MG | | | |
| 60100060000308 | Phenobarbital Tab 16.2 MG | | | |
| 60100060000315 | Phenobarbital Tab 30 MG | | | |
| 60100060000317 | Phenobarbital Tab 32.4 MG | | | |
| 60100060000320 | Phenobarbital Tab 60 MG | | | |
| 60100060000322 | Phenobarbital Tab 64.8 MG | | | |
| 60100060000324 | Phenobarbital Tab 97.2 MG | | | |
| 60100060000325 | Phenobarbital Tab 100 MG | | | |
| 60100060001010 | Phenobarbital Elixir 20 MG/5ML | | | |
| 60100070100110 | Secobarbital Sodium Cap 100 MG | | | |
| 60201005000310 | Estazolam Tab 1 MG | | | |
| 60201005000320 | Estazolam Tab 2 MG | | | |
| 60201010100105 | Flurazepam HCl Cap 15 MG | | | |
| 60201010100110 | Flurazepam HCl Cap 30 MG | | | |
| 60201025101220 | Midazolam HCl Syrup 2 MG/ML (Base Equivalent) | | | |
| 60201025102005 | Midazolam HCl Inj 5 MG/ML (Base Equivalent) | | | |
| 60201025102050 | Midazolam HCl Inj 50 MG/10ML (Base Equivalent) | | | |
| 60201030000103 | Temazepam Cap 7.5 MG | | | |
| 60201030000105 | Temazepam Cap 15 MG | | | |
| 60201030000108 | Temazepam Cap 22.5 MG | | | |
| 60201030000110 | Temazepam Cap 30 MG | | | |
| 60201040000305 | Triazolam Tab 0.125 MG | | | |
| 60201040000310 | Triazolam Tab 0.25 MG | | | |
| 60204035000320 | Eszopiclone Tab 1 MG | | | |
| 60204035000330 | Eszopiclone Tab 2 MG | | | |
| 60204035000340 | Eszopiclone Tab 3 MG | | | |
| 60204070000120 | Zaleplon Cap 5 MG | | | |
| 60204070000130 | Zaleplon Cap 10 MG | | | |
| 60204080100310 | Zolpidem Tartrate Tab 5 MG | | | |
| 60204080100315 | Zolpidem Tartrate Tab 10 MG | | | |
| 60204080100410 | Zolpidem Tartrate Tab CR 6.25 MG | | | |
| 60204080100420 | Zolpidem Tartrate Tab CR 12.5 MG | | | |
| 60204080100708 | Zolpidem Tartrate SL Tab 1.75 MG | | | |
| 60204080100715 | Zolpidem Tartrate SL Tab 3.5 MG | | | |
| 61100010100310 | Amphetamine Sulfate Tab 5 MG | | | |
| 61100010100320 | Amphetamine Sulfate Tab 10 MG | | | |
| 61100020100305 | Dextroamphetamine Sulfate Tab 5 MG | | | |
| 61100020100308 | Dextroamphetamine Sulfate Tab 7.5 MG | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 61100020100310 | Dextroamphetamine Sulfate Tab 10 MG | | | |
| 61100020100315 | Dextroamphetamine Sulfate Tab 15 MG | | | |
| 61100020100330 | Dextroamphetamine Sulfate Tab 20 MG | | | |
| 61100020100350 | Dextroamphetamine Sulfate Tab 30 MG | | | |
| 61100020102020 | Dextroamphetamine Sulfate Oral Solution 5 MG/5ML | | | |
| 61100020107005 | Dextroamphetamine Sulfate Cap SR 24HR 5 MG | | | |
| 61100020107010 | Dextroamphetamine Sulfate Cap SR 24HR 10 MG | | | |
| 61100020107015 | Dextroamphetamine Sulfate Cap SR 24HR 15 MG | | | |
| 61100030100305 | Methamphetamine HCl Tab 5 MG | | | |
| 61109902100305 | Amphetamine-Dextroamphetamine Tab 5 MG | | | |
| 61109902100307 | Amphetamine-Dextroamphetamine Tab 7.5 MG | | | |
| 61109902100310 | Amphetamine-Dextroamphetamine Tab 10 MG | | | |
| 61109902100312 | Amphetamine-Dextroamphetamine Tab 12.5 MG | | | |
| 61109902100315 | Amphetamine-Dextroamphetamine Tab 15 MG | | | |
| 61109902100320 | Amphetamine-Dextroamphetamine Tab 20 MG | | | |
| 61109902100330 | Amphetamine-Dextroamphetamine Tab 30 MG | | | |
| 61109902107005 | Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG | | | |
| 61109902107010 | Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG | | | |
| 61109902107015 | Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG | | | |
| 61109902107020 | Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG | | | |
| 61109902107025 | Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG | | | |
| 61109902107030 | Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG | | | |
| 61200010100310 | Benzphetamine HCl Tab 50 MG | | | |
| 61200020100305 | Diethylpropion HCl Tab 25 MG | | | |
| 61200020107510 | Diethylpropion HCl Tab SR 24HR 75 MG | | | |
| 61200050100305 | Phendimetrazine Tartrate Tab 35 MG | | | |
| 61200050107010 | Phendimetrazine Tartrate Cap SR 24HR 105 MG | | | |
| 61200070100110 | Phentermine HCl Cap 15 MG | | | |
| 61200070100115 | Phentermine HCl Cap 30 MG | | | |
| 61200070100120 | Phentermine HCl Cap 37.5 MG | | | |
| 61200070100310 | Phentermine HCl Tab 37.5 MG | | | |
| 61353020107420 | Clonidine HCl Tab SR 12HR 0.1 MG | | | |
| 61353030107520 | Guanfacine HCl Tab SR 24HR 1 MG (Base Equiv) | | | |
| 61353030107530 | Guanfacine HCl Tab SR 24HR 2 MG (Base Equiv) | | | |
| 61353030107540 | Guanfacine HCl Tab SR 24HR 3 MG (Base Equiv) | | | |
| 61353030107550 | Guanfacine HCl Tab SR 24HR 4 MG (Base Equiv) | | | |
| 61400010000310 | Armodafinil Tab 50 MG | | | |
| 61400010000330 | Armodafinil Tab 150 MG | | | |
| 61400010000335 | Armodafinil Tab 200 MG | | | |
| 61400010000340 | Armodafinil Tab 250 MG | | | |
| 61400016100320 | Dexmethylphenidate HCl Tab 2.5 MG | | | |
| 61400016100330 | Dexmethylphenidate HCl Tab 5 MG | | | |
| 61400016100340 | Dexmethylphenidate HCl Tab 10 MG | | | |
| 61400016107020 | Dexmethylphenidate HCl Cap SR 24 HR 5 MG | | | |
| 61400016107030 | Dexmethylphenidate HCl Cap SR 24 HR 10 MG | | | |
| 61400016107035 | Dexmethylphenidate HCl Cap SR 24 HR 15 MG | | | |
| 61400016107040 | Dexmethylphenidate HCl Cap SR 24 HR 20 MG | | | |
| 61400016107045 | Dexmethylphenidate HCl Cap SR 24 HR 25 MG | | | |
| 61400016107050 | Dexmethylphenidate HCl Cap SR 24 HR 30 MG | | | |
| 61400016107055 | Dexmethylphenidate HCl Cap SR 24 HR 35 MG | | | |
| 61400016107060 | Dexmethylphenidate HCl Cap SR 24 HR 40 MG | | | |
| 61400020100210 | Methylphenidate HCl Cap CR 10 MG (CD) | | | |
| 61400020100220 | Methylphenidate HCl Cap CR 20 MG (CD) | | | |
| 61400020100230 | Methylphenidate HCl Cap CR 30 MG (CD) | | | |
| 61400020100240 | Methylphenidate HCl Cap CR 40 MG (CD) | | | |
| 61400020100250 | Methylphenidate HCl Cap CR 50 MG (CD) | | | |
| 61400020100260 | Methylphenidate HCl Cap CR 60 MG (CD) | | | |
| 61400020100305 | Methylphenidate HCl Tab 5 MG | | | |
| 61400020100310 | Methylphenidate HCl Tab 10 MG | | | |
| 61400020100315 | Methylphenidate HCl Tab 20 MG | | | |
| 61400020100403 | Methylphenidate HCl Tab CR 10 MG | | | |
| 61400020100405 | Methylphenidate HCl Tab CR 20 MG | | | |
| 61400020100460 | Methylphenidate HCl Tab SA OSM 18 MG | | | |
| 61400020100465 | Methylphenidate HCl Tab SA OSM 27 MG | | | |
| 61400020100470 | Methylphenidate HCl Tab SA OSM 36 MG | | | |
| 61400020100480 | Methylphenidate HCl Tab SA OSM 54 MG | | | |
| 61400020100510 | Methylphenidate HCl Chew Tab 2.5 MG | | | |
| 61400020100520 | Methylphenidate HCl Chew Tab 5 MG | | | |
| 61400020100530 | Methylphenidate HCl Chew Tab 10 MG | | | |
| 61400020102020 | Methylphenidate HCl Soln 5 MG/5ML | | | |
| 61400020102030 | Methylphenidate HCl Soln 10 MG/5ML | | | |
| 61400020107020 | Methylphenidate HCl Cap SR 24HR 20 MG (LA) | | | |
| 61400020107030 | Methylphenidate HCl Cap SR 24HR 30 MG (LA) | | | |
| 61400020107040 | Methylphenidate HCl Cap SR 24HR 40 MG (LA) | | | |
| 61400020107048 | Methylphenidate HCl Cap SR 24HR 60 MG (LA) | | | |
| 61400020107518 | Methylphenidate HCl Tab SR 24HR 18 MG | | | |
| 61400020107527 | Methylphenidate HCl Tab SR 24HR 27 MG | | | |
| 61400020107536 | Methylphenidate HCl Tab SR 24HR 36 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 61400020107554 | Methylphenidate HCl Tab SR 24HR 54 MG | | | |
| 61400024000310 | Modafinil Tab 100 MG | | | |
| 61400024000320 | Modafinil Tab 200 MG | | | |
| 62000030000303 | Pimozide Tab 1 MG | | | |
| 62000030000305 | Pimozide Tab 2 MG | | | |
| 62051025100310 | Donepezil Hydrochloride Tab 5 MG | | | |
| 62051025100320 | Donepezil Hydrochloride Tab 10 MG | | | |
| 62051025100330 | Donepezil Hydrochloride Tab 23 MG | | | |
| 62051025107210 | Donepezil Hydrochloride Orally Disintegrating Tab 5 MG | | | |
| 62051025107220 | Donepezil Hydrochloride Orally Disintegrating Tab 10 MG | | | |
| 62051030100320 | Galantamine Hydrobromide Tab 4 MG | | | |
| 62051030100330 | Galantamine Hydrobromide Tab 8 MG | | | |
| 62051030100340 | Galantamine Hydrobromide Tab 12 MG | | | |
| 62051030107020 | Galantamine Hydrobromide Cap SR 24HR 8 MG | | | |
| 62051030107030 | Galantamine Hydrobromide Cap SR 24HR 16 MG | | | |
| 62051030107040 | Galantamine Hydrobromide Cap SR 24HR 24 MG | | | |
| 62051040008520 | Rivastigmine TD Patch 24HR 4.6 MG/24HR | | | |
| 62051040008530 | Rivastigmine TD Patch 24HR 9.5 MG/24HR | | | |
| 62051040008540 | Rivastigmine TD Patch 24HR 13.3 MG/24HR | | | |
| 62051040200110 | Rivastigmine Tartrate Cap 1.5 MG | | | |
| 62051040200120 | Rivastigmine Tartrate Cap 3 MG | | | |
| 62051040200130 | Rivastigmine Tartrate Cap 4.5 MG | | | |
| 62051040200140 | Rivastigmine Tartrate Cap 6 MG | | | |
| 62053550100320 | Memantine HCl Tab 5 MG | | | |
| 62053550100330 | Memantine HCl Tab 10 MG | | | |
| 62053550100350 | Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak | | | |
| 62053550102020 | Memantine HCl Oral Solution 2 MG/ML | | | |
| 62100002107430 | Bupropion HCl (Smoking Deterrent) Tab SR 12HR 150 MG | | | |
| 62100005008520 | Nicotine TD Patch 24HR 7 MG/24HR | | | |
| 62100005008530 | Nicotine TD Patch 24HR 14 MG/24HR | | | |
| 62100005008540 | Nicotine TD Patch 24HR 21 MG/24HR | | | |
| 62100010002810 | Nicotine Polacrilex Gum 2 MG | | | |
| 62100010002820 | Nicotine Polacrilex Gum 4 MG | | | |
| 62100010004710 | Nicotine Polacrilex Lozenge 2 MG | | | |
| 62100010004720 | Nicotine Polacrilex Lozenge 4 MG | | | |
| 62206040000110 | Fluoxetine HCl (PMDD) Cap 10 MG | | | |
| 62206040000120 | Fluoxetine HCl (PMDD) Cap 20 MG | | | |
| 62206040000310 | Fluoxetine HCl (PMDD) Tab 10 MG | | | |
| 62206040000320 | Fluoxetine HCl (PMDD) Tab 20 MG | | | |
| 62380070000310 | Tetrabenazine Tab 12.5 MG | | | |
| 62380070000320 | Tetrabenazine Tab 25 MG | | | |
| 6240003010E520 | Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML | | | |
| 62802010200620 | Acamprosate Calcium Tab Delayed Release 333 MG | | | |
| 62802040000325 | Disulfiram Tab 250 MG | | | |
| 62802040000350 | Disulfiram Tab 500 MG | | | |
| 62992002200310 | Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG | | | |
| 62992002200320 | Chlordiazepoxide-Amitriptyline Tab 10-25 MG | | | |
| 62994002600310 | Perphenazine-Amitriptyline Tab 2-10 MG | | | |
| 62994002600315 | Perphenazine-Amitriptyline Tab 2-25 MG | | | |
| 62994002600320 | Perphenazine-Amitriptyline Tab 4-10 MG | | | |
| 62994002600325 | Perphenazine-Amitriptyline Tab 4-25 MG | | | |
| 62995002500110 | Olanzapine-Fluoxetine HCl Cap 3-25 MG | | | |
| 62995002500120 | Olanzapine-Fluoxetine HCl Cap 6-25 MG | | | |
| 62995002500125 | Olanzapine-Fluoxetine HCl Cap 6-50 MG | | | |
| 62995002500140 | Olanzapine-Fluoxetine HCl Cap 12-25 MG | | | |
| 62995002500145 | Olanzapine-Fluoxetine HCl Cap 12-50 MG | | | |
| 64100010000315 | Aspirin Tab 325 MG | | | |
| 64100010000510 | Aspirin Chew Tab 81 MG | | | |
| 64100010000601 | Aspirin Tab Delayed Release 81 MG | | | |
| 64100010000605 | Aspirin Tab Delayed Release 325 MG | | | |
| 64100050000310 | Diflunisal Tab 500 MG | | | |
| 64100075000305 | Salsalate Tab 500 MG | | | |
| 64100075000310 | Salsalate Tab 750 MG | | | |
| 64109902200910 | Choline & Magnesium Salicylates Liq 500 MG/5ML | | | |
| 64991002120304 | Butalbital-Acetaminophen Tab 25-325 MG | | | |
| 64991002120308 | Butalbital-Acetaminophen Tab 50-300 MG | | | |
| 64991002120310 | Butalbital-Acetaminophen Tab 50-325 MG | | | |
| 64991003100108 | Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG | | | |
| 64991003100110 | Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG | | | |
| 64991003100310 | Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG | | | |
| 64991003102020 | Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML | | | |
| 64991003300120 | Butalbital-Aspirin-Caffeine Cap 50-325-40 MG | | | |
| 65100020200305 | Codeine Sulfate Tab 15 MG | | | |
| 65100020200310 | Codeine Sulfate Tab 30 MG | | | |
| 65100020200315 | Codeine Sulfate Tab 60 MG | | | |
| 65100025008610 | Fentanyl TD Patch 72HR 12 MCG/HR | | | |
| 65100025008620 | Fentanyl TD Patch 72HR 25 MCG/HR | | | |
| 65100025008626 | Fentanyl TD Patch 72HR 37.5 MCG/HR | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 65100025008630 | Fentanyl TD Patch 72HR 50 MCG/HR | | | |
| 65100025008635 | Fentanyl TD Patch 72HR 62.5 MCG/HR | | | |
| 65100025008640 | Fentanyl TD Patch 72HR 75 MCG/HR | | | |
| 65100025008645 | Fentanyl TD Patch 72HR 87.5 MCG/HR | | | |
| 65100025008650 | Fentanyl TD Patch 72HR 100 MCG/HR | | | |
| 65100025102012 | Fentanyl Citrate Preservative Free (PF) Inj 100 MCG/2ML | | | |
| 65100025108450 | Fentanyl Citrate Lozenge on a Handle 200 MCG | | | |
| 65100025108455 | Fentanyl Citrate Lozenge on a Handle 400 MCG | | | |
| 65100025108465 | Fentanyl Citrate Lozenge on a Handle 800 MCG | | | |
| 65100025108485 | Fentanyl Citrate Lozenge on a Handle 1600 MCG | | | |
| 65100035100310 | Hydromorphone HCl Tab 2 MG | | | |
| 65100035100320 | Hydromorphone HCl Tab 4 MG | | | |
| 65100035100330 | Hydromorphone HCl Tab 8 MG | | | |
| 65100035100920 | Hydromorphone HCl Liqd 1 MG/ML | | | |
| 65100035102005 | Hydromorphone HCl Inj 1 MG/ML | | | |
| 65100035102010 | Hydromorphone HCl Inj 2 MG/ML | | | |
| 65100035102027 | Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML | | | |
| 65100035105205 | Hydromorphone HCl Suppos 3 MG | | | |
| 6510003510A820 | Hydromorphone HCl Tab ER 24HR Deter 8 MG | | | |
| 6510003510A830 | Hydromorphone HCl Tab ER 24HR Deter 12 MG | | | |
| 6510003510A840 | Hydromorphone HCl Tab ER 24HR Deter 16 MG | | | |
| 6510003510A855 | Hydromorphone HCl Tab ER 24HR Deter 32 MG | | | |
| 65100040100305 | Levorphanol Tartrate Tab 2 MG | | | |
| 65100045100305 | Meperidine HCl Tab 50 MG | | | |
| 65100045100310 | Meperidine HCl Tab 100 MG | | | |
| 65100045102010 | Meperidine HCl Inj 25 MG/ML | | | |
| 65100045102030 | Meperidine HCl Inj 100 MG/ML | | | |
| 65100050100305 | Methadone HCl Tab 5 MG | | | |
| 65100050100310 | Methadone HCl Tab 10 MG | | | |
| 65100050101310 | Methadone HCl Conc 10 MG/ML | | | |
| 65100050102010 | Methadone HCl Soln 5 MG/5ML | | | |
| 65100050102015 | Methadone HCl Soln 10 MG/5ML | | | |
| 65100050107320 | Methadone HCl Tab For Oral Susp 40 MG | | | |
| 65100055100310 | Morphine Sulfate Tab 15 MG | | | |
| 65100055100315 | Morphine Sulfate Tab 30 MG | | | |
| 65100055100415 | Morphine Sulfate Tab CR 15 MG | | | |
| 65100055100432 | Morphine Sulfate Tab CR 30 MG | | | |
| 65100055100445 | Morphine Sulfate Tab CR 60 MG | | | |
| 65100055100460 | Morphine Sulfate Tab CR 100 MG | | | |
| 65100055100480 | Morphine Sulfate Tab CR 200 MG | | | |
| 65100055102030 | Morphine Sulfate Inj 10 MG/ML | | | |
| 65100055102049 | Morphine Sulfate IV Soln 50 MG/ML | | | |
| 65100055102058 | Morphine Sulfate IV Soln PF 4 MG/ML | | | |
| 65100055102065 | Morphine Sulfate Oral Soln 10 MG/5ML | | | |
| 65100055102070 | Morphine Sulfate Oral Soln 20 MG/5ML | | | |
| 65100055102090 | Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML) | | | |
| 65100055105210 | Morphine Sulfate Suppos 10 MG | | | |
| 65100055107010 | Morphine Sulfate Cap SR 24HR 10 MG | | | |
| 65100055107020 | Morphine Sulfate Cap SR 24HR 20 MG | | | |
| 65100055107030 | Morphine Sulfate Cap SR 24HR 30 MG | | | |
| 65100055107040 | Morphine Sulfate Cap SR 24HR 50 MG | | | |
| 65100055107045 | Morphine Sulfate Cap SR 24HR 60 MG | | | |
| 65100055107050 | Morphine Sulfate Cap SR 24HR 80 MG | | | |
| 65100055107060 | Morphine Sulfate Cap SR 24HR 100 MG | | | |
| 65100055207020 | Morphine Sulfate Beads Cap SR 24HR 30 MG | | | |
| 65100055207025 | Morphine Sulfate Beads Cap SR 24HR 45 MG | | | |
| 65100055207030 | Morphine Sulfate Beads Cap SR 24HR 60 MG | | | |
| 65100055207035 | Morphine Sulfate Beads Cap SR 24HR 75 MG | | | |
| 65100055207040 | Morphine Sulfate Beads Cap SR 24HR 90 MG | | | |
| 65100055207050 | Morphine Sulfate Beads Cap SR 24HR 120 MG | | | |
| 65100075100110 | Oxycodone HCl Cap 5 MG | | | |
| 65100075100310 | Oxycodone HCl Tab 5 MG | | | |
| 65100075100320 | Oxycodone HCl Tab 10 MG | | | |
| 65100075100325 | Oxycodone HCl Tab 15 MG | | | |
| 65100075100330 | Oxycodone HCl Tab 20 MG | | | |
| 65100075100340 | Oxycodone HCl Tab 30 MG | | | |
| 65100075101320 | Oxycodone HCl Conc 100 MG/5ML (20 MG/ML) | | | |
| 65100075102005 | Oxycodone HCl Soln 5 MG/5ML | | | |
| 6510007510A710 | Oxycodone HCl Tab ER 12HR Deter 10 MG | | | |
| 6510007510A715 | Oxycodone HCl Tab ER 12HR Deter 15 MG | | | |
| 6510007510A720 | Oxycodone HCl Tab ER 12HR Deter 20 MG | | | |
| 6510007510A730 | Oxycodone HCl Tab ER 12HR Deter 30 MG | | | |
| 6510007510A740 | Oxycodone HCl Tab ER 12HR Deter 40 MG | | | |
| 6510007510A760 | Oxycodone HCl Tab ER 12HR Deter 60 MG | | | |
| 6510007510A780 | Oxycodone HCl Tab ER 12HR Deter 80 MG | | | |
| 65100080100305 | Oxymorphone HCl Tab 5 MG | | | |
| 65100080100310 | Oxymorphone HCl Tab 10 MG | | | |
| 65100080107405 | Oxymorphone HCl Tab SR 12HR 5 MG | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 65100080107407 | Oxymorphone HCl Tab SR 12HR 7.5 MG | | | |
| 65100080107410 | Oxymorphone HCl Tab SR 12HR 10 MG | | | |
| 65100080107415 | Oxymorphone HCl Tab SR 12HR 15 MG | | | |
| 65100080107420 | Oxymorphone HCl Tab SR 12HR 20 MG | | | |
| 65100080107430 | Oxymorphone HCl Tab SR 12HR 30 MG | | | |
| 65100080107440 | Oxymorphone HCl Tab SR 12HR 40 MG | | | |
| 65100095100320 | Tramadol HCl Tab 50 MG | | | |
| 65100095107070 | Tramadol HCl Cap SR 24HR Biphasic Release 100 MG | | | |
| 65100095107080 | Tramadol HCl Cap SR 24HR Biphasic Release 200 MG | | | |
| 65100095107090 | Tramadol HCl Cap SR 24HR Biphasic Release 300 MG | | | |
| 65100095107520 | Tramadol HCl Tab SR 24HR 100 MG | | | |
| 65100095107530 | Tramadol HCl Tab SR 24HR 200 MG | | | |
| 65100095107540 | Tramadol HCl Tab SR 24HR 300 MG | | | |
| 65100095107560 | Tramadol HCl Tab SR 24HR Biphasic Release 100 MG | | | |
| 65100095107570 | Tramadol HCl Tab SR 24HR Biphasic Release 200 MG | | | |
| 65100095107580 | Tramadol HCl Tab SR 24HR Biphasic Release 300 MG | | | |
| 65200010008820 | Buprenorphine TD Patch Weekly 5 MCG/HR | | | |
| 65200010008825 | Buprenorphine TD Patch Weekly 7.5 MCG/HR | | | |
| 65200010008830 | Buprenorphine TD Patch Weekly 10 MCG/HR | | | |
| 65200010008835 | Buprenorphine TD Patch Weekly 15 MCG/HR | | | |
| 65200010008840 | Buprenorphine TD Patch Weekly 20 MCG/HR | | | |
| 65200010100760 | Buprenorphine HCl SL Tab 2 MG (Base Equiv) | | | |
| 65200010100780 | Buprenorphine HCl SL Tab 8 MG (Base Equiv) | | | |
| 65200010200720 | Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv) | | | |
| 65200010200740 | Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv) | | | |
| 65200020102050 | Butorphanol Tartrate Nasal Soln 10 MG/ML | | | |
| 65200040300310 | Pentazocine w/ Naloxone Tab 50-0.5 MG | | | |
| 65990002200305 | Oxycodone w/ Acetaminophen Tab 2.5-325 MG | | | |
| 65990002200308 | Oxycodone w/ Acetaminophen Tab 5-300 MG | | | |
| 65990002200310 | Oxycodone w/ Acetaminophen Tab 5-325 MG | | | |
| 65990002200325 | Oxycodone w/ Acetaminophen Tab 7.5-300 MG | | | |
| 65990002200327 | Oxycodone w/ Acetaminophen Tab 7.5-325 MG | | | |
| 65990002200333 | Oxycodone w/ Acetaminophen Tab 10-300 MG | | | |
| 65990002200335 | Oxycodone w/ Acetaminophen Tab 10-325 MG | | | |
| 65990002220340 | Oxycodone-Aspirin Tab 4.8355-325 MG | | | |
| 65990002260320 | Oxycodone-Ibuprofen Tab 5-400 MG | | | |
| 65991002050310 | Acetaminophen w/ Codeine Tab 300-15 MG | | | |
| 65991002050315 | Acetaminophen w/ Codeine Tab 300-30 MG | | | |
| 65991002050320 | Acetaminophen w/ Codeine Tab 300-60 MG | | | |
| 659910020502020 | Acetaminophen w/ Codeine Soln 120-12 MG/5ML | | | |
| 65991004100113 | Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 MG | | | |
| 65991004100115 | Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG | | | |
| 65991004300115 | Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG | | | |
| 65991303050115 | Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 MG | | | |
| 65991702100302 | Hydrocodone-Acetaminophen Tab 2.5-325 MG | | | |
| 65991702100305 | Hydrocodone-Acetaminophen Tab 10-325 MG | | | |
| 65991702100309 | Hydrocodone-Acetaminophen Tab 5-300 MG | | | |
| 65991702100322 | Hydrocodone-Acetaminophen Tab 7.5-300 MG | | | |
| 65991702100356 | Hydrocodone-Acetaminophen Tab 5-325 MG | | | |
| 65991702100358 | Hydrocodone-Acetaminophen Tab 7.5-325 MG | | | |
| 65991702100375 | Hydrocodone-Acetaminophen Tab 10-300 MG | | | |
| 65991702102015 | Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML | | | |
| 65991702500315 | Hydrocodone-Ibuprofen Tab 5-200 MG | | | |
| 65991702500320 | Hydrocodone-Ibuprofen Tab 7.5-200 MG | | | |
| 65991702500330 | Hydrocodone-Ibuprofen Tab 10-200 MG | | | |
| 65995002200320 | Tramadol-Acetaminophen Tab 37.5-325 MG | | | |
| 66100007100330 | Diclofenac Potassium Tab 50 MG | | | |
| 66100007200610 | Diclofenac Sodium Tab Delayed Release 25 MG | | | |
| 66100007200620 | Diclofenac Sodium Tab Delayed Release 50 MG | | | |
| 66100007200630 | Diclofenac Sodium Tab Delayed Release 75 MG | | | |
| 66100007207530 | Diclofenac Sodium Tab SR 24HR 100 MG | | | |
| 66100008000120 | Etodolac Cap 200 MG | | | |
| 66100008000130 | Etodolac Cap 300 MG | | | |
| 66100008000310 | Etodolac Tab 400 MG | | | |
| 66100008000320 | Etodolac Tab 500 MG | | | |
| 66100008007520 | Etodolac Tab SR 24HR 400 MG | | | |
| 66100008007530 | Etodolac Tab SR 24HR 500 MG | | | |
| 66100008007540 | Etodolac Tab SR 24HR 600 MG | | | |
| 66100010100120 | Fenoprofen Calcium Cap 400 MG | | | |
| 66100010100305 | Fenoprofen Calcium Tab 600 MG | | | |
| 66100012000310 | Flurbiprofen Tab 50 MG | | | |
| 66100012000315 | Flurbiprofen Tab 100 MG | | | |
| 66100020000320 | Ibuprofen Tab 400 MG | | | |
| 66100020000330 | Ibuprofen Tab 600 MG | | | |
| 66100020000340 | Ibuprofen Tab 800 MG | | | |
| 66100020001820 | Ibuprofen Susp 100 MG/5ML | | | |
| 66100030000105 | Indomethacin Cap 25 MG | | | |
| 66100030000110 | Indomethacin Cap 50 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 66100030000205 | Indomethacin Cap CR 75 MG | | | |
| 66100030005205 | Indomethacin Suppos 50 MG | | | |
| 66100035000105 | Ketoprofen Cap 50 MG | | | |
| 66100035000110 | Ketoprofen Cap 75 MG | | | |
| 661000350007030 | Ketoprofen Cap SR 24HR 200 MG | | | |
| 66100037100320 | Ketorolac Tromethamine Tab 10 MG | | | |
| 66100037102015 | Ketorolac Tromethamine Inj 15 MG/ML | | | |
| 66100037102030 | Ketorolac Tromethamine Inj 30 MG/ML | | | |
| 66100037102071 | Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML) | | | |
| 66100040100110 | Meclofenamate Sodium Cap 100 MG | | | |
| 66100050000105 | Mefenamic Acid Cap 250 MG | | | |
| 66100052000320 | Meloxicam Tab 7.5 MG | | | |
| 66100052000330 | Meloxicam Tab 15 MG | | | |
| 661000520001820 | Meloxicam Susp 7.5 MG/5ML | | | |
| 66100055000320 | Nabumetone Tab 500 MG | | | |
| 66100055000330 | Nabumetone Tab 750 MG | | | |
| 66100060000305 | Naproxen Tab 250 MG | | | |
| 66100060000310 | Naproxen Tab 375 MG | | | |
| 66100060000315 | Naproxen Tab 500 MG | | | |
| 66100060000610 | Naproxen Tab EC 375 MG | | | |
| 66100060000615 | Naproxen Tab EC 500 MG | | | |
| 66100060001805 | Naproxen Susp 125 MG/5ML | | | |
| 66100060100305 | Naproxen Sodium Tab 275 MG | | | |
| 66100060100310 | Naproxen Sodium Tab 500 MG | | | |
| 66100060107520 | Naproxen Sodium Tab SR 24HR 375 MG (Base Equiv) | | | |
| 66100060107540 | Naproxen Sodium Tab SR 24HR 500 MG (Base Equiv) | | | |
| 66100065000320 | Oxaprozin Tab 600 MG | | | |
| 66100070000105 | Piroxicam Cap 10 MG | | | |
| 66100070000110 | Piroxicam Cap 20 MG | | | |
| 66100080000305 | Sulindac Tab 150 MG | | | |
| 66100080000310 | Sulindac Tab 200 MG | | | |
| 66100090100105 | Tolmetin Sodium Cap 400 MG | | | |
| 66100090100320 | Tolmetin Sodium Tab 600 MG | | | |
| 66100525000110 | Celecoxib Cap 50 MG | | | |
| 66100525000120 | Celecoxib Cap 100 MG | | | |
| 66100525000130 | Celecoxib Cap 200 MG | | | |
| 66100525000140 | Celecoxib Cap 400 MG | | | |
| 66109902200620 | Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG | | | |
| 66109902200630 | Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG | | | |
| 66280050000310 | Leflunomide Tab 10 MG | | | |
| 66280050000320 | Leflunomide Tab 20 MG | | | |
| 67000030102005 | Dihydroergotamine Mesylate Inj 1 MG/ML | | | |
| 67000030102060 | Dihydroergotamine Mesylate Nasal Spray 4 MG/ML | | | |
| 67406010100320 | Almotriptan Malate Tab 6.25 MG | | | |
| 67406010100330 | Almotriptan Malate Tab 12.5 MG | | | |
| 67406030100320 | Frovatriptan Succinate Tab 2.5 MG (Base Equivalent) | | | |
| 67406050100310 | Naratriptan HCl Tab 1 MG (Base Equiv) | | | |
| 67406050100320 | Naratriptan HCl Tab 2.5 MG (Base Equiv) | | | |
| 67406060100310 | Rizatriptan Benzoate Tab 5 MG (Base Equivalent) | | | |
| 67406060100320 | Rizatriptan Benzoate Tab 10 MG (Base Equivalent) | | | |
| 67406060107220 | Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq) | | | |
| 67406060107230 | Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq) | | | |
| 67406070002010 | Sumatriptan Nasal Spray 5 MG/ACT | | | |
| 67406070002040 | Sumatriptan Nasal Spray 20 MG/ACT | | | |
| 67406070100305 | Sumatriptan Succinate Tab 25 MG | | | |
| 67406070100310 | Sumatriptan Succinate Tab 50 MG | | | |
| 67406070100320 | Sumatriptan Succinate Tab 100 MG | | | |
| 67406070102010 | Sumatriptan Succinate Inj 6 MG/0.5ML | | | |
| 6740607010D510 | Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML | | | |
| 6740607010D520 | Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML | | | |
| ##### | Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML | | | |
| ##### | Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML | | | |
| 6740607010E520 | Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML | | | |
| 67406080000320 | Zolmitriptan Tab 2.5 MG | | | |
| 67406080000330 | Zolmitriptan Tab 5 MG | | | |
| 67406080007220 | Zolmitriptan Orally Disintegrating Tab 2.5 MG | | | |
| 67406080007230 | Zolmitriptan Orally Disintegrating Tab 5 MG | | | |
| 67990003070310 | Isometheptene-Caffeine-Acetaminophen Tab 65-20-325 MG | | | |
| 67990003100110 | Isometheptene-Dichloral-Acetaminophen Cap 65-100-325 MG | | | |
| 67991002100310 | Ergotamine w/ Caffeine Tab 1-100 MG | | | |
| 67991002105220 | Ergotamine w/ Caffeine Suppos 2-100 MG | | | |
| 68000010000305 | Allopurinol Tab 100 MG | | | |
| 68000010000310 | Allopurinol Tab 300 MG | | | |
| 68000020000120 | Colchicine Cap 0.6 MG | | | |
| 68000020000310 | Colchicine Tab 0.6 MG | | | |
| 68100010000310 | Probenecid Tab 500 MG | | | |
| 68990002100310 | Colchicine w/ Probenecid Tab 0.5-500 MG | | | |
| 69100010102010 | Bupivacaine HCl Inj 0.5% | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 69100010102012 | Bupivacaine HCl Preservative Free (PF) Inj 0.5% | | | |
| 69100010102018 | Bupivacaine HCl Preservative Free (PF) Inj 0.75% | | | |
| 69100040102010 | Lidocaine HCl Local Inj 1% | | | |
| 69100040102011 | Lidocaine HCl Local Preservative Free (PF) Inj 1% | | | |
| 69100040102020 | Lidocaine HCl Local Inj 2% | | | |
| 69100040102021 | Lidocaine HCl Local Preservative Free (PF) Inj 2% | | | |
| 69100040102026 | Lidocaine HCl Local Preservative Free (PF) Inj 4% | | | |
| 70400020102010 | Ketamine HCl Inj 50 MG/ML | | | |
| 72100010000305 | Clonazepam Tab 0.5 MG | | | |
| 72100010000310 | Clonazepam Tab 1 MG | | | |
| 72100010000315 | Clonazepam Tab 2 MG | | | |
| 72100010007210 | Clonazepam Orally Disintegrating Tab 0.125 MG | | | |
| 72100010007215 | Clonazepam Orally Disintegrating Tab 0.25 MG | | | |
| 72100010007220 | Clonazepam Orally Disintegrating Tab 0.5 MG | | | |
| 72100010007230 | Clonazepam Orally Disintegrating Tab 1 MG | | | |
| 72100010007240 | Clonazepam Orally Disintegrating Tab 2 MG | | | |
| 72100030004030 | Diazepam Rectal Gel Delivery System 2.5 MG | | | |
| 72100030004040 | Diazepam Rectal Gel Delivery System 10 MG | | | |
| 72100030004060 | Diazepam Rectal Gel Delivery System 20 MG | | | |
| 72120020000310 | Felbamate Tab 400 MG | | | |
| 72120020000320 | Felbamate Tab 600 MG | | | |
| 72120020001810 | Felbamate Susp 600 MG/5ML | | | |
| 72170070100302 | Tiagabine HCl Tab 2 MG | | | |
| 72170070100305 | Tiagabine HCl Tab 4 MG | | | |
| 72200030000505 | Phenytoin Chew Tab 50 MG | | | |
| 72200030001810 | Phenytoin Susp 125 MG/5ML | | | |
| 72200030200105 | Phenytoin Sodium Extended Cap 30 MG | | | |
| 72200030200110 | Phenytoin Sodium Extended Cap 100 MG | | | |
| 72200030200120 | Phenytoin Sodium Extended Cap 200 MG | | | |
| 72200030200130 | Phenytoin Sodium Extended Cap 300 MG | | | |
| 72400010000105 | Ethosuximide Cap 250 MG | | | |
| 72400010002005 | Ethosuximide Soln 250 MG/5ML | | | |
| 72500010100605 | Divalproex Sodium Tab Delayed Release 125 MG | | | |
| 72500010100610 | Divalproex Sodium Tab Delayed Release 250 MG | | | |
| 72500010100615 | Divalproex Sodium Tab Delayed Release 500 MG | | | |
| 72500010107520 | Divalproex Sodium Tab SR 24 HR 250 MG | | | |
| 72500010107530 | Divalproex Sodium Tab SR 24 HR 500 MG | | | |
| 7250001010H120 | Divalproex Sodium Cap Delayed Release Sprinkle 125 MG | | | |
| 72500030000105 | Valproic Acid Cap 250 MG | | | |
| 72600020000305 | Carbamazepine Tab 200 MG | | | |
| 72600020000505 | Carbamazepine Chew Tab 100 MG | | | |
| 72600020001810 | Carbamazepine Susp 100 MG/5ML | | | |
| 72600020006910 | Carbamazepine Cap SR 12HR 100 MG | | | |
| 72600020006920 | Carbamazepine Cap SR 12HR 200 MG | | | |
| 72600020006930 | Carbamazepine Cap SR 12HR 300 MG | | | |
| 72600020007410 | Carbamazepine Tab SR 12HR 100 MG | | | |
| 72600020007420 | Carbamazepine Tab SR 12HR 200 MG | | | |
| 72600020007440 | Carbamazepine Tab SR 12HR 400 MG | | | |
| 72600030000110 | Gabapentin Cap 100 MG | | | |
| 72600030000130 | Gabapentin Cap 300 MG | | | |
| 72600030000140 | Gabapentin Cap 400 MG | | | |
| 72600030000330 | Gabapentin Tab 600 MG | | | |
| 72600030000340 | Gabapentin Tab 800 MG | | | |
| 72600030002020 | Gabapentin Oral Soln 250 MG/5ML | | | |
| 72600040000310 | Lamotrigine Tab 25 MG | | | |
| 72600040000330 | Lamotrigine Tab 100 MG | | | |
| 72600040000335 | Lamotrigine Tab 150 MG | | | |
| 72600040000340 | Lamotrigine Tab 200 MG | | | |
| 72600040000510 | Lamotrigine Tab Chewable Dispersible 5 MG | | | |
| 72600040000520 | Lamotrigine Tab Chewable Dispersible 25 MG | | | |
| 72600040006450 | Lamotrigine Tab Disp 25 MG (21) & 50 MG (7) Titration Kit | | | |
| 72600040006460 | Lamotrigine Tab Disp 25 (14) & 50 MG (14) & 100 MG (7) Kit | | | |
| 72600040007225 | Lamotrigine Orally Disintegrating Tab 25 MG | | | |
| 72600040007230 | Lamotrigine Orally Disintegrating Tab 50 MG | | | |
| 72600040007240 | Lamotrigine Orally Disintegrating Tab 100 MG | | | |
| 72600040007250 | Lamotrigine Orally Disintegrating Tab 200 MG | | | |
| 72600040007510 | Lamotrigine Tab SR 24HR 25 MG | | | |
| 72600040007520 | Lamotrigine Tab SR 24HR 50 MG | | | |
| 72600040007530 | Lamotrigine Tab SR 24HR 100 MG | | | |
| 72600040007540 | Lamotrigine Tab SR 24HR 200 MG | | | |
| 72600040007545 | Lamotrigine Tab SR 24HR 250 MG | | | |
| 72600040007550 | Lamotrigine Tab SR 24HR 300 MG | | | |
| 72600043000320 | Levetiracetam Tab 250 MG | | | |
| 72600043000330 | Levetiracetam Tab 500 MG | | | |
| 72600043000340 | Levetiracetam Tab 750 MG | | | |
| 72600043000350 | Levetiracetam Tab 1000 MG | | | |
| 72600043002020 | Levetiracetam Oral Soln 100 MG/ML | | | |
| 72600043002060 | Levetiracetam Inj 500 MG/5ML (100 MG/ML) | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 72600043007520 | Levetiracetam Tab SR 24HR 500 MG | | | |
| 72600043007530 | Levetiracetam Tab SR 24HR 750 MG | | | |
| 72600046000310 | Oxcarbazepine Tab 150 MG | | | |
| 72600046000320 | Oxcarbazepine Tab 300 MG | | | |
| 72600046000340 | Oxcarbazepine Tab 600 MG | | | |
| 72600046001820 | Oxcarbazepine Susp 300 MG/5ML (60 MG/ML) | | | |
| 72600060000305 | Primidone Tab 50 MG | | | |
| 72600060000310 | Primidone Tab 250 MG | | | |
| 72600075000310 | Topiramate Tab 25 MG | | | |
| 72600075000320 | Topiramate Tab 50 MG | | | |
| 72600075000330 | Topiramate Tab 100 MG | | | |
| 72600075000340 | Topiramate Tab 200 MG | | | |
| 72600075006820 | Topiramate Sprinkle Cap 15 MG | | | |
| 72600075006830 | Topiramate Sprinkle Cap 25 MG | | | |
| 7260007500F310 | Topiramate Cap ER 24HR Sprinkle 25 MG | | | |
| 7260007500F320 | Topiramate Cap ER 24HR Sprinkle 50 MG | | | |
| 7260007500F330 | Topiramate Cap ER 24HR Sprinkle 100 MG | | | |
| 7260007500F340 | Topiramate Cap ER 24HR Sprinkle 150 MG | | | |
| 7260007500F350 | Topiramate Cap ER 24HR Sprinkle 200 MG | | | |
| 72600090000105 | Zonisamide Cap 25 MG | | | |
| 72600090000110 | Zonisamide Cap 50 MG | | | |
| 72600090000120 | Zonisamide Cap 100 MG | | | |
| 73100010100305 | Benzotropine Mesylate Tab 0.5 MG | | | |
| 73100010100310 | Benzotropine Mesylate Tab 1 MG | | | |
| 73100010100315 | Benzotropine Mesylate Tab 2 MG | | | |
| 73100070100310 | Trihexyphenidyl HCl Tab 2 MG | | | |
| 73100070100320 | Trihexyphenidyl HCl Tab 5 MG | | | |
| 73100070101005 | Trihexyphenidyl HCl Elixir 0.4 MG/ML | | | |
| 73152070000320 | Tolcapone Tab 100 MG | | | |
| 73153030000320 | Entacapone Tab 200 MG | | | |
| 73200010100105 | Amantadine HCl Cap 100 MG | | | |
| 73200010100310 | Amantadine HCl Tab 100 MG | | | |
| 73200010101205 | Amantadine HCl Syrup 50 MG/5ML | | | |
| 73200020100105 | Bromocriptine Mesylate Cap 5 MG (Base Equivalent) | | | |
| 73200020100305 | Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent) | | | |
| 73203060100305 | Pramipexole Dihydrochloride Tab 0.125 MG | | | |
| 73203060100310 | Pramipexole Dihydrochloride Tab 0.25 MG | | | |
| 73203060100315 | Pramipexole Dihydrochloride Tab 0.5 MG | | | |
| 73203060100317 | Pramipexole Dihydrochloride Tab 0.75 MG | | | |
| 73203060100320 | Pramipexole Dihydrochloride Tab 1 MG | | | |
| 73203060100330 | Pramipexole Dihydrochloride Tab 1.5 MG | | | |
| 73203060107520 | Pramipexole Dihydrochloride Tab SR 24HR 0.375 MG | | | |
| 73203060107530 | Pramipexole Dihydrochloride Tab SR 24HR 0.75 MG | | | |
| 73203060107540 | Pramipexole Dihydrochloride Tab SR 24HR 1.5 MG | | | |
| 73203060107545 | Pramipexole Dihydrochloride Tab SR 24HR 2.25 MG | | | |
| 73203060107550 | Pramipexole Dihydrochloride Tab SR 24HR 3 MG | | | |
| 73203060107555 | Pramipexole Dihydrochloride Tab SR 24HR 3.75 MG | | | |
| 73203060107560 | Pramipexole Dihydrochloride Tab SR 24HR 4.5 MG | | | |
| 73203070100310 | Ropinirole Hydrochloride Tab 0.25 MG | | | |
| 73203070100315 | Ropinirole Hydrochloride Tab 0.5 MG | | | |
| 73203070100320 | Ropinirole Hydrochloride Tab 1 MG | | | |
| 73203070100330 | Ropinirole Hydrochloride Tab 2 MG | | | |
| 73203070100337 | Ropinirole Hydrochloride Tab 3 MG | | | |
| 73203070100344 | Ropinirole Hydrochloride Tab 4 MG | | | |
| 73203070100350 | Ropinirole Hydrochloride Tab 5 MG | | | |
| 73203070107520 | Ropinirole Hydrochloride Tab SR 24HR 2 MG (Base Equivalent) | | | |
| 73203070107530 | Ropinirole Hydrochloride Tab SR 24HR 4 MG (Base Equivalent) | | | |
| 73203070107535 | Ropinirole Hydrochloride Tab SR 24HR 6 MG (Base Equivalent) | | | |
| 73203070107540 | Ropinirole Hydrochloride Tab SR 24HR 8 MG (Base Equivalent) | | | |
| 73203070107550 | Ropinirole Hydrochloride Tab SR 24HR 12 MG (Base Equivalent) | | | |
| 73209902100310 | Carbidopa & Levodopa Tab 10-100 MG | | | |
| 73209902100320 | Carbidopa & Levodopa Tab 25-100 MG | | | |
| 73209902100330 | Carbidopa & Levodopa Tab 25-250 MG | | | |
| 73209902100410 | Carbidopa & Levodopa Tab CR 25-100 MG | | | |
| 73209902100420 | Carbidopa & Levodopa Tab CR 50-200 MG | | | |
| 73209902107210 | Carbidopa & Levodopa Orally Disintegrating Tab 10-100 MG | | | |
| 73209902107220 | Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG | | | |
| 73209902107230 | Carbidopa & Levodopa Orally Disintegrating Tab 25-250 MG | | | |
| 73209903300320 | Carbidopa-Levodopa-Entacapone Tabs 12.5-50-200 MG | | | |
| 73209903300325 | Carbidopa-Levodopa-Entacapone Tabs 18.75-75-200 MG | | | |
| 73209903300330 | Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG | | | |
| 73209903300335 | Carbidopa-Levodopa-Entacapone Tabs 31.25-125-200 MG | | | |
| 73209903300340 | Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG | | | |
| 73209903300350 | Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG | | | |
| 73300025200320 | Rasagiline Mesylate Tab 0.5 MG (Base Equiv) | | | |
| 73300025200330 | Rasagiline Mesylate Tab 1 MG (Base Equiv) | | | |
| 73300030100120 | Selegiline HCl Cap 5 MG | | | |
| 73300030100320 | Selegiline HCl Tab 5 MG | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 73403030000320 | Carbidopa Tab 25 MG | | | |
| 74503070000320 | Riluzole Tab 50 MG | | | |
| 75100010000305 | Baclofen Tab 10 MG | | | |
| 75100010000310 | Baclofen Tab 20 MG | | | |
| 75100010002900 | Baclofen Powder | | | |
| 75100020000304 | Carisoprodol Tab 250 MG | | | |
| 75100020000305 | Carisoprodol Tab 350 MG | | | |
| 75100040000307 | Chlorzoxazone Tab 375 MG | | | |
| 75100040000310 | Chlorzoxazone Tab 500 MG | | | |
| 75100040000320 | Chlorzoxazone Tab 750 MG | | | |
| 75100050100303 | Cyclobenzaprine HCl Tab 5 MG | | | |
| 75100050100304 | Cyclobenzaprine HCl Tab 7.5 MG | | | |
| 75100050100305 | Cyclobenzaprine HCl Tab 10 MG | | | |
| 75100060000310 | Metaxalone Tab 400 MG | | | |
| 75100060000320 | Metaxalone Tab 800 MG | | | |
| 75100070000305 | Methocarbamol Tab 500 MG | | | |
| 75100070000310 | Methocarbamol Tab 750 MG | | | |
| 75100080102005 | Orphenadrine Citrate Inj 30 MG/ML | | | |
| 75100080107410 | Orphenadrine Citrate Tab SR 12HR 100 MG | | | |
| 75100090100110 | Tizanidine HCl Cap 2 MG (Base Equivalent) | | | |
| 75100090100120 | Tizanidine HCl Cap 4 MG (Base Equivalent) | | | |
| 75100090100130 | Tizanidine HCl Cap 6 MG (Base Equivalent) | | | |
| 75100090100310 | Tizanidine HCl Tab 2 MG (Base Equivalent) | | | |
| 75100090100320 | Tizanidine HCl Tab 4 MG (Base Equivalent) | | | |
| 75200010100105 | Dantrolene Sodium Cap 25 MG | | | |
| 75200010100110 | Dantrolene Sodium Cap 50 MG | | | |
| 75200010100115 | Dantrolene Sodium Cap 100 MG | | | |
| 75990002100310 | Carisoprodol w/ Aspirin Tab 200-325 MG | | | |
| 75990003100310 | Carisoprodol w/ Aspirin & Codeine Tab 200-325-16 MG | | | |
| 76000050100305 | Pyridostigmine Bromide Tab 60 MG | | | |
| 76000050100405 | Pyridostigmine Bromide Tab CR 180 MG | | | |
| 77101010102005 | Thiamine HCl Inj 100 MG/ML | | | |
| 77105010002005 | Pyridoxine HCl Inj 100 MG/ML | | | |
| 77108010002020 | Ascorbic Acid Inj 500 MG/ML | | | |
| 77202030000110 | Ergocalciferol Cap 50000 Unit | | | |
| 77202032000105 | Cholecalciferol Cap 400 Unit | | | |
| 77202032000320 | Cholecalciferol Tab 400 Unit | | | |
| 77202032000520 | Cholecalciferol Chew Tab 400 Unit | | | |
| 77202032000915 | Cholecalciferol Oral Liquid 400 Unit/ML | | | |
| 772040300002010 | Phytonadione Inj 10 MG/ML | | | |
| 78110000002200 | *B-Complex Vitamin Inj** | | | |
| 78133000000130 | *B-Complex w/ C & Folic Acid Cap 1 MG*** | | | |
| 78133000000330 | *B-Complex w/ C & Folic Acid Tab 1 MG*** | | | |
| 78133000000350 | *B-Complex w/ C & Folic Acid Tab 5 MG*** | | | |
| 78310000000100 | *Multiple Vitamins w/ Minerals Cap** | | | |
| 78310000000300 | *Multiple Vitamins w/ Minerals Tab** | | | |
| 78313010000320 | *Multiple Vitamins w/ Minerals & FA Tab 1.25 MG*** | | | |
| 784405000002010 | *Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML*** | | | |
| 784405000002020 | *Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML*** | | | |
| 78440720001810 | *Ped Vit ACD & L-Methylfol w/ Fl Biphasic Susp 0.25 MG/ML*** | | | |
| 78441000000505 | *Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG*** | | | |
| 78441000000510 | *Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG*** | | | |
| 78441000000520 | *Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG*** | | | |
| 784410000002005 | *Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML*** | | | |
| 784410000002010 | *Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML*** | | | |
| 784500000002008 | *Pediatric Multiple Vitamins w/ Fl-Fe Drops 0.25-10 MG/ML** | | | |
| 784520000002010 | *Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML*** | | | |
| 785100180000520 | *Prenat w/ B2-B6-B12-D3-Folic Acid Chew Tab 1.4 MG** | | | |
| 78512010000330 | *Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG*** | | | |
| 78512015000324 | *Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG*** | | | |
| 78512015000329 | *Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG*** | | | |
| 78512015000332 | *Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG*** | | | |
| 78512015000366 | *Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG*** | | | |
| 78512015000530 | *Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG*** | | | |
| 78512016000130 | *Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA-Omega 3 Cap 27-1MG*** | | | |
| 78512018000116 | *Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG*** | | | |
| 78512018000117 | *Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-215.8 MG*** | | | |
| 78512022000320 | *Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG*** | | | |
| 78512060000325 | *Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG*** | | | |
| 78512061000130 | *Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 28-1-250 MG*** | | | |
| 78512062000130 | *Prenat w/o A w/ Fe Fumerate-Methylfolate-FA-Omega 3 Cap*** | | | |
| 78512065000375 | *Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG*** | | | |
| 78512067006340 | *Prenat w/o A w/ Fe Bisglyc-FA Tab 32-1 MG & Omega Cap Pack* | | | |
| 78512070000330 | *Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG*** | | | |
| 78512079000230 | *Prenat w/oA w/FeFum-Na Fered-FA-DHA Cap CR 30-1.4-200 MG*** | | | |
| 78512087006335 | *Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap Pck* | | | |
| 78512090000335 | *Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 28-6-1 MG*** | | | |
| 78512091000135 | *Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG*** | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
|--|--|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 78512094000127 | *Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG*** | | | |
| 78516020006330 | *Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pack * | | | |
| 78516023000140 | *Prenat w/o A w/FeCbn-Methylf-FA-DHA Cap 31-0.6-0.4-200 MG** | | | |
| 78516024000125 | *Prenat w/o A w/FeFum-Methylf-FA-DHA Cap 27-0.6-0.4-300 MG** | | | |
| 78516024000140 | *Prenat w/o A w/FeFum-Methylf-FA-DHA Cap 30-0.6-0.4-200 MG** | | | |
| 78516032000130 | *Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 29-1-200 MG*** | | | |
| 78516032006325 | *Prenatal MV w/Fe Poly-FA Chw 29-1 MG & DHA Cap 250 MG Pak * | | | |
| 78516035000130 | *Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 28-1-250 MG*** | | | |
| 78516037000138 | *Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 27-1.25-300 MG* | | | |
| 78516037000170 | *Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 MG* | | | |
| 78516040006327 | *Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 250 MG Pack* | | | |
| 78516040006340 | *Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 300 MG Pack* | | | |
| 78516040006370 | *Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 &DHA Cap 300MG Pak* | | | |
| 78516047000130 | *Prenat w/o A w/Fe Fum-Fe Cbn-DSS-FA-DHA Cap 27-1-260 MG*** | | | |
| 78516050000130 | *Prenat-Fe Poly Cmplx-Fe Heme Poly-FA-DHA Cap 22-6-1-200 MG* | | | |
| 78516069006340 | *Prenat w/o A w/Fe Chel-FA Tab 30-1.4 MG & DHA Cap 300MG Pk* | | | |
| 78516070006335 | *Prenat w/o A w/ Fe Chelate-L Methylfol-FA Tab & DHA Cap Pk* | | | |
| 79050020002025 | Sodium Bicarbonate Inj 8.4% | | | |
| 79109907203125 | Ca Carb-Folic Acid-Vit D-B6-B12-Boron-Mag Wafer 1342-1 MG | | | |
| 79300020000505 | Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF) | | | |
| 79300020000510 | Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF) | | | |
| 79300020002050 | Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF) | | | |
| 79400010402020 | Magnesium Sulfate Inj 50% | | | |
| 79600030100320 | Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG | | | |
| 79700020000810 | Potassium Bicarbonate Effer Tab 25 mEq | | | |
| 79700030000205 | Potassium Chloride Cap CR 8 mEq | | | |
| 79700030000210 | Potassium Chloride Cap CR 10 mEq | | | |
| 79700030000420 | Potassium Chloride Tab CR 8 mEq (600 MG) | | | |
| 79700030000430 | Potassium Chloride Tab CR 10 mEq | | | |
| 79700030000445 | Potassium Chloride Tab CR 20 mEq (1500 MG) | | | |
| 79700030002005 | Potassium Chloride Inj 2 mEq/ML | | | |
| 79700030002085 | Potassium Chloride Oral Soln 10% (20 MEQ/15ML) | | | |
| 79700030002095 | Potassium Chloride Oral Soln 20% (40 MEQ/15ML) | | | |
| 79700030003015 | Potassium Chloride Powder Packet 20 mEq | | | |
| 79700030100430 | Potassium Chloride Microencapsulated Crys CR Tab 10 mEq | | | |
| 79700030100435 | Potassium Chloride Microencapsulated Crys CR Tab 15 mEq | | | |
| 79700030100440 | Potassium Chloride Microencapsulated Crys CR Tab 20 mEq | | | |
| 79709902100810 | Pot Bicarbonate & Chloride Effer Tab 25 mEq | | | |
| 79750010002010 | Sodium Chloride Inj 0.45% | | | |
| 79750010002020 | Sodium Chloride Inj 0.9% | | | |
| 79750010002021 | Sodium Chloride IV Soln 0.9% | | | |
| 79750010002045 | Sodium Chloride Inj 4 mEq/ML (23.4%) | | | |
| 79750010102024 | Sodium Chloride Flush IV Soln 0.9% | | | |
| 79800010000120 | Zinc Sulfate Cap 220 MG (50 MG Elemental Zn) | | | |
| 79992001202010 | Lactated Ringer's Solution | | | |
| 79992002102020 | KCl 20 MEQ/L (0.15%) in NaCl 0.9% Inj | | | |
| 79993002202030 | Dextrose 5% w/ Sodium Chloride 0.45% | | | |
| 79993002202035 | Dextrose 5% w/ Sodium Chloride 0.9% | | | |
| 79993002302020 | Dextrose 5% in Lactated Ringers | | | |
| 79993003102015 | KCl 10 MEQ/L (0.075%) in Dextrose 5% & NaCl 0.45% Inj | | | |
| 79993003102025 | KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.45% Inj | | | |
| 80100010002045 | Alcohol Absolute Inj 98% | | | |
| 80100020002015 | Dextrose Inj 5% | | | |
| 80100020002050 | Dextrose Inj 50% | | | |
| 80100020002060 | Dextrose Inj 70% | | | |
| 80200010001620 | Fat Emulsion IV Soln 20% | | | |
| 80302010102040 | *Amino Acid Infusion 10%*** | | | |
| 80302010102060 | *Amino Acid Infusion 15%*** | | | |
| 80303002000140 | Acetylcysteine Cap 600 MG | | | |
| 80303012002900 | Glutamine Powder (Bulk) | | | |
| 80303014002900 | Isoleucine Powder | | | |
| 80303085002900 | Valine Powder | | | |
| 81200000000900 | *Nutritional Supplement Liquid** | | | |
| 81250060000320 | *L-Methylfolate Tab 7.5 MG** | | | |
| 81250060000330 | *L-Methylfolate Tab 15 MG** | | | |
| 81259902400120 | *L-Methylfolate-Algae Cap 7.5-90.314 MG*** | | | |
| 81259902400130 | *L-Methylfolate-Algae Cap 15-90.314 MG*** | | | |
| 81259903250340 | Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG | | | |
| 81259903350120 | *Genistein-Zinc Amino Acid Chelate-Vitamin D Cap*** | | | |
| 81259903500322 | *L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG*** | | | |
| 81259903550310 | *L-Methylfolate w/ Vit B6-Vit B12 Tab 1.13-25-2 MG*** | | | |
| 81259903550330 | *L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG*** | | | |
| 81259904400320 | *L-Methylfolate-Algae-B12-Acetylcyst Tab 6-90.314-2-600MG*** | | | |
| 81259904500130 | *L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG*** | | | |
| 81259904600320 | *L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG*** | | | |
| 81259900000100 | *Dietary Management Product - Caps*** | | | |
| 81259900000300 | *Dietary Management Product - Tabs*** | | | |
| 82100010002015 | Cyanocobalamin Inj 1000 MCG/ML | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C |
|--|---|--|---|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) A-rated or Authorized Generic Available? |
| 82100020002010 | Hydroxocobalamin Inj 1000 MCG/ML | | |
| 82200010000305 | Folic Acid Tab 400 MCG | | |
| 82200010000310 | Folic Acid Tab 800 MCG | | |
| 82200010000315 | Folic Acid Tab 1 MG | | |
| 82200010002005 | Folic Acid Inj 5 MG/ML | | |
| 82300010000925 | Ferrous Sulfate Liquid 220 MG/5ML (44 MG/5ML Elemental Fe) | | |
| 82300010001010 | Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe) | | |
| 82300010002003 | Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe) | | |
| 82300040002010 | Iron Dextran Inj 50 MG/ML (Elemental Iron) | | |
| 82300085102020 | Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq) | | |
| 82991000003000 | *Cobalamine Combination Tab*** | | |
| 82991502400120 | Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT | | |
| 82991502400130 | Folic Acid-Cholecalciferol Cap 1 MG-5750 UNIT | | |
| 82991502400318 | Folic Acid-Cholecalciferol Tab 1 MG-500 UNIT | | |
| 82991502400324 | Folic Acid-Cholecalciferol Tab 1 MG-2500 UNIT | | |
| 82991503200325 | Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 MG | | |
| 82991503200328 | Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG | | |
| 82991503200335 | Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG | | |
| 82991505400120 | *Folic Acid-Vit B6-Vit B12-Omega 3-Phytosterols Cap 1 MG*** | | |
| 82991506500120 | *Folic Acid-B6-B12-D-Omega 3-Phytosterols Cap 1 MG*** | | |
| 82992000000100 | *Iron Combination Cap*** | | |
| 82992000000300 | *Iron Combination Tab*** | | |
| 82992003400120 | Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG | | |
| 82992004300330 | Iron-Vit C-Vit B12-Folic Acid Tab 100-250-0.025-1 MG | | |
| 82992004340140 | Fe Fumarate-Vit C-Vit B12-FA Cap 460 (151 Fe)-60-0.01-1 MG | | |
| 82992005250130 | Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG | | |
| 82992006150320 | *Fe Asparto Gly-Succ Acid-C-Threonic Acid-B12-Des Stom Tab*** | | |
| 82992006500320 | Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 MG | | |
| 82992007500320 | *Fe Aspart Gly-Fe Fum-Succ Acid-C-Threonic Acid-B12-FA Tab*** | | |
| 82992007600120 | *Fe Asp Gly-Fe Polysacch-Succ Ac-C-Threon Ac-B12-FA Cap*** | | |
| 82992008200330 | *Iron-Docusate-B12-Folic Acid-C-E-Cu-Biotin Tab 150-1 MG*** | | |
| 82992008600130 | *Fe Fum-Iron Polysacch Complex-FA-B Cmplx-C-Zn-Mn-Cu Cap*** | | |
| 82992008700330 | *Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 MG*** | | |
| 82994002200350 | Ferrous Fumarate-Folic Acid Tab 324-1 MG | | |
| 82995004400320 | Polysacch Fe Cmplx-Fe Heme Poly-FA-B12 Tab 22-6-1-0.025 MG | | |
| 82995005300330 | *Iron-Folic Acid-Vit B12-Vit C-Docusate Sod Tab 90-1 MG*** | | |
| 82995005406320 | *Fe Asparto Gly-Fe Fum-B12-FA-C-Succinic Ac Tab Ther Pack** | | |
| 82995006350330 | *Fe Carbonyl-Fe Gluconate-FA-Vit B12-Vit C-DSS Tab 90-1 MG** | | |
| 83100020202015 | Heparin Sodium (Porcine) Inj 1000 Unit/ML | | |
| 83100020202025 | Heparin Sodium (Porcine) Inj 5000 Unit/ML | | |
| 83100020202034 | Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML | | |
| 83100020202035 | Heparin Sodium (Porcine) Inj 10000 Unit/ML | | |
| 83100020202045 | Heparin Sodium (Porcine) Inj 20000 Unit/ML | | |
| 83100020302020 | Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML | | |
| 83100020302030 | Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML | | |
| 83101020102012 | Enoxaparin Sodium Inj 30 MG/0.3ML | | |
| 83101020102013 | Enoxaparin Sodium Inj 40 MG/0.4ML | | |
| 83101020102014 | Enoxaparin Sodium Inj 60 MG/0.6ML | | |
| 83101020102015 | Enoxaparin Sodium Inj 80 MG/0.8ML | | |
| 83101020102016 | Enoxaparin Sodium Inj 100 MG/ML | | |
| 83101020102018 | Enoxaparin Sodium Inj 120 MG/0.8ML | | |
| 83101020102020 | Enoxaparin Sodium Inj 150 MG/ML | | |
| 83101020102050 | Enoxaparin Sodium Inj 300 MG/3ML | | |
| 83103030102020 | Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML | | |
| 83103030102035 | Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML | | |
| 83103030102040 | Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML | | |
| 83103030102045 | Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML | | |
| 83200030200303 | Warfarin Sodium Tab 1 MG | | |
| 83200030200305 | Warfarin Sodium Tab 2 MG | | |
| 83200030200310 | Warfarin Sodium Tab 2.5 MG | | |
| 83200030200311 | Warfarin Sodium Tab 3 MG | | |
| 83200030200313 | Warfarin Sodium Tab 4 MG | | |
| 83200030200315 | Warfarin Sodium Tab 5 MG | | |
| 83200030200317 | Warfarin Sodium Tab 6 MG | | |
| 83200030200320 | Warfarin Sodium Tab 7.5 MG | | |
| 83200030200325 | Warfarin Sodium Tab 10 MG | | |
| 84100010000305 | Aminocaproic Acid Tab 500 MG | | |
| 84100010000320 | Aminocaproic Acid Tab 1000 MG | | |
| 84100040000320 | Tranexamic Acid Tab 650 MG | | |
| 84100040002025 | Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML) | | |
| 85150030000310 | Dipyridamole Tab 25 MG | | |
| 85150030000320 | Dipyridamole Tab 50 MG | | |
| 85150030000330 | Dipyridamole Tab 75 MG | | |
| 85155516000320 | Cilostazol Tab 50 MG | | |
| 85155516000330 | Cilostazol Tab 100 MG | | |
| 85156010100120 | Anagrelide HCl Cap 0.5 MG | | |
| 85156010100130 | Anagrelide HCl Cap 1 MG | | |
| 85158020100320 | Clopidogrel Bisulfate Tab 75 MG (Base Equiv) | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
|--|--|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 85158020100340 | Clotidogrel Bisulfate Tab 300 MG (Base Equiv) | | | |
| 85159902206920 | Aspirin-Dipyridamole Cap SR 12HR 25-200 MG | | | |
| 85200010000410 | Pentoxifylline Tab CR 400 MG | | | |
| 85400010002015 | Albumin, Human Inj 25% | | | |
| 86101005004205 | Bacitracin Ophth Oint 500 Unit/GM | | | |
| 86101023102010 | Ciprofloxacin HCl Ophth Soln 0.3% | | | |
| 86101025004210 | Erythromycin Ophth Oint 5 MG/GM | | | |
| 86101029002030 | Gatifloxacin Ophth Soln 0.5% | | | |
| 86101030002005 | Gentamicin Sulfate Ophth Soln 0.3% | | | |
| 86101030004205 | Gentamicin Sulfate Ophth Oint 0.3% | | | |
| 86101036002020 | Levofloxacin Ophth Soln 0.5% | | | |
| 86101047002020 | Ofloxacin Ophth Soln 0.3% | | | |
| 86101070002005 | Tobramycin Ophth Soln 0.3% | | | |
| 86102010102010 | Sulfacetamide Sodium Ophth Soln 10% | | | |
| 86102010104205 | Sulfacetamide Sodium Ophth Oint 10% | | | |
| 86103020002005 | Trifluridine Ophth Soln 1% | | | |
| 86109902104200 | Bacitracin-Polymyxin B Ophth Oint | | | |
| 86109902602020 | Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1% | | | |
| 86109903104220 | Neomycin-Bacitracin Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin | | | |
| 86109903202000 | Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML | | | |
| 86250010102005 | Betaxolol HCl Ophth Soln 0.5% | | | |
| 86250012102005 | Carteolol HCl Ophth Soln 1% | | | |
| 86250020102005 | Levobunolol HCl Ophth Soln 0.5% | | | |
| 86250030102005 | Timolol Maleate Ophth Soln 0.25% | | | |
| 86250030102010 | Timolol Maleate Ophth Soln 0.5% | | | |
| 86250030107620 | Timolol Maleate Ophth Gel Forming Soln 0.25% | | | |
| 86250030107630 | Timolol Maleate Ophth Gel Forming Soln 0.5% | | | |
| 86259902202020 | Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML | | | |
| 86300010102005 | Dexamethasone Sodium Phosphate Ophth Soln 0.1% | | | |
| 86300020001810 | Fluorometholone Ophth Susp 0.1% | | | |
| 86300050101815 | Prednisolone Acetate Ophth Susp 1% | | | |
| 86300050202015 | Prednisolone Sodium Phosphate Ophth Soln 1% | | | |
| 86309902721810 | Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2% | | | |
| 86309902722015 | Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)% | | | |
| 86309902724210 | Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2% | | | |
| 86309902801820 | Tobramycin-Dexamethasone Ophth Susp 0.3-0.1% | | | |
| 86309903321810 | Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1% | | | |
| 86309903324210 | Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1% | | | |
| 86309903341810 | Neomycin-Polymyxin-HC Ophth Susp | | | |
| 86309904104220 | Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1% | | | |
| 86330015002020 | Bimatoprost Ophth Soln 0.03% | | | |
| 86330050002020 | Latanoprost Ophth Soln 0.005% | | | |
| 86330070002020 | Travoprost Ophth Soln 0.004% | | | |
| 86350010102010 | Atropine Sulfate Ophth Soln 1% | | | |
| 86350010104210 | Atropine Sulfate Ophth Oint 1% | | | |
| 86350020102005 | Cyclopentolate HCl Ophth Soln 0.5% | | | |
| 86350020102010 | Cyclopentolate HCl Ophth Soln 1% | | | |
| 86350020102015 | Cyclopentolate HCl Ophth Soln 2% | | | |
| 86350030102010 | Homatropine HBr Ophth Soln 5% | | | |
| 86350050002005 | Tropicamide Ophth Soln 0.5% | | | |
| 86350050002010 | Tropicamide Ophth Soln 1% | | | |
| 86359902102010 | Cyclopentolate w/ Phenylephrine Ophth Soln 0.2-1% | | | |
| 86400030102020 | Naphazoline HCl Ophth Soln 0.1% | | | |
| 86400040102010 | Phenylephrine HCl Ophth Soln 2.5% | | | |
| 86400040102015 | Phenylephrine HCl Ophth Soln 10% | | | |
| 86501030102015 | Pilocarpine HCl Ophth Soln 1% | | | |
| 86501030102020 | Pilocarpine HCl Ophth Soln 2% | | | |
| 86501030102030 | Pilocarpine HCl Ophth Soln 4% | | | |
| 86602010102010 | Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent) | | | |
| 86602020102007 | Brimonidine Tartrate Ophth Soln 0.15% | | | |
| 86602020102010 | Brimonidine Tartrate Ophth Soln 0.2% | | | |
| 86750020102005 | Proparacaine HCl Ophth Soln 0.5% | | | |
| 86750030102005 | Tetracaine HCl Ophth Soln 0.5% | | | |
| 86802006102020 | Azelastine HCl Ophth Soln 0.05% | | | |
| 86802010102005 | Cromolyn Sodium Ophth Soln 4% | | | |
| 86802028102020 | Epinastine HCl Ophth Soln 0.05% | | | |
| 86802065102020 | Olopatadine HCl Ophth Soln 0.1% (Base Equivalent) | | | |
| 86802340102020 | Dorzolamide HCl Ophth Soln 2% | | | |
| 86803010002000 | *Ophthalmic Irrigation Solution - Intraocular*** | | | |
| 86805005102010 | Bromfenac Sodium Ophth Soln 0.09% (Base Equivalent) | | | |
| 86805005102060 | Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily) | | | |
| 86805010102010 | Diclofenac Sodium Ophth Soln 0.1% | | | |
| 86805020102010 | Flurbiprofen Sodium Ophth Soln 0.03% | | | |
| 86805035102015 | Ketorolac Tromethamine Ophth Soln 0.4% | | | |
| 86805035102020 | Ketorolac Tromethamine Ophth Soln 0.5% | | | |
| 87100012102020 | Ciprofloxacin HCl Otic Soln 0.2% (Base Equivalent) | | | |
| 87100060002010 | Ofloxacin Otic Soln 0.3% | | | |
| 87300018101720 | Fluocinolone Acetonide (Otic) Oil 0.01% | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C |
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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) |
| | | | A-rated or Authorized Generic Available? (Y/N) |
| 87300020102000 | Hydrocortisone w/ Acetic Acid Otic Soln 1-2% | | |
| 87400010102010 | Acetic Acid Otic Soln 2% | | |
| 87400025002010 | Acetic Acid 2% in Aluminum Acetate Otic Soln | | |
| 87991003101807 | Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1% | | |
| 87991003102010 | Neomycin-Polymyxin-HC Otic Soln 1% | | |
| 88100010001805 | Nystatin Susp 100000 Unit/ML | | |
| 88100020004805 | Clotrimazole Troche 10 MG | | |
| 88150020102012 | Chlorhexidine Gluconate Soln 0.12% | | |
| 88250020104410 | Triamcinolone Acetonide Dental Paste 0.1% | | |
| 88350065102045 | Lidocaine HCl Laryngotracheal Soln 4% | | |
| 88350065102050 | Lidocaine HCl Viscous Soln 2% | | |
| 88402020002020 | Sodium Fluoride Rinse 0.2% | | |
| 88402020003721 | Sodium Fluoride Cream 1.1% | | |
| 88402020004020 | Sodium Fluoride Gel 1.1% (0.5% F) | | |
| 88402020004418 | Sodium Fluoride Paste 1.1% | | |
| 88409902774420 | Sodium Fluoride-Potassium Nitrate Paste 1.1-5% | | |
| 88501000002000 | *Artificial Saliva - Solution*** | | |
| 88501525100120 | Cevimeline HCl Cap 30 MG | | |
| 88501560100310 | Pilocarpine HCl Tab 5 MG | | |
| 88501560100320 | Pilocarpine HCl Tab 7.5 MG | | |
| 89100010003705 | Hydrocortisone Rectal Cream 1% | | |
| 89100010003720 | Hydrocortisone Rectal Cream 2.5% | | |
| 89100010105230 | Hydrocortisone Acetate Suppos 25 MG | | |
| 89100010105237 | Hydrocortisone Acetate Suppos 30 MG | | |
| 89150010005110 | Hydrocortisone Enema 100 MG/60ML | | |
| 89991002263720 | Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5% | | |
| 89991002266420 | Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5% | | |
| 89991002266430 | Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-1% | | |
| 89991002266460 | Lidocaine-Hydrocortisone Acetate Rectal Gel Kit 3-2.5% | | |
| 89991002313710 | Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1% | | |
| 89991002313720 | Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1% | | |
| 89991002313910 | Hydrocortisone Acetate w/ Pramoxine Rectal Foam 1-1% | | |
| 89991002314120 | Hydrocortisone Acetate w/ Pramoxine Rectal Lotn 2.5-1% | | |
| 90050003003710 | Adapalene Cream 0.1% | | |
| 90050003004010 | Adapalene Gel 0.1% | | |
| 90050003004030 | Adapalene Gel 0.3% | | |
| 90050003004110 | Adapalene Lotion 0.1% | | |
| 90050010000903 | Benzoyl Peroxide Liq 2.5% | | |
| 90050010000907 | Benzoyl Peroxide Liq 7% | | |
| 90050010000910 | Benzoyl Peroxide Liq 10% | | |
| 90050010003930 | Benzoyl Peroxide Foam 5.3% | | |
| 90050010003948 | Benzoyl Peroxide Foam 9.8% | | |
| 90050010004012 | Benzoyl Peroxide Gel 4% | | |
| 90050010004014 | Benzoyl Peroxide Gel 8% | | |
| 90050010006375 | Benzoyl Peroxide Cloth 6% | | |
| 90050013000110 | Isotretinoin Cap 10 MG | | |
| 90050013000120 | Isotretinoin Cap 20 MG | | |
| 90050013000130 | Isotretinoin Cap 30 MG | | |
| 90050013000140 | Isotretinoin Cap 40 MG | | |
| 90050030003703 | Tretinoin Cream 0.025% | | |
| 90050030003705 | Tretinoin Cream 0.05% | | |
| 90050030003710 | Tretinoin Cream 0.1% | | |
| 90050030004005 | Tretinoin Gel 0.01% | | |
| 90050030004010 | Tretinoin Gel 0.025% | | |
| 90050030004015 | Tretinoin Gel 0.05% | | |
| 90050030204015 | Tretinoin Microsphere Gel 0.04% | | |
| 90050030204030 | Tretinoin Microsphere Gel 0.1% | | |
| 90051010102005 | Clindamycin Phosphate Soln 1% | | |
| 90051010103905 | Clindamycin Phosphate Foam 1% | | |
| 90051010104005 | Clindamycin Phosphate Gel 1% | | |
| 90051010104105 | Clindamycin Phosphate Lotion 1% | | |
| 90051010109420 | Clindamycin Phosphate Swab 1% | | |
| 90051020002010 | Erythromycin Soln 2% | | |
| 90051020004010 | Erythromycin Gel 2% | | |
| 90051020004320 | Erythromycin Pads 2% | | |
| 90051036104120 | Sulfacetamide Sodium Lotion 10% (Acne) | | |
| 90059902104010 | Benzoyl Peroxide-Erythromycin Gel 5-3% | | |
| 90059902194020 | Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5% | | |
| 90059902594020 | Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5% | | |
| 90059902626420 | *Clindamycin Phosphate Swab 1% & Cleanser Kit*** | | |
| 90059902654020 | Clindamycin Phosphate-Tretinoin Gel 1.2-0.025% | | |
| 90059903200914 | Sulfacetamide Sodium w/ Sulfur Wash 9-4% | | |
| 90059903200915 | Sulfacetamide Sodium w/ Sulfur Wash 9-4.5% | | |
| 90059903200917 | Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8% | | |
| 90059903200918 | Sulfacetamide Sodium w/ Sulfur Cleanser 10-2% | | |
| 90059903201615 | Sulfacetamide Sodium w/ Sulfur Emulsion 10-1% | | |
| 90059903201620 | Sulfacetamide Sodium w/ Sulfur Emulsion 10-5% | | |
| 90059903201810 | Sulfacetamide Sodium w/ Sulfur Susp 8-4% | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC | MAC applicable to all NDCs in | A-rated or Authorized Generic |
| 90059903201820 | Sulfacetamide Sodium w/ Sulfur Susp 10-5% | | | |
| 90059903203716 | Sulfacetamide Sodium w/ Sulfur Cream 9.8-4.8% | | | |
| 90059903203718 | Sulfacetamide Sodium w/ Sulfur Cream 10-2% | | | |
| 90059903203720 | Sulfacetamide Sodium w/ Sulfur Cream 10-5% | | | |
| 90059903203920 | Sulfacetamide Sodium w/ Sulfur Foam 10-5% | | | |
| 90059903204109 | Sulfacetamide Sodium w/ Sulfur Lotion 9.8-4.8% | | | |
| 90059903204110 | Sulfacetamide Sodium w/ Sulfur Lotion 10-5% | | | |
| 90059903204316 | Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4% | | | |
| 90059903204320 | Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 10-5% | | | |
| 90059903211620 | Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5% | | | |
| 90060025006520 | Doxycycline (Rosacea) Cap Delayed Release 40 MG | | | |
| 90060040003710 | Metronidazole Cream 0.75% | | | |
| 90060040004010 | Metronidazole Gel 0.75% | | | |
| 90060040004020 | Metronidazole Gel 1% | | | |
| 90060040004110 | Metronidazole Lotion 0.75% | | | |
| 90100050103705 | Gentamicin Sulfate Cream 0.1% | | | |
| 90100050104205 | Gentamicin Sulfate Oint 0.1% | | | |
| 90100065104210 | Mupirocin Oint 2% | | | |
| 90100065203710 | Mupirocin Calcium Cream 2% | | | |
| 90109902203710 | Neomycin Sulfate-Fluocinolone Acetonide Cream 0.5-0.025% | | | |
| 90150030002020 | Ciclopirox Solution 8% | | | |
| 90150030004010 | Ciclopirox Gel 0.77% | | | |
| 90150030004510 | Ciclopirox Shampoo 1% | | | |
| 90150030101810 | Ciclopirox Olamine Susp 0.77% (Base Equiv) | | | |
| 90150030103705 | Ciclopirox Olamine Cream 0.77% (Base Equiv) | | | |
| 90150078003710 | Naftifine HCl Cream 1% | | | |
| 90150078003720 | Naftifine HCl Cream 2% | | | |
| 90150080003710 | Nystatin Cream 100000 Unit/GM | | | |
| 90150080004215 | Nystatin Oint 100000 Unit/GM | | | |
| 90154020002005 | Clotrimazole Soln 1% | | | |
| 90154020003705 | Clotrimazole Cream 1% | | | |
| 90154035103705 | Econazole Nitrate Cream 1% | | | |
| 90154045003710 | Ketoconazole Cream 2% | | | |
| 90154045003920 | Ketoconazole Foam 2% | | | |
| 90154045004510 | Ketoconazole Shampoo 2% | | | |
| 90154065003710 | Oxiconazole Nitrate Cream 1% | | | |
| 90159902053710 | Clotrimazole w/ Betamethasone Cream 1-0.05% | | | |
| 90159902054120 | Clotrimazole w/ Betamethasone Lotion 1-0.05% | | | |
| 90159902153710 | Iodoquinol-HC Cream 1% | | | |
| 90159902253700 | Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-% | | | |
| 90159902254200 | Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-% | | | |
| 90159903293710 | Iodoquinol-Hydrocortisone in Aloe Vehicle Cream 1-1.9% | | | |
| 90210030205920 | Diclofenac Epolamine Patch 1.3% | | | |
| 90210030302025 | Diclofenac Sodium Soln 1.5% | | | |
| 90210030304020 | Diclofenac Sodium Gel 1% | | | |
| 90220015103710 | Doxepin HCl Cream 5% | | | |
| 90250020003725 | Anthralin Cream 1% | | | |
| 90250025002020 | Calcipotriene Soln 0.005% (50 MCG/ML) | | | |
| 90250025003710 | Calcipotriene Cream 0.005% | | | |
| 90250025004210 | Calcipotriene Oint 0.005% | | | |
| 90250028004220 | Calcitriol Oint 3 MCG/GM | | | |
| 90250070003730 | Tazarotene Cream 0.1% | | | |
| 90250510000110 | Acitretin Cap 10 MG | | | |
| 90250510000115 | Acitretin Cap 17.5 MG | | | |
| 90250510000125 | Acitretin Cap 25 MG | | | |
| 90250560100110 | Methoxsalen Rapid Cap 10 MG | | | |
| 90300050004120 | Selenium Sulfide Lotion 2.5% | | | |
| 90300060000920 | Sulfacetamide Sodium Liquid 10% | | | |
| 90300060004060 | Sulfacetamide Sodium Cleansing Gel 10% | | | |
| 90300060004540 | Sulfacetamide Sodium Shampoo 10% | | | |
| 90309900003700 | *Antiseborrheic Products Misc - Cream*** | | | |
| 90309902540920 | Sulfacetamide Sodium in Bakuchiol Vehicle Wash 10% | | | |
| 90309903854520 | Selenium Sulfide-Pyrithione Zinc in Urea Shampoo 2.25% | | | |
| 90350010004205 | Acyclovir Oint 5% | | | |
| 90372030002020 | Fluorouracil Soln 2% | | | |
| 90372030002050 | Fluorouracil Soln 5% | | | |
| 90372030003705 | Fluorouracil Cream 0.5% | | | |
| 90372030003730 | Fluorouracil Cream 5% | | | |
| 90374035304020 | Diclofenac Sodium (Actinic Keratoses) Gel 3% | | | |
| 90450030003710 | Silver Sulfadiazine Cream 1% | | | |
| 90509902406340 | Silver Nitrate-Potassium Nitrate Applicator 75-25% | | | |
| 90520010002020 | Coal Tar Soln 20% | | | |
| 90550005103710 | Alclometasone Dipropionate Cream 0.05% | | | |
| 90550005104210 | Alclometasone Dipropionate Oint 0.05% | | | |
| 90550010003705 | Amcinonide Cream 0.1% | | | |
| 90550010004105 | Amcinonide Lotion 0.1% | | | |
| 90550020003705 | Betamethasone Dipropionate Cream 0.05% | | | |
| 90550020004105 | Betamethasone Dipropionate Lotion 0.05% | | | |

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| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 90550020004205 | Betamethasone Dipropionate Oint 0.05% | | | |
| 90550020053705 | Betamethasone Dipropionate Augmented Cream 0.05% | | | |
| 90550020054005 | Betamethasone Dipropionate Augmented Gel 0.05% | | | |
| 90550020054105 | Betamethasone Dipropionate Augmented Lotion 0.05% | | | |
| 90550020054205 | Betamethasone Dipropionate Augmented Oint 0.05% | | | |
| 90550020103710 | Betamethasone Valerate Cream 0.1% | | | |
| 90550020103920 | Betamethasone Valerate Aerosol Foam 0.12% | | | |
| 90550020104105 | Betamethasone Valerate Lotion 0.1% | | | |
| 90550020104205 | Betamethasone Valerate Oint 0.1% | | | |
| 90550025100910 | Clobetasol Propionate Spray 0.05% | | | |
| 90550025102005 | Clobetasol Propionate Soln 0.05% | | | |
| 90550025103705 | Clobetasol Propionate Cream 0.05% | | | |
| 90550025103920 | Clobetasol Propionate Foam 0.05% | | | |
| 90550025104010 | Clobetasol Propionate Gel 0.05% | | | |
| 90550025104110 | Clobetasol Propionate Lotion 0.05% | | | |
| 90550025104205 | Clobetasol Propionate Oint 0.05% | | | |
| 90550025104520 | Clobetasol Propionate Shampoo 0.05% | | | |
| 90550025153705 | Clobetasol Propionate Emollient Base Cream 0.05% | | | |
| 90550025203920 | Clobetasol Propionate Emulsion Foam 0.05% | | | |
| 90550030103705 | Clocortolone Pivalate Cream 0.1% | | | |
| 90550035003705 | Desonide Cream 0.05% | | | |
| 90550035004105 | Desonide Lotion 0.05% | | | |
| 90550035004205 | Desonide Oint 0.05% | | | |
| 90550040003705 | Desoximetasone Cream 0.05% | | | |
| 90550040003710 | Desoximetasone Cream 0.25% | | | |
| 90550040004005 | Desoximetasone Gel 0.05% | | | |
| 90550040004203 | Desoximetasone Oint 0.05% | | | |
| 90550040004205 | Desoximetasone Oint 0.25% | | | |
| 90550050103705 | Diflorasone Diacetate Cream 0.05% | | | |
| 90550050104205 | Diflorasone Diacetate Oint 0.05% | | | |
| 90550050153705 | Diflorasone Diacetate Emollient Base Cream 0.05% | | | |
| 90550055101712 | Fluocinolone Acetonide Oil 0.01% (Body Oil) | | | |
| 90550055101714 | Fluocinolone Acetonide Oil 0.01% (Scalp Oil) | | | |
| 90550055102005 | Fluocinolone Acetonide Soln 0.01% | | | |
| 90550055103705 | Fluocinolone Acetonide Cream 0.01% | | | |
| 90550055103710 | Fluocinolone Acetonide Cream 0.025% | | | |
| 90550055104205 | Fluocinolone Acetonide Oint 0.025% | | | |
| 90550060002005 | Fluocinonide Soln 0.05% | | | |
| 90550060003705 | Fluocinonide Cream 0.05% | | | |
| 90550060003710 | Fluocinonide Cream 0.1% | | | |
| 90550060004005 | Fluocinonide Gel 0.05% | | | |
| 90550060004205 | Fluocinonide Oint 0.05% | | | |
| 90550060103705 | Fluocinonide Emulsified Base Cream 0.05% | | | |
| 90550065003710 | Flurandrenolide Cream 0.05% | | | |
| 90550065004105 | Flurandrenolide Lotion 0.05% | | | |
| 90550065004210 | Flurandrenolide Oint 0.05% | | | |
| 90550068103710 | Fluticasone Propionate Cream 0.05% | | | |
| 90550068104120 | Fluticasone Propionate Lotion 0.05% | | | |
| 90550068104210 | Fluticasone Propionate Oint 0.005% | | | |
| 90550073103710 | Halobetasol Propionate Cream 0.05% | | | |
| 90550073104210 | Halobetasol Propionate Oint 0.05% | | | |
| 90550075002020 | Hydrocortisone Soln 2.5% | | | |
| 90550075002900 | Hydrocortisone Powder | | | |
| 90550075003720 | Hydrocortisone Cream 1% | | | |
| 90550075003725 | Hydrocortisone Cream 2.5% | | | |
| 90550075004118 | Hydrocortisone Lotion 2% | | | |
| 90550075004120 | Hydrocortisone Lotion 2.5% | | | |
| 90550075004210 | Hydrocortisone Oint 1% | | | |
| 90550075004215 | Hydrocortisone Oint 2.5% | | | |
| 90550075203705 | Hydrocortisone Valerate Cream 0.2% | | | |
| 90550075204205 | Hydrocortisone Valerate Oint 0.2% | | | |
| 90550075302020 | Hydrocortisone Butyrate Soln 0.1% | | | |
| 90550075303705 | Hydrocortisone Butyrate Cream 0.1% | | | |
| 90550075304205 | Hydrocortisone Butyrate Oint 0.1% | | | |
| 90550075323705 | Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1% | | | |
| 90550082102010 | Mometasone Furoate Solution 0.1% (Lotion) | | | |
| 90550082103710 | Mometasone Furoate Cream 0.1% | | | |
| 90550082104210 | Mometasone Furoate Oint 0.1% | | | |
| 90550083003710 | Prednicarbate Cream 0.1% | | | |
| 90550083004210 | Prednicarbate Oint 0.1% | | | |
| 90550085103400 | Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM | | | |
| 90550085103705 | Triamcinolone Acetonide Cream 0.025% | | | |
| 90550085103710 | Triamcinolone Acetonide Cream 0.1% | | | |
| 90550085103720 | Triamcinolone Acetonide Cream 0.5% | | | |
| 90550085104105 | Triamcinolone Acetonide Lotion 0.025% | | | |
| 90550085104110 | Triamcinolone Acetonide Lotion 0.1% | | | |
| 90550085104205 | Triamcinolone Acetonide Oint 0.025% | | | |
| 90550085104207 | Triamcinolone Acetonide Oint 0.05% | | | |

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| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? (Y/N) |
| 90550085104210 | Triamcinolone Acetonide Oint 0.1% | | | |
| 90550085104215 | Triamcinolone Acetonide Oint 0.5% | | | |
| 90559802403720 | Pramoxine-HC Cream 1-1% | | | |
| 90559802403725 | Pramoxine-HC Cream 1-2.5% | | | |
| 90559802403910 | Pramoxine-HC Aerosol Foam 1-1% | | | |
| 90559802404120 | Pramoxine-HC Lotion 1-1% | | | |
| 90559802404125 | Pramoxine-HC Lotion 1-2.5% | | | |
| 90559902324225 | Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064% | | | |
| 90650000004000 | *Emollient - Gel** | | | |
| 90650000004100 | *Emollient - Lotion** | | | |
| 90650015003730 | Lactic Acid (Ammonium Lactate) Cream 12% | | | |
| 90650015004125 | Lactic Acid (Ammonium Lactate) Lotion 10% | | | |
| 90650015004130 | Lactic Acid (Ammonium Lactate) Lotion 12% | | | |
| 90659902303710 | Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM | | | |
| 90660080001840 | Urea Suspension 40% | | | |
| 90660080003722 | Urea Cream 37.5% | | | |
| 90660080003724 | Urea Cream 39% | | | |
| 90660080003725 | Urea Cream 40% | | | |
| 90660080003730 | Urea Cream 45% | | | |
| 90660080003732 | Urea Cream 47% | | | |
| 90660080003735 | Urea Cream 50% | | | |
| 90660080003940 | Urea Foam 40% | | | |
| 90660080004040 | Urea Gel 40% | | | |
| 90660080004045 | Urea Gel 45% | | | |
| 90660080004140 | Urea Lotion 40% | | | |
| 90660080004145 | Urea Lotion 45% | | | |
| 90669902406440 | Urea Susp 40% & Hyaluronate Sodium Gel 0.2% Kit | | | |
| 90669902823935 | Urea in Lactic Acid Vehicle Foam 35% | | | |
| 90669903801840 | Urea in Lactic Acid-Salicylic Acid Vehicle Susp 50% | | | |
| 90669903901650 | Urea in Zinc Undecylenate-Lactic Acid Vehicle Emulsion 50% | | | |
| 90669903909340 | Urea in Zinc Undecylenate-Lactic Acid Vehicle Stick 50% | | | |
| 90750015002020 | Podofilox Soln 0.5% | | | |
| 90750020002025 | Podophyllum Resin Soln 25% | | | |
| 90750030000948 | Salicylic Acid Film Forming Liquid 27.5% | | | |
| 90750030002010 | Salicylic Acid Soln 26% | | | |
| 90750030002017 | Salicylic Acid ER Film-Forming Soln 28.5% | | | |
| 90750030003712 | Salicylic Acid Cream 6% | | | |
| 90750030003940 | Salicylic Acid Foam 6% | | | |
| 90750030004005 | Salicylic Acid Gel 6% | | | |
| 90750030004140 | Salicylic Acid Lotion 6% | | | |
| 90750030004530 | Salicylic Acid Shampoo 6% | | | |
| 90750030406420 | *Salicylic Acid Cream 6% & Cleanser Liqd Kit** | | | |
| 90759902104210 | Salicylic Acid & Benzoic Acid Oint 3-6% | | | |
| 90773040003720 | Imiquimod Cream 5% | | | |
| 90784075004210 | Tacrolimus Oint 0.03% | | | |
| 90784075004230 | Tacrolimus Oint 0.1% | | | |
| 90850060003720 | Lidocaine Cream 4% | | | |
| 90850060004210 | Lidocaine Oint 5% | | | |
| 90850060005930 | Lidocaine Patch 5% | | | |
| 90850060102015 | Lidocaine HCl Soln 4% | | | |
| 90850060104005 | Lidocaine HCl Gel 2% | | | |
| 90851005003200 | Ethyl Chloride Aerosol Spray | | | |
| 90859902903710 | Lidocaine-Prilocaine Cream 2.5-2.5% | | | |
| 90900020004110 | Lindane Lotion 1% | | | |
| 90900020004510 | Lindane Shampoo 1% | | | |
| 90900030004120 | Malathion Lotion 0.5% | | | |
| 90900035003720 | Permethrin Cream 5% | | | |
| 90900048001820 | Spinosad Susp 0.9% | | | |
| 90930000004000 | *Scar Treatment Products - Gel** | | | |
| 90943000000900 | *Wound Cleansers - Liquid** | | | |
| 90944000003700 | *Wound Dressings - Cream*** | | | |
| 90944000004000 | *Wound Dressings - Gel*** | | | |
| 90944000004300 | *Wound Dressings - Pads*** | | | |
| 90970010002010 | Aluminum Chloride Soln 20% | | | |
| 90972000003700 | *Skin Protectants Misc - Cream*** | | | |
| 90990000000900 | *Dermatological Products Misc - Liquid** | | | |
| 90990000003700 | *Dermatological Products Misc - Cream** | | | |
| 90990000004100 | *Dermatological Products Misc - Lotion** | | | |
| 92000005002010 | Formaldehyde Solution 10% | | | |
| 92100030102060 | Chlorhexidine Gluconate Soln 20% | | | |
| 93000007002020 | Acetylcysteine Inj 200 MG/ML | | | |
| 93000020102130 | Deferoxamine Mesylate For Inj 2 GM | | | |
| 93200040002025 | Flumazenil IV Soln 0.5 MG/5ML (0.1 MG/ML) | | | |
| 93400020102010 | Naloxone HCl Inj 0.4 MG/ML | | | |
| ##### | Naloxone HCl Soln Cartridge 0.4 MG/ML | | | |
| 9340002010E540 | Naloxone HCl Soln Prefilled Syringe 2 MG/2ML | | | |
| 93400030100305 | Naltrexone HCl Tab 50 MG | | | |
| 94100030006100 | Glucose Blood Test Strip | | | |

| ***Confidential and Proprietary Information*** | | As of 7/1/2018 | EXHIBIT V.C | |
|--|--|--|--|--|
| Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI | | | | |
| GPI | GPI Generic Name | Retail and Mail Service Pharmacy MAC Unit Cost | MAC applicable to all NDCs in GPI? (Y/N) | A-rated or Authorized Generic Available? |
| 94200037002105 | Cosyntropin For Inj 0.25 MG | | | |
| 94200041052110 | Glucagon HCl Diagnostic For Inj 1 MG (Base Equiv) | | | |
| 94200055002115 | Indocyanine Green For Inj 25 MG | | | |
| 96301064002900 | Ketoconazole Powder | | | |
| 96301074002900 | Minoxidil Powder | | | |
| 96445059802900 | Betahistine Hydrochloride (Bulk) Powder | | | |
| 96465647002900 | Cholestyramine (Bulk) Powder | | | |
| 96526465202900 | Fluticasone Propionate (Bulk) Powder | | | |
| 96544244002900 | Gabapentin Powder | | | |
| 96568814202900 | Hydroxyurea (Bulk) Powder | | | |
| 96805050502900 | Testosterone (Bulk) Powder | | | |
| 97051030906305 | Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2" | | | |
| 97051030906307 | Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16" | | | |
| 97051030906308 | Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2" | | | |
| 97051030906318 | Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16" | | | |
| 97051030906320 | Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2" | | | |
| 97051030906327 | Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2" | | | |
| 97051030906328 | Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16" | | | |
| 97051030906329 | Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2" | | | |
| 97051030906370 | Insulin Syringe/Needle U-100 1 ML 28 x 1/2" | | | |
| 97051030906380 | Insulin Syringe/Needle U-100 1 ML 29 x 1/2" | | | |
| 97051030906384 | Insulin Syringe/Needle U-100 1 ML 30 x 5/16" | | | |
| 97051030906386 | Insulin Syringe/Needle U-100 1 ML 30 x 1/2" | | | |
| 97051030906387 | Insulin Syringe/Needle U-100 1 ML 31 x 5/16" | | | |
| 97051030906388 | Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16" | | | |
| 97051050126220 | Injection Device for Insulin | | | |
| 97051050146330 | Insulin Pen Needle 29 G X 12 MM (1/2") | | | |
| 97051050146331 | Insulin Pen Needle 29 G X 12.7 MM | | | |
| 97051050146344 | Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16") | | | |
| 97051050146358 | Insulin Pen Needle 31 G X 5 MM (3/16") | | | |
| 97051050146361 | Insulin Pen Needle 31 G X 6 MM (1/4") | | | |
| 97051050146364 | Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16") | | | |
| 97051050146366 | Insulin Pen Needle 32 G X 4 MM (5/32") | | | |
| 97051050146367 | Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16") | | | |
| 97051050146368 | Insulin Pen Needle 32 G X 6 MM (1/4") | | | |
| 97100550006200 | *Spacer/Aerosol-Holding Chambers - Device*** | | | |
| 97703040004300 | *Alcohol Swabs*** | | | |
| 98401010002000 | Water For Injection | | | |
| 98401010002050 | Water For IV Injection | | | |
| 98401020102000 | Water For Inject, Bacteriostatic Benzyl Alcohol | | | |
| 98401040002010 | Saline Injection Bacteriostatic | | | |
| 98600008004000 | *Carbomer Gel Base** | | | |
| 98600012003700 | *Cream Base** | | | |
| 98600033004000 | *Gel Base - Gel** | | | |
| 99402020000110 | Cyclosporine Cap 25 MG | | | |
| 99402020000140 | Cyclosporine Cap 100 MG | | | |
| 99402020002005 | Cyclosporine IV Soln 50 MG/ML | | | |
| 99402020300120 | Cyclosporine Modified Cap 25 MG | | | |
| 99402020300130 | Cyclosporine Modified Cap 50 MG | | | |
| 99402020300150 | Cyclosporine Modified Cap 100 MG | | | |
| 99402020302020 | Cyclosporine Modified Oral Soln 100 MG/ML | | | |
| 99403030100120 | Mycophenolate Mofetil Cap 250 MG | | | |
| 99403030100330 | Mycophenolate Mofetil Tab 500 MG | | | |
| 99403030101920 | Mycophenolate Mofetil For Oral Susp 200 MG/ML | | | |
| 99403030300620 | Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv) | | | |
| 99403030300630 | Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv) | | | |
| 99404070000310 | Sirolimus Tab 0.5 MG | | | |
| 99404070000320 | Sirolimus Tab 1 MG | | | |
| 99404070000330 | Sirolimus Tab 2 MG | | | |
| 99404080000105 | Tacrolimus Cap 0.5 MG | | | |
| 99404080000110 | Tacrolimus Cap 1 MG | | | |
| 99404080000120 | Tacrolimus Cap 5 MG | | | |
| 99406010000305 | Azathioprine Tab 50 MG | | | |
| 99406010000315 | Azathioprine Tab 75 MG | | | |
| 99406010000325 | Azathioprine Tab 100 MG | | | |
| 99450010001840 | Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML | | | |
| 99450010002900 | *Sodium Polystyrene Sulfonate Powder** | | | |
| 99750005002000 | Water For Irrigation, Sterile Irrigation Soln | | | |

NDCs Excluded for Reasons Other Than Being B-rated or Unrated

| GPI | NDC | Drug Name | Exclusion Reason |
|----------------|-------------|--------------------------|------------------|
| 43993002687420 | 41167043102 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 41167043104 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 41167431002 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 41167431004 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 41167431006 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 52959091814 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 54569622000 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 54868425800 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 54868425801 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 54868425802 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 54868425803 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 55289078330 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 55289078360 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 58864085560 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687420 | 63629124901 | ALLEGRA-D 12 HOUR TABLET | |
| 43993002687520 | 41167043203 | ALLEGRA-D 24 HOUR TABLET | |
| 43993002687520 | 41167043205 | ALLEGRA-D 24 HOUR TABLET | |
| 43993002687520 | 41167043207 | ALLEGRA-D 24 HOUR TABLET | |
| 43993002687520 | 41167432003 | ALLEGRA-D 24 HOUR TABLET | |
| 43993002687520 | 41167432005 | ALLEGRA-D 24 HOUR TABLET | |
| 43993002687520 | 41167432007 | ALLEGRA-D 24 HOUR TABLET | |
| 43993002687520 | 54868541900 | ALLEGRA-D 24 HOUR TABLET | |
| 43993002687520 | 54868541901 | ALLEGRA-D 24 HOUR TABLET | |
| 65991702100305 | 50474093201 | LORTAB 10-325 MG TABLET | |
| 65991702100356 | 50474093001 | LORTAB 5-325 MG TABLET | |
| 65991702100358 | 50474093101 | LORTAB 7.5-325 MG TABLET | |

**DCS & NYSIF Programs Prescription Drug Program
Specialty Pharmacy Program Dispensing Fees**

Exhibit V.D Instructions: Offerors must submit a completed Exhibit V.D on a CD as part of their Cost Proposal. For each drug the Offeror proposes to include in its Specialty Pharmacy Program, list: the NDC of the Drug; Drug Name; Therapeutic Class; Dosage Form; whether or not the drug has a REMS associated with it; and whether or not the drug requires special packaging. Propose a Dispensing Fee for each drug. The Dispensing Fee quoted is for the entire duration of this Agreement (2019 - 2023).

| NDC | Drug Name | Therapeutic Class | Dosage Form (infusion, injection, oral) | REMS (Y or N) | Special Packaging (Y or N) | Offeror's Proposed Dispensing Fee |
|-------------|------------------------|--------------------|---|------------------|----------------------------------|---|
| 00944280201 | ARALAST NP | ALPHA 1 DEFICIENCY | | | | |
| 00944280202 | ARALAST NP | ALPHA 1 DEFICIENCY | | | | |
| 00944281401 | ARALAST NP | ALPHA 1 DEFICIENCY | | | | |
| 00944281501 | ARALAST NP | ALPHA 1 DEFICIENCY | | | | |
| 00944288401 | GLASSIA | ALPHA 1 DEFICIENCY | | | | |
| 13533070001 | PROLASTIN (all forms a | ALPHA 1 DEFICIENCY | | | | |
| 13533070002 | PROLASTIN (all forms a | ALPHA 1 DEFICIENCY | | | | |
| 13533070101 | PROLASTIN (all forms a | ALPHA 1 DEFICIENCY | | | | |
| 13533070310 | PROLASTIN (all forms a | ALPHA 1 DEFICIENCY | | | | |
| 13533070501 | PROLASTIN (all forms a | ALPHA 1 DEFICIENCY | | | | |
| 13533070511 | PROLASTIN (all forms a | ALPHA 1 DEFICIENCY | | | | |
| 00053720102 | ZEMAIRA | ALPHA 1 DEFICIENCY | | | | |
| 00007323011 | ARIXTRA | ANTICOAGULANT | | | | |
| 00007323211 | ARIXTRA | ANTICOAGULANT | | | | |
| 00007323401 | ARIXTRA | ANTICOAGULANT | | | | |
| 00007323411 | ARIXTRA | ANTICOAGULANT | | | | |
| 00007323611 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059200 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059210 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059300 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059304 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059400 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059406 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059500 | ARIXTRA | ANTICOAGULANT | | | | |
| 67457059508 | ARIXTRA | ANTICOAGULANT | | | | |
| 00548560100 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548560200 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548560300 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548560400 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548560500 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548560600 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548560700 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548563100 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548563200 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |
| 00548563300 | ENOXAPARIN SODIUM | ANTICOAGULANT | | | | |

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|-------------|-------------------|---------------|
| 00548563400 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00548563500 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00548563600 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00548563700 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703851021 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703851023 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703853021 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703853023 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703854021 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703854023 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703856021 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703856023 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703858021 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703858023 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703861021 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703861023 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703868021 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00703868023 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781312293 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781313301 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781313363 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781322402 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781322464 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781335603 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781335666 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781342804 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781342868 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781350005 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781350069 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781361204 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781361268 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781365505 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00781365569 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955100310 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955100410 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955100610 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955100810 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955101010 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955101210 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955101510 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 00955101601 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 62037083920 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 62037084920 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 62037086120 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 62037086220 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 62037086320 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 62037086420 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 62037086620 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056586 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056593 | ENOXAPARIN SODIUM | ANTICOAGULANT |

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| 63323056883 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056884 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056887 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056888 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056890 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056894 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056895 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056896 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056898 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056899 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056984 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056990 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056995 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 63323056999 | ENOXAPARIN SODIUM | ANTICOAGULANT |
| 43598060602 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 43598060610 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 43598060702 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 43598060710 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 43598060802 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 43598060810 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 43598060902 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 43598060910 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111067802 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111067810 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111067902 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111067910 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111068002 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111068010 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111068102 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55111068110 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023000 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023010 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023100 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023110 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023200 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023210 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023300 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 55150023310 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 60505607800 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 60505607804 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 60505607900 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 60505607904 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 60505608000 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 60505608004 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 60505608100 | FONDAPARINUX SODIU | ANTICOAGULANT |
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| 67457058200 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457058210 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457058300 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457058304 | FONDAPARINUX SODIU | ANTICOAGULANT |

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| 67457058400 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457058406 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457058500 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457058508 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069300 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069310 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069400 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069410 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069500 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069510 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069600 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 67457069610 | FONDAPARINUX SODIU | ANTICOAGULANT |
| 00069019501 | FRAGMIN | ANTICOAGULANT |
| 00069019502 | FRAGMIN | ANTICOAGULANT |
| 00069019601 | FRAGMIN | ANTICOAGULANT |
| 00069019602 | FRAGMIN | ANTICOAGULANT |
| 00069020601 | FRAGMIN | ANTICOAGULANT |
| 00069020602 | FRAGMIN | ANTICOAGULANT |
| 00069021701 | FRAGMIN | ANTICOAGULANT |
| 00069021702 | FRAGMIN | ANTICOAGULANT |
| 00069022001 | FRAGMIN | ANTICOAGULANT |
| 00069022002 | FRAGMIN | ANTICOAGULANT |
| 00069022301 | FRAGMIN | ANTICOAGULANT |
| 00069022302 | FRAGMIN | ANTICOAGULANT |
| 00069022801 | FRAGMIN | ANTICOAGULANT |
| 00069022802 | FRAGMIN | ANTICOAGULANT |
| 00069023201 | FRAGMIN | ANTICOAGULANT |
| 62856010101 | FRAGMIN | ANTICOAGULANT |
| 62856010110 | FRAGMIN | ANTICOAGULANT |
| 62856012501 | FRAGMIN | ANTICOAGULANT |
| 62856012510 | FRAGMIN | ANTICOAGULANT |
| 62856015001 | FRAGMIN | ANTICOAGULANT |
| 62856015010 | FRAGMIN | ANTICOAGULANT |
| 62856018001 | FRAGMIN | ANTICOAGULANT |
| 62856018010 | FRAGMIN | ANTICOAGULANT |
| 62856025001 | FRAGMIN | ANTICOAGULANT |
| 62856025010 | FRAGMIN | ANTICOAGULANT |
| 62856050001 | FRAGMIN | ANTICOAGULANT |
| 62856050010 | FRAGMIN | ANTICOAGULANT |
| 62856075001 | FRAGMIN | ANTICOAGULANT |
| 62856075010 | FRAGMIN | ANTICOAGULANT |
| 00187001110 | IPRIVASK | ANTICOAGULANT |
| 42998071510 | IPRIVASK | ANTICOAGULANT |
| 00075062040 | LOVENOX | ANTICOAGULANT |
| 00075062041 | LOVENOX | ANTICOAGULANT |
| 00075062160 | LOVENOX | ANTICOAGULANT |
| 00075062161 | LOVENOX | ANTICOAGULANT |
| 00075062280 | LOVENOX | ANTICOAGULANT |
| 00075062281 | LOVENOX | ANTICOAGULANT |
| 00075062300 | LOVENOX | ANTICOAGULANT |

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|-------------|----------|----------------------|
| 00075062301 | LOVENOX | ANTICOAGULANT |
| 00075062430 | LOVENOX | ANTICOAGULANT |
| 00075062431 | LOVENOX | ANTICOAGULANT |
| 00075062603 | LOVENOX | ANTICOAGULANT |
| 00075062604 | LOVENOX | ANTICOAGULANT |
| 00075291201 | LOVENOX | ANTICOAGULANT |
| 00075291202 | LOVENOX | ANTICOAGULANT |
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| 00075291502 | LOVENOX | ANTICOAGULANT |
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| 00075801610 | LOVENOX | ANTICOAGULANT |
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| 00075801810 | LOVENOX | ANTICOAGULANT |
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| 00075802201 | LOVENOX | ANTICOAGULANT |
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| 00075802510 | LOVENOX | ANTICOAGULANT |
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| 54868583700 | LOVENOX | ANTICOAGULANT |
| 59310061031 | CINQAIR | ASTHMA |
| 00024591401 | DUPIXENT | ASTHMA |
| 00310173030 | FASENRA | ASTHMA |
| 00173088101 | NUCALA | ASTHMA |
| 59617001502 | ORALAIR | ASTHMA |
| 50242004062 | XOLAIR | ASTHMA |
| 54868542900 | ARANESP | BLOOD CELL DEFICIENC |
| 54868586700 | ARANESP | BLOOD CELL DEFICIENC |
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| 55513000204 | ARANESP | BLOOD CELL DEFICIENC |
| 55513000301 | ARANESP | BLOOD CELL DEFICIENC |
| 55513000304 | ARANESP | BLOOD CELL DEFICIENC |
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| 55513000404 | ARANESP | BLOOD CELL DEFICIENC |
| 55513000501 | ARANESP | BLOOD CELL DEFICIENC |
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| 55513002501 | ARANESP | BLOOD CELL DEFICIENC |
| 55513002504 | ARANESP | BLOOD CELL DEFICIENC |

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| 55513005701 | ARANESP | BLOOD CELL DEFICIENC |
| 55513005704 | ARANESP | BLOOD CELL DEFICIENC |
| 55513009801 | ARANESP | BLOOD CELL DEFICIENC |
| 55513009804 | ARANESP | BLOOD CELL DEFICIENC |
| 55513011001 | ARANESP | BLOOD CELL DEFICIENC |
| 55513011101 | ARANESP | BLOOD CELL DEFICIENC |
| 55513012601 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513012610 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513014401 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513014410 | EPOGEN | BLOOD CELL DEFICIENC |
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| 55513014810 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513026701 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513026710 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513028301 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513028310 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513047801 | EPOGEN | BLOOD CELL DEFICIENC |
| 55513047810 | EPOGEN | BLOOD CELL DEFICIENC |
| 63459091011 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091015 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091017 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091036 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091211 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091212 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091215 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091217 | GRANIX | BLOOD CELL DEFICIENC |
| 63459091236 | GRANIX | BLOOD CELL DEFICIENC |
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| 00024584305 | LEUKINE | BLOOD CELL DEFICIENC |
| 00024586201 | MOZOBIL | BLOOD CELL DEFICIENC |
| 54868522900 | NEULASTA | BLOOD CELL DEFICIENC |
| 55513019001 | NEULASTA | BLOOD CELL DEFICIENC |
| 55513019201 | NEULASTA | BLOOD CELL DEFICIENC |
| 58394000408 | NEUMEGA | BLOOD CELL DEFICIENC |
| 58394010408 | NEUMEGA | BLOOD CELL DEFICIENC |
| 55513020901 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513020910 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513020991 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513053001 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513053010 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513054601 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513054610 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513092401 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513092410 | NEUPOGEN | BLOOD CELL DEFICIENC |
| 55513092491 | NEUPOGEN | BLOOD CELL DEFICIENC |

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| 55513022101 | NPLATE | BLOOD CELL DEFICIENC |
| 55513022201 | NPLATE | BLOOD CELL DEFICIENC |
| 54868252301 | PROCRIT | BLOOD CELL DEFICIENC |
| 54868580200 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676030200 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676030201 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676030300 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676030301 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676030400 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676030401 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676031000 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676031001 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676031002 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676031200 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676031204 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676032000 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676032004 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676034000 | PROCRIT | BLOOD CELL DEFICIENC |
| 59676034001 | PROCRIT | BLOOD CELL DEFICIENC |
| 00007464013 | PROMACTA | BLOOD CELL DEFICIENC |
| 00007464113 | PROMACTA | BLOOD CELL DEFICIENC |
| 00007464213 | PROMACTA | BLOOD CELL DEFICIENC |
| 00007464313 | PROMACTA | BLOOD CELL DEFICIENC |
| 00078068415 | PROMACTA | BLOOD CELL DEFICIENC |
| 00078068515 | PROMACTA | BLOOD CELL DEFICIENC |
| 00078068615 | PROMACTA | BLOOD CELL DEFICIENC |
| 00078068715 | PROMACTA | BLOOD CELL DEFICIENC |
| 68817013450 | ABRAXANE | CANCER |
| 51144005001 | ADCETRIS | CANCER |
| 00078056651 | AFINITOR (all forms and | CANCER |
| 00078056661 | AFINITOR (all forms and | CANCER |
| 00078056751 | AFINITOR (all forms and | CANCER |
| 00078056761 | AFINITOR (all forms and | CANCER |
| 00078059451 | AFINITOR (all forms and | CANCER |
| 00078059461 | AFINITOR (all forms and | CANCER |
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| 00078062751 | AFINITOR (all forms and | CANCER |
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| 50242013001 | ALECENSA | CANCER |
| 50419038501 | ALIQOPA | CANCER |
| 63020009007 | ALUNBRIG | CANCER |
| 63020009030 | ALUNBRIG | CANCER |
| 63020011330 | ALUNBRIG | CANCER |
| 63020018030 | ALUNBRIG | CANCER |
| 63020019830 | ALUNBRIG | CANCER |

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| 76189011318 | ALUNBRIG | CANCER |
| 76189011321 | ALUNBRIG | CANCER |
| 00007440101 | ARRANON | CANCER |
| 00007440106 | ARRANON | CANCER |
| 00078068306 | ARRANON | CANCER |
| 00078068361 | ARRANON | CANCER |
| 00078066913 | ARZERRA | CANCER |
| 00078066961 | ARZERRA | CANCER |
| 00078069061 | ARZERRA | CANCER |
| 00173082101 | ARZERRA | CANCER |
| 00173082102 | ARZERRA | CANCER |
| 00173082133 | ARZERRA | CANCER |
| 50242006001 | AVASTIN | CANCER |
| 50242006101 | AVASTIN | CANCER |
| 00591289749 | AZACITIDINE | CANCER |
| 00781325394 | AZACITIDINE | CANCER |
| 00781925394 | AZACITIDINE | CANCER |
| 13925052301 | AZACITIDINE | CANCER |
| 43598030562 | AZACITIDINE | CANCER |
| 43598046562 | AZACITIDINE | CANCER |
| 43598067811 | AZACITIDINE | CANCER |
| 51991079798 | AZACITIDINE | CANCER |
| 63323077139 | AZACITIDINE | CANCER |
| 64679009601 | AZACITIDINE | CANCER |
| 67457025430 | AZACITIDINE | CANCER |
| 68001031356 | AZACITIDINE | CANCER |
| 44087353501 | BAVENCIO | CANCER |
| 68152010809 | BELEODAQ | CANCER |
| 63459034804 | BENDEKA | CANCER |
| 00008010001 | BESPARON | CANCER |
| 00378695501 | BEXAROTENE | CANCER |
| 42292000701 | BEXAROTENE | CANCER |
| 42292000710 | BEXAROTENE | CANCER |
| 68682000310 | BEXAROTENE | CANCER |
| 55513016001 | BLINCYTO | CANCER |
| 00069013501 | BOSULIF | CANCER |
| 00069013601 | BOSULIF | CANCER |
| 00069019301 | BOSULIF | CANCER |
| 42388002326 | CABOMETYX | CANCER |
| 42388002426 | CABOMETYX | CANCER |
| 42388002526 | CABOMETYX | CANCER |
| 00310051260 | CALQUENCE | CANCER |
| 00054027121 | CAPECITABINE | CANCER |
| 00054027223 | CAPECITABINE | CANCER |
| 00093747306 | CAPECITABINE | CANCER |
| 00093747489 | CAPECITABINE | CANCER |
| 00378251191 | CAPECITABINE | CANCER |
| 00378251278 | CAPECITABINE | CANCER |
| 16714046701 | CAPECITABINE | CANCER |
| 16714046801 | CAPECITABINE | CANCER |

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| 16729007212 | CAPECITABINE | CANCER |
| 16729007329 | CAPECITABINE | CANCER |
| 42291016712 | CAPECITABINE | CANCER |
| 42291019060 | CAPECITABINE | CANCER |
| 42291019112 | CAPECITABINE | CANCER |
| 50268015411 | CAPECITABINE | CANCER |
| 50268015413 | CAPECITABINE | CANCER |
| 51079051001 | CAPECITABINE | CANCER |
| 51079051005 | CAPECITABINE | CANCER |
| 60687014911 | CAPECITABINE | CANCER |
| 60687014994 | CAPECITABINE | CANCER |
| 64980027606 | CAPECITABINE | CANCER |
| 64980027712 | CAPECITABINE | CANCER |
| 65162084306 | CAPECITABINE | CANCER |
| 65162084416 | CAPECITABINE | CANCER |
| 00310782030 | CAPRELSA | CANCER |
| 00310784030 | CAPRELSA | CANCER |
| 58468782003 | CAPRELSA | CANCER |
| 58468784003 | CAPRELSA | CANCER |
| 42388001114 | COMETRIQ | CANCER |
| 42388001214 | COMETRIQ | CANCER |
| 42388001314 | COMETRIQ | CANCER |
| 50242071701 | COTELLIC | CANCER |
| 00002766901 | CYRAMZA | CANCER |
| 00002767801 | CYRAMZA | CANCER |
| 59148004670 | DACOGEN | CANCER |
| 62856060001 | DACOGEN | CANCER |
| 57894050205 | DARZALEX | CANCER |
| 57894050220 | DARZALEX | CANCER |
| 00781313980 | DECITABINE | CANCER |
| 16714074901 | DECITABINE | CANCER |
| 16729022405 | DECITABINE | CANCER |
| 43598034837 | DECITABINE | CANCER |
| 43598042737 | DECITABINE | CANCER |
| 47335036141 | DECITABINE | CANCER |
| 55111055610 | DECITABINE | CANCER |
| 68001034736 | DECITABINE | CANCER |
| 69097028537 | DECITABINE | CANCER |
| 62935022205 | ELIGARD | CANCER |
| 62935022305 | ELIGARD | CANCER |
| 62935030230 | ELIGARD | CANCER |
| 62935030330 | ELIGARD | CANCER |
| 62935045245 | ELIGARD | CANCER |
| 62935045345 | ELIGARD | CANCER |
| 62935075275 | ELIGARD | CANCER |
| 62935075375 | ELIGARD | CANCER |
| 00003229111 | EMPLICITI | CANCER |
| 00003452211 | EMPLICITI | CANCER |
| 66733094823 | ERBITUX | CANCER |
| 66733095823 | ERBITUX | CANCER |

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| 50242014001 | ERIVEDGE | CANCER |
| 59676060012 | ERLEADA | CANCER |
| 57902024901 | ERWINAZE | CANCER |
| 57902024905 | ERWINAZE | CANCER |
| 68152010900 | EVOMELA | CANCER |
| 00078065006 | FARYDAK | CANCER |
| 00078065106 | FARYDAK | CANCER |
| 00078065206 | FARYDAK | CANCER |
| 55566830101 | FIRMAGON | CANCER |
| 55566830102 | FIRMAGON | CANCER |
| 55566830301 | FIRMAGON | CANCER |
| 55566840101 | FIRMAGON | CANCER |
| 55566840102 | FIRMAGON | CANCER |
| 55566840301 | FIRMAGON | CANCER |
| 48818000101 | FOLOTYN | CANCER |
| 48818000102 | FOLOTYN | CANCER |
| 50242007001 | GAZYVA | CANCER |
| 00597013730 | GILOTRIF | CANCER |
| 00597013830 | GILOTRIF | CANCER |
| 00597014130 | GILOTRIF | CANCER |
| 00078040134 | GLEEVEC | CANCER |
| 00078043815 | GLEEVEC | CANCER |
| 00078064930 | GLEEVEC | CANCER |
| 54868528900 | GLEEVEC | CANCER |
| 54868528901 | GLEEVEC | CANCER |
| 54868528902 | GLEEVEC | CANCER |
| 54868528904 | GLEEVEC | CANCER |
| 54868542700 | GLEEVEC | CANCER |
| 54868542703 | GLEEVEC | CANCER |
| 62856038901 | HALAVEN | CANCER |
| 50242005656 | HERCEPTIN | CANCER |
| 50242013201 | HERCEPTIN | CANCER |
| 50242013468 | HERCEPTIN | CANCER |
| 00007420101 | HYCAMTIN | CANCER |
| 00007420511 | HYCAMTIN | CANCER |
| 00007420711 | HYCAMTIN | CANCER |
| 00078067201 | HYCAMTIN | CANCER |
| 00078067301 | HYCAMTIN | CANCER |
| 00078067461 | HYCAMTIN | CANCER |
| 00069018721 | IBRANCE | CANCER |
| 00069018821 | IBRANCE | CANCER |
| 00069018921 | IBRANCE | CANCER |
| 76189053430 | ICLUSIG | CANCER |
| 76189053530 | ICLUSIG | CANCER |
| 59572070530 | IDHIFA | CANCER |
| 59572071030 | IDHIFA | CANCER |
| 00093762998 | IMATINIB MESYLATE | CANCER |
| 00093763056 | IMATINIB MESYLATE | CANCER |
| 00378224577 | IMATINIB MESYLATE | CANCER |
| 00378224693 | IMATINIB MESYLATE | CANCER |

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| 16714070401 | IMATINIB MESYLATE | CANCER |
| 16714070501 | IMATINIB MESYLATE | CANCER |
| 42291035190 | IMATINIB MESYLATE | CANCER |
| 42291035230 | IMATINIB MESYLATE | CANCER |
| 42292004301 | IMATINIB MESYLATE | CANCER |
| 42292004303 | IMATINIB MESYLATE | CANCER |
| 42292004401 | IMATINIB MESYLATE | CANCER |
| 42292004403 | IMATINIB MESYLATE | CANCER |
| 47335047281 | IMATINIB MESYLATE | CANCER |
| 47335047583 | IMATINIB MESYLATE | CANCER |
| 50268042611 | IMATINIB MESYLATE | CANCER |
| 50268042612 | IMATINIB MESYLATE | CANCER |
| 50268042711 | IMATINIB MESYLATE | CANCER |
| 50268042712 | IMATINIB MESYLATE | CANCER |
| 60429092590 | IMATINIB MESYLATE | CANCER |
| 60429092630 | IMATINIB MESYLATE | CANCER |
| 60505290009 | IMATINIB MESYLATE | CANCER |
| 60505290103 | IMATINIB MESYLATE | CANCER |
| 60687019211 | IMATINIB MESYLATE | CANCER |
| 60687019221 | IMATINIB MESYLATE | CANCER |
| 60687020325 | IMATINIB MESYLATE | CANCER |
| 60687020395 | IMATINIB MESYLATE | CANCER |
| 57962001428 | IMBRUVICA | CANCER |
| 57962007028 | IMBRUVICA | CANCER |
| 57962014009 | IMBRUVICA | CANCER |
| 57962014012 | IMBRUVICA | CANCER |
| 57962028028 | IMBRUVICA | CANCER |
| 57962042028 | IMBRUVICA | CANCER |
| 57962056028 | IMBRUVICA | CANCER |
| 00310450012 | IMFINZI | CANCER |
| 00310461150 | IMFINZI | CANCER |
| 55513007801 | IMLYGIC | CANCER |
| 55513007901 | IMLYGIC | CANCER |
| 00069014501 | INLYTA | CANCER |
| 00069015111 | INLYTA | CANCER |
| 00085053901 | INTRON A | CANCER |
| 00085057102 | INTRON A | CANCER |
| 00085111001 | INTRON A | CANCER |
| 00085113301 | INTRON A | CANCER |
| 00085116801 | INTRON A | CANCER |
| 00085435001 | INTRON A | CANCER |
| 00085435101 | INTRON A | CANCER |
| 00085435201 | INTRON A | CANCER |
| 00310048230 | IRESSA | CANCER |
| 59572098301 | ISTODAX | CANCER |
| 59572098401 | ISTODAX | CANCER |
| 00015191012 | IXEMPRA | CANCER |
| 00015191113 | IXEMPRA | CANCER |
| 70020191001 | IXEMPRA | CANCER |
| 70020191101 | IXEMPRA | CANCER |

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| 00078065415 | JADENU (all forms and | CANCER |
| 00078065515 | JADENU (all forms and | CANCER |
| 00078065615 | JADENU (all forms and | CANCER |
| 00078071315 | JADENU (all forms and | CANCER |
| 00078071319 | JADENU (all forms and | CANCER |
| 00078072015 | JADENU (all forms and | CANCER |
| 00078072019 | JADENU (all forms and | CANCER |
| 00078072715 | JADENU (all forms and | CANCER |
| 00078072719 | JADENU (all forms and | CANCER |
| 50881000560 | JAKAFI | CANCER |
| 50881001060 | JAKAFI | CANCER |
| 50881001560 | JAKAFI | CANCER |
| 50881002060 | JAKAFI | CANCER |
| 50881002560 | JAKAFI | CANCER |
| 00024582411 | JEVTANA | CANCER |
| 50242008701 | KADCYLA | CANCER |
| 50242008801 | KADCYLA | CANCER |
| 66658011201 | KEPIVANCE | CANCER |
| 66658011203 | KEPIVANCE | CANCER |
| 66658011206 | KEPIVANCE | CANCER |
| 00006302601 | KEYTRUDA | CANCER |
| 00006302602 | KEYTRUDA | CANCER |
| 00006302901 | KEYTRUDA | CANCER |
| 00006302902 | KEYTRUDA | CANCER |
| 00078086001 | KISQALI (all forms and | CANCER |
| 00078086742 | KISQALI (all forms and | CANCER |
| 00078087463 | KISQALI (all forms and | CANCER |
| 00078090961 | KISQALI (all forms and | CANCER |
| 00078091661 | KISQALI (all forms and | CANCER |
| 00078092361 | KISQALI (all forms and | CANCER |
| 00078084619 | KYMRIAH | CANCER |
| 00078095819 | KYMRIAH | CANCER |
| 76075010101 | KYPROLIS | CANCER |
| 76075010201 | KYPROLIS | CANCER |
| 00002719001 | LARTRUVO | CANCER |
| 00002892601 | LARTRUVO | CANCER |
| 62856070805 | LENVIMA | CANCER |
| 62856070830 | LENVIMA | CANCER |
| 62856071005 | LENVIMA | CANCER |
| 62856071030 | LENVIMA | CANCER |
| 62856071405 | LENVIMA | CANCER |
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| 62856071805 | LENVIMA | CANCER |
| 62856071830 | LENVIMA | CANCER |
| 62856072005 | LENVIMA | CANCER |
| 62856072030 | LENVIMA | CANCER |
| 62856072405 | LENVIMA | CANCER |
| 62856072430 | LENVIMA | CANCER |
| 00781400332 | LEUPROLIDE ACETATE | CANCER |
| 41616093640 | LEUPROLIDE ACETATE | CANCER |

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| 47335093640 | LEUPROLIDE ACETATE | CANCER |
| 64842102001 | LONSURF | CANCER |
| 64842102002 | LONSURF | CANCER |
| 64842102003 | LONSURF | CANCER |
| 64842102501 | LONSURF | CANCER |
| 64842102502 | LONSURF | CANCER |
| 64842102503 | LONSURF | CANCER |
| 00074105205 | LUPANETA PACK | CANCER |
| 00074105305 | LUPANETA PACK | CANCER |
| 00074210803 | LUPRON DEPOT (all for | CANCER |
| 00074228203 | LUPRON DEPOT (all for | CANCER |
| 00074244003 | LUPRON DEPOT (all for | CANCER |
| 00074334603 | LUPRON DEPOT (all for | CANCER |
| 00074347303 | LUPRON DEPOT (all for | CANCER |
| 00074364103 | LUPRON DEPOT (all for | CANCER |
| 00074364203 | LUPRON DEPOT (all for | CANCER |
| 00074366303 | LUPRON DEPOT (all for | CANCER |
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| 00074377903 | LUPRON DEPOT (all for | CANCER |
| 00074969403 | LUPRON DEPOT (all for | CANCER |
| 69488000301 | LUTATHERA | CANCER |
| 00310065758 | LYNPARZA | CANCER |
| 00310066812 | LYNPARZA | CANCER |
| 00310066860 | LYNPARZA | CANCER |
| 00310067912 | LYNPARZA | CANCER |
| 00310067960 | LYNPARZA | CANCER |
| 20536032201 | MARQIBO | CANCER |
| 54482005301 | MATULANE | CANCER |
| 54482005401 | MATULANE | CANCER |
| 00078066615 | MEKINIST | CANCER |
| 00078066815 | MEKINIST | CANCER |
| 00173084813 | MEKINIST | CANCER |
| 00173084913 | MEKINIST | CANCER |
| 00008451001 | MYLOTARG | CANCER |
| 70437024018 | NERLYNX | CANCER |
| 50419048858 | NEXAVAR | CANCER |
| 63020007801 | NINLARO | CANCER |
| 63020007802 | NINLARO | CANCER |
| 63020007901 | NINLARO | CANCER |
| 63020007902 | NINLARO | CANCER |
| 63020008001 | NINLARO | CANCER |
| 63020008002 | NINLARO | CANCER |
| 00078064515 | ODOMZO | CANCER |
| 47335030383 | ODOMZO | CANCER |
| 15054004301 | ONIVYDE | CANCER |
| 69171039801 | ONIVYDE | CANCER |
| 00003373413 | OPDIVO | CANCER |
| 00003377211 | OPDIVO | CANCER |
| 00003377412 | OPDIVO | CANCER |
| 00004035009 | PEGASYS | CANCER |

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| 00004035730 | PEGASYS | CANCER |
| 00004036030 | PEGASYS | CANCER |
| 00004036530 | PEGASYS | CANCER |
| 00085127901 | PEG-INTRON (all forms | CANCER |
| 00085129101 | PEG-INTRON (all forms | CANCER |
| 00085129701 | PEG-INTRON (all forms | CANCER |
| 00085129702 | PEG-INTRON (all forms | CANCER |
| 00085130401 | PEG-INTRON (all forms | CANCER |
| 00085131601 | PEG-INTRON (all forms | CANCER |
| 00085131602 | PEG-INTRON (all forms | CANCER |
| 00085132301 | PEG-INTRON (all forms | CANCER |
| 00085132302 | PEG-INTRON (all forms | CANCER |
| 00085136801 | PEG-INTRON (all forms | CANCER |
| 00085137001 | PEG-INTRON (all forms | CANCER |
| 00085137002 | PEG-INTRON (all forms | CANCER |
| 00085435301 | PEG-INTRON (all forms | CANCER |
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| 00085435601 | PEG-INTRON (all forms | CANCER |
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| 59572050200 | POMALYST | CANCER |
| 59572050221 | POMALYST | CANCER |
| 59572050300 | POMALYST | CANCER |
| 59572050321 | POMALYST | CANCER |
| 59572050400 | POMALYST | CANCER |
| 59572050421 | POMALYST | CANCER |
| 00002771601 | PORTRAZZA | CANCER |
| 65483011607 | PROLEUKIN | CANCER |
| 33801012001 | PROTHELIAL | CANCER |
| 33801012501 | PROTHELIAL | CANCER |
| 33801012504 | PROTHELIAL | CANCER |
| 33801021021 | PROTHELIAL | CANCER |
| 33801025001 | PROTHELIAL | CANCER |
| 33801025002 | PROTHELIAL | CANCER |
| 30237890006 | PROVENGE | CANCER |
| 62484002001 | PURIXAN | CANCER |
| 62484002002 | PURIXAN | CANCER |
| 59572040200 | REVLIMID | CANCER |
| 59572040228 | REVLIMID | CANCER |
| 59572040500 | REVLIMID | CANCER |
| 59572040528 | REVLIMID | CANCER |
| 59572041000 | REVLIMID | CANCER |
| 59572041028 | REVLIMID | CANCER |
| 59572041500 | REVLIMID | CANCER |
| 59572041521 | REVLIMID | CANCER |
| 59572042000 | REVLIMID | CANCER |
| 59572042021 | REVLIMID | CANCER |
| 59572042500 | REVLIMID | CANCER |

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| 59572042521 | REVLIMID | CANCER |
| 50242005121 | RITUXAN (all forms and | CANCER |
| 50242005306 | RITUXAN (all forms and | CANCER |
| 50242010801 | RITUXAN (all forms and | CANCER |
| 50242010901 | RITUXAN (all forms and | CANCER |
| 69660020191 | RUBRACA | CANCER |
| 69660020291 | RUBRACA | CANCER |
| 69660020391 | RUBRACA | CANCER |
| 00078069802 | RYDAPT | CANCER |
| 00078069819 | RYDAPT | CANCER |
| 00078069851 | RYDAPT | CANCER |
| 00078069899 | RYDAPT | CANCER |
| 00003052411 | SPRYCEL | CANCER |
| 00003052711 | SPRYCEL | CANCER |
| 00003052811 | SPRYCEL | CANCER |
| 00003085222 | SPRYCEL | CANCER |
| 00003085522 | SPRYCEL | CANCER |
| 00003085722 | SPRYCEL | CANCER |
| 50419017101 | STIVARGA | CANCER |
| 50419017103 | STIVARGA | CANCER |
| 00069055038 | SUTENT | CANCER |
| 00069077038 | SUTENT | CANCER |
| 00069083038 | SUTENT | CANCER |
| 00069098038 | SUTENT | CANCER |
| 00085128702 | SYLATRON (all forms ar | CANCER |
| 00085128703 | SYLATRON (all forms ar | CANCER |
| 00085131201 | SYLATRON (all forms ar | CANCER |
| 00085138801 | SYLATRON (all forms ar | CANCER |
| 00085138802 | SYLATRON (all forms ar | CANCER |
| 00085434701 | SYLATRON (all forms ar | CANCER |
| 00085434801 | SYLATRON (all forms ar | CANCER |
| 00085434901 | SYLATRON (all forms ar | CANCER |
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| 57894042101 | SYLVANT | CANCER |
| 63459017714 | SYNRIBO | CANCER |
| 00078068166 | TAFINLAR | CANCER |
| 00078068266 | TAFINLAR | CANCER |
| 00173084608 | TAFINLAR | CANCER |
| 00173084708 | TAFINLAR | CANCER |
| 00310134930 | TAGRISSO | CANCER |
| 00310135030 | TAGRISSO | CANCER |
| 50242006201 | TARCEVA | CANCER |
| 50242006301 | TARCEVA | CANCER |
| 50242006401 | TARCEVA | CANCER |
| 54868529000 | TARCEVA | CANCER |
| 54868544700 | TARCEVA | CANCER |
| 54868547400 | TARCEVA | CANCER |
| 00187552560 | TARGRETIN | CANCER |
| 00187552675 | TARGRETIN | CANCER |
| 62856060422 | TARGRETIN | CANCER |

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| 00078052651 | TASIGNA | CANCER |
| 00078052687 | TASIGNA | CANCER |
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| 00078059287 | TASIGNA | CANCER |
| 00078095166 | TASIGNA | CANCER |
| 50242091701 | TECENTRIQ | CANCER |
| 00085136603 | TEMODAR | CANCER |
| 00085136604 | TEMODAR | CANCER |
| 00085136605 | TEMODAR | CANCER |
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| 00085142503 | TEMODAR | CANCER |
| 00085142504 | TEMODAR | CANCER |
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| 00085143004 | TEMODAR | CANCER |
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| 00085151903 | TEMODAR | CANCER |
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| 00085300404 | TEMODAR | CANCER |
| 00085300405 | TEMODAR | CANCER |
| 54868598000 | TEMODAR | CANCER |
| 00054032003 | TEMOZOLOMIDE | CANCER |
| 00054032006 | TEMOZOLOMIDE | CANCER |
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| 00054032106 | TEMOZOLOMIDE | CANCER |
| 00054032203 | TEMOZOLOMIDE | CANCER |
| 00054032206 | TEMOZOLOMIDE | CANCER |
| 00054032303 | TEMOZOLOMIDE | CANCER |
| 00054032306 | TEMOZOLOMIDE | CANCER |
| 00054032403 | TEMOZOLOMIDE | CANCER |
| 00054032406 | TEMOZOLOMIDE | CANCER |
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| 00093763957 | TEMOZOLOMIDE | CANCER |

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| 47335089221 | TEMOZOLOMIDE | CANCER |
| 47335089280 | TEMOZOLOMIDE | CANCER |

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| 67877053707 | TEMOZOLOMIDE | CANCER |
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| 67877053907 | TEMOZOLOMIDE | CANCER |
| 67877053914 | TEMOZOLOMIDE | CANCER |

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| 67877054007 | TEMOZOLOMIDE | CANCER |
| 67877054014 | TEMOZOLOMIDE | CANCER |
| 67877054107 | TEMOZOLOMIDE | CANCER |
| 67877054114 | TEMOZOLOMIDE | CANCER |
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| 59572020514 | THALOMID | CANCER |
| 59572020517 | THALOMID | CANCER |
| 59572020594 | THALOMID | CANCER |
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| 59572021015 | THALOMID | CANCER |
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| 59572021593 | THALOMID | CANCER |
| 59572022016 | THALOMID | CANCER |
| 59572022096 | THALOMID | CANCER |
| 58468003002 | THYROGEN | CANCER |
| 58468184904 | THYROGEN | CANCER |
| 00409030201 | TOPOTECAN HCL | CANCER |
| 00409030225 | TOPOTECAN HCL | CANCER |
| 00703471401 | TOPOTECAN HCL | CANCER |
| 00703471471 | TOPOTECAN HCL | CANCER |
| 16729015131 | TOPOTECAN HCL | CANCER |
| 25021020606 | TOPOTECAN HCL | CANCER |
| 25021023604 | TOPOTECAN HCL | CANCER |
| 25021082406 | TOPOTECAN HCL | CANCER |
| 45963061556 | TOPOTECAN HCL | CANCER |
| 50742040401 | TOPOTECAN HCL | CANCER |
| 55390037010 | TOPOTECAN HCL | CANCER |
| 62756002340 | TOPOTECAN HCL | CANCER |
| 63323076210 | TOPOTECAN HCL | CANCER |
| 63323076217 | TOPOTECAN HCL | CANCER |
| 63323076294 | TOPOTECAN HCL | CANCER |
| 67457047404 | TOPOTECAN HCL | CANCER |
| 67457066205 | TOPOTECAN HCL | CANCER |
| 00008117901 | TORISEL | CANCER |
| 63459039008 | TREANDA | CANCER |
| 63459039120 | TREANDA | CANCER |
| 63459039502 | TREANDA | CANCER |
| 63459039602 | TREANDA | CANCER |
| 00078067119 | TYKERB | CANCER |
| 00173075200 | TYKERB | CANCER |
| 66302001401 | UNITUXIN | CANCER |
| 66215001660 | VALCHLOR | CANCER |
| 67979000101 | VALSTAR | CANCER |
| 67979050001 | VANTAS | CANCER |
| 55513095401 | VECTIBIX | CANCER |
| 55513095601 | VECTIBIX | CANCER |
| 63020004901 | VELCADE | CANCER |
| 00074056111 | VENCLEXTA (all forms a | CANCER |
| 00074056114 | VENCLEXTA (all forms a | CANCER |

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| 00074056607 | VENCLEXTA (all forms a | CANCER |
| 00074056611 | VENCLEXTA (all forms a | CANCER |
| 00074057611 | VENCLEXTA (all forms a | CANCER |
| 00074057622 | VENCLEXTA (all forms a | CANCER |
| 00074057928 | VENCLEXTA (all forms a | CANCER |
| 00002448354 | VERZENIO | CANCER |
| 00002481554 | VERZENIO | CANCER |
| 00002533754 | VERZENIO | CANCER |
| 00002621654 | VERZENIO | CANCER |
| 59572010201 | VIDAZA | CANCER |
| 69468015104 | VISTOGARD | CANCER |
| 69468015120 | VISTOGARD | CANCER |
| 00078067066 | VOTRIENT | CANCER |
| 00173080409 | VOTRIENT | CANCER |
| 68727074501 | VYXEOS (all forms and | CANCER |
| 68727074502 | VYXEOS (all forms and | CANCER |
| 68727074505 | VYXEOS (all forms and | CANCER |
| 00069814020 | XALKORI | CANCER |
| 00069814120 | XALKORI | CANCER |
| 00004110020 | XELODA | CANCER |
| 00004110150 | XELODA | CANCER |
| 54868526000 | XELODA | CANCER |
| 54868526001 | XELODA | CANCER |
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| 54868526003 | XELODA | CANCER |
| 54868526005 | XELODA | CANCER |
| 54868526009 | XELODA | CANCER |
| 55513073001 | XGEVA | CANCER |
| 50419020801 | XOFIGO | CANCER |
| 00469012599 | XTANDI | CANCER |
| 00003232711 | YERVOY | CANCER |
| 00003232822 | YERVOY | CANCER |
| 71287011901 | YESCARTA | CANCER |
| 59676061001 | YONDELIS | CANCER |
| 00024584001 | ZALTRAP | CANCER |
| 00024584101 | ZALTRAP | CANCER |
| 61314030401 | ZARXIO | CANCER |
| 61314030410 | ZARXIO | CANCER |
| 61314031201 | ZARXIO | CANCER |
| 61314031210 | ZARXIO | CANCER |
| 61314031801 | ZARXIO | CANCER |
| 61314032601 | ZARXIO | CANCER |
| 69656010390 | ZEJULA | CANCER |
| 50242009001 | ZELBORAF | CANCER |
| 50242009002 | ZELBORAF | CANCER |
| 00310095036 | ZOLADEX | CANCER |
| 00310095130 | ZOLADEX | CANCER |
| 54569394300 | ZOLADEX | CANCER |
| 70720095036 | ZOLADEX | CANCER |
| 70720095130 | ZOLADEX | CANCER |

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| 00143964201 | ZOLEDRONIC ACID | CANCER |
| 00409421501 | ZOLEDRONIC ACID | CANCER |
| 00409422801 | ZOLEDRONIC ACID | CANCER |
| 00409422901 | ZOLEDRONIC ACID | CANCER |
| 16729024231 | ZOLEDRONIC ACID | CANCER |
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| 17478032745 | ZOLEDRONIC ACID | CANCER |
| 23155017031 | ZOLEDRONIC ACID | CANCER |
| 23155018631 | ZOLEDRONIC ACID | CANCER |
| 25021080166 | ZOLEDRONIC ACID | CANCER |
| 25021080167 | ZOLEDRONIC ACID | CANCER |
| 25021082666 | ZOLEDRONIC ACID | CANCER |
| 25021082667 | ZOLEDRONIC ACID | CANCER |
| 25021082682 | ZOLEDRONIC ACID | CANCER |
| 25021083082 | ZOLEDRONIC ACID | CANCER |
| 42023015101 | ZOLEDRONIC ACID | CANCER |
| 42023016301 | ZOLEDRONIC ACID | CANCER |
| 43598033011 | ZOLEDRONIC ACID | CANCER |
| 43598033111 | ZOLEDRONIC ACID | CANCER |
| 45963044055 | ZOLEDRONIC ACID | CANCER |
| 47335003540 | ZOLEDRONIC ACID | CANCER |
| 47335096241 | ZOLEDRONIC ACID | CANCER |
| 51991006498 | ZOLEDRONIC ACID | CANCER |
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| 55111068507 | ZOLEDRONIC ACID | CANCER |
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| 67457061910 | ZOLEDRONIC ACID | CANCER |
| 00006056840 | ZOLINZA | CANCER |
| 00078038725 | ZOMETA | CANCER |
| 00078059061 | ZOMETA | CANCER |
| 61958170101 | ZYDELIG | CANCER |
| 61958170201 | ZYDELIG | CANCER |
| 00078064070 | ZYKADIA | CANCER |
| 57894015012 | ZYTIGA | CANCER |
| 57894019506 | ZYTIGA | CANCER |
| 00023585801 | LILETTA | CONTRACEPTIVE |
| 52544003554 | LILETTA | CONTRACEPTIVE |
| 00052027401 | NEXPLANON | CONTRACEPTIVE |
| 00052433001 | NEXPLANON | CONTRACEPTIVE |
| 10122082004 | BETHKIS | CYSTIC FIBROSIS |
| 10122082028 | BETHKIS | CYSTIC FIBROSIS |
| 10122082056 | BETHKIS | CYSTIC FIBROSIS |
| 61958090101 | CAYSTON | CYSTIC FIBROSIS |
| 51167020001 | KALYDECO | CYSTIC FIBROSIS |
| 51167020002 | KALYDECO | CYSTIC FIBROSIS |

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| 51167030001 | KALYDECO | CYSTIC FIBROSIS |
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| 24492085056 | KITABIS PAK | CYSTIC FIBROSIS |
| 51167070002 | ORKAMBI | CYSTIC FIBROSIS |
| 51167080901 | ORKAMBI | CYSTIC FIBROSIS |
| 50242010039 | PULMOZYME | CYSTIC FIBROSIS |
| 50242010040 | PULMOZYME | CYSTIC FIBROSIS |
| 51167066101 | SYMDEKO | CYSTIC FIBROSIS |
| 00078049461 | TOBI (all forms and stre | CYSTIC FIBROSIS |
| 00078049471 | TOBI (all forms and stre | CYSTIC FIBROSIS |
| 00078063011 | TOBI (all forms and stre | CYSTIC FIBROSIS |
| 00078063019 | TOBI (all forms and stre | CYSTIC FIBROSIS |
| 00078063035 | TOBI (all forms and stre | CYSTIC FIBROSIS |
| 00078063056 | TOBI (all forms and stre | CYSTIC FIBROSIS |
| 00093408563 | TOBRAMYCIN (all forms | CYSTIC FIBROSIS |
| 00781717156 | TOBRAMYCIN (all forms | CYSTIC FIBROSIS |
| 17478034038 | TOBRAMYCIN (all forms | CYSTIC FIBROSIS |
| 24492089999 | TOBRAMYCIN (all forms | CYSTIC FIBROSIS |
| 65162091446 | TOBRAMYCIN (all forms | CYSTIC FIBROSIS |
| 70644089999 | TOBRAMYCIN (all forms | CYSTIC FIBROSIS |
| 67979051143 | AVEED | ENDOCRINE DISORDER |
| 44087201102 | EGRIFTA | ENDOCRINE DISORDER |
| 62064001160 | EGRIFTA | ENDOCRINE DISORDER |
| 76346007301 | KORLYM | ENDOCRINE DISORDER |
| 76346007302 | KORLYM | ENDOCRINE DISORDER |
| 68135030002 | KUVAN | ENDOCRINE DISORDER |
| 68135030111 | KUVAN | ENDOCRINE DISORDER |
| 68135030122 | KUVAN | ENDOCRINE DISORDER |
| 68135048210 | KUVAN | ENDOCRINE DISORDER |
| 68135048211 | KUVAN | ENDOCRINE DISORDER |
| 00004040109 | MIRCERA | ENDOCRINE DISORDER |
| 00004040209 | MIRCERA | ENDOCRINE DISORDER |
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| 59353040209 | MIRCERA | ENDOCRINE DISORDER |
| 59353040309 | MIRCERA | ENDOCRINE DISORDER |
| 59353040409 | MIRCERA | ENDOCRINE DISORDER |
| 59353040509 | MIRCERA | ENDOCRINE DISORDER |
| 66780031001 | MYALEPT | ENDOCRINE DISORDER |
| 76431021001 | MYALEPT | ENDOCRINE DISORDER |
| 68875020202 | NATPARA | ENDOCRINE DISORDER |
| 68875020302 | NATPARA | ENDOCRINE DISORDER |
| 68875020402 | NATPARA | ENDOCRINE DISORDER |
| 68875020502 | NATPARA | ENDOCRINE DISORDER |
| 00641617401 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
| 00641617410 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
| 00641617501 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
| 00641617510 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |

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| 00703331101 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
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| 00703333301 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
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| 00781316475 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
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| 25021045201 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
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| 55390016401 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
| 62756009444 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
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| 67457023900 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
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| 67457024500 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
| 67457024501 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
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| 67457024601 | OCTREOTIDE ACETATE | ENDOCRINE DISORDER |
| 00078018001 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078018061 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078018101 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078018161 | SANDOSTATIN (all form | ENDOCRINE DISORDER |

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| 00078018201 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078018261 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078018325 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078018425 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078034061 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078034161 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078034261 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078064661 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078064681 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078064761 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078064781 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078064861 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078064881 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078081181 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078081881 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078082581 | SANDOSTATIN (all form | ENDOCRINE DISORDER |
| 00078063306 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063320 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063361 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063406 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063420 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063461 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063506 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063520 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078063561 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078064161 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078064181 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078064261 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078064281 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078064361 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 00078064381 | SIGNIFOR (all forms and | ENDOCRINE DISORDER |
| 15054006001 | SOMATULINE DEPOT | ENDOCRINE DISORDER |
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| 15054012001 | SOMATULINE DEPOT | ENDOCRINE DISORDER |
| 15054106003 | SOMATULINE DEPOT | ENDOCRINE DISORDER |
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| 15054112003 | SOMATULINE DEPOT | ENDOCRINE DISORDER |
| 00009517502 | SOMAVERT | ENDOCRINE DISORDER |
| 00009517602 | SOMAVERT | ENDOCRINE DISORDER |
| 00009517802 | SOMAVERT | ENDOCRINE DISORDER |
| 00009518002 | SOMAVERT | ENDOCRINE DISORDER |
| 00009519901 | SOMAVERT | ENDOCRINE DISORDER |
| 00009520001 | SOMAVERT | ENDOCRINE DISORDER |
| 00009520104 | SOMAVERT | ENDOCRINE DISORDER |
| 00009537604 | SOMAVERT | ENDOCRINE DISORDER |
| 00009716601 | SOMAVERT | ENDOCRINE DISORDER |
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| 00009719901 | SOMAVERT | ENDOCRINE DISORDER |
| 00009720001 | SOMAVERT | ENDOCRINE DISORDER |

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| 67979000201 | SUPPRELIN LA | ENDOCRINE DISORDER |
| 43773100102 | TESTOPEL | ENDOCRINE DISORDER |
| 43773100103 | TESTOPEL | ENDOCRINE DISORDER |
| 66887000410 | TESTOPEL | ENDOCRINE DISORDER |
| 66887000420 | TESTOPEL | ENDOCRINE DISORDER |
| 24338015020 | TRIPTODUR | ENDOCRINE DISORDER |
| 57665000101 | ADAGEN | ENZYME DEFICIENCY |
| 58468007001 | ALDURAZYME | ENZYME DEFICIENCY |
| 68135081102 | BRINEURA | ENZYME DEFICIENCY |
| 52276031205 | CARBAGLU | ENZYME DEFICIENCY |
| 52276031260 | CARBAGLU | ENZYME DEFICIENCY |
| 58468022001 | CERDELGA | ENZYME DEFICIENCY |
| 58468466301 | CEREZYME | ENZYME DEFICIENCY |
| 52276040001 | CYSTADANE | ENZYME DEFICIENCY |
| 52276040101 | CYSTADANE | ENZYME DEFICIENCY |
| 66621400001 | CYSTADANE | ENZYME DEFICIENCY |
| 54092070001 | ELAPRASE | ENZYME DEFICIENCY |
| 00069010601 | ELELYSO | ENZYME DEFICIENCY |
| 58468004001 | FABRAZYME | ENZYME DEFICIENCY |
| 58468004101 | FABRAZYME | ENZYME DEFICIENCY |
| 25682000701 | KANUMA | ENZYME DEFICIENCY |
| 58468016001 | LUMIZYME | ENZYME DEFICIENCY |
| 58468016002 | LUMIZYME | ENZYME DEFICIENCY |
| 69794000101 | MEPSEVII | ENZYME DEFICIENCY |
| 68135002001 | NAGLAZYME | ENZYME DEFICIENCY |
| 70709000060 | NITYR | ENZYME DEFICIENCY |
| 70709000260 | NITYR | ENZYME DEFICIENCY |
| 70709000560 | NITYR | ENZYME DEFICIENCY |
| 66658010260 | ORFADIN | ENZYME DEFICIENCY |
| 66658010560 | ORFADIN | ENZYME DEFICIENCY |
| 66658011060 | ORFADIN | ENZYME DEFICIENCY |
| 66658012060 | ORFADIN | ENZYME DEFICIENCY |
| 66658020490 | ORFADIN | ENZYME DEFICIENCY |
| 67871011104 | SUCRAID | ENZYME DEFICIENCY |
| 68135010001 | VIMIZIM | ENZYME DEFICIENCY |
| 54092070104 | VPRIV | ENZYME DEFICIENCY |
| 66215020118 | ZAVESCA | ENZYME DEFICIENCY |
| 66215020190 | ZAVESCA | ENZYME DEFICIENCY |
| 00013262681 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013264681 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013264902 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265002 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265102 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265202 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265302 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265402 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265502 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265602 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265702 | GENOTROPIN | GROWTH DEFICIENCY |
| 00013265802 | GENOTROPIN | GROWTH DEFICIENCY |

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| 54868576000 | GENOTROPIN | GROWTH DEFICIENCY |
| 00002733511 | HUMATROPE | GROWTH DEFICIENCY |
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| 15054104005 | INCRELEX | GROWTH DEFICIENCY |
| 00169770311 | NORDITROPIN (all form | GROWTH DEFICIENCY |
| 00169770321 | NORDITROPIN (all form | GROWTH DEFICIENCY |
| 00169770421 | NORDITROPIN (all form | GROWTH DEFICIENCY |
| 00169770521 | NORDITROPIN (all form | GROWTH DEFICIENCY |
| 00169770821 | NORDITROPIN (all form | GROWTH DEFICIENCY |
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| 50242007301 | NUTROPIN (all forms ar | GROWTH DEFICIENCY |
| 50242007401 | NUTROPIN (all forms ar | GROWTH DEFICIENCY |
| 50242007501 | NUTROPIN (all forms ar | GROWTH DEFICIENCY |
| 50242007601 | NUTROPIN (all forms ar | GROWTH DEFICIENCY |
| 00781300107 | OMNITROPE | GROWTH DEFICIENCY |
| 00781300126 | OMNITROPE | GROWTH DEFICIENCY |
| 00781300407 | OMNITROPE | GROWTH DEFICIENCY |
| 00781300426 | OMNITROPE | GROWTH DEFICIENCY |
| 00781400436 | OMNITROPE | GROWTH DEFICIENCY |
| 44087001601 | SAIZEN (all forms and s | GROWTH DEFICIENCY |
| 44087100502 | SAIZEN (all forms and s | GROWTH DEFICIENCY |
| 44087108001 | SAIZEN (all forms and s | GROWTH DEFICIENCY |
| 44087108801 | SAIZEN (all forms and s | GROWTH DEFICIENCY |
| 44087000401 | SEROSTIM | GROWTH DEFICIENCY |
| 44087000407 | SEROSTIM | GROWTH DEFICIENCY |
| 44087000501 | SEROSTIM | GROWTH DEFICIENCY |
| 44087000507 | SEROSTIM | GROWTH DEFICIENCY |
| 44087000601 | SEROSTIM | GROWTH DEFICIENCY |
| 44087000607 | SEROSTIM | GROWTH DEFICIENCY |
| 55566180101 | ZOMACTON | GROWTH DEFICIENCY |
| 55566190101 | ZOMACTON | GROWTH DEFICIENCY |
| 57844071319 | ZOMACTON | GROWTH DEFICIENCY |
| 44087338807 | ZORBTIVE | GROWTH DEFICIENCY |
| 00944292102 | ADVATE (all forms and | HEMOPHILIA |
| 00944292202 | ADVATE (all forms and | HEMOPHILIA |
| 00944292302 | ADVATE (all forms and | HEMOPHILIA |
| 00944292402 | ADVATE (all forms and | HEMOPHILIA |
| 00944294810 | ADVATE (all forms and | HEMOPHILIA |
| 00944296410 | ADVATE (all forms and | HEMOPHILIA |
| 00944296510 | ADVATE (all forms and | HEMOPHILIA |
| 00944304510 | ADVATE (all forms and | HEMOPHILIA |
| 00944304610 | ADVATE (all forms and | HEMOPHILIA |
| 00944304710 | ADVATE (all forms and | HEMOPHILIA |
| 00944305102 | ADVATE (all forms and | HEMOPHILIA |
| 00944305202 | ADVATE (all forms and | HEMOPHILIA |
| 00944305302 | ADVATE (all forms and | HEMOPHILIA |
| 00944305402 | ADVATE (all forms and | HEMOPHILIA |
| 00944425202 | ADYNOVATE | HEMOPHILIA |

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| 00944425602 | ADYNOVATE | HEMOPHILIA |
| 00944425802 | ADYNOVATE | HEMOPHILIA |
| 00944462201 | ADYNOVATE | HEMOPHILIA |
| 00944462301 | ADYNOVATE | HEMOPHILIA |
| 00944462401 | ADYNOVATE | HEMOPHILIA |
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| 00944462602 | ADYNOVATE | HEMOPHILIA |
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| 00944462802 | ADYNOVATE | HEMOPHILIA |
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| 69911047502 | AFSTYLA | HEMOPHILIA |
| 69911047602 | AFSTYLA | HEMOPHILIA |
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| 69911048102 | AFSTYLA | HEMOPHILIA |
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| 68516460201 | ALPHANATE | HEMOPHILIA |
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| 68516460702 | ALPHANATE | HEMOPHILIA |
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| 68516461502 | ALPHANATE | HEMOPHILIA |
| 68516360102 | ALPHANINE SD | HEMOPHILIA |
| 68516360202 | ALPHANINE SD | HEMOPHILIA |
| 68516360302 | ALPHANINE SD | HEMOPHILIA |
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| 64406091101 | ALPROLIX | HEMOPHILIA |
| 64406092201 | ALPROLIX | HEMOPHILIA |
| 64406093301 | ALPROLIX | HEMOPHILIA |
| 64406094401 | ALPROLIX | HEMOPHILIA |
| 64406096601 | ALPROLIX | HEMOPHILIA |
| 64406097701 | ALPROLIX | HEMOPHILIA |

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| 64193044502 | BEBULIN (all forms and | HEMOPHILIA |
| 58394063303 | BENEFIX | HEMOPHILIA |
| 58394063403 | BENEFIX | HEMOPHILIA |
| 58394063503 | BENEFIX | HEMOPHILIA |
| 58394063603 | BENEFIX | HEMOPHILIA |
| 58394063703 | BENEFIX | HEMOPHILIA |
| 00944417505 | CEPROTIN | HEMOPHILIA |
| 00944417510 | CEPROTIN | HEMOPHILIA |
| 00944417705 | CEPROTIN | HEMOPHILIA |
| 00944417910 | CEPROTIN | HEMOPHILIA |
| 64208775201 | COAGADEX | HEMOPHILIA |
| 64208775301 | COAGADEX | HEMOPHILIA |
| 63833051802 | CORIFACT | HEMOPHILIA |
| 00075245101 | DDAVP | HEMOPHILIA |
| 00075245153 | DDAVP | HEMOPHILIA |
| 55566220000 | DDAVP | HEMOPHILIA |
| 55566230000 | DDAVP | HEMOPHILIA |
| 00409226501 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 00703505101 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 00703505103 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 00703505401 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 55566503001 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 55566504001 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 62756052926 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 62756052940 | DESMOPRESSIN ACETA | HEMOPHILIA |
| 69918089901 | DESMOPRESSIN ACETA | HEMOPHILIA |
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| 69918090110 | DESMOPRESSIN ACETA | HEMOPHILIA |
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| 64406080301 | ELOCTATE | HEMOPHILIA |
| 64406080401 | ELOCTATE | HEMOPHILIA |
| 64406080501 | ELOCTATE | HEMOPHILIA |
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| 75987011111 | ACTIMMUNE | IMMUNE DEFICIENCY |
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| 67467084302 | OCTAGAM | IMMUNE DEFICIENCY |
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| 55566850506 | BRAVELLE | INFERTILITY |
| 44087122501 | CETROTIDE | INFERTILITY |
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| 63323003011 | CHORIONIC GONADOT | INFERTILITY |
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| 00052030151 | GANIRELIX ACETATE | INFERTILITY |
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| 44087111601 | GONAL-F (all forms and | INFERTILITY |
| 44087111701 | GONAL-F (all forms and | INFERTILITY |
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| 44087907001 | GONAL-F (all forms and | INFERTILITY |
| 50419042401 | KYLEENA | INFERTILITY |
| 55566750101 | MENOPUR | INFERTILITY |
| 55566750102 | MENOPUR | INFERTILITY |
| 50419042101 | MIRENA | INFERTILITY |
| 50419042301 | MIRENA | INFERTILITY |
| 55566150101 | NOVAREL | INFERTILITY |
| 55566150201 | NOVAREL | INFERTILITY |
| 44087115001 | OVIDREL | INFERTILITY |
| 51285020401 | PARAGARD | INFERTILITY |
| 51285020402 | PARAGARD | INFERTILITY |
| 00052031510 | PREGNYL | INFERTILITY |
| 54868499700 | PREGNYL | INFERTILITY |
| 00143972501 | PROGESTERONE | INFERTILITY |
| 00517075001 | PROGESTERONE | INFERTILITY |
| 00591312879 | PROGESTERONE | INFERTILITY |
| 63323026110 | PROGESTERONE | INFERTILITY |
| 50419042201 | SKYLA | INFERTILITY |
| 50242013501 | ACTEMRA | INFLAMMATORY CON |
| 50242013601 | ACTEMRA | INFLAMMATORY CON |
| 50242013701 | ACTEMRA | INFLAMMATORY CON |
| 50242013801 | ACTEMRA | INFLAMMATORY CON |
| 61755000101 | ARCALYST | INFLAMMATORY CON |
| 49401008801 | BENLYSTA | INFLAMMATORY CON |
| 49401008835 | BENLYSTA | INFLAMMATORY CON |
| 49401008842 | BENLYSTA | INFLAMMATORY CON |
| 49401008847 | BENLYSTA | INFLAMMATORY CON |
| 49401010101 | BENLYSTA | INFLAMMATORY CON |
| 49401010201 | BENLYSTA | INFLAMMATORY CON |
| 50474070062 | CIMZIA | INFLAMMATORY CON |
| 50474071079 | CIMZIA | INFLAMMATORY CON |
| 50474071081 | CIMZIA | INFLAMMATORY CON |
| 00078063941 | COSENTYX (all forms ar | INFLAMMATORY CON |
| 00078063968 | COSENTYX (all forms ar | INFLAMMATORY CON |
| 00078063997 | COSENTYX (all forms ar | INFLAMMATORY CON |
| 00078063998 | COSENTYX (all forms ar | INFLAMMATORY CON |
| 54868544400 | ENBREL (all forms and s | INFLAMMATORY CON |
| 58406042534 | ENBREL (all forms and s | INFLAMMATORY CON |
| 58406042541 | ENBREL (all forms and s | INFLAMMATORY CON |
| 58406043501 | ENBREL (all forms and s | INFLAMMATORY CON |
| 58406043504 | ENBREL (all forms and s | INFLAMMATORY CON |
| 58406044501 | ENBREL (all forms and s | INFLAMMATORY CON |
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| 58406045604 | ENBREL (all forms and s | INFLAMMATORY CON |
| 64764030020 | ENTYVIO | INFLAMMATORY CON |

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| 00074006702 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074024302 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074055402 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074061602 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074081702 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074254003 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074379902 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074379903 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074379906 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074433902 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074433906 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074433907 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074634702 | HUMIRA (all forms and | INFLAMMATORY COND |
| 00074937402 | HUMIRA (all forms and | INFLAMMATORY COND |
| 89122049663 | HYMOVIS | INFLAMMATORY COND |
| 00078058261 | ILARIS | INFLAMMATORY COND |
| 00078073461 | ILARIS | INFLAMMATORY COND |
| 00069080901 | INFLECTRA | INFLAMMATORY COND |
| 00024590801 | KEVZARA | INFLAMMATORY COND |
| 00024591001 | KEVZARA | INFLAMMATORY COND |
| 66658023401 | KINERET | INFLAMMATORY COND |
| 66658023407 | KINERET | INFLAMMATORY COND |
| 66658023428 | KINERET | INFLAMMATORY COND |
| 54396080101 | KRYSTEXXA | INFLAMMATORY COND |
| 60809080101 | KRYSTEXXA | INFLAMMATORY COND |
| 75987008010 | KRYSTEXXA | INFLAMMATORY COND |
| 00003218710 | ORENCIA (all forms and | INFLAMMATORY COND |
| 00003218811 | ORENCIA (all forms and | INFLAMMATORY COND |
| 00003218851 | ORENCIA (all forms and | INFLAMMATORY COND |
| 00003281411 | ORENCIA (all forms and | INFLAMMATORY COND |
| 00003281811 | ORENCIA (all forms and | INFLAMMATORY COND |
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| 59572063106 | OTEZLA | INFLAMMATORY COND |
| 59572063255 | OTEZLA | INFLAMMATORY COND |
| 57894003001 | REMICADE | INFLAMMATORY COND |
| 00006430501 | RENFLEXIS | INFLAMMATORY COND |
| 00006430502 | RENFLEXIS | INFLAMMATORY COND |
| 00187000400 | SILIQ | INFLAMMATORY COND |
| 00187000402 | SILIQ | INFLAMMATORY COND |
| 57894007001 | SIMPONI (all forms and | INFLAMMATORY COND |
| 57894007002 | SIMPONI (all forms and | INFLAMMATORY COND |
| 57894007101 | SIMPONI (all forms and | INFLAMMATORY COND |
| 57894007102 | SIMPONI (all forms and | INFLAMMATORY COND |
| 57894035001 | SIMPONI (all forms and | INFLAMMATORY COND |
| 57894005427 | STELARA | INFLAMMATORY COND |
| 57894006002 | STELARA | INFLAMMATORY COND |
| 57894006003 | STELARA | INFLAMMATORY COND |
| 57894006103 | STELARA | INFLAMMATORY COND |
| 00002144501 | TALTZ (all forms and st | INFLAMMATORY COND |
| 00002144509 | TALTZ (all forms and st | INFLAMMATORY COND |

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| 00002144511 | TALTZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 00002144527 | TALTZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 00002772401 | TALTZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 00002772409 | TALTZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 00002772411 | TALTZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 00002772427 | TALTZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 57894064001 | TREMFYA | INFLAMMATORY CONDITIONS |
| 00069050130 | XELJANZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 00069100101 | XELJANZ (all forms and strengths) | INFLAMMATORY CONDITIONS |
| 00078046815 | EXJADE | IRON TOXICITY |
| 00078046915 | EXJADE | IRON TOXICITY |
| 00078047015 | EXJADE | IRON TOXICITY |
| 63004871001 | ACTHAR H.P. | MISCELLANEOUS SPECIFICATIONS |
| 15054021101 | APOKYN | MISCELLANEOUS SPECIFICATIONS |
| 15054021105 | APOKYN | MISCELLANEOUS SPECIFICATIONS |
| 27505000401 | APOKYN | MISCELLANEOUS SPECIFICATIONS |
| 27505000405 | APOKYN | MISCELLANEOUS SPECIFICATIONS |
| 65976010001 | ARESTIN | MISCELLANEOUS SPECIFICATIONS |
| 68546017060 | AUSTEDO | MISCELLANEOUS SPECIFICATIONS |
| 68546017160 | AUSTEDO | MISCELLANEOUS SPECIFICATIONS |
| 68546017260 | AUSTEDO | MISCELLANEOUS SPECIFICATIONS |
| 00023114501 | BOTOX (all forms and strengths) | MISCELLANEOUS SPECIFICATIONS |
| 00023391950 | BOTOX (all forms and strengths) | MISCELLANEOUS SPECIFICATIONS |
| 00023392102 | BOTOX (all forms and strengths) | MISCELLANEOUS SPECIFICATIONS |
| 00023923201 | BOTOX (all forms and strengths) | MISCELLANEOUS SPECIFICATIONS |
| 45043087640 | CHENODAL | MISCELLANEOUS SPECIFICATIONS |
| 68974087640 | CHENODAL | MISCELLANEOUS SPECIFICATIONS |
| 45043000102 | CHOLBAM | MISCELLANEOUS SPECIFICATIONS |
| 45043000202 | CHOLBAM | MISCELLANEOUS SPECIFICATIONS |
| 00378904001 | CYSTAGON | MISCELLANEOUS SPECIFICATIONS |
| 00378904005 | CYSTAGON | MISCELLANEOUS SPECIFICATIONS |
| 00378904501 | CYSTAGON | MISCELLANEOUS SPECIFICATIONS |
| 00378904505 | CYSTAGON | MISCELLANEOUS SPECIFICATIONS |
| 54482002001 | CYSTARAN | MISCELLANEOUS SPECIFICATIONS |
| 52054033010 | DARAPRIM | MISCELLANEOUS SPECIFICATIONS |
| 52054033095 | DARAPRIM | MISCELLANEOUS SPECIFICATIONS |
| 69413033010 | DARAPRIM | MISCELLANEOUS SPECIFICATIONS |
| 69413033030 | DARAPRIM | MISCELLANEOUS SPECIFICATIONS |
| 00074301207 | DUOPA | MISCELLANEOUS SPECIFICATIONS |
| 15054050001 | DYSPORT | MISCELLANEOUS SPECIFICATIONS |
| 15054053006 | DYSPORT | MISCELLANEOUS SPECIFICATIONS |
| 99207050030 | DYSPORT | MISCELLANEOUS SPECIFICATIONS |
| 52609000601 | FERRIPROX | MISCELLANEOUS SPECIFICATIONS |
| 52609450207 | FERRIPROX | MISCELLANEOUS SPECIFICATIONS |
| 68875010201 | GATTEX | MISCELLANEOUS SPECIFICATIONS |
| 68875010301 | GATTEX | MISCELLANEOUS SPECIFICATIONS |
| 70482008560 | GOCOVRI | MISCELLANEOUS SPECIFICATIONS |
| 70482017060 | GOCOVRI | MISCELLANEOUS SPECIFICATIONS |
| 64370037501 | HEMANGEOL | MISCELLANEOUS SPECIFICATIONS |
| 43068022001 | HETLIOZ | MISCELLANEOUS SPECIFICATIONS |

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| 70370104001 | INGREZZA | MISCELLANEOUS SPECI |
| 70370108001 | INGREZZA | MISCELLANEOUS SPECI |
| 76431010501 | JUXTAPID | MISCELLANEOUS SPECI |
| 76431011001 | JUXTAPID | MISCELLANEOUS SPECI |
| 76431012001 | JUXTAPID | MISCELLANEOUS SPECI |
| 76431013001 | JUXTAPID | MISCELLANEOUS SPECI |
| 76431014001 | JUXTAPID | MISCELLANEOUS SPECI |
| 76431016001 | JUXTAPID | MISCELLANEOUS SPECI |
| 51672417701 | KEVEYIS | MISCELLANEOUS SPECI |
| 71090000101 | KEVEYIS | MISCELLANEOUS SPECI |
| 58468019101 | KYNAMRO | MISCELLANEOUS SPECI |
| 58468019102 | KYNAMRO | MISCELLANEOUS SPECI |
| 70688050201 | KYNAMRO | MISCELLANEOUS SPECI |
| 70688050202 | KYNAMRO | MISCELLANEOUS SPECI |
| 64011024301 | MAKENA | MISCELLANEOUS SPECI |
| 64011024702 | MAKENA | MISCELLANEOUS SPECI |
| 64011030103 | MAKENA | MISCELLANEOUS SPECI |
| 10454071010 | MYOBLOC | MISCELLANEOUS SPECI |
| 10454071110 | MYOBLOC | MISCELLANEOUS SPECI |
| 10454071210 | MYOBLOC | MISCELLANEOUS SPECI |
| 67386082019 | NORTHERA | MISCELLANEOUS SPECI |
| 67386082119 | NORTHERA | MISCELLANEOUS SPECI |
| 67386082219 | NORTHERA | MISCELLANEOUS SPECI |
| 63090017060 | NUPLAZID | MISCELLANEOUS SPECI |
| 18860072010 | PRIALT | MISCELLANEOUS SPECI |
| 18860072210 | PRIALT | MISCELLANEOUS SPECI |
| 18860072310 | PRIALT | MISCELLANEOUS SPECI |
| 49663000106 | PROCYSBI | MISCELLANEOUS SPECI |
| 49663000225 | PROCYSBI | MISCELLANEOUS SPECI |
| 75987010004 | PROCYSBI | MISCELLANEOUS SPECI |
| 75987010108 | PROCYSBI | MISCELLANEOUS SPECI |
| 70510217101 | RADICAVA | MISCELLANEOUS SPECI |
| 70510217102 | RADICAVA | MISCELLANEOUS SPECI |
| 75987005006 | RAVICTI | MISCELLANEOUS SPECI |
| 76325010004 | RAVICTI | MISCELLANEOUS SPECI |
| 76325010025 | RAVICTI | MISCELLANEOUS SPECI |
| 67386011101 | SABRIL | MISCELLANEOUS SPECI |
| 67386021165 | SABRIL | MISCELLANEOUS SPECI |
| 59148002050 | SAMSCA | MISCELLANEOUS SPECI |
| 59148002150 | SAMSCA | MISCELLANEOUS SPECI |
| 10599000301 | SINUVA | MISCELLANEOUS SPECI |
| 89114085003 | SOLESTA | MISCELLANEOUS SPECI |
| 25682000101 | SOLIRIS | MISCELLANEOUS SPECI |
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| 54569629600 | SPRIX | MISCELLANEOUS SPECI |
| 69344014443 | SPRIX | MISCELLANEOUS SPECI |
| 25682001001 | STRENSIQ | MISCELLANEOUS SPECI |
| 25682001012 | STRENSIQ | MISCELLANEOUS SPECI |
| 25682001301 | STRENSIQ | MISCELLANEOUS SPECI |

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| 25682001312 | STRENSIQ | MISCELLANEOUS SPECI |
| 25682001601 | STRENSIQ | MISCELLANEOUS SPECI |
| 25682001612 | STRENSIQ | MISCELLANEOUS SPECI |
| 25682001901 | STRENSIQ | MISCELLANEOUS SPECI |
| 25682001912 | STRENSIQ | MISCELLANEOUS SPECI |
| 12496010001 | SUBLOCADE | MISCELLANEOUS SPECI |
| 12496030001 | SUBLOCADE | MISCELLANEOUS SPECI |
| 31722082111 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 31722082211 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 42291080630 | TETRABENAZINE | MISCELLANEOUS SPECI |
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| 51224042510 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 51224042610 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 68682042112 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 68682042225 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 69452011721 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 69452011821 | TETRABENAZINE | MISCELLANEOUS SPECI |
| 00178090001 | THIOLA | MISCELLANEOUS SPECI |
| 60635011801 | VARITHENA (all forms a | MISCELLANEOUS SPECI |
| 60635012301 | VARITHENA (all forms a | MISCELLANEOUS SPECI |
| 49884035803 | VIGABATRIN | MISCELLANEOUS SPECI |
| 49884035852 | VIGABATRIN | MISCELLANEOUS SPECI |
| 69238142501 | VIGABATRIN | MISCELLANEOUS SPECI |
| 69238142505 | VIGABATRIN | MISCELLANEOUS SPECI |
| 65757030001 | VIVITROL | MISCELLANEOUS SPECI |
| 67386042101 | XENAZINE | MISCELLANEOUS SPECI |
| 67386042201 | XENAZINE | MISCELLANEOUS SPECI |
| 00259160501 | XEOMIN | MISCELLANEOUS SPECI |
| 00259161001 | XEOMIN | MISCELLANEOUS SPECI |
| 00259162001 | XEOMIN | MISCELLANEOUS SPECI |
| 70183012584 | XERMELO | MISCELLANEOUS SPECI |
| 66887000301 | XIAFLEX | MISCELLANEOUS SPECI |
| 69468015202 | XURIDEN | MISCELLANEOUS SPECI |
| 69468015230 | XURIDEN | MISCELLANEOUS SPECI |
| 68727010001 | XYREM | MISCELLANEOUS SPECI |
| 51759010101 | ZECUITY | MISCELLANEOUS SPECI |
| 51759010104 | ZECUITY | MISCELLANEOUS SPECI |
| 10144042760 | AMPYRA | MULTIPLE SCLEROSIS |
| 58468021002 | AUBAGIO | MULTIPLE SCLEROSIS |
| 58468021101 | AUBAGIO | MULTIPLE SCLEROSIS |
| 59627000103 | AVONEX (all forms and | MULTIPLE SCLEROSIS |
| 59627000104 | AVONEX (all forms and | MULTIPLE SCLEROSIS |
| 59627000205 | AVONEX (all forms and | MULTIPLE SCLEROSIS |
| 59627000207 | AVONEX (all forms and | MULTIPLE SCLEROSIS |
| 59627000304 | AVONEX (all forms and | MULTIPLE SCLEROSIS |
| 59627011103 | AVONEX (all forms and | MULTIPLE SCLEROSIS |

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| 59627022205 | AVONEX (all forms and | MULTIPLE SCLEROSIS |
| 59627033304 | AVONEX (all forms and | MULTIPLE SCLEROSIS |
| 50419052309 | BETASERON | MULTIPLE SCLEROSIS |
| 50419052335 | BETASERON | MULTIPLE SCLEROSIS |
| 50419052401 | BETASERON | MULTIPLE SCLEROSIS |
| 50419052435 | BETASERON | MULTIPLE SCLEROSIS |
| 68546031730 | COPAXONE 20 MG | MULTIPLE SCLEROSIS |
| 68546032512 | COPAXONE 40 MG | MULTIPLE SCLEROSIS |
| 00078056912 | EXTAVIA | MULTIPLE SCLEROSIS |
| 00078056961 | EXTAVIA | MULTIPLE SCLEROSIS |
| 00078056999 | EXTAVIA | MULTIPLE SCLEROSIS |
| 00078060715 | GILENYA | MULTIPLE SCLEROSIS |
| 00078060751 | GILENYA | MULTIPLE SCLEROSIS |
| 00378696032 | GLATIRAMER ACETATE | MULTIPLE SCLEROSIS |
| 00378696093 | GLATIRAMER ACETATE | MULTIPLE SCLEROSIS |
| 00378696112 | GLATIRAMER ACETATE | MULTIPLE SCLEROSIS |
| 00378696132 | GLATIRAMER ACETATE | MULTIPLE SCLEROSIS |
| 00781323434 | GLATOPA | MULTIPLE SCLEROSIS |
| 00781323471 | GLATOPA | MULTIPLE SCLEROSIS |
| 00781325089 | GLATOPA | MULTIPLE SCLEROSIS |
| 58468020001 | LEMTRADA | MULTIPLE SCLEROSIS |
| 00703468001 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 00703468501 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 00703468601 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 61703034318 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 61703034365 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 61703034366 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 63323013210 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 63323013212 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 63323013215 | MITOXANTRONE HCL | MULTIPLE SCLEROSIS |
| 50242015001 | OCREVUS | MULTIPLE SCLEROSIS |
| 64406001101 | PLEGRIDY (all forms an | MULTIPLE SCLEROSIS |
| 64406001201 | PLEGRIDY (all forms an | MULTIPLE SCLEROSIS |
| 64406001501 | PLEGRIDY (all forms an | MULTIPLE SCLEROSIS |
| 64406001601 | PLEGRIDY (all forms an | MULTIPLE SCLEROSIS |
| 44087002203 | REBIF (all forms and str | MULTIPLE SCLEROSIS |
| 44087004403 | REBIF (all forms and str | MULTIPLE SCLEROSIS |
| 44087018801 | REBIF (all forms and str | MULTIPLE SCLEROSIS |
| 44087332201 | REBIF (all forms and str | MULTIPLE SCLEROSIS |
| 44087334401 | REBIF (all forms and str | MULTIPLE SCLEROSIS |
| 44087882201 | REBIF (all forms and str | MULTIPLE SCLEROSIS |
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| 64406000602 | TECFIDERA | MULTIPLE SCLEROSIS |
| 64406000703 | TECFIDERA | MULTIPLE SCLEROSIS |
| 64406000801 | TYSABRI | MULTIPLE SCLEROSIS |
| 00074003301 | ZINBRYTA | MULTIPLE SCLEROSIS |
| 42998050101 | EMFLAZA | MUSCULAR DYSTROPH |
| 42998050203 | EMFLAZA | MUSCULAR DYSTROPH |
| 42998050303 | EMFLAZA | MUSCULAR DYSTROPH |
| 42998050403 | EMFLAZA | MUSCULAR DYSTROPH |

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| 42998050521 | EMFLAZA | MUSCULAR DYSTROPH |
| 60923028410 | EXONDYS 51 | MUSCULAR DYSTROPH |
| 60923036302 | EXONDYS 51 | MUSCULAR DYSTROPH |
| 64406005801 | SPINRAZA | MUSCULAR DYSTROPH |
| 61755000502 | EYLEA | OPHTHALMIC CONDITI |
| 68611019002 | ILUVIEN | OPHTHALMIC CONDITI |
| 24856000100 | JETREA | OPHTHALMIC CONDITI |
| 24856000201 | JETREA | OPHTHALMIC CONDITI |
| 50242008001 | LUCENTIS | OPHTHALMIC CONDITI |
| 50242008002 | LUCENTIS | OPHTHALMIC CONDITI |
| 50242008003 | LUCENTIS | OPHTHALMIC CONDITI |
| 50242008201 | LUCENTIS | OPHTHALMIC CONDITI |
| 50242008202 | LUCENTIS | OPHTHALMIC CONDITI |
| 50242008203 | LUCENTIS | OPHTHALMIC CONDITI |
| 71394006501 | LUXTURNA | OPHTHALMIC CONDITI |
| 71394041501 | LUXTURNA | OPHTHALMIC CONDITI |
| 68782000102 | MACUGEN | OPHTHALMIC CONDITI |
| 00023334807 | OZURDEX | OPHTHALMIC CONDITI |
| 24208041601 | RETISERT | OPHTHALMIC CONDITI |
| 00187560015 | VISUDYNE | OPHTHALMIC CONDITI |
| 89130202001 | DUROLANE | OSTEOARTHRITIS |
| 55566410001 | EUFLEXXA | OSTEOARTHRITIS |
| 85836015153 | GEL-ONE | OSTEOARTHRITIS |
| 87541030091 | GEL-ONE | OSTEOARTHRITIS |
| 89130311101 | GELSYN - 3 | OSTEOARTHRITIS |
| 50653000601 | GENVISC 850 | OSTEOARTHRITIS |
| 89122072412 | HYALGAN | OSTEOARTHRITIS |
| 89122072420 | HYALGAN | OSTEOARTHRITIS |
| 59676082001 | MONOVISC | OSTEOARTHRITIS |
| 59676036001 | ORTHOVISC | OSTEOARTHRITIS |
| 89130444401 | SUPARTZ (all forms and | OSTEOARTHRITIS |
| 89130555501 | SUPARTZ (all forms and | OSTEOARTHRITIS |
| 58468009001 | SYNVISC (all forms and | OSTEOARTHRITIS |
| 58468009003 | SYNVISC (all forms and | OSTEOARTHRITIS |
| 66267092103 | SYNVISC (all forms and | OSTEOARTHRITIS |
| 87541030131 | VISCO-3 | OSTEOARTHRITIS |
| 70801000301 | ZILRETTA | OSTEOARTHRITIS |
| 00004019109 | BONIVA | OSTEOPOROSIS |
| 00002840001 | FORTEO | OSTEOPOROSIS |
| 25021082761 | IBANDRONATE SODIUM | OSTEOPOROSIS |
| 55150019183 | IBANDRONATE SODIUM | OSTEOPOROSIS |
| 60505609700 | IBANDRONATE SODIUM | OSTEOPOROSIS |
| 62756021840 | IBANDRONATE SODIUM | OSTEOPOROSIS |
| 67457052433 | IBANDRONATE SODIUM | OSTEOPOROSIS |
| 55513071001 | PROLIA | OSTEOPOROSIS |
| 00078043561 | RECLAST | OSTEOPOROSIS |
| 70539000101 | TYMLOS | OSTEOPOROSIS |
| 70539000102 | TYMLOS | OSTEOPOROSIS |
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| 66302046760 | ADCIRCA | PULMONARY HYPERTEN |

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| 50419025003 | ADEMPAS | PULMONARY HYPERTEN |
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| 50419025203 | ADEMPAS | PULMONARY HYPERTEN |
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| 50419025391 | ADEMPAS | PULMONARY HYPERTEN |
| 50419025401 | ADEMPAS | PULMONARY HYPERTEN |
| 50419025403 | ADEMPAS | PULMONARY HYPERTEN |
| 50419025491 | ADEMPAS | PULMONARY HYPERTEN |
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| 00173051801 | DILUENT FOR FLOLAN V | PULMONARY HYPERTEN |
| 00173085702 | DILUENT FOR FLOLAN V | PULMONARY HYPERTEN |
| 66302015050 | DILUENT FOR REMODU | PULMONARY HYPERTEN |
| 00703198501 | EPOPROSTENOL SODIU | PULMONARY HYPERTEN |
| 00703199501 | EPOPROSTENOL SODIU | PULMONARY HYPERTEN |
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| 50242012203 | ESBRIET | PULMONARY HYPERTEN |
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| 64116012101 | ESBRIET | PULMONARY HYPERTEN |
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| 00173051900 | FLOLAN | PULMONARY HYPERTEN |
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| 61958080102 | LETAIRIS | PULMONARY HYPERTEN |
| 61958080103 | LETAIRIS | PULMONARY HYPERTEN |
| 61958080105 | LETAIRIS | PULMONARY HYPERTEN |
| 61958080201 | LETAIRIS | PULMONARY HYPERTEN |
| 61958080202 | LETAIRIS | PULMONARY HYPERTEN |
| 61958080203 | LETAIRIS | PULMONARY HYPERTEN |
| 61958080205 | LETAIRIS | PULMONARY HYPERTEN |
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| 00597014560 | OFEV | PULMONARY HYPERTEN |
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| 66302030010 | ORENITRAM | PULMONARY HYPERTEN |
| 66302030201 | ORENITRAM | PULMONARY HYPERTEN |
| 66302030210 | ORENITRAM | PULMONARY HYPERTEN |
| 66302031001 | ORENITRAM | PULMONARY HYPERTEN |
| 66302031010 | ORENITRAM | PULMONARY HYPERTEN |
| 66302032501 | ORENITRAM | PULMONARY HYPERTEN |
| 66302032510 | ORENITRAM | PULMONARY HYPERTEN |
| 66302035001 | ORENITRAM | PULMONARY HYPERTEN |

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| 66302010201 | REMODULIN | PULMONARY HYPORTE |
| 66302010501 | REMODULIN | PULMONARY HYPORTE |
| 66302011001 | REMODULIN | PULMONARY HYPORTE |
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| 00069033801 | REVATIO | PULMONARY HYPORTE |
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| 00591378019 | SILDENAFIL CITRATE | PULMONARY HYPORTE |
| 00904667104 | SILDENAFIL CITRATE | PULMONARY HYPORTE |
| 13668018505 | SILDENAFIL CITRATE | PULMONARY HYPORTE |
| 13668018590 | SILDENAFIL CITRATE | PULMONARY HYPORTE |
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| 42291074990 | SILDENAFIL CITRATE | PULMONARY HYPORTE |
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| 68071207203 | SILDENAFIL CITRATE | PULMONARY HYPORTE |

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| 66215010106 | TRACLEER | PULMONARY HYPERTEN |
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| 66215010206 | TRACLEER | PULMONARY HYPERTEN |
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| 66302020603 | TYVASO | PULMONARY HYPERTEN |
| 66302020604 | TYVASO | PULMONARY HYPERTEN |
| 66215060206 | UPTRAVI | PULMONARY HYPERTEN |
| 66215060214 | UPTRAVI | PULMONARY HYPERTEN |
| 66215060406 | UPTRAVI | PULMONARY HYPERTEN |
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| 66215060806 | UPTRAVI | PULMONARY HYPERTEN |
| 66215061006 | UPTRAVI | PULMONARY HYPERTEN |
| 66215061206 | UPTRAVI | PULMONARY HYPERTEN |
| 66215061406 | UPTRAVI | PULMONARY HYPERTEN |
| 66215061606 | UPTRAVI | PULMONARY HYPERTEN |
| 66215062820 | UPTRAVI | PULMONARY HYPERTEN |
| 66215040201 | VELETRI | PULMONARY HYPERTEN |
| 66215040301 | VELETRI | PULMONARY HYPERTEN |
| 66215030200 | VENTAVIS | PULMONARY HYPERTEN |
| 66215030230 | VENTAVIS | PULMONARY HYPERTEN |
| 66215030300 | VENTAVIS | PULMONARY HYPERTEN |
| 66215030330 | VENTAVIS | PULMONARY HYPERTEN |
| 60574411301 | SYNAGIS | RESPIRATORY SYNCYTI |
| 60574411401 | SYNAGIS | RESPIRATORY SYNCYTI |

DCS & NYSIF PRESCRIPTION DRUG PROGRAMS
Pharma Revenue Guarantee Quote
 Period 1/1/2019 - 12/31/2023

| Pharma Revenue Guarantee (1) | Per Final Paid Claim (DCS Program) | Per Final Paid Claim (NYSIF) |
|------------------------------|------------------------------------|------------------------------|
| 2019 | | |
| 2020 | | |
| 2021 | | |
| 2022 | | |
| 2023 | | |

(1) The quote above represents the guaranteed minimum amount due the Programs.

- The State shall receive all (100%) of Pharma Revenue as defined in this RFP.
- The amount must be quoted on a per final paid claim basis, as defined in Section VIII (the glossary).
- No separate administrative fee to manage the Pharma Revenue process shall apply.

The Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote is not contingent upon the Programs' participation in any of the Offeror's formulary management or intervention programs, including step therapy. The Offeror may not make such quotes contingent upon use of their Book of Business Formulary. Nor shall the Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote be contingent or dependent on the timing of any patent expirations and/or introduction of generic equivalent drugs, including but not limited to early and/or at risk generic launches.

Note:
 Offerors must provide adequate documentation as determined by the Procuring Agencies, to support the Offeror's proposal relative to pharma revenue. Documentation should be provided as Exhibit V.E.1 of the Offeror's proposal.

Exhibit V.E.1
Documentation to Support Pharma Revenue Guarantee Quote

| Year | |
|------|--|
| 2019 | |
| 2020 | |
| 2021 | |
| 2022 | |
| 2023 | |

| NYSIF | |
|--------------|--|
| Year | |
| 2019 | |
| 2020 | |
| 2021 | |
| 2022 | |
| 2023 | |

DCS and NYSIF PROGRAMS PRESCRIPTION DRUG PROGRAM
Claims Administration Fee(s) Quotes (1)
Period: 1/1/2019 - 12/31/2023

Claims Administration Fees (2)

Quote

Basis of Charge

DCS Program Claims (3)

Retail, Mail, Specialty Pharmacy Network, and Vaccination Network - Claims Admin. Fee



Medicare Rx Program Claims

Retail, Mail, Specialty Pharmacy Network, and Vaccination Network - Claims Admin. Fee



New York State Insurance Fund Program

Retail, Mail, and Specialty Pharmacy Network - Claims Admin. Fee



- (1) These quotes are made in accordance with the requirements of Sections IV and V of the RFP. The quotes must be guaranteed for the period 1/1/2019 -12/31/2023. Changes to these quotes not under the control of the Offeror may be negotiated solely at the Procuring Agencies' discretion.
- (2) Refer to Exhibit IV.A for a listing of Program Services applicable to each Claims Administrative Fee component.
- (3) Non-Medicare Rx Program Claims

Exhibit V.G

**Empire Plan, Excelsior Plan and SEHP Prescription Drug Program
 Vaccination Administration Fees**

Administration Fees for seasonal and non-seasonal vaccines dispensed through the Vaccination Network shall be billed to the DCS Program on a Pass-through basis. Offeror's should enter their contracted Administration Fees as of May 1, 2018, for each listed vaccine.

| Seasonal* Vaccines | Administration Fee |
|--|--------------------|
| Influenza (Injectable Trivalent) | [REDACTED] |
| Influenza (Injectable Quadrivalent) | [REDACTED] |
| Influenza (Intradermal/Injectable Short Needle) | [REDACTED] |
| Influenza (Intranasal Flu Mist - Quadrivalent) | [REDACTED] |
| Influenza (Injectable High Dose - Trivalent) | [REDACTED] |
| Influenza (Injectable High Dose - Quadrivalent) | [REDACTED] |

| Non-Seasonal Vaccines | Administration Fee |
|-----------------------|--------------------|
| Zostavax | [REDACTED] |
| Shingrix | [REDACTED] |
| Pneumococcal | [REDACTED] |
| Meningococcal | [REDACTED] |

* Seasonal means August through April