

## State and Specialty Pharmacy Drug Reimbursement

The following table lists specialty pharmacy drug reimbursement rates.

ForwardHealth defines specialty drugs as drugs requiring comprehensive patient care services, clinical management, and product support services. Drugs that meet ForwardHealth's definition of specialty drugs will be reimbursed using the following rates. However, these rates do not apply to specialty drugs purchased through the federal 340B Drug Discount Program, which will be reimbursed according to the 340B ingredient cost reimbursement methodology.

If ForwardHealth uses State Maximum Allowable Cost (SMAC) reimbursement in the future, the SMAC reimbursement rates will be published in this table.

Published 08/01/2019		
Drug	Estimated Acquisition Cost*	Effective Date
<b>ANEMIA/NEUTROPENIA DRUGS</b>		
ARANESP 10 MCG/0.4 ML SYRINGE	-1.0%	02/01/2017
ARANESP 100 MCG/0.5 ML SYRINGE	-1.0%	02/01/2017
ARANESP 100 MCG/ML VIAL	-1.0%	02/01/2017
ARANESP 150 MCG/0.3 ML SYRINGE	-1.0%	02/01/2017
ARANESP 200 MCG/0.4 ML SYRINGE	-1.0%	02/01/2017
ARANESP 200 MCG/ML VIAL	-1.0%	02/01/2017
ARANESP 25 MCG/0.42 ML SYRINGE	-1.0%	02/01/2017
ARANESP 25 MCG/ML VIAL	-1.0%	02/01/2017
ARANESP 300 MCG/0.6 ML SYRINGE	-1.0%	02/01/2017
ARANESP 300 MCG/ML VIAL	-1.0%	02/01/2017
ARANESP 40 MCG/0.4 ML SYRINGE	-1.0%	02/01/2017
ARANESP 40 MCG/ML VIAL	-1.0%	02/01/2017
ARANESP 500 MCG/1 ML SYRINGE	-1.0%	02/01/2017
ARANESP 60 MCG/0.3 ML SYRINGE	-1.0%	02/01/2017
ARANESP 60 MCG/ML VIAL	-1.0%	02/01/2017
EPOGEN 10,000 UNITS/ML VIAL	-1.6%	04/01/2018
EPOGEN 2,000 UNITS/ML VIAL	-1.6%	04/01/2018
EPOGEN 20,000 UNITS/2 ML VIAL	-1.6%	04/01/2018
EPOGEN 20,000 UNITS/ML VIAL	-1.6%	04/01/2018
EPOGEN 3,000 UNITS/ML VIAL	-1.6%	04/01/2018
EPOGEN 4,000 UNITS/ML VIAL	-1.6%	04/01/2018
FULPHILA 6 MG/0.6 ML SYRINGE	-1.0%	11/01/2018
GRANIX 300 MCG/0.5 ML SAFE SYR	-1.0%	04/01/2018
GRANIX 300 MCG/0.5 ML SYRINGE	-1.0%	04/01/2018
GRANIX 300 MCG/ML VIAL	-1.0%	01/01/2019
GRANIX 480 MCG/0.8 ML SAFE SYR	-1.0%	04/01/2018
GRANIX 480 MCG/0.8 ML SYRINGE	-1.0%	04/01/2018
GRANIX 480 MCG/1.6 ML VIAL	-1.0%	01/01/2019
MIRCERA 100 MCG/0.3 ML SYRINGE	-0.4%	02/01/2015
MIRCERA 150 MCG/0.3 ML SYRINGE	-0.4%	05/01/2019
MIRCERA 200 MCG/0.3 ML SYRINGE	-0.4%	06/01/2015
MIRCERA 30 MCG/0.3 ML SYRINGE	-0.4%	05/01/2019
MIRCERA 50 MCG/0.3 ML SYRINGE	-0.4%	02/01/2015
MIRCERA 75 MCG/0.3 ML SYRINGE	-0.4%	02/01/2015

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<b>ANEMIA/NEUTROPENIA DRUGS CONT.</b>		
NEULASTA 6 MG/0.6 ML SYRINGE	-1.0%	04/01/2018
NEUPOGEN 300 MCG/0.5 ML SYR	-1.0%	02/01/2017
NEUPOGEN 300 MCG/ML VIAL	-1.0%	02/01/2017
NEUPOGEN 480 MCG/0.8 ML SYR	-1.0%	02/01/2017
NEUPOGEN 480 MCG/1.6 ML VIAL	-1.0%	02/01/2017
NIVESTYM 300 MCG/0.5 ML SYRING	-1.0%	11/01/2018
NIVESTYM 300 MCG/ML VIAL	-1.0%	05/01/2019
NIVESTYM 480 MCG/0.8 ML SYRING	-1.0%	11/01/2018
NIVESTYM 480 MCG/1.6 ML VIAL	-1.0%	05/01/2019
PROCRIT 10,000 UNITS/ML VIAL	-1.6%	04/01/2018
PROCRIT 2,000 UNITS/ML VIAL	-1.6%	04/01/2018
PROCRIT 20,000 UNITS/ML VIAL	-1.6%	04/01/2018
PROCRIT 3,000 UNITS/ML VIAL	-1.6%	04/01/2018
PROCRIT 4,000 UNITS/ML VIAL	-1.6%	04/01/2018
PROCRIT 40,000 UNITS/ML VIAL	-1.6%	04/01/2018
RETACRIT 10,000 UNIT/ML VIAL	-1.0%	08/01/2018
RETACRIT 2,000 UNIT/ML VIAL	-1.0%	08/01/2018
RETACRIT 3,000 UNIT/ML VIAL	-1.0%	08/01/2018
RETACRIT 4,000 UNIT/ML VIAL	-1.0%	08/01/2018
RETACRIT 40,000 UNIT/ML VIAL	-1.0%	08/01/2018
UDENYCA 6 MG/0.6 ML SYRINGE	-1.0%	02/01/2019
ZARXIO 300 MCG/0.5 ML SYRINGE	-1.0%	04/01/2018
ZARXIO 480 MCG/0.8 ML SYRINGE	-1.0%	04/01/2018
<b>ANTICOAGULANT DRUGS</b>		
ARIXTRA 10 MG/0.8 ML SYRINGE	-0.4%	03/01/2012
ARIXTRA 2.5 MG/0.5 ML SYRINGE	-0.4%	10/01/2011
ARIXTRA 5 MG/0.4 ML SYRINGE	-0.4%	03/01/2012
ARIXTRA 7.5 MG/0.6 ML SYRINGE	-0.4%	10/01/2011
FONDAPARINUX 10 MG/0.8 ML SYR	-0.4%	03/01/2012
FONDAPARINUX 2.5 MG/0.5 ML SYR	-0.4%	10/01/2011
FONDAPARINUX 5 MG/0.4 ML SYR	-0.4%	03/01/2012
FONDAPARINUX 7.5 MG/0.6 ML SYR	-0.4%	10/01/2011
FRAGMIN 10,000 UNITS/ML SYRING	-0.4%	10/01/2011
FRAGMIN 12,500 UNITS/0.5 ML	-0.4%	10/01/2011
FRAGMIN 15,000 UNITS/0.6 ML	-0.4%	10/01/2011
FRAGMIN 18,000 UNITS/0.72 ML	-0.4%	10/01/2011
FRAGMIN 2,500 UNITS/0.2 ML SYR	-0.4%	10/01/2011
FRAGMIN 5,000 UNITS/0.2 ML SYR	-0.4%	10/01/2011
FRAGMIN 7,500 UNITS/0.3 ML SYR	-0.4%	10/01/2011
FRAGMIN 95,000 UNITS/3.8 ML VL	-0.4%	10/01/2011
THROMBATE III 500 UNIT VIAL	-0.4%	10/01/2011
<b>ANTI-INFECTIVE DRUGS</b>		
ABELCET 100 MG/20 ML VIAL	-0.4%	10/01/2011
AMBISOME 50 MG VIAL	-0.4%	10/01/2011
ANCOBON 250 MG CAPSULE	-0.4%	03/01/2016

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ANTI-INFECTIVE DRUGS CONT.		
ANCOBON 500 MG CAPSULE	-0.4%	02/01/2016
AVYCAZ 2.5 GRAM VIAL	-0.4%	06/01/2015
CRESEMBA 372 MG VIAL	-0.4%	03/01/2016
CUBICIN 500 MG VIAL	-0.4%	10/01/2011
CUBICIN RF 500 MG VIAL	-0.4%	10/01/2011
DALVANCE 500 MG VIAL	-0.4%	08/01/2014
DAPTOMYCIN 500 MG VIAL	-0.4%	10/01/2011
FLUCYTOSINE 250 MG CAPSULE	-0.4%	03/01/2016
FLUCYTOSINE 500 MG CAPSULE	-0.4%	02/01/2016
IMPAVIDO 50 MG CAPSULE	-0.4%	07/01/2016
LINEZOLID 100 MG/5 ML SUSP	-0.4%	03/01/2012
LINEZOLID 600 MG TABLET	-0.4%	03/01/2012
LINEZOLID 600 MG/300 ML-D5W	-0.4%	10/01/2011
LINEZOLID 600MG/300ML-0.9%NACL	-0.4%	11/01/2018
ORBACTIV 400 MG VIAL	-0.4%	11/01/2014
PENTAM 300 VIAL	-0.4%	10/01/2011
PENTAMIDINE 300 MG VIAL	-0.4%	10/01/2011
SIVEXTRO 200 MG TABLET	-0.4%	09/01/2014
SIVEXTRO 200 MG VIAL	-0.4%	09/01/2014
SYNERCID 500 MG VIAL	-0.4%	10/01/2011
VIBATIV 750 MG VIAL	-0.4%	11/01/2018
ZYVOX 100 MG/5 ML SUSPENSION	-0.4%	03/01/2012
ZYVOX 200 MG/100 ML-D5W	-0.4%	10/01/2011
ZYVOX 600 MG TABLET	-0.4%	03/01/2012
ZYVOX 600 MG/300 ML-D5W	-0.4%	10/01/2011
BLOOD CELL DEFICIENCY DRUGS		
DOPTELET (10 TAB PK) 20 MG TAB	-0.4%	11/01/2018
DOPTELET (15 TAB PK) 20 MG TAB	-0.4%	11/01/2018
DOPTELET (30 TAB PK) 20 MG TAB	-0.4%	11/01/2018
LEUKINE 250 MCG VIAL	-0.4%	10/01/2011
MULPLETA 3 MG TABLET	-0.4%	10/01/2018
NPLATE 250 MCG VIAL	-0.4%	10/01/2011
NPLATE 500 MCG VIAL	-0.4%	10/01/2011
PROMACTA 12.5 MG SUSPEN PACKET	-0.4%	03/01/2019
PROMACTA 12.5 MG TABLET	-0.4%	03/01/2012
PROMACTA 25 MG TABLET	-0.4%	10/01/2011
PROMACTA 50 MG TABLET	-0.4%	10/01/2011
PROMACTA 75 MG TABLET	-0.4%	03/01/2012
ENDOCRINE DISORDER DRUGS		
MYALEPT 11.3 MG (5 MG/ML) VIAL	-0.4%	07/01/2018
OCTREOTIDE ACET 0.05 MG/ML VL	-10.0%	02/01/2017
OCTREOTIDE ACET 100 MCG/ML AMP	-10.0%	02/01/2017
OCTREOTIDE ACET 100 MCG/ML SYR	-10.0%	02/01/2017
OCTREOTIDE ACET 100 MCG/ML VL	-10.0%	05/01/2017
OCTREOTIDE ACET 50 MCG/ML AMP	-10.0%	02/01/2017

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ENDOCRINE DISORDER DRUGS CONT.		
OCTREOTIDE ACET 50 MCG/ML SYR	-10.0%	02/01/2017
OCTREOTIDE ACET 50 MCG/ML VIAL	-10.0%	02/01/2017
OCTREOTIDE ACET 500 MCG/ML AMP	-10.0%	02/01/2017
OCTREOTIDE ACET 500 MCG/ML SYR	-10.0%	02/01/2017
OCTREOTIDE ACET 500 MCG/ML VL	-10.0%	05/01/2017
SANDOSTATIN 0.05 MG/ML AMPUL	-10.0%	02/01/2017
SANDOSTATIN 0.1 MG/ML AMPUL	-10.0%	02/01/2017
SANDOSTATIN 0.5 MG/ML AMPUL	-10.0%	02/01/2017
SIGNIFOR 0.3 MG/ML AMPULE	-0.4%	06/01/2013
SIGNIFOR 0.6 MG/ML AMPULE	-0.4%	06/01/2013
SIGNIFOR 0.9 MG/ML AMPULE	-0.4%	06/01/2013
SOMATULINE DEPOT 120 MG/0.5 ML	-0.4%	10/01/2011
SOMATULINE DEPOT 90 MG/0.3 ML	-0.4%	10/01/2011
SOMAVERT 10 MG VIAL	-0.4%	10/01/2011
SOMAVERT 15 MG VIAL	-0.4%	10/01/2011
SOMAVERT 20 MG VIAL	-0.4%	10/01/2011
SOMAVERT 25 MG VIAL	-0.4%	11/01/2014
SOMAVERT 30 MG VIAL	-0.4%	11/01/2014
ENZYME DEFICIENCY DRUGS		
ADAGEN 250 UNIT/ML VIAL	1.0%	03/01/2016
ALDURAZYME 2.9 MG/5 ML VIAL	1.0%	03/01/2016
AMMONUL 10%-10% VIAL	1.0%	03/01/2016
CARBAGLU 200 MG DISPER TABLET	1.0%	03/01/2016
CERDELGA 84 MG CAPSULE	1.0%	02/01/2016
FABRAZYME 35 MG VIAL	1.0%	02/01/2016
FABRAZYME 5 MG VIAL	1.0%	02/01/2016
GALAFOLD 123 MG CAPSULE	1.0%	12/01/2018
KUVAN 100 MG POWDER PACKET	-0.4%	05/01/2014
KUVAN 100 MG TABLET	-0.4%	10/01/2011
KUVAN 500 MG POWDER PACKET	-0.4%	02/01/2017
MEPSEVII 10 MG/5 ML VIAL	1.0%	01/01/2019
MIGLUSTAT 100 MG CAPSULE	1.0%	02/01/2016
NAGLAZYME 5 MG/5 ML VIAL	1.0%	03/01/2016
NITYR 10 MG TABLET	1.0%	12/01/2018
NITYR 2 MG TABLET	1.0%	12/01/2018
NITYR 5 MG TABLET	1.0%	12/01/2018
ORFADIN 10 MG CAPSULE	1.0%	03/01/2016
ORFADIN 2 MG CAPSULE	1.0%	02/01/2016
ORFADIN 20 MG CAPSULE	1.0%	10/01/2016
ORFADIN 4 MG/ML SUSPENSION	1.0%	08/01/2016
ORFADIN 5 MG CAPSULE	1.0%	03/01/2016
PALYNZIQ 10 MG/0.5 ML SYRINGE	1.0%	01/01/2019
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	1.0%	01/01/2019
PALYNZIQ 20 MG/ML SYRINGE	1.0%	01/01/2019
SOD PHENYLACET-SOD BENZOATE VL	1.0%	03/01/2016

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ENZYLE DEFICIENCY DRUGS CONT.		
STRENSIQ 18 MG/0.45 ML VIAL	1.0%	05/01/2016
STRENSIQ 28 MG/0.7 ML VIAL	1.0%	05/01/2016
STRENSIQ 40 MG/ML VIAL	1.0%	05/01/2016
STRENSIQ 80 MG/0.8 ML VIAL	1.0%	05/01/2016
ZAVESCA 100 MG CAPSULE	1.0%	02/01/2016
GROWTH HORMONE DRUGS		
GENOTROPIN 12 MG CARTRIDGE	-1.6%	10/01/2011
GENOTROPIN 5 MG CARTRIDGE	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 0.2 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 0.4 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 0.6 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 0.8 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 1 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 1.2 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 1.4 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 1.6 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 1.8 MG	-1.6%	10/01/2011
GENOTROPIN MINIQUICK 2 MG	-1.6%	10/01/2011
HUMATROPE 12 MG CARTRIDGE	-1.6%	10/01/2011
HUMATROPE 24 MG CARTRIDGE	-1.6%	10/01/2011
HUMATROPE 5 MG VIAL	-1.6%	10/01/2011
HUMATROPE 6 MG CARTRIDGE	-1.6%	10/01/2011
INCRELEX 40 MG/4 ML VIAL	-1.6%	10/01/2011
NORDITROPIN FLEXPPO 10 MG/1.5	-1.6%	10/01/2011
NORDITROPIN FLEXPPO 15 MG/1.5	-1.6%	10/01/2011
NORDITROPIN FLEXPPO 30 MG/3 ML	-1.6%	10/01/2011
NORDITROPIN FLEXPPO 5 MG/1.5	-1.6%	10/01/2011
NUTROPIN AQ NUSPIN 10 INJECTOR	-1.6%	09/01/2016
NUTROPIN AQ NUSPIN 20 INJECTOR	-1.6%	09/01/2016
NUTROPIN AQ NUSPIN 5 INJECTOR	-1.6%	10/01/2011
OMNITROPE 10 MG/1.5 ML CRTG	-1.6%	10/01/2011
OMNITROPE 5 MG/1.5 ML CRTG	-1.6%	10/01/2011
OMNITROPE 5.8 MG VIAL	-1.6%	10/01/2011
SAIZEN 5 MG VIAL	-1.6%	10/01/2011
SAIZEN 8.8 MG CLICK.EASY CARTG	-1.6%	10/01/2011
SAIZEN 8.8 MG SAIZENPREP CART	-1.6%	10/01/2011
SAIZEN 8.8 MG VIAL	-1.6%	10/01/2011
SEROSTIM 4 MG VIAL	-1.6%	10/01/2011
SEROSTIM 5 MG VIAL	-1.6%	10/01/2011
SEROSTIM 6 MG VIAL	-1.6%	10/01/2011
ZOMACTON 10 MG VIAL	-1.6%	10/01/2011
ZOMACTON 5 MG VIAL	-1.6%	10/01/2011
ZORBTIVE 8.8 MG VIAL	-1.6%	10/01/2011
HEMOPHILIA DRUGS		
ADVATE 1,201-1,800 UNIT VIAL	-20.0%	03/01/2019

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HEMOPHILIA DRUGS CONT.		
ADVATE 1,801-2,400 UNIT VIAL	-20.0%	03/01/2019
ADVATE 2,401-3,600 UNIT VIAL	-20.0%	03/01/2019
ADVATE 200-400 UNIT VIAL	-20.0%	03/01/2019
ADVATE 3,601-4,800 UNIT VIAL	-20.0%	03/01/2019
ADVATE 401-800 UNIT VIAL	-20.0%	03/01/2019
ADVATE 801-1,200 UNIT VIAL	-20.0%	03/01/2019
ADYNOVATE 1,251-2,500 UNIT VL	-12.0%	03/01/2019
ADYNOVATE 1,500 UNIT VIAL	-12.0%	03/01/2019
ADYNOVATE 200-400 UNIT VIAL	-12.0%	03/01/2019
ADYNOVATE 3,000 UNIT VIAL	-12.0%	03/01/2019
ADYNOVATE 401-800 UNIT VIAL	-12.0%	03/01/2019
ADYNOVATE 750 UNIT VIAL	-12.0%	03/01/2019
ADYNOVATE 801-1,250 UNIT VIAL	-12.0%	03/01/2019
AFSTYLA 1,000 UNIT VIAL	-15.0%	03/01/2019
AFSTYLA 1,500 UNIT RANGE VIAL	-15.0%	03/01/2019
AFSTYLA 2,000 UNIT VIAL	-15.0%	03/01/2019
AFSTYLA 2,500 UNIT RANGE VIAL	-15.0%	03/01/2019
AFSTYLA 250 UNIT VIAL	-15.0%	03/01/2019
AFSTYLA 3,000 UNIT VIAL	-15.0%	03/01/2019
AFSTYLA 500 UNIT VIAL	-15.0%	03/01/2019
ALPHANATE 1,000-400 UNIT VIAL	-15.0%	03/01/2019
ALPHANATE 1,500-600 UNIT VIAL	-15.0%	03/01/2019
ALPHANATE 2,000-800 UNIT VIAL	-15.0%	03/01/2019
ALPHANATE 250-100 UNIT VIAL	-15.0%	03/01/2019
ALPHANATE 500-200 UNIT VIAL	-15.0%	03/01/2019
ALPHANINE SD 1,000 UNIT VIAL	-15.0%	03/01/2019
ALPHANINE SD 1,500 UNIT VIAL	-15.0%	03/01/2019
ALPHANINE SD 500 UNIT VIAL	-15.0%	03/01/2019
ALPROLIX 1,000 UNIT NOMINAL	-4.0%	03/01/2019
ALPROLIX 2,000 UNIT NOMINAL	-4.0%	03/01/2019
ALPROLIX 250 UNIT NOMINAL	-4.0%	03/01/2019
ALPROLIX 3,000 UNIT NOMINAL	-4.0%	03/01/2019
ALPROLIX 4,000 UNIT NOMINAL	-4.0%	03/01/2019
ALPROLIX 500 UNIT NOMINAL	-4.0%	03/01/2019
BENEFIX 1,000 UNIT RANGE	-15.0%	03/01/2019
BENEFIX 2,000 UNIT RANGE	-15.0%	03/01/2019
BENEFIX 250 UNIT RANGE	-15.0%	03/01/2019
BENEFIX 3,000 UNIT RANGE	-15.0%	03/01/2019
BENEFIX 500 UNIT RANGE	-15.0%	03/01/2019
COAGADEX 250 UNIT VIAL	-10.0%	03/01/2016
COAGADEX 500 UNIT VIAL	-10.0%	03/01/2016
CORIFACT KIT	-10.0%	02/01/2014
ELOCTATE 1,000 UNIT NOMINAL	-7.0%	03/01/2019
ELOCTATE 1,500 UNIT NOMINAL	-7.0%	03/01/2019
ELOCTATE 2,000 UNIT NOMINAL	-7.0%	03/01/2019

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HEMOPHILIA DRUGS CONT.		
ELECTATE 250 UNIT NOMINAL	-7.0%	03/01/2019
ELECTATE 3,000 UNIT NOMINAL	-7.0%	03/01/2019
ELECTATE 4,000 UNIT NOMINAL	-7.0%	03/01/2019
ELECTATE 5,000 UNIT NOMINAL	-7.0%	03/01/2019
ELECTATE 500 UNIT NOMINAL	-7.0%	03/01/2019
ELECTATE 6,000 UNIT NOMINAL	-7.0%	03/01/2019
ELECTATE 750 UNIT NOMINAL	-7.0%	03/01/2019
FEIBA NF 1,000 UNIT (NOMINAL)	-15.0%	03/01/2019
FEIBA NF 2,500 UNIT (NOMINAL)	-15.0%	03/01/2019
FEIBA NF 500 UNIT (NOMINAL)	-15.0%	03/01/2019
HELIXATE FS 1,000 UNIT VIAL	-20.0%	03/01/2019
HELIXATE FS 2,000 UNIT VIAL	-20.0%	03/01/2019
HELIXATE FS 250 UNIT VIAL	-20.0%	03/01/2019
HELIXATE FS 3,000 UNITS VIAL	-20.0%	03/01/2019
HELIXATE FS 500 UNIT VIAL	-20.0%	03/01/2019
HEMLIBRA 105 MG/0.7 ML VIAL	-6.0%	10/01/2018
HEMLIBRA 150 MG/ML VIAL	-6.0%	10/01/2018
HEMLIBRA 30 MG/ML VIAL	-6.0%	10/01/2018
HEMLIBRA 60 MG/0.4 ML VIAL	-6.0%	10/01/2018
HEMOFIL M 1,000 UNIT NOMINAL	-20.0%	03/01/2019
HEMOFIL M 1,700 UNIT NOMINAL	-20.0%	03/01/2019
HEMOFIL M 250 UNIT NOMINAL	-20.0%	03/01/2019
HEMOFIL M 500 UNIT NOMINAL	-20.0%	03/01/2019
HUMATE-P 1,200 UNIT VWF:RCO	-15.0%	03/01/2019
HUMATE-P 2,400 UNIT VWF:RCO	-15.0%	03/01/2019
HUMATE-P 600 UNIT VWF:RCO	-15.0%	03/01/2019
IDELVION 1,000 UNIT RANGE VIAL	0.0%	03/01/2019
IDELVION 2,000 UNIT RANGE VIAL	0.0%	03/01/2019
IDELVION 250 UNIT RANGE VIAL	0.0%	03/01/2019
IDELVION 3,500 UNIT RANGE VIAL	0.0%	03/01/2019
IDELVION 500 UNIT RANGE VIAL	0.0%	03/01/2019
IXINITY 1,000 UNIT RANGE	-5.0%	03/01/2019
IXINITY 1,000 UNIT RANGE-2 VLS	-5.0%	03/01/2019
IXINITY 1,500 UNIT RANGE	-5.0%	03/01/2019
IXINITY 1,500 UNIT RANGE-2 VLS	-5.0%	03/01/2019
IXINITY 2,000 UNIT RANGE	-5.0%	03/01/2019
IXINITY 250 UNIT RANGE	-5.0%	03/01/2019
IXINITY 3,000 UNIT RANGE	-5.0%	03/01/2019
IXINITY 500 UNIT RANGE	-5.0%	03/01/2019
JIVI 1,000 UNIT VIAL	-10.0%	11/01/2018
JIVI 2,000 UNIT VIAL	-10.0%	11/01/2018
JIVI 3,000 UNIT VIAL	-10.0%	11/01/2018
JIVI 500 UNIT VIAL	-10.0%	11/01/2018
KOATE 500 UNIT VIAL	-15.0%	03/01/2019
KOGENATE FS 1,000 UNIT-BIOSET	-20.0%	03/01/2019

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HEMOPHILIA DRUGS CONT.		
KOGENATE FS 1,000 UNITS VIAL	-20.0%	03/01/2019
KOGENATE FS 2,000 UNIT VIAL	-20.0%	03/01/2019
KOGENATE FS 2,000 UNIT-BIOSET	-20.0%	03/01/2019
KOGENATE FS 250 UNIT VIAL	-20.0%	03/01/2019
KOGENATE FS 250 UNIT VL-BIOSET	-20.0%	03/01/2019
KOGENATE FS 3,000 UNIT-BIOSET	-20.0%	03/01/2019
KOGENATE FS 3,000 UNITS VIAL	-20.0%	03/01/2019
KOGENATE FS 500 UNIT VIAL	-20.0%	03/01/2019
KOGENATE FS 500 UNIT VL-BIOSET	-20.0%	03/01/2019
KOVALTRY 1,000 UNIT KIT	-20.0%	03/01/2019
KOVALTRY 1,000 UNIT VIAL	-20.0%	03/01/2019
KOVALTRY 2,000 UNIT KIT	-20.0%	03/01/2019
KOVALTRY 2,000 UNIT VIAL	-20.0%	03/01/2019
KOVALTRY 250 UNIT KIT	-20.0%	03/01/2019
KOVALTRY 250 UNIT VIAL	-20.0%	03/01/2019
KOVALTRY 3,000 UNIT KIT	-20.0%	03/01/2019
KOVALTRY 3,000 UNIT VIAL	-20.0%	03/01/2019
KOVALTRY 500 UNIT KIT	-20.0%	03/01/2019
KOVALTRY 500 UNIT VIAL	-20.0%	03/01/2019
MONONINE 1,000 UNIT VIAL	-15.0%	03/01/2019
NOVOEIGHT 1,000 UNIT VIAL	-15.0%	03/01/2019
NOVOEIGHT 1,500 UNIT VIAL	-15.0%	03/01/2019
NOVOEIGHT 2,000 UNIT VIAL	-15.0%	03/01/2019
NOVOEIGHT 250 UNIT VIAL	-15.0%	03/01/2019
NOVOEIGHT 3,000 UNIT VIAL	-15.0%	03/01/2019
NOVOEIGHT 500 UNIT VIAL	-15.0%	03/01/2019
NOVOSEVEN RT 1 MG VIAL	-12.0%	03/01/2019
NOVOSEVEN RT 2 MG VIAL	-12.0%	03/01/2019
NOVOSEVEN RT 5 MG VIAL	-12.0%	03/01/2019
NOVOSEVEN RT 8 MG VIAL	-12.0%	03/01/2019
NUWIQ 1,000 UNIT VIAL	-12.0%	03/01/2019
NUWIQ 1,000 UNIT VIAL PACK	-12.0%	03/01/2019
NUWIQ 2,000 UNIT VIAL	-12.0%	03/01/2019
NUWIQ 2,000 UNIT VIAL PACK	-12.0%	03/01/2019
NUWIQ 2,500 UNIT VIAL	-12.0%	03/01/2019
NUWIQ 2,500 UNIT VIAL PACK	-12.0%	03/01/2019
NUWIQ 250 UNIT VIAL	-12.0%	03/01/2019
NUWIQ 250 UNIT VIAL PACK	-12.0%	03/01/2019
NUWIQ 3,000 UNIT VIAL	-12.0%	03/01/2019
NUWIQ 3,000 UNIT VIAL PACK	-12.0%	03/01/2019
NUWIQ 4,000 UNIT VIAL	-12.0%	03/01/2019
NUWIQ 4,000 UNIT VIAL PACK	-12.0%	03/01/2019
NUWIQ 500 UNIT VIAL	-12.0%	03/01/2019
NUWIQ 500 UNIT VIAL PACK	-12.0%	03/01/2019
OBIZUR 500 UNIT VIAL	0.0%	03/01/2019



**State and Specialty Pharmacy Drug Reimbursement**

HEMOPHILIA DRUGS CONT.		
OBIZUR 500 UNIT VIAL - 5 VIALS	0.0%	03/01/2019
OBIZUR 500 UNIT VIAL -10 VIALS	0.0%	03/01/2019
PROFILNINE 1,000 UNIT VIAL	-10.0%	02/01/2014
PROFILNINE 1,500 UNIT VIAL	-10.0%	02/01/2014
PROFILNINE 500 UNIT VIAL	-10.0%	02/01/2014
REBINYN 1,000 UNIT VIAL	0.0%	03/01/2019
REBINYN 2,000 UNIT VIAL	0.0%	03/01/2019
REBINYN 500 UNIT VIAL	0.0%	03/01/2019
RECOMBINATE 1,241-1,800 UNIT V	-15.0%	03/01/2019
RECOMBINATE 1,801-2,400 UNIT V	-15.0%	03/01/2019
RECOMBINATE 220-400 UNIT VIAL	-15.0%	03/01/2019
RECOMBINATE 401-800 UNIT VIAL	-15.0%	03/01/2019
RECOMBINATE 801-1,240 UNIT VL	-15.0%	03/01/2019
RIASTAP VIAL	-10.0%	02/01/2014
RIXUBIS 1,000 UNIT NOMINAL	-15.0%	03/01/2019
RIXUBIS 2,000 UNIT NOMINAL	-15.0%	03/01/2019
RIXUBIS 250 UNIT NOMINAL	-15.0%	03/01/2019
RIXUBIS 3,000 UNIT NOMINAL	-15.0%	03/01/2019
RIXUBIS 500 UNIT NOMINAL	-15.0%	03/01/2019
STIMATE 1.5 MG/ML NASAL SPRAY	0.0%	05/01/2017
TRETTEN 2,500 UNIT VIAL	-10.0%	05/01/2014
VONVENDI 1,300 UNIT VIAL	-10.0%	09/01/2016
VONVENDI 650 UNIT VIAL	-10.0%	09/01/2016
WILATE 1,000-1,000 UNIT VIAL	-15.0%	03/01/2019
WILATE 500-500 UNIT VIAL	-15.0%	03/01/2019
XYNTHA 1,000 UNIT KIT	-20.0%	03/01/2019
XYNTHA 2,000 UNIT KIT	-20.0%	03/01/2019
XYNTHA 250 UNIT KIT	-20.0%	03/01/2019
XYNTHA 500 UNIT KIT	-20.0%	03/01/2019
XYNTHA SOLOFUSE 1,000 UNIT KIT	-20.0%	03/01/2019
XYNTHA SOLOFUSE 1,000 UNIT SYR	-20.0%	03/01/2019
XYNTHA SOLOFUSE 2,000 UNIT KIT	-20.0%	03/01/2019
XYNTHA SOLOFUSE 2,000 UNIT SYR	-20.0%	03/01/2019
XYNTHA SOLOFUSE 250 UNIT KIT	-20.0%	03/01/2019
XYNTHA SOLOFUSE 250 UNIT SYR	-20.0%	03/01/2019
XYNTHA SOLOFUSE 3,000 UNIT KIT	-20.0%	03/01/2019
XYNTHA SOLOFUSE 3,000 UNIT SYR	-20.0%	03/01/2019
XYNTHA SOLOFUSE 500 UNIT KIT	-20.0%	03/01/2019
XYNTHA SOLOFUSE 500 UNIT SYR	-20.0%	03/01/2019
HEPATITIS DRUGS		
ADEFOVIR DIPIVOXIL 10 MG TAB	-0.4%	12/01/2011
BARACLUDE 0.05 MG/ML SOLUTION	-0.4%	10/01/2011
BARACLUDE 0.5 MG TABLET	-0.4%	10/01/2011
BARACLUDE 1 MG TABLET	-0.4%	10/01/2011
DAKLINZA 30 MG TABLET	-1.0%	03/01/2019

**State and Specialty Pharmacy Drug Reimbursement**

HEPATITIS DRUGS CONT.		
DAKLINZA 60 MG TABLET	-1.0%	03/01/2019
ENTECAVIR 0.5 MG TABLET	-0.4%	10/01/2011
ENTECAVIR 1 MG TABLET	-0.4%	10/01/2011
EPCLUSA 400 MG-100 MG TABLET	-1.0%	03/01/2019
EPIVIR HBV 100 MG TABLET	-0.4%	10/01/2011
EPIVIR HBV 25 MG/5 ML SOLN	-0.4%	10/01/2011
HARVONI 90-400 MG TABLET	-1.0%	03/01/2019
HEPSERA 10 MG TABLET	-0.4%	12/01/2011
INTRON A 10 MILLION UNITS VIAL	-0.4%	10/01/2011
INTRON A 18 MILLION UNIT/3 ML	-0.4%	10/01/2011
INTRON A 18 MILLION UNITS VIAL	-0.4%	10/01/2011
INTRON A 25 MILLION UNIT/2.5ML	-0.4%	10/01/2011
INTRON A 50 MILLION UNITS VIAL	-0.4%	10/01/2011
LAMIVUDINE HBV 100 MG TABLET	-0.4%	10/01/2011
LEDIPASVIR-SOFOSBUVIR 90-400MG	-1.0%	03/01/2019
MAVYRET 100-40 MG TABLET	-1.0%	03/01/2019
MODERIBA 200 mg (7)-400 mg (7) TAB DS PK	-50.0%	03/01/2019
MODERIBA 400 mg (7)-400 mg (7) TAB DS PK	-50.0%	03/01/2019
MODERIBA 600 mg (7)-400 mg (7) TAB DS PK	-50.0%	03/01/2019
MODERIBA 600 mg (28)-600 mg (28) TAB DS PK	-50.0%	03/01/2019
MODERIBA 600 mg (7)-600 mg (7) TAB DS PK	-50.0%	03/01/2019
PEGASYS 180 MCG/0.5 ML SYRINGE	-1.6%	02/01/2017
PEGASYS 180 MCG/ML VIAL	-1.6%	02/01/2017
PEGASYS PROCLICK 180 MCG/0.5	-1.6%	02/01/2017
PEGINTRON 50 MCG KIT	-1.6%	02/01/2017
REBETOL 40 MG/ML SOLUTION	-0.4%	10/01/2011
RIBASPHERE 400 MG TABLET	-50.0%	03/01/2019
RIBASPHERE 600 MG TABLET	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 200 mg (28)-400 mg (28) TAB DS PK	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 200 mg (7)-400 mg (7) TAB DS PK	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 400 mg (28)-400 mg (28) TAB DS PK	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 400 mg (7)-400 mg (7) TAB DS PK	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 600 mg (28)-400 mg (28) TAB DS PK	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 600 mg (7)-400 mg (7) TAB DS PK	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 600 mg (28)-600 mg (28) TAB DS PK	-50.0%	03/01/2019
RIBASPHERE RIBAPAK 600 mg (7)-600 mg (7) TAB DS PK	-50.0%	03/01/2019
SOFOSBUVIR-VELPATASVIR 400-100	-1.0%	03/01/2019
SOVALDI 400 MG TABLET	-1.0%	03/01/2019
VEMLIDY 25 MG TABLET	-0.4%	01/01/2017
VIEKIRA PAK	-1.0%	03/01/2019
VOSEVI 400-100-100 MG TABLET	-1.0%	03/01/2019
ZEPATIER 50-100 MG TABLET	-1.0%	03/01/2019
HEREDITARY ANGIOEDEMA DRUGS		
BERINERT 500 UNIT KIT	-0.4%	06/01/2013
CINRYZE 500 UNIT VIAL	-0.4%	10/01/2011

**State and Specialty Pharmacy Drug Reimbursement**

HEREDITARY ANGIOEDEMA DRUGS CONT.		
FIRAZYR 30 MG/3 ML SYRINGE	-0.4%	01/01/2012
HAEGARDA 2,000 UNIT VIAL	-0.4%	09/01/2017
HAEGARDA 3,000 UNIT VIAL	-0.4%	09/01/2017
ICATIBANT 30 MG/3 ML SYRINGE	-0.4%	01/01/2012
RUCONEST 2,100 UNIT VIAL	-0.4%	03/01/2019
TAKHZYRO 300 MG/2 ML VIAL	-0.4%	02/01/2019
IMMUNE DEFICIENCY DRUGS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	-0.4%	10/01/2011
BIVIGAM LIQUID 10% VIAL	-0.4%	03/01/2016
CARIMUNE NF 12 GM VIAL	-10.0%	03/01/2019
CARIMUNE NF 6 GM VIAL	-10.0%	03/01/2019
CUTAQUIG 16.5% (1 G/6 ML) VIAL	-0.4%	07/01/2019
CUTAQUIG 16.5% (1.65 G/10 ML)	-0.4%	07/01/2019
CUTAQUIG 16.5% (2 G/12 ML) VL	-0.4%	07/01/2019
CUTAQUIG 16.5% (3.3 G/20 ML)	-0.4%	07/01/2019
CUTAQUIG 16.5% (4 G/24 ML) VL	-0.4%	07/01/2019
CUTAQUIG 16.5% (8 G/48 ML) VL	-0.4%	07/01/2019
CUVITRU 1 GRAM/5 ML VIAL	-3.0%	03/01/2019
CUVITRU 2 GRAM/10 ML VIAL	-3.0%	03/01/2019
CUVITRU 4 GRAM/20 ML VIAL	-3.0%	03/01/2019
CUVITRU 8 GRAM/ 40 ML VIAL	-3.0%	03/01/2019
FLEBOGAMMA DIF 10% VIAL	-5.0%	04/01/2018
FLEBOGAMMA DIF 5% VIAL	-5.0%	04/01/2018
GAMMAGARD LIQUID 10% VIAL	-20.0%	03/01/2019
GAMMAKED 1 GRAM/10 ML VIAL	-20.0%	02/01/2017
GAMMAKED 10 GRAM/100 ML VIAL	-20.0%	02/01/2017
GAMMAKED 2.5 GRAM/25 ML VIAL	-20.0%	02/01/2017
GAMMAKED 20 GRAM/200 ML VIAL	-20.0%	02/01/2017
GAMMAKED 5 GRAM/50 ML VIAL	-20.0%	02/01/2017
GAMMAPLEX 10 GRAM/100 ML VIAL	-3.0%	03/01/2019
GAMMAPLEX 10 GRAM/200 ML VIAL	-3.0%	03/01/2019
GAMMAPLEX 20 GRAM/200 ML VIAL	-3.0%	03/01/2019
GAMMAPLEX 20 GRAM/400 ML VIAL	-3.0%	03/01/2019
GAMMAPLEX 5 GRAM/100 ML VIAL	-3.0%	03/01/2019
GAMMAPLEX 5 GRAM/50 ML VIAL	-3.0%	03/01/2019
GAMUNEX-C 1 GRAM/10 ML VIAL	-20.0%	02/01/2017
GAMUNEX-C 10 GRAM/100 ML VIAL	-20.0%	02/01/2017
GAMUNEX-C 2.5 GRAM/25 ML VIAL	-20.0%	02/01/2017
GAMUNEX-C 20 GRAM/200 ML VIAL	-20.0%	02/01/2017
GAMUNEX-C 40 GRAM/400 ML VIAL	-20.0%	02/01/2017
GAMUNEX-C 5 GRAM/50 ML VIAL	-20.0%	02/01/2017
HIZENTRA 1 GRAM/5 ML VIAL	-20.0%	02/01/2017
HIZENTRA 10 GRAM/50 ML VIAL	-20.0%	02/01/2017
HIZENTRA 2 GRAM/10 ML VIAL	-20.0%	02/01/2017
HIZENTRA 4 GRAM/20 ML VIAL	-20.0%	02/01/2017

**State and Specialty Pharmacy Drug Reimbursement**

<b>IMMUNE DEFICIENCY DRUGS CONT.</b>		
HYQVIA 10 GM-800 UNIT PACK	-20.0%	02/01/2017
HYQVIA 2.5 GM-200 UNIT PACK	-20.0%	02/01/2017
HYQVIA 20 GM-1,600 UNIT PACK	-20.0%	02/01/2017
HYQVIA 30 GM-2,400 UNIT PACK	-20.0%	02/01/2017
HYQVIA 5 GM-400 UNIT PACK	-20.0%	02/01/2017
OCTAGAM 10% VIAL	-20.0%	02/01/2017
OCTAGAM 5% VIAL	-5.0%	03/01/2019
PANZYGA 10% (1 G/10 ML) VIAL	-0.4%	12/01/2018
PANZYGA 10% (10 G/100 ML) VIAL	-0.4%	12/01/2018
PANZYGA 10% (2.5 G/25 ML) VIAL	-0.4%	12/01/2018
PANZYGA 10% (20 G/200 ML) VIAL	-0.4%	12/01/2018
PANZYGA 10% (30 G/300 ML) VIAL	-0.4%	12/01/2018
PANZYGA 10% (5 G/50 ML) VIAL	-0.4%	12/01/2018
PRIVIGEN 10% VIAL	-10.0%	03/01/2019
<b>LIPITROPICS, OTHER DRUGS</b>		
JUXTAPID 10 MG CAPSULE	-0.4%	02/01/2016
JUXTAPID 20 MG CAPSULE	-0.4%	02/01/2016
JUXTAPID 30 MG CAPSULE	-0.4%	02/01/2016
JUXTAPID 40 MG CAPSULE	-0.4%	02/01/2016
JUXTAPID 5 MG CAPSULE	-0.4%	02/01/2016
JUXTAPID 60 MG CAPSULE	-0.4%	02/01/2016
KYNAMRO 200 MG/ML SYRINGE	-0.4%	02/01/2016
PRALUENT 150 MG/ML PEN	-0.4%	02/01/2016
PRALUENT 75 MG/ML PEN	-0.4%	02/01/2016
REPATHA 140 MG/ML SURECLICK	-0.4%	02/01/2016
REPATHA 140 MG/ML SYRINGE	-0.4%	02/01/2016
REPATHA 420 MG/3.5ML PUSHTRONX	-0.4%	09/01/2016
<b>MISC: HYPOCALCEMIA DRUGS</b>		
CALCITRIOL 1 MCG/ML AMPUL	1.0%	03/01/2016
<b>MISC: IRON DEFICIENCY DRUGS</b>		
FERAHEME 510 MG/17 ML VIAL	-0.4%	10/01/2011
<b>MISC: IRON OVERLOAD DRUGS</b>		
DEFERASIROX 125 MG TABLET	-0.4%	02/01/2016
DEFERASIROX 250 MG TABLET	-0.4%	02/01/2016
DEFERASIROX 500 MG TABLET	-0.4%	02/01/2016
EXJADE 125 MG TABLET	-0.4%	02/01/2016
EXJADE 250 MG TABLET	-0.4%	02/01/2016
EXJADE 500 MG TABLET	-0.4%	02/01/2016
FERRIPROX 100 MG/ML SOLUTION	-0.4%	03/01/2016
FERRIPROX 500 MG TABLET	-0.4%	02/01/2016
JADENU 180 MG TABLET	-0.4%	06/01/2015
JADENU 360 MG TABLET	-0.4%	06/01/2015
JADENU 90 MG TABLET	-0.4%	06/01/2015
JADENU SPRINKLE 180 MG GRANULE	-0.4%	08/01/2017
JADENU SPRINKLE 360 MG GRANULE	-0.4%	08/01/2017

### State and Specialty Pharmacy Drug Reimbursement

MISC: IRON OVERLOAD DRUGS CONT.		
JADENU SPRINKLE 90 MG GRANULE	-0.4%	08/01/2017
MISCELLANEOUS: INJECTABLE & OTHER ROUTE DRUGS		
GATTEX 5 MG 30-VIAL KIT	-0.4%	04/01/2013
GATTEX 5 MG ONE-VIAL KIT	-0.4%	04/01/2013
RAVICTI 1.1 GRAM/ML LIQUID	-0.4%	04/01/2013
MULTIPLE SCLEROSIS DRUGS		
AMPYRA ER 10 MG TABLET	-1.6%	10/01/2011
AUBAGIO 14 MG TABLET	-1.0%	09/01/2018
AUBAGIO 7 MG TABLET	-1.6%	01/01/2013
AVONEX 30 MCG VIAL KIT	-1.6%	10/01/2011
AVONEX PEN 30 MCG/0.5 ML KIT	-1.6%	06/01/2012
AVONEX PREFILLED SYR 30 MCG KT	-1.6%	10/01/2011
BETASERON 0.3 MG KIT	-1.6%	10/01/2011
BETASERON 0.3 MG VIAL	-1.6%	02/01/2013
COPAXONE 20 MG/ML SYRINGE	-1.6%	09/01/2012
COPAXONE 40 MG/ML SYRINGE	-1.6%	04/01/2014
DALFAMPRIDINE ER 10 MG TABLET	-1.6%	10/01/2011
EXTAVIA 0.3 MG KIT	-1.6%	10/01/2011
EXTAVIA 0.3 MG VIAL	-1.6%	02/01/2013
GILENYA 0.25 MG CAPSULE	-1.6%	08/01/2018
GILENYA 0.5 MG CAPSULE	-1.6%	10/01/2011
GLATIRAMER 20 MG/ML SYRINGE	-1.6%	09/01/2012
GLATIRAMER 40 MG/ML SYRINGE	-1.6%	04/01/2014
GLATOPA 20 MG/ML SYRINGE	-1.6%	09/01/2012
GLATOPA 40 MG/ML SYRINGE	-1.6%	04/01/2014
MAVENCLAD 10 MG X 10 TABLET PK	-1.6%	06/01/2019
MAVENCLAD 10 MG X 4 TABLET PK	-1.6%	06/01/2019
MAVENCLAD 10 MG X 5 TABLET PK	-1.6%	06/01/2019
MAVENCLAD 10 MG X 6 TABLET PK	-1.6%	06/01/2019
MAVENCLAD 10 MG X 7 TABLET PK	-1.6%	06/01/2019
MAVENCLAD 10 MG X 8 TABLET PK	-1.6%	06/01/2019
MAVENCLAD 10 MG X 9 TABLET PK	-1.6%	06/01/2019
MAYZENT 0.25 MG STARTER PACK	-1.6%	06/01/2019
MAYZENT 0.25 MG TABLET	-1.6%	06/01/2019
MAYZENT 2 MG TABLET	-1.6%	06/01/2019
PLEGRIDY 125 MCG/0.5 ML PEN	-1.6%	12/01/2014
PLEGRIDY 125 MCG/0.5 ML SYRING	-1.6%	12/01/2014
PLEGRIDY PEN INJ STARTER PACK	-1.6%	12/01/2014
PLEGRIDY SYRINGE STARTER PACK	-1.6%	12/01/2014
REBIF 22 MCG/0.5 ML SYRINGE	-1.6%	10/01/2011
REBIF 44 MCG/0.5 ML SYRINGE	-1.6%	10/01/2011
REBIF REBIDOSE 22 MCG/0.5 ML	-1.6%	04/01/2013
REBIF REBIDOSE 44 MCG/0.5 ML	-1.6%	04/01/2013
REBIF REBIDOSE TITRATION PACK	-1.6%	04/01/2013
REBIF TITRATION PACK	-1.6%	10/01/2011

**State and Specialty Pharmacy Drug Reimbursement**

MULTIPLE SCLEROSIS DRUGS CONT.		
TECFIDERA DR 120 MG CAPSULE	-1.6%	06/01/2013
TECFIDERA DR 240 MG CAPSULE	-1.6%	06/01/2013
TECFIDERA STARTER PACK	-1.6%	06/01/2013
ONCOLOGY - ADJUNCT THERAPY DRUGS		
ANZEMET 100 MG TABLET	-0.4%	10/01/2011
ANZEMET 50 MG TABLET	-0.4%	10/01/2011
CESAMET 1 MG CAPSULE	-0.4%	10/01/2011
KEPIVANCE 6.25 MG VIAL	-0.4%	10/01/2011
LEUCOVORIN CALCIUM 10 MG TAB	-0.4%	05/01/2013
LEUCOVORIN CALCIUM 100 MG VIAL	-0.4%	06/01/2013
LEUCOVORIN CALCIUM 15 MG TAB	-0.4%	05/01/2013
LEUCOVORIN CALCIUM 200 MG VIAL	-0.4%	06/01/2013
LEUCOVORIN CALCIUM 25 MG TAB	-0.4%	05/01/2017
LEUCOVORIN CALCIUM 350 MG VIAL	-0.4%	06/01/2013
LEUCOVORIN CALCIUM 5 MG TAB	-0.4%	05/01/2017
LEUCOVORIN CALCIUM 50 MG VIAL	-0.4%	06/01/2013
LEUCOVORIN CALCIUM 500 MG VL	-0.4%	06/01/2013
MESNEX 400 MG TABLET	-0.4%	05/01/2013
VARUBI 90 MG TABLET	-0.4%	12/01/2015
ZOLEDRONIC ACID 4 MG VIAL	-0.4%	11/01/2018
ZOLEDRONIC ACID 4 MG/5 ML VIAL	-0.4%	10/01/2011
ZOMETA 4 MG/5 ML VIAL	-0.4%	10/01/2011
ZUPLENZ 4 MG SOLUBLE FILM	-0.4%	10/01/2011
ZUPLENZ 8 MG SOLUBLE FILM	-0.4%	10/01/2011
ONCOLOGY - ORAL DRUGS		
ABIRATERONE ACETATE 250 MG TAB	-0.4%	10/01/2011
AFINITOR 10 MG TABLET	-0.4%	10/01/2011
AFINITOR 2.5 MG TABLET	-0.4%	10/01/2011
AFINITOR 5 MG TABLET	-0.4%	10/01/2011
AFINITOR 7.5 MG TABLET	-0.4%	05/01/2012
AFINITOR DISPERZ 2 MG TABLET	-0.4%	07/01/2013
AFINITOR DISPERZ 3 MG TABLET	-0.4%	07/01/2013
AFINITOR DISPERZ 5 MG TABLET	-0.4%	07/01/2013
ALECENSA 150 MG CAPSULE	-0.4%	03/01/2016
ALKERAN 2 MG TABLET	-0.4%	05/01/2013
ALUNBRIG 180 MG TABLET	-0.4%	03/01/2018
ALUNBRIG 30 MG TABLET	-0.4%	07/01/2017
ALUNBRIG 90 MG TABLET	-0.4%	03/01/2018
ALUNBRIG 90 MG-180 MG TAB PACK	-0.4%	03/01/2018
BALVERSA 3 MG TABLET	-0.4%	06/01/2019
BALVERSA 4 MG TABLET	-0.4%	06/01/2019
BALVERSA 5 MG TABLET	-0.4%	06/01/2019
BEXAROTENE 75 MG CAPSULE	-0.4%	10/01/2011
BOSULIF 100 MG TABLET	-0.4%	11/01/2012
BOSULIF 400 MG TABLET	-0.4%	02/01/2018

**State and Specialty Pharmacy Drug Reimbursement**

ONCOLOGY - ORAL DRUGS CONT.		
BOSULIF 500 MG TABLET	-0.4%	11/01/2012
BRAFTOVI 50 MG CAPSULE	-0.4%	10/01/2018
BRAFTOVI 75 MG CAPSULE	-0.4%	10/01/2018
CABOMETYX 20 MG TABLET	-0.4%	07/01/2016
CABOMETYX 40 MG TABLET	-0.4%	07/01/2016
CABOMETYX 60 MG TABLET	-0.4%	07/01/2016
CALQUENCE 100 MG CAPSULE	-0.4%	01/01/2018
CAPECITABINE 150 MG TABLET	-0.4%	10/01/2011
CAPECITABINE 500 MG TABLET	-0.4%	10/01/2011
CAPRELSA 100 MG TABLET	-0.4%	10/01/2011
CAPRELSA 300 MG TABLET	-0.4%	10/01/2011
COMETRIQ 100 MG DAILY-DOSE PK	-0.4%	03/01/2013
COMETRIQ 140 MG DAILY-DOSE PK	-0.4%	03/01/2013
COMETRIQ 60 MG DAILY-DOSE PACK	-0.4%	03/01/2013
COPIKTRA 15 MG CAPSULE	-0.4%	01/01/2019
COPIKTRA 25 MG CAPSULE	-0.4%	01/01/2019
COTELLIC 20 MG TABLET	-0.4%	03/01/2016
CYCLOPHOSPHAMIDE 25 MG CAPSULE	-0.4%	09/01/2014
CYCLOPHOSPHAMIDE 50 MG CAPSULE	-0.4%	09/01/2014
DAURISMO 100 MG TABLET	-0.4%	02/01/2019
DAURISMO 25 MG TABLET	-0.4%	02/01/2019
EMCYT 140 MG CAPSULE	-0.4%	10/01/2013
ERIVEDGE 150 MG CAPSULE	-0.4%	03/01/2012
ERLEADA 60 MG TABLET	-0.4%	04/01/2018
ERLOTINIB HCL 100 MG TABLET	-0.4%	10/01/2011
ERLOTINIB HCL 150 MG TABLET	-0.4%	10/01/2011
ERLOTINIB HCL 25 MG TABLET	-0.4%	10/01/2011
ETOPOSIDE 50 MG CAPSULE	-0.4%	02/01/2016
FARESTON 60 MG TABLET	-0.4%	04/01/2013
FARYDAK 10 MG CAPSULE	-0.4%	05/01/2015
FARYDAK 15 MG CAPSULE	-0.4%	05/01/2015
FARYDAK 20 MG CAPSULE	-0.4%	05/01/2015
FLUTAMIDE 125 MG CAPSULE	-0.4%	05/01/2013
GILOTRIF 20 MG TABLET	-0.4%	11/01/2013
GILOTRIF 30 MG TABLET	-0.4%	11/01/2013
GILOTRIF 40 MG TABLET	-0.4%	11/01/2013
GLEEVEC 100 MG TABLET	-0.4%	10/01/2011
GLEEVEC 400 MG TABLET	-0.4%	10/01/2011
HEXALEN 50 MG CAPSULE	-0.4%	05/01/2013
HYCAMTIN 0.25 MG CAPSULE	-0.4%	10/01/2011
HYCAMTIN 1 MG CAPSULE	-0.4%	10/01/2011
IBRANCE 100 MG CAPSULE	-0.4%	04/01/2015
IBRANCE 125 MG CAPSULE	-0.4%	04/01/2015
IBRANCE 75 MG CAPSULE	-0.4%	04/01/2015
ICLUSIG 15 MG TABLET	-0.4%	03/01/2014

### State and Specialty Pharmacy Drug Reimbursement

ONCOLOGY - ORAL DRUGS CONT.		
ICLUSIG 45 MG TABLET	-0.4%	03/01/2014
IDHIFA 100 MG TABLET	-0.4%	10/01/2017
IDHIFA 50 MG TABLET	-0.4%	10/01/2017
IMATINIB MESYLATE 100 MG TAB	-0.4%	10/01/2011
IMATINIB MESYLATE 400 MG TAB	-0.4%	10/01/2011
IMBRUVICA 140 MG CAPSULE	-0.4%	01/01/2014
IMBRUVICA 140 MG TABLET	-0.4%	05/01/2018
IMBRUVICA 280 MG TABLET	-0.4%	05/01/2018
IMBRUVICA 420 MG TABLET	-0.4%	05/01/2018
IMBRUVICA 560 MG TABLET	-0.4%	05/01/2018
IMBRUVICA 70 MG CAPSULE	-0.4%	05/01/2018
INLYTA 1 MG TABLET	-0.4%	03/01/2012
INLYTA 5 MG TABLET	-0.4%	03/01/2012
IRESSA 250 MG TABLET	-0.4%	10/01/2011
JAKAFI 10 MG TABLET	-0.4%	02/01/2012
JAKAFI 15 MG TABLET	-0.4%	02/01/2012
JAKAFI 20 MG TABLET	-0.4%	02/01/2012
JAKAFI 25 MG TABLET	-0.4%	02/01/2012
JAKAFI 5 MG TABLET	-0.4%	02/01/2012
KISQALI 200 MG DAILY DOSE	-0.4%	05/01/2017
KISQALI 400 MG DAILY DOSE	-0.4%	05/01/2017
KISQALI 600 MG DAILY DOSE	-0.4%	05/01/2017
KISQALI FEMARA 200 MG CO-PACK	-0.4%	07/01/2017
KISQALI FEMARA 400 MG CO-PACK	-0.4%	07/01/2017
KISQALI FEMARA 600 MG CO-PACK	-0.4%	07/01/2017
LENVIMA 10 MG DAILY DOSE	-0.4%	05/01/2015
LENVIMA 12 MG DAILY DOSE	-0.4%	10/01/2018
LENVIMA 14 MG DAILY DOSE	-0.4%	05/01/2015
LENVIMA 18 MG DAILY DOSE	-0.4%	08/01/2016
LENVIMA 20 MG DAILY DOSE	-0.4%	05/01/2015
LENVIMA 24 MG DAILY DOSE	-0.4%	05/01/2015
LENVIMA 4 MG CAPSULE	-0.4%	10/01/2018
LENVIMA 8 MG DAILY DOSE	-0.4%	08/01/2016
LEUKERAN 2 MG TABLET	-0.4%	05/01/2013
LONSURF 15 MG-6.14 MG TABLET	-0.4%	11/01/2015
LONSURF 20 MG-8.19 MG TABLET	-0.4%	11/01/2015
LORBRENA 100 MG TABLET	-0.4%	01/01/2019
LORBRENA 25 MG TABLET	-0.4%	01/01/2019
LYNPARZA 100 MG TABLET	-0.4%	10/01/2017
LYNPARZA 150 MG TABLET	-0.4%	10/01/2017
LYNPARZA 50 MG CAPSULE	-0.4%	02/01/2015
LYSODREN 500 MG TABLET	-0.4%	05/01/2013
MATULANE 50 MG CAPSULE	-0.4%	05/01/2013
MEKINIST 0.5 MG TABLET	-0.4%	08/01/2013
MEKINIST 2 MG TABLET	-0.4%	08/01/2013



### State and Specialty Pharmacy Drug Reimbursement

ONCOLOGY - ORAL DRUGS CONT.		
MEKTOVI 15 MG TABLET	-0.4%	10/01/2018
MELPHALAN 2 MG TABLET	-0.4%	05/01/2013
MERCAPTOPYRINE 50 MG TABLET	-40.0%	05/01/2017
MYLERAN 2 MG TABLET	-0.4%	05/01/2013
NERLYNX 40 MG TABLET	-0.4%	04/01/2018
NEXAVAR 200 MG TABLET	-0.4%	10/01/2011
NILANDRON 150 MG TABLET	-0.4%	05/01/2013
NILUTAMIDE 150 MG TABLET	-0.4%	05/01/2013
NINLARO 2.3 MG CAPSULE	-0.4%	03/01/2016
NINLARO 3 MG CAPSULE	-0.4%	03/01/2016
NINLARO 4 MG CAPSULE	-0.4%	03/01/2016
ODOMZO 200 MG CAPSULE	-0.4%	11/01/2015
PIQRAY 200 MG DAILY DOSE	-0.4%	08/01/2019
PIQRAY 250 MG DAILY DOSE	-0.4%	08/01/2019
PIQRAY 300 MG DAILY DOSE	-0.4%	08/01/2019
POMALYST 1 MG CAPSULE	-0.4%	04/01/2013
POMALYST 2 MG CAPSULE	-0.4%	04/01/2013
POMALYST 3 MG CAPSULE	-0.4%	04/01/2013
POMALYST 4 MG CAPSULE	-0.4%	04/01/2013
PURIXAN 20 MG/ML ORAL SUSP	-0.4%	08/01/2014
REVLIMID 10 MG CAPSULE	-0.4%	02/01/2015
REVLIMID 15 MG CAPSULE	-0.4%	02/01/2015
REVLIMID 2.5 MG CAPSULE	-0.4%	02/01/2015
REVLIMID 20 MG CAPSULE	-0.4%	08/01/2013
REVLIMID 25 MG CAPSULE	-0.4%	02/01/2015
REVLIMID 5 MG CAPSULE	-0.4%	02/01/2015
RUBRACA 200 MG TABLET	-0.4%	02/01/2017
RUBRACA 250 MG TABLET	-0.4%	07/01/2017
RUBRACA 300 MG TABLET	-0.4%	02/01/2017
RYDAPT 25 MG CAPSULE	-0.4%	07/01/2017
SPRYCEL 100 MG TABLET	-0.4%	10/01/2011
SPRYCEL 140 MG TABLET	-0.4%	03/01/2012
SPRYCEL 20 MG TABLET	-0.4%	10/01/2011
SPRYCEL 50 MG TABLET	-0.4%	10/01/2011
SPRYCEL 70 MG TABLET	-0.4%	10/01/2011
SPRYCEL 80 MG TABLET	-0.4%	03/01/2012
STIVARGA 40 MG TABLET	-0.4%	01/01/2013
SUTENT 12.5 MG CAPSULE	-0.4%	10/01/2011
SUTENT 25 MG CAPSULE	-0.4%	10/01/2011
SUTENT 37.5 MG CAPSULE	-0.4%	09/01/2014
SUTENT 50 MG CAPSULE	-0.4%	10/01/2011
TABLOID 40 MG TABLET	-0.4%	05/01/2013
TAFINLAR 50 MG CAPSULE	-0.4%	08/01/2013
TAFINLAR 75 MG CAPSULE	-0.4%	08/01/2013
TAGRISSO 40 MG TABLET	-0.4%	03/01/2016

### State and Specialty Pharmacy Drug Reimbursement

ONCOLOGY - ORAL DRUGS CONT.		
TAGRISSO 80 MG TABLET	-0.4%	03/01/2016
TALZENNA 0.25 MG CAPSULE	-0.4%	01/01/2019
TALZENNA 1 MG CAPSULE	-0.4%	01/01/2019
TARCEVA 100 MG TABLET	-0.4%	10/01/2011
TARCEVA 150 MG TABLET	-0.4%	10/01/2011
TARCEVA 25 MG TABLET	-0.4%	10/01/2011
TARGETIN 75 MG CAPSULE	-0.4%	10/01/2011
TASIGNA 150 MG CAPSULE	-0.4%	10/01/2011
TASIGNA 200 MG CAPSULE	-0.4%	03/01/2012
TASIGNA 50 MG CAPSULE	-0.4%	06/01/2018
TEMODAR 100 MG CAPSULE	-0.4%	10/01/2011
TEMODAR 140 MG CAPSULE	-0.4%	10/01/2011
TEMODAR 180 MG CAPSULE	-0.4%	10/01/2011
TEMODAR 20 MG CAPSULE	-0.4%	03/01/2012
TEMODAR 250 MG CAPSULE	-0.4%	10/01/2011
TEMODAR 5 MG CAPSULE	-0.4%	10/01/2011
TEMOZOLOMIDE 100 MG CAPSULE	-0.4%	10/01/2011
TEMOZOLOMIDE 140 MG CAPSULE	-0.4%	10/01/2011
TEMOZOLOMIDE 180 MG CAPSULE	-0.4%	10/01/2011
TEMOZOLOMIDE 20 MG CAPSULE	-0.4%	03/01/2012
TEMOZOLOMIDE 250 MG CAPSULE	-0.4%	10/01/2011
TEMOZOLOMIDE 5 MG CAPSULE	-0.4%	10/01/2011
THALOMID 100 MG CAPSULE	-0.4%	10/01/2011
THALOMID 150 MG CAPSULE	-0.4%	10/01/2011
THALOMID 200 MG CAPSULE	-0.4%	10/01/2011
THALOMID 50 MG CAPSULE	-0.4%	10/01/2011
TIBSOVO 250 MG TABLET	-0.4%	12/01/2018
TOREMIFENE CITRATE 60 MG TAB	-0.4%	04/01/2013
TRETINOIN 10 MG CAPSULE	-0.4%	02/01/2017
TREXALL 10 MG TABLET	-0.4%	05/01/2013
TREXALL 15 MG TABLET	-0.4%	05/01/2013
TREXALL 5 MG TABLET	-0.4%	05/01/2013
TREXALL 7.5 MG TABLET	-0.4%	05/01/2013
TYKERB 250 MG TABLET	-0.4%	10/01/2011
VENCLEXTA 10 MG TABLET	-0.4%	07/01/2016
VENCLEXTA 100 MG TABLET	-0.4%	07/01/2016
VENCLEXTA 50 MG TABLET	-0.4%	07/01/2016
VENCLEXTA STARTING PACK	-0.4%	07/01/2016
VERZENIO 100 MG TABLET	-0.4%	12/01/2017
VERZENIO 150 MG TABLET	-0.4%	12/01/2017
VERZENIO 200 MG TABLET	-0.4%	12/01/2017
VERZENIO 50 MG TABLET	-0.4%	12/01/2017
VITRAKVI 100 MG CAPSULE	-0.4%	02/01/2019
VITRAKVI 20 MG/ML SOLUTION	-0.4%	02/01/2019
VITRAKVI 25 MG CAPSULE	-0.4%	02/01/2019

**State and Specialty Pharmacy Drug Reimbursement**

ONCOLOGY - ORAL DRUGS CONT.		
VIZIMPRO 15 MG TABLET	-0.4%	12/01/2018
VIZIMPRO 30 MG TABLET	-0.4%	12/01/2018
VIZIMPRO 45 MG TABLET	-0.4%	12/01/2018
VOTRIENT 200 MG TABLET	-0.4%	10/01/2011
XALKORI 200 MG CAPSULE	-0.4%	10/01/2011
XALKORI 250 MG CAPSULE	-0.4%	10/01/2011
XELODA 150 MG TABLET	-0.4%	10/01/2011
XELODA 500 MG TABLET	-0.4%	10/01/2011
XOSPATA 40 MG TABLET	-0.4%	02/01/2019
XTANDI 40 MG CAPSULE	-0.4%	11/01/2012
YONSA 125 MG TABLET	-0.4%	08/01/2018
ZEJULA 100 MG CAPSULE	-0.4%	06/01/2017
ZELBORAF 240 MG TABLET	-0.4%	10/01/2011
ZOLINZA 100 MG CAPSULE	-0.4%	10/01/2011
ZYDELIG 100 MG TABLET	-0.4%	10/01/2014
ZYDELIG 150 MG TABLET	-0.4%	10/01/2014
ZYKADIA 150 MG CAPSULE	-0.4%	07/01/2014
ZYKADIA 150 MG TABLET	-0.4%	07/01/2019
ZYTIGA 250 MG TABLET	-0.4%	10/01/2011
ZYTIGA 500 MG TABLET	-0.4%	07/01/2017
ONCOLOGY DRUGS		
ABRAXANE 100 MG VIAL	1.0%	04/01/2017
ADRUCIL 2,500 MG/50 ML VIAL	0.0%	02/01/2016
ADRUCIL 5 GRAM/100 ML VIAL	0.0%	02/01/2016
ADRUCIL 500 MG/10 ML VIAL	0.0%	02/01/2016
ALIMTA 100 MG VIAL	0.0%	04/01/2018
ALIMTA 500 MG VIAL	0.0%	04/01/2018
ALKERAN 50 MG VIAL	-3.1%	04/01/2017
ARRANON 250 MG/50 ML VIAL	0.0%	04/01/2018
AVASTIN 100 MG/4 ML VIAL	0.0%	04/01/2018
AVASTIN 400 MG/16 ML VIAL	0.0%	04/01/2018
BLEO 15K (15 UNIT USP) VIAL	0.0%	05/01/2017
BLEOMYCIN SULFATE 15 UNIT VIAL	0.0%	05/01/2017
BLEOMYCIN SULFATE 30 UNIT VIAL	0.0%	05/01/2017
BUSULFAN 60 MG/10 ML VIAL	-8.8%	02/01/2017
BUSULFEX 60 MG/10 ML VIAL	-8.8%	02/01/2017
CAMPTOSAR 100 MG/5 ML VIAL	0.0%	02/01/2016
CAMPTOSAR 40 MG/2 ML VIAL	0.0%	03/01/2016
CARBOPLATIN 150 MG VIAL	0.0%	03/01/2016
CARBOPLATIN 150 MG/15 ML VIAL	0.0%	02/01/2016
CARBOPLATIN 450 MG/45 ML VIAL	0.0%	02/01/2016
CARBOPLATIN 50 MG/5 ML VIAL	0.0%	02/01/2016
CARBOPLATIN 600 MG/60 ML VIAL	0.0%	02/01/2016
CISPLATIN 100 MG/100 ML VIAL	1.0%	02/01/2015
CISPLATIN 200 MG/200 ML VIAL	1.0%	02/01/2015

**State and Specialty Pharmacy Drug Reimbursement**

ONCOLOGY DRUGS CONT.		
CISPLATIN 50 MG/50 ML VIAL	1.0%	02/01/2015
CLOFARABINE 20 MG/20 ML VIAL	1.0%	04/01/2017
CLOLAR 20 MG/20 ML VIAL	1.0%	04/01/2017
COSMEGEN 0.5 MG VIAL	0.2%	02/01/2017
CYCLOPHOSPHAMIDE 1 GM VIAL	1.0%	04/01/2017
CYCLOPHOSPHAMIDE 2 GM VIAL	1.0%	04/01/2017
CYCLOPHOSPHAMIDE 500 MG VIAL	1.0%	04/01/2017
CYTARABINE 100 MG/5 ML VIAL	-1.6%	04/01/2017
CYTARABINE 1000 MG/50 ML VIAL	-1.6%	04/01/2017
CYTARABINE 2 G/20 ML VIAL	-5.0%	05/01/2017
CYTARABINE 20 MG/ML VIAL	-1.6%	04/01/2017
DACARBAZINE 100 MG VIAL	0.2%	02/01/2017
DACARBAZINE 200 MG VIAL	-5.0%	04/01/2018
DACTINOMYCIN 0.5 MG VIAL	0.2%	02/01/2017
EPIRUBICIN HCL 200 MG VIAL	0.0%	04/01/2018
ERBITUX 100 MG/50 ML VIAL	-0.9%	02/01/2017
ERBITUX 200 MG/100 ML VIAL	-0.9%	02/01/2017
ETOPOPHOS 100 MG VIAL	0.2%	02/01/2017
ETOPOSIDE 1,000 MG/50 ML VIAL	-10.0%	05/01/2017
ETOPOSIDE 100 MG/5 ML VIAL	-10.0%	05/01/2017
ETOPOSIDE 500 MG/25 ML VIAL	-10.0%	05/01/2017
FASLODEX 250 MG/5 ML SYRINGE	-6.4%	02/01/2017
FLOXURIDINE 500 MG VIAL	0.0%	04/01/2018
FLUOROURACIL 1,000 MG/20 ML VL	-5.0%	04/01/2018
FLUOROURACIL 2,500 MG/50 ML VL	0.0%	02/01/2016
FLUOROURACIL 2.5 GM/50 ML BTL	0.0%	02/01/2016
FLUOROURACIL 2.5 GM/50 ML VIAL	0.0%	02/01/2016
FLUOROURACIL 5 GM/100 ML BTL	0.0%	02/01/2016
FLUOROURACIL 5 GM/100 ML VIAL	0.0%	02/01/2016
FLUOROURACIL 5,000 MG/100 ML	0.0%	02/01/2016
FLUOROURACIL 500 MG/10 ML VIAL	0.0%	02/01/2016
FOLOTYN 20 MG/ML VIAL	-0.4%	02/01/2017
FOLOTYN 40 MG/2 ML VIAL	-0.4%	02/01/2017
FULVESTRANT 250 MG/5 ML SYRNG	-6.4%	02/01/2017
IFEX 1 GM VIAL	0.0%	02/01/2016
IFEX 3 GM VIAL	0.0%	03/01/2016
IFOSFAMIDE 1 GM VIAL	0.0%	02/01/2016
IFOSFAMIDE 1 GM/20 ML VIAL	-1.6%	02/01/2017
IFOSFAMIDE 3 GM VIAL	0.0%	03/01/2016
IFOSFAMIDE 3 GM/60 ML VIAL	-1.6%	02/01/2017
IFOSFAMIDE-MESNA KIT	-1.6%	02/01/2017
IRINOTECAN HCL 100 MG/5 ML VL	0.0%	02/01/2016
IRINOTECAN HCL 40 MG/2 ML VIAL	0.0%	03/01/2016
IRINOTECAN HCL 500 MG/25 ML VL	0.0%	03/01/2016
IXEMPRA 15 MG KIT	0.0%	04/01/2018

### State and Specialty Pharmacy Drug Reimbursement

ONCOLOGY DRUGS CONT.		
IXEMPRA 15 MG VIAL	0.0%	04/01/2018
IXEMPRA 45 MG KIT	0.0%	04/01/2018
IXEMPRA 45 MG VIAL	0.0%	04/01/2018
KYMRIAH	0.0%	01/01/2019
KYMRIAH INFUSION BAG	0.0%	07/01/2018
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	-10.0%	09/01/2018
LEUPROLIDE 2WK 14 MG/2.8 ML KT	-10.0%	09/01/2018
LEUPROLIDE 2WK 14 MG/2.8 ML VL	-0.4%	02/01/2017
LUPRON DEPOT 22.5 MG 3MO KIT	-0.4%	02/01/2017
LUPRON DEPOT 7.5 MG KIT	-0.4%	02/01/2017
LUPRON DEPOT-4 MONTH KIT	-0.4%	02/01/2017
MELPHALAN 50 MG VIAL W-DILUENT	-3.1%	04/01/2017
MELPHALAN HCL 50 MG VIAL	-3.1%	04/01/2017
METHOTREXATE 1 GM VIAL	1.0%	02/01/2015
METHOTREXATE 1 GRAM/40 ML VIAL	-20.0%	05/01/2017
METHOTREXATE 100 MG/4 ML VIAL	-20.0%	05/01/2017
METHOTREXATE 200 MG/8 ML VIAL	-20.0%	05/01/2017
METHOTREXATE 25 MG/ML VIAL	-20.0%	05/01/2017
METHOTREXATE 250 MG/10 ML VIAL	-20.0%	09/01/2017
METHOTREXATE 50 MG/2 ML VIAL	-20.0%	05/01/2017
MITOMYCIN 20 MG VIAL	0.0%	04/01/2018
MITOMYCIN 40 MG VIAL	0.0%	04/01/2018
MUTAMYCIN 20 MG VIAL	0.0%	04/01/2018
MUTAMYCIN 40 MG VIAL	0.0%	04/01/2018
NIPENT 10 MG VIAL	0.0%	04/01/2017
ONCASPAR 3,750 UNIT/5 ML VIAL	0.0%	03/01/2019
OXALIPLATIN 100 MG VIAL	0.0%	02/01/2017
OXALIPLATIN 100 MG/20 ML VIAL	0.0%	02/01/2016
OXALIPLATIN 50 MG VIAL	0.0%	02/01/2017
OXALIPLATIN 50 MG/10 ML VIAL	0.0%	02/01/2016
PACLITAXEL 100 MG/16.7 ML VIAL	-10.0%	05/01/2017
PACLITAXEL 150 MG/25 ML VIAL	-10.0%	05/01/2017
PACLITAXEL 30 MG/5 ML VIAL	-10.0%	05/01/2017
PACLITAXEL 300 MG/50 ML VIAL	-10.0%	05/01/2017
SYLATRON 200 MCG KIT	-1.6%	02/01/2017
SYLATRON 300 MCG KIT	-1.6%	02/01/2017
SYLATRON 600 MCG KIT	-1.6%	02/01/2017
SYNRIBO 3.5 MG/ML VIAL	-5.0%	04/01/2018
TARGRETIN 1% GEL	-0.4%	01/01/2014
TEMSIROLIMUS 25 MG VIAL	-0.9%	02/01/2017
TENIPOSIDE 50 MG/5 ML AMPULE	-5.0%	04/01/2018
TOPOSAR 1,000 MG/50 ML VIAL	-10.0%	05/01/2017
TOPOSAR 100 MG/5 ML VIAL	-10.0%	05/01/2017
TOPOSAR 500 MG/25 ML VIAL	-10.0%	05/01/2017
TORISEL 25 MG KIT	-0.9%	02/01/2017

**State and Specialty Pharmacy Drug Reimbursement**

ONCOLOGY DRUGS CONT.		
TRELSTAR 11.25 MG VIAL	-6.0%	02/01/2017
TRELSTAR 3.75 MG VIAL	-6.0%	02/01/2017
TRISENOX 10 MG/10 ML AMPULE	0.0%	02/01/2017
VALCHLOR 0.016% GEL	-0.4%	12/01/2013
VALRUBICIN 200 MG/5 ML VIAL	0.0%	04/01/2018
VALSTAR 40 MG/ML VIAL	0.0%	04/01/2018
VANTAS 50 MG KIT	-0.4%	02/01/2017
VECTIBIX 100 MG/5 ML VIAL	-0.9%	02/01/2017
VECTIBIX 400 MG/20 ML VIAL	-0.9%	02/01/2017
VELCADE 3.5 MG VIAL	0.0%	04/01/2018
XGEVA 120 MG/1.7 ML VIAL	-0.4%	02/01/2017
YESCARTA CASSETTE	0.0%	01/01/2019
YESCARTA INFUSION BAG	0.0%	01/01/2019
ZANOSAR 1 GM POWDER VIAL	0.0%	04/01/2018
ZOLADEX 10.8 MG IMPLANT SYRN	-10.0%	02/01/2017
ZOLADEX 3.6 MG IMPLANT SYRN	-10.0%	02/01/2017
OPHTHALMIC CONDITIONS DRUGS		
CYSTARAN 0.44% EYE DROPS	-0.4%	06/01/2013
LUXTURNA VIAL	-0.4%	01/01/2019
MACUGEN 0.3 MG/90 MICROLITERS	-0.4%	10/01/2011
OTHER SPECIALTY CONDITION DRUGS		
ACTHAR GEL 400 UNIT/5 ML VIAL	-0.4%	10/01/2011
ACTHREL 100 MCG VIAL	-0.4%	11/01/2018
ALFERON N 5 MILLION UNITS VIAL	-0.4%	10/01/2011
APOKYN 30 MG/3 ML CARTRIDGE	-0.4%	10/01/2011
ARCALYST 220 MG INJECTION	-0.4%	10/01/2011
AUSTEDO 12 MG TABLET	-0.4%	06/01/2017
AUSTEDO 6 MG TABLET	-0.4%	06/01/2017
AUSTEDO 9 MG TABLET	-0.4%	06/01/2017
BENLYSTA 200 MG/ML AUTOINJECT	-0.4%	09/01/2017
BENLYSTA 200 MG/ML SYRINGE	-0.4%	09/01/2017
BUPHENYL 500 MG TABLET	-0.4%	10/01/2013
BUPHENYL POWDER	-0.4%	10/01/2013
CEPROTIN 400-600 UNITS VIAL	-0.4%	10/01/2011
CEPROTIN 800-1,200 UNITS VIAL	-0.4%	10/01/2011
CHENODAL 250 MG TABLET	-0.4%	05/01/2013
CHOLBAM 250 MG CAPSULE	-0.4%	06/01/2015
CHOLBAM 50 MG CAPSULE	-0.4%	06/01/2015
CRYSVITA 10 MG/ML VIAL	0.0%	01/01/2019
CRYSVITA 20 MG/ML VIAL	0.0%	01/01/2019
CRYSVITA 30 MG/ML VIAL	0.0%	01/01/2019
CYSTADANE 1 GRAM/1.7 ML POWDER	-0.4%	10/01/2011
CYSTAGON 150 MG CAPSULE	-2.2%	02/01/2017
CYSTAGON 50 MG CAPSULE	-2.2%	02/01/2017
DIBENZYLINE 10 MG CAPSULE	1.0%	12/01/2016

**State and Specialty Pharmacy Drug Reimbursement**

OTHER SPECIALTY CONDITION DRUGS CONT.		
DUPIXENT 200 MG/1.14 ML SYRING	-0.4%	12/01/2018
DUPIXENT 300 MG/2 ML SYRINGE	-0.4%	06/01/2017
EMFLAZA 18 MG TABLET	-0.4%	04/01/2017
EMFLAZA 22.75 MG/ML ORAL SUSP	-0.4%	04/01/2017
EMFLAZA 30 MG TABLET	-0.4%	04/01/2017
EMFLAZA 36 MG TABLET	-0.4%	04/01/2017
EMFLAZA 6 MG TABLET	-0.4%	04/01/2017
ENDARI 5 GRAM POWDER PACKET	-0.4%	06/01/2018
EXONDYS 51 100 MG/2 ML VIAL	1.0%	01/01/2019
EXONDYS 51 500 MG/10 ML VIAL	1.0%	01/01/2019
GAMIFANT 10 MG/2 ML VIAL	-0.4%	04/01/2019
GAMIFANT 50 MG/10 ML VIAL	-0.4%	04/01/2019
GRASTEK 2,800 BAU SL TABLET	-0.4%	07/01/2014
HETLIOZ 20 MG CAPSULE	-0.4%	05/01/2014
INGREZZA 40 MG CAPSULE	-0.4%	12/01/2017
INGREZZA 80 MG CAPSULE	-0.4%	12/01/2017
INGREZZA INITIATION PACK	-0.4%	07/01/2019
JYNARQUE 15 MG TABLET	-0.4%	05/01/2013
JYNARQUE 30 MG TABLET	-0.4%	05/01/2013
JYNARQUE 45 MG-15 MG TABLET	-0.4%	06/01/2019
JYNARQUE 60 MG-30 MG TABLET	-0.4%	06/01/2019
JYNARQUE 90 MG-30 MG TABLET	-0.4%	06/01/2019
KEVEYIS 50 MG TABLET	-0.4%	03/01/2016
KORLYM 300 MG TABLET	-0.4%	02/01/2014
LUPRON DEPO 11.25MG (LUPANETA)	-0.4%	02/01/2017
LUPRON DEPOT 11.25 MG 3MO KIT	-0.4%	02/01/2017
LUPRON DEPOT 3.75 MG KIT	-0.4%	02/01/2017
LUPRON DEPOT 3.75MG (LUPANETA)	-0.4%	02/01/2017
LUPRON DEPOT-PED 11.25 MG 3MO	-0.4%	02/01/2015
LUPRON DEPOT-PED 11.25 MG KIT	-0.4%	02/01/2015
LUPRON DEPOT-PED 15 MG KIT	-0.4%	02/01/2015
LUPRON DEPOT-PED 30 MG 3MO KIT	-0.4%	02/01/2015
LUPRON DEPOT-PED 7.5 MG KIT	-0.4%	02/01/2015
NATPARA 100 MCG DOSE CARTRIDGE	1.0%	02/01/2016
NATPARA 25 MCG DOSE CARTRIDGE	1.0%	02/01/2016
NATPARA 50 MCG DOSE CARTRIDGE	1.0%	02/01/2016
NATPARA 75 MCG DOSE CARTRIDGE	1.0%	02/01/2016
NORTHERA 100 MG CAPSULE	-0.4%	10/01/2014
NORTHERA 200 MG CAPSULE	-0.4%	10/01/2014
NORTHERA 300 MG CAPSULE	-0.4%	10/01/2014
NYMALIZE 60 MG/20 ML SOLUTION	-0.4%	09/01/2013
OCALIVA 10 MG TABLET	-0.4%	08/01/2016
OCALIVA 5 MG TABLET	-0.4%	08/01/2016
ONPATTRO 10 MG/5 ML VIAL	1.0%	03/01/2019
ORALAIR 300 IR ADULT SAMPLE KT	-0.4%	06/01/2016

**State and Specialty Pharmacy Drug Reimbursement**

OTHER SPECIALTY CONDITION DRUGS CONT.		
ORALAIR 300 IR STARTER PACK	-0.4%	06/01/2016
ORALAIR 300 IR SUBLINGUAL TAB	-0.4%	06/01/2016
PHENOXYBENZAMINE HCL 10 MG CAP	1.0%	12/01/2016
PREVYMIS 240 MG TABLET	-0.4%	02/01/2018
PREVYMIS 480 MG TABLET	-0.4%	02/01/2018
PRIALT 100 MCG/ML VIAL	-0.4%	10/01/2011
PRIALT 25 MCG/ML VIAL	-0.4%	10/01/2011
PROCYSBI DR 25 MG CAPSULE	-0.4%	05/01/2017
PROCYSBI DR 75 MG CAPSULE	-0.4%	05/01/2017
RADICAVA 30 MG/100 ML BAG	-0.4%	11/01/2018
RAGWITEK SUBLINGUAL TABLET	-0.4%	07/01/2014
RILUTEK 50 MG TABLET	-0.4%	05/01/2013
RILUZOLE 50 MG TABLET	-0.4%	05/01/2013
SABRIL 500 MG POWDER PACKET	-0.4%	05/01/2013
SABRIL 500 MG TABLET	-0.4%	05/01/2013
SAMSCA 15 MG TABLET	-0.4%	05/01/2013
SAMSCA 30 MG TABLET	-0.4%	05/01/2013
SAXENDA 18 MG/3 ML PEN	-0.4%	06/01/2015
SODIUM PHENYL BUTYRATE 500MG TB	-0.4%	10/01/2013
SODIUM PHENYL BUTYRATE POWDER	-0.4%	10/01/2013
SOLIRIS 300 MG/30 ML VIAL	-0.4%	10/01/2011
SPINRAZA 12 MG/5 ML VIAL	0.0%	01/01/2019
SYNAREL 2 MG/ML NASAL SPRAY	-0.4%	03/01/2016
SYPRINE 250 MG CAPSULE	-0.4%	04/01/2015
TASMAR 100 MG TABLET	-0.4%	02/01/2016
TAVALISSE 100 MG TABLET	-0.4%	07/01/2018
TAVALISSE 150 MG TABLET	-0.4%	07/01/2018
TEGSEDI 284 MG/1.5 ML SYRINGE	-0.4%	03/01/2019
TETRABENAZINE 12.5 MG TABLET	-0.4%	10/01/2011
TETRABENAZINE 25 MG TABLET	-0.4%	10/01/2011
TIGLUTIK 50 MG/10 ML SUSP	-0.4%	01/01/2019
TOLCAPONE 100 MG TABLET	-0.4%	02/01/2016
TRIENTINE HCL 250 MG CAPSULE	-0.4%	04/01/2015
VECAMYL 2.5 MG TABLET	-0.4%	07/01/2013
VIGABATRIN 500 MG POWDER PACKET	-0.4%	05/01/2013
VIGABATRIN 500 MG TABLET	-0.4%	05/01/2013
VIGADRONE 500 MG POWDER PACKET	-0.4%	05/01/2013
VIVITROL 380 MG VIAL	-0.4%	10/01/2011
VIVITROL 380 MG VIAL + DILUENT	-0.4%	10/01/2011
VYNDAQEL 20 MG CAPSULE	-0.4%	07/01/2019
XENAZINE 12.5 MG TABLET	-0.4%	10/01/2011
XENAZINE 25 MG TABLET	-0.4%	10/01/2011
XYREM 500 MG/ML ORAL SOLUTION	-0.4%	10/01/2011
ZELAPAR 1.25 MG ODT TABLET	-0.4%	02/01/2016
ZINPLAVA 1,000 MG/40 ML VIAL	-0.4%	02/01/2017



### State and Specialty Pharmacy Drug Reimbursement

PSORIASIS DRUGS		
METHOXSALEN 10 MG CAPSULE	-0.4%	02/01/2016
METHOXSALEN 10 MG SOFTGEL	-0.4%	02/01/2016
OXSORALEN-ULTRA 10 MG CAP	-0.4%	02/01/2016
PULMONARY DRUGS		
ARALAST NP 1,000 MG VIAL	-0.4%	10/01/2011
ARALAST NP 500 MG VIAL	-0.4%	10/01/2011
ARIKAYCE 590 MG/8.4 ML VIAL	-0.4%	01/01/2019
BETHKIS 300 MG/4 ML AMPULE	-0.4%	12/01/2013
CAYSTON 75 MG INHAL SOLUTION	-0.4%	05/01/2013
ESBRIET 267 MG CAPSULE	-0.4%	01/01/2015
ESBRIET 267 MG TABLET	-0.4%	06/01/2017
ESBRIET 801 MG TABLET	-0.4%	06/01/2017
GLASSIA 1 GM/50 ML VIAL	-0.4%	10/01/2011
KALYDECO 150 MG TABLET	-0.4%	02/01/2015
KALYDECO 25 MG GRANULES PACKET	-0.4%	07/01/2019
KALYDECO 50 MG GRANULES PACKET	-0.4%	06/01/2015
KALYDECO 75 MG GRANULES PACKET	-0.4%	06/01/2015
KITABIS PAK 300 MG/5 ML	-0.4%	02/01/2015
NUCALA 100 MG/ML AUTO-INJECTOR	-0.4%	08/01/2019
NUCALA 100 MG/ML SYRINGE	-0.4%	08/01/2019
OFEV 100 MG CAPSULE	-0.4%	01/01/2015
OFEV 150 MG CAPSULE	-0.4%	01/01/2015
ORKAMBI 100 MG-125 MG TABLET	-0.4%	12/01/2016
ORKAMBI 100-125 MG GRANULE PKT	-0.4%	10/01/2018
ORKAMBI 150-188 MG GRANULE PKT	-0.4%	10/01/2018
ORKAMBI 200 MG-125 MG TABLET	-0.4%	02/01/2017
PROLASTIN C 1,000 MG VIAL	-0.4%	10/01/2011
PROLASTIN C 1,000 MG/20 ML VL	-0.4%	03/01/2018
PULMOZYME 1 MG/ML AMPUL	-0.4%	12/01/2011
SYMDEKO 100/150 MG-150 MG TABS	-0.4%	04/01/2018
TOBI 300 MG/5 ML SOLUTION	-0.4%	12/01/2011
TOBI PODHALER 28 MG INHALE CAP	-0.4%	06/01/2013
TOBRAMYCIN 300 MG/5 ML AMPULE	-0.4%	12/01/2011
TOBRAMYCIN PAK 300 MG/5 ML	-0.4%	02/01/2015
XOLAIR 150 MG VIAL	-0.4%	10/01/2011
XOLAIR 150 MG/ML SYRINGE	0.0%	01/01/2019
XOLAIR 75 MG/0.5 ML SYRINGE	0.0%	01/01/2019
ZEMAIRA 1,000 MG VIAL	-0.4%	10/01/2011
PULMONARY HYPERTENSION DRUGS		
ADCIRCA 20 MG TABLET	-0.4%	10/01/2011
ADEMPAS 0.5 MG TABLET	-0.4%	12/01/2013
ADEMPAS 1 MG TABLET	-0.4%	12/01/2013
ADEMPAS 1.5 MG TABLET	-0.4%	12/01/2013
ADEMPAS 2 MG TABLET	-0.4%	12/01/2013
ADEMPAS 2.5 MG TABLET	-0.4%	12/01/2013

**State and Specialty Pharmacy Drug Reimbursement**

PULMONARY HYPERTENSION DRUGS CONT.		
ALYQ 20 MG TABLET	-0.4%	10/01/2011
AMBRISENTAN 10 MG TABLET	-0.4%	10/01/2011
AMBRISENTAN 5 MG TABLET	-0.4%	10/01/2011
BOSENTAN 125 MG TABLET	-0.4%	10/01/2011
BOSENTAN 62.5 MG TABLET	-0.4%	10/01/2011
DILUENT FOR EPOPROSTENOL VIAL	-0.4%	10/01/2011
EPOPROSTENOL SODIUM 0.5 MG VL	-0.4%	10/01/2011
EPOPROSTENOL SODIUM 1.5 MG VL	-0.4%	10/01/2011
FOLAN 0.5 MG VIAL	-0.4%	10/01/2011
FOLAN 1.5 MG VIAL	-0.4%	10/01/2011
LETAIRIS 10 MG TABLET	-0.4%	10/01/2011
LETAIRIS 5 MG TABLET	-0.4%	10/01/2011
OPSUMIT 10 MG TABLET	-0.4%	01/01/2014
ORENITRAM ER 0.125 MG TABLET	-0.4%	06/01/2014
ORENITRAM ER 0.25 MG TABLET	-0.4%	06/01/2014
ORENITRAM ER 1 MG TABLET	-0.4%	06/01/2014
ORENITRAM ER 2.5 MG TABLET	-0.4%	06/01/2014
ORENITRAM ER 5 MG TABLET	-0.4%	08/01/2017
PH 12 DILUENT FOR FOLAN	-0.4%	10/01/2011
REMODULIN 1 MG/ML VIAL	-0.4%	10/01/2011
REMODULIN 10 MG/ML VIAL	-0.4%	10/01/2011
REMODULIN 2.5 MG/ML VIAL	-0.4%	10/01/2011
REMODULIN 5 MG/ML VIAL	-0.4%	10/01/2011
REVATIO 10 MG/ML ORAL SUSP	-0.4%	11/01/2014
SILDENAFIL 10 MG/ML ORAL SUSP	-0.4%	11/01/2014
TADALAFIL 20 MG TABLET	-0.4%	10/01/2011
TRACLEER 125 MG TABLET	-0.4%	10/01/2011
TRACLEER 32 MG TABLET FOR SUSP	-0.4%	01/01/2018
TRACLEER 62.5 MG TABLET	-0.4%	10/01/2011
TREPROSTINIL 100 MG/20 ML VIAL	-0.4%	10/01/2011
TREPROSTINIL 20 MG/20 ML VIAL	-0.4%	10/01/2011
TREPROSTINIL 200 MG/20 ML VIAL	-0.4%	10/01/2011
TREPROSTINIL 50 MG/20 ML VIAL	-0.4%	10/01/2011
TYVASO 1.74 MG/2.9 ML SOLUTION	-0.4%	02/01/2014
TYVASO INHALATION REFILL KIT	-0.4%	02/01/2014
TYVASO INHALATION STARTER KIT	-0.4%	02/01/2014
TYVASO INSTITUTIONAL START KIT	-0.4%	02/01/2014
UPTRAVI 1,000 MCG TABLET	-0.4%	03/01/2016
UPTRAVI 1,200 MCG TABLET	-0.4%	03/01/2016
UPTRAVI 1,400 MCG TABLET	-0.4%	03/01/2016
UPTRAVI 1,600 MCG TABLET	-0.4%	03/01/2016
UPTRAVI 200 MCG TABLET	-0.4%	03/01/2016
UPTRAVI 200-800 TITRATION PACK	-0.4%	03/01/2016
UPTRAVI 400 MCG TABLET	-0.4%	03/01/2016
UPTRAVI 600 MCG TABLET	-0.4%	03/01/2016

### State and Specialty Pharmacy Drug Reimbursement

PULMONARY HYPERTENSION DRUGS CONT.		
UPTRAVI 800 MCG TABLET	-0.4%	03/01/2016
VELETRI 0.5 MG VIAL	-0.4%	11/01/2012
VELETRI 1.5 MG VIAL	-0.4%	11/01/2012
VENTAVIS 10 MCG/1 ML SOLUTION	-0.4%	10/01/2011
VENTAVIS 20 MCG/1 ML SOLUTION	-0.4%	10/01/2011
RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY CONDITIONS DRUGS		
OTREXUP 10 MG/0.4 ML AUTO-INJ	-0.4%	03/01/2014
OTREXUP 12.5 MG/0.4 ML AUTOINJ	-0.4%	09/01/2016
OTREXUP 15 MG/0.4 ML AUTO-INJ	-0.4%	03/01/2014
OTREXUP 17.5 MG/0.4 ML AUTOINJ	-0.4%	07/01/2016
OTREXUP 20 MG/0.4 ML AUTO-INJ	-0.4%	03/01/2014
OTREXUP 22.5 MG/0.4 ML AUTOINJ	-0.4%	07/01/2016
OTREXUP 25 MG/0.4 ML AUTO-INJ	-0.4%	03/01/2014
RASUVO 10 MG/0.2 ML AUTOINJ	-0.4%	11/01/2014
RASUVO 12.5 MG/0.25 ML AUTOINJ	-0.4%	11/01/2014
RASUVO 15 MG/0.3 ML AUTOINJ	-0.4%	11/01/2014
RASUVO 17.5 MG/0.35 ML AUTOINJ	-0.4%	11/01/2014
RASUVO 20 MG/0.4 ML AUTOINJ	-0.4%	03/01/2014
RASUVO 22.5 MG/0.45 ML AUTOINJ	-0.4%	11/01/2014
RASUVO 25 MG/0.5 ML AUTOINJ	-0.4%	11/01/2014
RASUVO 30 MG/0.6 ML AUTOINJ	-0.4%	11/01/2014
RASUVO 7.5 MG/0.15 ML AUTOINJ	-0.4%	11/01/2014
* The EAC is equal to the wholesale acquisition cost plus the percentage in the EAC column.		