

CONTRACT #12
RFS # 317.15-04000
FA # 07-17124

Finance & Administration
Benefits Administration

VENDOR:
Express Scripts, Inc.



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF BENEFITS ADMINISTRATION
William R. Snodgrass Tennessee Tower
312 Rosa L Parks Avenue, Suite 2600
Nashville, Tennessee 37243

Dave Goetz
COMMISSIONER

Phone: 615.741.4517
Fax: 615.253.8556

Laurie Lee
EXECUTIVE DIRECTOR

MEMORANDUM

To: James White, Executive Director, Fiscal Review Committee

From: Laurie Lee 

Date: September 10, 2010

RE: Amendment # 3 to the Express Scripts, Inc. Contract

Please find attached a Non-Competitive Amendment request and other required documentation to the existing contract with Express Scripts, Inc.

The modification to the contract through this amendment increases the maximum liability for the contract, provides a revision to the contract regarding the coverage of vaccines provided under the CoverRx program and revises Attachment H that details the formulary of covered drugs. The base contract and prior amendments for the Express Scripts contract are included for review as is the proposed amendment number three to the document.

Thank you for your consideration of this request to amend this contract with an effective date for the amendment of December 1, 2010.

RECEIVED
SEP 13 2010
FISCAL REVIEW

Supplemental Documentation Required for
Fiscal Review Committee

*Contact Name:	Marlene Alvarez		*Contact Phone:	615.253.8358	
*Original Contract Number:	FA-07-17124-00		*Original RFS Number:	31715.-040-00	
Edison Contract Number: <i>(if applicable)</i>	2888		Edison RFS Number: <i>(if applicable)</i>	31701 – 60001	
*Original Contract Begin Date:	November 15, 2006		*Current End Date:	December 31, 2011	
Current Request Amendment Number: <i>(if applicable)</i>			03		
Proposed Amendment Effective Date: <i>(if applicable)</i>			Date of final approvals by appropriate State officials and if possible by December 1, 2010.		
*Department Submitting:			Finance & Administration		
*Division:			Benefits Administration		
*Date Submitted:			September 13, 2010		
*Submitted Within Sixty (60) days: <i>If not, explain:</i>			Yes		
*Contract Vendor Name:			Express Scripts, Inc.		
*Current Maximum Liability:			\$37,000,000.00		
*Current Contract Allocation by Fiscal Year: (as Shown on Most Current Contract Summary Sheet)					
FY: 2007	FY: 2008	FY: 2009	FY: 2010	FY: 2011	FY: 2012
\$3,101,600.00	\$5,885,300.00	\$8,000,000.00	\$8,000,000.00	\$8,000,000.00	\$4,013,100.00
*Current Total Expenditures by Fiscal Year of Contract: (attach backup documentation from STARS or FDAS report)					
FY: 2007	FY: 2008	FY: 2009	FY: 2010	FY: 2011	FY:
\$3,101,531.74	\$5,885,230.27	\$7,440,113.03	\$9,775,547.86	\$1,264,435.82	\$
IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent:			Contract expenditures are based on estimates of plan membership and prescription usage for the term of the contract. Surplus funds were not spent.		
IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision:			Surplus funds for the CoverRx program were carried forward to ensure adequate funding to sustain program growth. Carry forward authority is PC 1203, Section 35, item 11.		
IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage:			N/A		
*Contract Funding Source/Amount:	State:	\$37,000,000.00	Federal:		
Interdepartmental:			Other:		
If "other" please define:					
Dates of All Previous Amendments or Revisions: <i>(if applicable)</i>			Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i>		
Amendment # 2 9-23-09			Revised Attachment H with updated formulary and deleted last year's vaccine NDCs and added new NDC codes per Contract Section A.4.		
Amendment # 1 5-22-09			Extended term to 12-31-11, reduced the maximum liability, clarified existing contract language and		

Supplemental Documentation Required for
Fiscal Review Committee

	provides mechanism for guaranteeing costs for new drugs added to the CoverRx formulary.
--	---

For all new non-competitive contracts and any contract amendment that changes Sections A or C.3. of the original or previously amended contract document, provide estimates based on information provided the Department by the vendor for determination of contract maximum liability. Add rows as necessary to provide all information requested.

If it is determined that the question is not applicable to your contract document attach detailed

Method of Original Award: <i>(if applicable)</i>	RFP
*What were the projected costs of the service for the entire term of the contract prior to contract award?	\$44,000,000.00

**Supplemental Documentation Required for
Fiscal Review Committee**

explanation as to why that determination was made.					
Planned expenditures by fiscal year by deliverable. Add rows as necessary to indicate all estimated contract expenditures.					
Deliverable description:	FY:	FY:	FY:	FY: 2011	FY: 2012
Additional drug costs including vaccines and increased enrollment				\$2,000,000.00	\$4,000,000.00
Proposed savings to be realized per fiscal year by entering into this contract. If amendment to an existing contract, please indicate the proposed savings to be realized by the amendment. Add rows as necessary to define all potential savings per deliverable.					
Deliverable description:	FY:	FY:	FY:	FY:	FY:
Comparison of cost per fiscal year of obtaining this service through the proposed contract or amendment vs. other options. List other options available (including other vendors), cost of other options, and source of information for comparison of other options (e.g. catalog, Web site). Add rows as necessary to indicate price differentials between contract deliverables.					
Proposed Vendor Cost: (name of vendor)	FY:	FY:	FY:	FY:	FY:
Other Vendor Cost: (name of vendor)	FY:	FY:	FY:	FY:	FY:
Other Vendor Cost: (name of vendor)	FY:	FY:	FY:	FY:	FY:

Express Scripts
STARS contract #: FA0717124
Edison contract #: 2888

<u>Fiscal Year</u>	<u>Expenditures</u>
2007	3,101,531.74
2008	5,885,230.27
2009 STARS	2,717,366.84
2009 Edison	4,722,746.19
2010	9,775,547.86
YTD 2011	<u>1,264,435.82</u>

Total Expenditures 27,466,858.72

Amendment Amount 6,000,000.00

NON-COMPETITIVE AMENDMENT REQUEST:

APPROVED

Commissioner of Finance & Administration

1) RFS #	31701-60001	
2) Procuring Agency :	Finance & Administration, Benefits Administration	
EXISTING CONTRACT INFORMATION		
3) Service Caption :	Provides administrative services for the State's pharmacy assistance program, CoverRx	
4) Contractor :	Express Scripts, Inc.	
5) Contract #	FA-07-17124-00, Edison # 2888	
6) Contract Start Date :	November 15, 2006	
7) CURRENT Contract End Date : (if ALL options to extend the contract are exercised)	December 31, 2011	
8) CURRENT Maximum Cost : (if ALL options to extend the contract are exercised)	\$ 37,000,000	
PROPOSED AMENDMENT INFORMATION		
9) Amendment #	# 3	
10) Amendment Effective Date : (attached explanation required if < 60 days after F&A receipt)	December 1, 2010	
11) PROPOSED Contract End Date : (if ALL options to extend the contract are exercised)	December 31, 2011	
12) PROPOSED Maximum Cost : (if ALL options to extend the contract are exercised)	\$43,000,000.00	
13) Approval Criteria : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state	
	<input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service :		
<p>a. Adds three generic drugs to the CoverRx formulary based on the recommendation of the CoverRx Advisory Committee.</p> <p>b. Defines pricing methodology for influenza and pneumonia vaccinations for the 2010-2011 season.</p> <p>c. Increases the contract's maximum liability to reflect the FY 2010-2011 appropriation.</p>		
15) Explanation of Need for the Proposed Amendment :		
<p>a. CoverRx revises its drug formulary on a regular basis in order to provide enrollees with the best coverage possible under the program's guidelines.</p> <p>b. The vaccination pricing methodology conforms to current market practices and expands vaccination availability.</p> <p>c. Increasing the maximum liability reflects the most current appropriation and anticipated programmatic costs.</p>		
16) Name & Address of Contractor's Current Principal Owner(s) : (not required for a TN state education institution)		

Express Scripts, Inc.
 Attn: Steven Webb, Regional Vice President
 One Express Way
 St. Louis, Missouri 63121

17) Office for Information Resources Endorsement : (required for information technology service; n/a to THDA)

Documentation is ... **Not Applicable to this Request** **Attached to this Request**

18) eHealth Initiative Endorsement : (required for health-related professional, pharmaceutical, laboratory, or imaging service)

Documentation is ... **Not Applicable to this Request** **Attached to this Request**

19) Department of Human Resources Endorsement : (required for state employees training service)

Documentation is ... **Not Applicable to this Request** **Attached to this Request**

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

Benefits Administration did not attempt to identify competitive procurement alternatives. The current contract's term is scheduled to end December 31, 2011.

21) Justification for the Proposed Non-Competitive Amendment :

The changes to the contract presented in this amendment enhance the benefits and provide additional value to the plans' members. The vaccination pricing methodology ensures the best price possible for CoverRx enrollees and expands the availability of vaccinations to members.

AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE & DATE

 9/8/10



CONTRACT AMENDMENT

Agency Tracking # 31701-60001	Edison ID 2888	Contract # FA-07-17124-00	Amendment # 3		
Contractor Legal Entity Name Express Scripts, Inc.			Registration ID 43-1420563		
Amendment Purpose & Effect(s) Replace Attachment H and allow for adjudication of vaccinations under CoverRx program.					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: December 31, 2011			
Maximum Liability (TOTAL Contract Amount) Increase/Decrease per this Amendment:			\$6,000,000.00		
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2007	\$3,101,600.00				\$3,101,600.00
2008	\$5,885,300.00				\$5,885,300.00
2009	\$8,000,000.00				\$8,000,000.00
2010	\$8,000,000.00				\$8,000,000.00
2011	\$10,000,000.00				\$10,000,000.00
2012	\$8,013,100.00				\$8,013,100.00
TOTAL:	\$43,000,000.00				\$43,000,000.00
American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.			OCR USE		
Speed Code FA00001750	Account Code 70804000				

**AMENDMENT THREE
TO FA-07-17124-00 Edison ID 2888**

This Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Benefits Administration Division, hereinafter referred to as the "State" and Express Scripts, Inc., hereinafter referred to as the "Contractor." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Contract is hereby amended as follows:

1. The text of contract section C.1. is deleted in its entirety and replaced with the following:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed forty-three million dollars (\$43,000,000). The payment rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The payment rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the payment rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

2. The text of contract section C.3. is deleted in its entirety and replaced with the following:

C.3. Payment Methodology. The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A. The Contractor shall be compensated based upon the following Service Rates:

<u>SERVICE UNIT/MILEST ONE</u>	<u>YEAR 1 AMOUNT</u> 11/15/2006 – 12/31/2007	<u>YEAR 2 AMOUNT</u> 01/01/2008 – 12/31/2008	<u>YEAR 3 AMOUNT</u> 01/01/2009 – 12/31/2009	<u>YEAR 4 AMOUNT</u> 01/01/2010 – 12/31/2010	<u>YEAR 5 AMOUNT</u> 01/01/2011 – 12/31/2011
Per Claim Administrative Fee	\$2.99	\$2.99	\$2.99	\$2.99	\$2.99
Claims Reimbursement:					
Retail Drug Costs					
Brand discount and dispensing fee	An average AWP-15.84% plus an average \$1.95 dispensing fee	An average AWP-16.09% plus an average \$1.95 dispensing fee	An average AWP-16.34% plus an average \$1.95 dispensing fee	An average AWP-16.34% plus an average \$1.95 dispensing fee	An average AWP-16.34% plus an average \$1.95 dispensing fee

Generic discount and dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee
MAC dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee
MAC pricing per formulary drug	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates
Mail Order Drug Costs					
Brand discount and dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee
Generic discount and dispensing fee (for drugs without MAC pricing)	AWP-24% plus \$0.00 dispensing fee				
MAC dispensing fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAC pricing per formulary drug	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates

Coverage of any vaccination, and, if covered, how covered (under a medical or pharmacy benefit), is determined by the Tennessee Cover Rx Program. Upon the date of final approval of this amendment by the appropriate State officials, the vaccinations provided under the CoverRx program shall adjudicate at the lower of:

(i)

	Participating Pharmacy INFLUENZA	Participating Pharmacy PNEUMONIA
Ingredient Cost	Participating Pharmacy Ingredient Cost as set forth in the Agreement	Participating Pharmacy Ingredient Cost as set forth in the Agreement
+ Dispensing Fee	Participating Pharmacy Dispensing Fee as set forth in the Agreement	Participating Pharmacy Dispensing Fee as set forth in the Agreement
+ Professional Service Fee*	Pass-through	Pass-through
+ Administrative Fee Per Vaccine Claim**	\$0.00	\$0.00

No vaccine claims will be included in any guarantees set forth in the contract and/or amendments thereto.

* State may elect as of the effective date of this Amendment whether to pay the per vaccine claim Professional Service Fee (PSF) set forth in this Amendment to Contractor or to require Members to pay the Participating Pharmacy's professional service fee at the time of vaccination. If State elects to pay the PSF, then the PSF will be capped at \$20.00 per Vaccine Claim. The State's election will be in force for the term of this Amendment and will be applicable to all vaccination Prescription Drug Claims.

** The Administrative Fee per Vaccine Claim will be manually billed to State on a monthly basis or as otherwise agreed between Contractor and State.

or

- (ii) the combined ingredient cost, dispensing fee (if any) and professional service fee (if any) that the Participating Pharmacy generally charges an individual paying cash, without coverage for prescription drug benefits.

Changes to the methodology used to calculate drug prices shall be allowed by the State when necessary; however, any new methodology for calculation must result in drug costs which are equal to or less than the drug costs which are calculated using the above rates. The State shall not be liable for increases in drug costs due to revised calculations.

The MAC pricing per individual formulary drug payment rates for years one, two, three, four, and five is included as Attachment H of this contract.

The State will allow claims which are calculated using a MAC price to adjust to market fluctuations by allowing an annual aggregate deviation of one percent (1%) from the proposed MAC pricing during year one of the contract, a deviation of three percent (3%) during year two of the contract, and a deviation of five percent (5%) during years three, four, and five of the contract.

The Contractor shall submit weekly invoices, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Claims above five (5) per member per month (PMPM) (excluding insulin and diabetic supplies) and non formulary claims are excluded from the administrative fee. The administrative fee will be decreased by \$0.15 per claim if the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims are below 15% of total claims. The administrative fee will be decreased by \$0.30 per claim if the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims are below 10% of total claims. Claims above five (5) PMPM (excluding insulin and diabetic supplies) and non formulary claims will be measured quarterly. The Contractor shall issue a check to the State during the first month of the following quarter for any claims discounts realized during the previous quarter. If the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims exceeds 15% of total claims, the administrative fee will not exceed the Per Claim Administrative Fee listed in Section C.3 of the contract. This clause shall remain in effect after the contract term until all claims discounts due to the State have been paid by the Contractor to the State.

The average drug discounts and average dispensing fees paid by the State will be reconciled in the aggregate annually by the Contractor. The average annual discounts and average annual dispensing fees, as calculated in the required Drug Cost Reconciliation report, will be compared with the Contractor's guaranteed proposed discounts and dispensing fees in Section C.3 of the contract. If any of the actual annual average drug discounts are less than the discounts in Section C.3 of the contract and/or any of the actual annual average dispensing fees exceed the dispensing fees in Section C.3 of the contract, the Contractor will reimburse the State for the difference between the actual costs and the guaranteed costs.

- (a) State shall pay Contractor by Automated Clearing House (ACH) payment within five (5) business days from the date of State's receipt of the Contractor's invoice (the "Due Date") for completed work. If payment is not received by Contractor within seven (7) days of the Due Date, or by such other date as has been mutually agreed to by the parties,

Contractor may suspend further performance under this Contract until payment is received or mutually agreeable arrangements are made. In the event the State fails to pay on or before a Due Date, or such other date as mutually agreed to, three times during the term of this Contract, the Contractor may terminate this Contract.

- (b) The State and Contractor agree to negotiate and make good faith efforts to expeditiously resolve any disputes regarding fees.
- (c) The Contractor and State acknowledge the statutory provisions of the Prompt Pay Act of 1985, as set forth in Tennessee Code Ann. 12-4-701, et.seq.

3. Attachment H is deleted in its entirety and replaced with the new Attachment H attached hereto.

The revisions set forth herein shall be effective on the date of final approval by the appropriate State officials in accordance with applicable Tennessee State laws and regulations. All other terms and conditions not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

EXPRESS SCRIPTS, INC.:

SIGNATURE

DATE

PRINTED NAME AND TITLE OF SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M.D. GOETZ, JR., COMMISSIONER

DATE

ATTACHMENT H

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
132	LANOXIN	125MCG	TABLET	0.1157	0.1157	0.1157	
133	LANOXIN	250MCG	TABLET	0.1157	0.1157	0.1157	
310	THEOPHYLLINE ANHYDROUS	300MG	CAP.SR 12H	0.4293	0.4293	0.4293	
312	THEOPHYLLINE ANHYDROUS	200MG	CAP.SR 12H	0.3734	0.3734	0.3734	
410	THEOPHYLLINE ANHYDROUS	100MG	TAB.SR 12H	0.1509	0.1509	0.1509	
411	THEOPHYLLINE ANHYDROUS	200MG	TAB.SR 12H	0.215	0.215	0.215	
413	THEOPHYLLINE ANHYDROUS	300MG	TAB.SR 12H	0.2337	0.2337	0.2337	
730	RIMANTADINE HCL	100MG	TABLET	1.242	1.242	1.242	
780	NEURONTIN	100MG	CAPSULE	0.1241	0.1241	0.1241	
781	NEURONTIN	300MG	CAPSULE	0.2612	0.2612	0.2612	
782	NEURONTIN	400MG	CAPSULE	0.3003	0.3003	0.3003	
960	ENALAPRIL MALEATE	5MG	TABLET	0.1166	0.1166	0.1166	
961	ENALAPRIL MALEATE	10MG	TABLET	0.1251	0.1251	0.1251	
962	ENALAPRIL MALEATE	20MG	TABLET	0.1539	0.1539	0.1539	
963	ENALAPRIL MALEATE	2.5MG	TABLET	0.0927	0.0927	0.0927	
1011	QUINIDINE GLUCONATE	324MG	TABLET SA	0.6571	0.6571	0.6571	
1070	URSODIOL	300MG	CAPSULE	1.0035	1.0035	1.0035	
1130	NORPACE	100MG	CAPSULE	0.4247	0.4247	0.4247	
1131	NORPACE	150MG	CAPSULE	0.4747	0.4747	0.4747	
1141	NORPACE CR	150MG	CAPSULE SA	0.9623	0.9623	0.9623	
1390	CLONIDINE HCL	0.1MG	TABLET	0.0765	0.0765	0.0765	
1391	CLONIDINE HCL	0.2MG	TABLET	0.1067	0.1067	0.1067	
1392	CLONIDINE HCL	0.3MG	TABLET	0.1486	0.1486	0.1486	
1480	CAPOTEN	100MG	TABLET	0.1704	0.1704	0.1704	
1481	CAPTOPRIL	25MG	TABLET	0.0415	0.0415	0.0415	
1482	CAPTOPRIL	50MG	TABLET	0.0614	0.0614	0.0614	
1483	CAPOTEN	12.5MG	TABLET	0.034	0.034	0.034	
1931	ISMO	20MG	TABLET	0.2618	0.2618	0.2618	
1932	MONOKET	10MG	TABLET	0.2876	0.2876	0.2876	
1942	ISOSORBIDE DINITRATE	10MG	TABLET	0.0533	0.0533	0.0533	
1944	ISOSORBIDE DINITRATE	20MG	TABLET	0.0571	0.0571	0.0571	
1945	ISOSORBIDE DINITRATE	30MG	TABLET	0.2086	0.2086	0.2086	
1947	ISORDIL	5MG	TABLET	0.0673	0.0673	0.0673	
1975	ISOSORBIDE DINITRATE	5MG	TAB SUBL	0.0513	0.0513	0.0513	
1976	ISOSORBIDE DINITRATE	2.5MG	TAB SUBL	0.0513	0.0513	0.0513	

2221	PROCARDIA XL	30MG	TAB OSM 24	0.8062	0.8062	0.8062
2222	PROCARDIA XL	60MG	TAB OSM 24	1.3258	1.3258	1.3258
2223	PROCARDIA XL	90MG	TAB OSM 24	1.9046	1.9046	1.9046
2226	ADALAT CC	30MG	TABLET SA	0.7236	0.7236	0.7236
2227	ADALAT CC	60MG	TABLET SA	1.3534	1.3534	1.3534
2228	ADALAT CC	90MG	TABLET SA	1.9292	1.9292	1.9292
2320	DILTIAZEM HCL	90MG	CAP.SR 12H	0.6622	0.6622	0.6622
2321	DILTIAZEM HCL	120MG	CAP.SR 12H	0.9186	0.9186	0.9186
2322	DILTIAZEM HCL	60MG	CAP.SR 12H	0.5308	0.5308	0.5308
2323	CARDIZEM CD	180MG	CAP.SR 24H	0.8687	0.8687	0.8687
2324	CARDIZEM CD	240MG	CAP.SR 24H	1.1638	1.1638	1.1638
2325	CARDIZEM CD	300MG	CAP.SR 24H	1.5919	1.5919	1.5919
2326	CARDIZEM CD	120MG	CAP.SR 24H	0.742	0.742	0.742
2328	DILTIAZEM HCL	360MG	CAPSULE SA	1.6537	1.6537	1.6537
2329	DILTIAZEM HCL	180MG	CAPSULE SA	0.9245	0.9245	0.9245
2330	DILTIAZEM HCL	120MG	CAPSULE SA	0.766	0.766	0.766
2332	DILTIAZEM HCL	240MG	CAPSULE SA	1.2618	1.2618	1.2618
2333	DILTIAZEM HCL	300MG	CAPSULE SA	1.6427	1.6427	1.6427
2341	CALAN	120MG	TABLET	0.1482	0.1482	0.1482
2342	CALAN	80MG	TABLET	0.1104	0.1104	0.1104
2350	PROCARDIA	10MG	CAPSULE	0.1842	0.1842	0.1842
2351	NIFEDIPINE	20MG	CAPSULE	0.3954	0.3954	0.3954
2620	PLENDIL	2.5MG	TAB.SR 24H	0.9872	0.9872	0.9872
2621	PLENDIL	5MG	TAB.SR 24H	0.9872	0.9872	0.9872
2622	PLENDIL	10MG	TAB.SR 24H	1.7742	1.7742	1.7742
3001	VERELAN	180MG	CAP24H PEL	0.608	0.608	0.608
3002	VERELAN	240MG	CAP24H PEL	0.7085	0.7085	0.7085
3003	VERELAN	120MG	CAP24H PEL	0.5905	0.5905	0.5905
3321	POTASSIUM CHLORIDE	10MEQ	CAPSULE SA	0.18	0.18	0.18
3404	K-LOR	20MEQ	PACKET	0.1435	0.1435	0.1435
3442	POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	0.0087	0.0087	0.0087
3443	POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	0.006	0.006	0.006
3510	POTASSIUM CHLORIDE	10MEQ	TABLET SA	0.1262	0.1262	0.1262
3512	K-DUR	10MEQ	TAB PRT SR	0.1683	0.1683	0.1683
3513	K-DUR	20MEQ	TAB PRT SR	0.297	0.297	0.297
3514	POTASSIUM CHLORIDE	8MEQ	TABLET SA	0.0962	0.0962	0.0962
3610	METOCLOPRAMIDE HCL	5MG/5ML	SOLUTION	0.0132	0.0132	0.0132
4348	OMEPRAZOLE	20MG	CAPSULE DR	0.8691	0.8691	0.8691
5710	MICRONASE	1.25MG	TABLET	0.1057	0.1057	0.1057

5711	MICRONASE	2.5MG	TABLET	0.1236	0.1236	0.1236
5712	MICRONASE	5MG	TABLET	0.161	0.161	0.161
5713	GLYNASE	1.5MG	TABLET	0.0993	0.0993	0.0993
5714	GLYNASE	3MG	TABLET	0.1036	0.1036	0.1036
5715	GLYNASE	6MG	TABLET	0.3129	0.3129	0.3129
6919	LOTRISONE	1-0.05%	CREAM(GM)	0.4908	0.4908	0.4908
6919	LOTRISONE	1-0.05%	CREAM(GM)	0.3419	0.3419	0.3419
7184	DOXYCYCLINE MONOHYDRATE	50MG	TABLET	2.2234	2.2234	2.2234
7310	INDAPAMIDE	2.5MG	TABLET	0.1114	0.1114	0.1114
7311	LOZOL	1.25MG	TABLET	0.0839	0.0839	0.0839
7461	DILTIAZEM HCL	180MG	CAPSULE CR	0.4885	0.4885	0.4885
7462	DILTIAZEM HCL	240MG	CAPSULE CR	0.566	0.566	0.566
7463	DILTIAZEM HCL	120MG	CAPSULE CR	0.4016	0.4016	0.4016
7590	CLOTRIMAZOLE	10MG	TROCHE	1.1114	1.1114	1.1114
9115	PREDNISOLONE SOD PHOSPHATE	5MG/5ML	SOLUTION	0.1216	0.1216	0.1216
10160	LACTULOSE	10G/15ML	SOLUTION	0.02	0.02	0.02
10167	LACTULOSE	10G/15ML	SOLUTION	0.0236	0.0236	0.0236
10200	RANITIDINE HCL	150MG	TABLET	0.1267	0.1267	0.1267
10201	RANITIDINE HCL	300MG	TABLET	0.1622	0.1622	0.1622
10202	RANITIDINE HCL	75MG	TABLET	0.1461	0.1461	0.1461
10340	LABETALOL HCL	300MG	TABLET	0.4424	0.4424	0.4424
10341	LABETALOL HCL	200MG	TABLET	0.2566	0.2566	0.2566
10342	LABETALOL HCL	100MG	TABLET	0.2057	0.2057	0.2057
10455	MONOPRIL HCT	20-12.5MG	TABLET	0.9146	0.9146	0.9146
10770	ESTRADIOL	1MG	TABLET	0.107	0.107	0.107
10771	ESTRADIOL	2MG	TABLET	0.1143	0.1143	0.1143
10772	ESTRADIOL	0.5MG	TABLET	0.0973	0.0973	0.0973
10810	GLUCOPHAGE	500MG	TABLET	0.1513	0.1513	0.1513
10811	GLUCOPHAGE	850MG	TABLET	0.2061	0.2061	0.2061
10840	GLUCOTROL	5MG	TABLET	0.0744	0.0744	0.0744
10841	GLUCOTROL	10MG	TABLET	0.1195	0.1195	0.1195
10843	GLUCOTROL XL	10MG	TAB OSM 24	0.5134	0.5134	0.5134
10844	GLUCOTROL XL	5MG	TAB OSM 24	0.2604	0.2604	0.2604
10857	GLUCOPHAGE	1000MG	TABLET	0.2122	0.2122	0.2122
10920	CORDARONE	200MG	TABLET	0.5282	0.5282	0.5282
11080	OGEN	0.75MG	TABLET	0.1257	0.1257	0.1257
11084	OGEN	1.5MG	TABLET	0.173	0.173	0.173
11085	OGEN	3MG	TABLET	0.3924	0.3924	0.3924
11161	PRENATAL VIT/FE FUMARATE/FA	60-1MG	TABLET	0.1496	0.1496	0.1496

11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585
11172	PRENATAL VIT/FE FUMARATE/FA	27-0.5MG	TABLET	0.0474	0.0474	0.0474
11177	PRENATAL VIT/FE FUMARATE/FA	27-0.8MG	TABLET	0.0362	0.0362	0.0362
11178	PRENATAL VIT/FE FUM/DOSS/FA	90-1MG	TABLET SA	0.159	0.159	0.159
11251	DEPO-PROVERA	150MG/ML	VIAL	41.411	41.411	41.411
11254	DEPO-PROVERA	150MG/ML	DISP SYRIN	46.4172	46.4172	46.4172
11260	PROVERA	10MG	TABLET	0.1814	0.1814	0.1814
11261	PROVERA	2.5MG	TABLET	0.1221	0.1221	0.1221
11262	PROVERA	5MG	TABLET	0.1587	0.1587	0.1587
11300	ORTHO-CYCLEN	0.25-0.035	TABLET	0.7325	0.7325	0.7325
11301	ORTHO TRI-CYCLEN	7 DAYS X 3	TABLET	0.8605	0.8605	0.8605
11461	ORTHO-NOVUM	1-0.05MG	TABLET	0.8019	0.8019	0.8019
11471	MODICON	0.5-0.035	TABLET	0.8065	0.8065	0.8065
11474	ORTHO-NOVUM	1-0.035MG	TABLET	0.704	0.704	0.704
11476	ORTHO-NOVUM	11-Oct	TABLET	0.875	0.875	0.875
11477	ORTHO-NOVUM	7 DAYS X 3	TABLET	0.8056	0.8056	0.8056
11478	NORETHINDRONE-ETHINYL ESTRAD	7/9/2005	TABLET	1.0356	1.0356	1.0356
11480	LOESTRIN	1.5-0.03MG	TABLET	0.9458	0.9458	0.9458
11481	LOESTRIN	1-0.02MG	TABLET	0.9418	0.9418	0.9418
11490	DEMULEN 1/35-28	1-0.035MG	TABLET	0.7721	0.7721	0.7721
11491	DEMULEN 1/50-21	1-0.05MG	TABLET	0.8991	0.8991	0.8991
11500	LO/OVRAL-28	0.3-0.03MG	TABLET	0.717	0.717	0.717
11501	OVRAL-28	0.5-0.05MG	TABLET	1.2222	1.2222	1.2222
11520	ORTHO MICRONOR	0.35MG	TABLET	0.9229	0.9229	0.9229
11530	NORDETTE-21	0.15-0.03	TABLET	0.7692	0.7692	0.7692
11531	TRIPHASIL-28	6/5/2010	TABLET	0.7054	0.7054	0.7054
11534	ALESSE-28	0.1-0.02	TABLET	0.8723	0.8723	0.8723
12171	CEFACTOR	500MG	TAB.SR 12H	2.8182	2.8182	2.8182
12210	MEXILETINE HCL	150MG	CAPSULE	0.2506	0.2506	0.2506
12211	MEXILETINE HCL	200MG	CAPSULE	0.2917	0.2917	0.2917
12212	MEXILETINE HCL	250MG	CAPSULE	0.3742	0.3742	0.3742
12243	PRENATAL VIT/FE FUM/DOSS/FA	29MG-1MG	TABLET	0.2219	0.2219	0.2219
12431	RYTHMOL	150MG	TABLET	0.5647	0.5647	0.5647
12432	RYTHMOL	300MG	TABLET	1.5215	1.5215	1.5215

12433	RYTHMOL	225MG	TABLET	0.8538	0.8538	0.8538
12529	REMERON	15MG	TAB RAPDIS	1.8592	1.8592	1.8592
12531	REMERON	30MG	TAB RAPDIS	1.9122	1.9122	1.9122
13041	REMERON	45MG	TAB RAPDIS	2.1058	2.1058	2.1058
13094	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	0.8713	0.8713	0.8713
13207	PRENATAL VIT/FE FUMARATE/FA	28MG-1MG	TABLET	0.2132	0.2132	0.2132
13310	VOLTAREN-XR	100MG	TAB.SR 24H	0.788	0.788	0.788
13411	PRENATAL VIT/FE FUMARATE/FA	28-0.8MG	TABLET	0.0478	0.0478	0.0478
13521	DOXYCYCLINE HYCLATE	20MG	TABLET	0.8655	0.8655	0.8655
13721	ACYCLOVIR	800MG	TABLET	0.369	0.369	0.369
13724	ACYCLOVIR	400MG	TABLET	0.2395	0.2395	0.2395
13951	HYDROXYZINE PAMOATE	100MG	CAPSULE	0.2707	0.2707	0.2707
13952	VISTARIL	25MG	CAPSULE	0.1211	0.1211	0.1211
13953	VISTARIL	50MG	CAPSULE	0.1457	0.1457	0.1457
14007	NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0917	0.0917	0.0917
14007	NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0908	0.0908	0.0908
14007	NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0898	0.0898	0.0898
14008	NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.0917	0.0917	0.0917
14008	NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.091	0.091	0.091
14008	NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.0901	0.0901	0.0901
14037	ERY E-SUCC/SULFISOXAZOLE	200-600/5	SUSP RECON	0.0601	0.0601	0.0601
14125	LOTRISONE	1-0.05%	LOTION	0.8674	0.8674	0.8674
14294	POLYTRIM	10K U-0.1%	DROPS	0.4345	0.4345	0.4345
14431	CHLORPROMAZINE HCL	10MG	TABLET	0.1902	0.1902	0.1902
14432	CHLORPROMAZINE HCL	25MG	TABLET	0.2638	0.2638	0.2638
14433	CHLORPROMAZINE HCL	50MG	TABLET	0.2566	0.2566	0.2566
14434	CHLORPROMAZINE HCL	100MG	TABLET	0.3122	0.3122	0.3122
14435	CHLORPROMAZINE HCL	200MG	TABLET	0.4033	0.4033	0.4033
14540	FLUPHENAZINE DECANOATE	25MG/ML	VIAL	2	2	2
14602	FLUPHENAZINE HCL	1MG	TABLET	0.1528	0.1528	0.1528
14603	PROLIXIN	10MG	TABLET	0.3566	0.3566	0.3566
14604	FLUPHENAZINE HCL	2.5MG	TABLET	0.2257	0.2257	0.2257
14605	PROLIXIN	5MG	TABLET	0.2242	0.2242	0.2242
14650	PERPHENAZINE	16MG	TABLET	0.6478	0.6478	0.6478
14651	PERPHENAZINE	2MG	TABLET	0.3407	0.3407	0.3407
14652	PERPHENAZINE	4MG	TABLET	0.4657	0.4657	0.4657
14653	PERPHENAZINE	8MG	TABLET	0.5669	0.5669	0.5669
14780	HALOPERIDOL DECANOATE	50MG/ML	VIAL	5.1	5.1	5.1
14780	HALOPERIDOL DECANOATE	50MG/ML	VIAL	5.1	5.1	5.1

14781	HALOPERIDOL DECANOATE	100MG/ML	VIAL	10.55	10.55	10.55
14781	HALOPERIDOL DECANOATE	100MG/ML	VIAL	10.55	10.55	10.55
14830	TRIFLUOPERAZINE HCL	1MG	TABLET	0.297	0.297	0.297
14831	TRIFLUOPERAZINE HCL	10MG	TABLET	0.8312	0.8312	0.8312
14832	TRIFLUOPERAZINE HCL	2MG	TABLET	0.4382	0.4382	0.4382
14833	TRIFLUOPERAZINE HCL	5MG	TABLET	0.5496	0.5496	0.5496
14880	THIORIDAZINE HCL	25MG	TABLET	0.2165	0.2165	0.2165
14881	THIORIDAZINE HCL	50MG	TABLET	0.2792	0.2792	0.2792
14882	THIORIDAZINE HCL	10MG	TABLET	0.1603	0.1603	0.1603
14883	THIORIDAZINE HCL	100MG	TABLET	0.3427	0.3427	0.3427
14884	THIORIDAZINE HCL	15MG	TABLET	0.3151	0.3151	0.3151
14886	THIORIDAZINE HCL	200MG	TABLET	0.8034	0.8034	0.8034
15530	HALOPERIDOL	0.5MG	TABLET	0.0848	0.0848	0.0848
15531	HALOPERIDOL	1MG	TABLET	0.121	0.121	0.121
15533	HALOPERIDOL	2MG	TABLET	0.1587	0.1587	0.1587
15535	HALOPERIDOL	5MG	TABLET	0.1767	0.1767	0.1767
15560	LOXAPINE SUCCINATE	10MG	CAPSULE	0.7959	0.7959	0.7959
15561	LOXAPINE SUCCINATE	25MG	CAPSULE	1.2049	1.2049	1.2049
15562	LOXAPINE SUCCINATE	5MG	CAPSULE	0.4993	0.4993	0.4993
15563	LOXAPINE SUCCINATE	50MG	CAPSULE	1.5443	1.5443	1.5443
15621	MONOPRIL HCT	10-12.5MG	TABLET	0.9146	0.9146	0.9146
15690	THIOTHIXENE	1MG	CAPSULE	0.1092	0.1092	0.1092
15691	NAVANE	10MG	CAPSULE	0.2908	0.2908	0.2908
15692	NAVANE	2MG	CAPSULE	0.1371	0.1371	0.1371
15694	NAVANE	5MG	CAPSULE	0.2068	0.2068	0.2068
15710	ESKALITH	300MG	CAPSULE	0.088	0.088	0.088
15730	ESKALITH CR	450MG	TABLET SA	0.3768	0.3768	0.3768
15731	LITHOBID	300MG	TABLET SA	0.3243	0.3243	0.3243
15911	RITALIN	10MG	TABLET	0.3728	0.3728	0.3728
15913	RITALIN	5MG	TABLET	0.2465	0.2465	0.2465
15920	RITALIN	20MG	TABLET	0.509	0.509	0.509
16180	RITALIN-SR	20MG	TABLET SA	0.8061	0.8061	0.8061
16342	CITALOPRAM HYDROBROMIDE	20MG	TABLET	0.3333	0.3333	0.3333
16343	CITALOPRAM HYDROBROMIDE	40MG	TABLET	0.3256	0.3256	0.3256
16345	CITALOPRAM HYDROBROMIDE	10MG	TABLET	0.3224	0.3224	0.3224
16347	FLUVOXAMINE MALEATE	25MG	TABLET	0.7051	0.7051	0.7051
16348	FLUVOXAMINE MALEATE	50MG	TABLET	0.7923	0.7923	0.7923
16349	FLUVOXAMINE MALEATE	100MG	TABLET	0.8314	0.8314	0.8314
16353	FLUOXETINE HCL	10MG	CAPSULE	0.114	0.114	0.114

16354	FLUOXETINE HCL	20MG	CAPSULE	0.114	0.114	0.114
16355	FLUOXETINE HCL	40MG	CAPSULE	1.1165	1.1165	1.1165
16356	PROZAC	10MG	TABLET	0.114	0.114	0.114
16357	FLUOXETINE HCL	20MG/5ML	SOLUTION	0.1977	0.1977	0.1977
16359	RAPIFLUX	20MG	TABLET	0.114	0.114	0.114
16364	PAXIL	10MG	TABLET	0.657	0.657	0.657
16366	PAXIL	20MG	TABLET	0.5479	0.5479	0.5479
16367	PAXIL	30MG	TABLET	0.6679	0.6679	0.6679
16368	PAXIL	40MG	TABLET	0.6994	0.6994	0.6994
16373	ZOLOFT	25MG	TABLET	2.0421	2.0421	2.0421
16374	ZOLOFT	50MG	TABLET	2.0421	2.0421	2.0421
16375	ZOLOFT	100MG	TABLET	2.0421	2.0421	2.0421
16384	BUPROPION HCL	75MG	TABLET	0.2398	0.2398	0.2398
16385	BUPROPION HCL	100MG	TABLET	0.3098	0.3098	0.3098
16386	BUPROPION HCL	150MG	TABLET SA	0.9017	0.9017	0.9017
16387	BUPROPION HCL	100MG	TABLET SA	0.8775	0.8775	0.8775
16391	DESYREL	50MG	TABLET	0.0616	0.0616	0.0616
16392	DESYREL	100MG	TABLET	0.0976	0.0976	0.0976
16393	DESYREL	150MG	TABLET	0.2863	0.2863	0.2863
16404	NEFAZODONE HCL	50MG	TABLET	0.4187	0.4187	0.4187
16406	NEFAZODONE HCL	100MG	TABLET	0.4469	0.4469	0.4469
16407	NEFAZODONE HCL	150MG	TABLET	0.4693	0.4693	0.4693
16408	NEFAZODONE HCL	200MG	TABLET	0.4916	0.4916	0.4916
16409	NEFAZODONE HCL	250MG	TABLET	0.514	0.514	0.514
16512	AMITRIPTYLINE HCL	10MG	TABLET	0.0465	0.0465	0.0465
16513	AMITRIPTYLINE HCL	100MG	TABLET	0.1043	0.1043	0.1043
16514	AMITRIPTYLINE HCL	150MG	TABLET	0.1895	0.1895	0.1895
16515	AMITRIPTYLINE HCL	25MG	TABLET	0.0502	0.0502	0.0502
16516	AMITRIPTYLINE HCL	50MG	TABLET	0.0584	0.0584	0.0584
16517	AMITRIPTYLINE HCL	75MG	TABLET	0.0915	0.0915	0.0915
16529	AVENTYL HCL	10MG	CAPSULE	0.082	0.082	0.082
16532	AVENTYL HCL	25MG	CAPSULE	0.0994	0.0994	0.0994
16533	NORTRIPTYLINE HCL	50MG	CAPSULE	0.1207	0.1207	0.1207
16534	NORTRIPTYLINE HCL	75MG	CAPSULE	0.1918	0.1918	0.1918
16541	TOFRANIL	10MG	TABLET	0.1817	0.1817	0.1817
16542	TOFRANIL	25MG	TABLET	0.2183	0.2183	0.2183
16543	TOFRANIL	50MG	TABLET	0.3618	0.3618	0.3618
16561	AMOXAPINE	50MG	TABLET	0.528	0.528	0.528
16563	SINEQUAN	10MG	CAPSULE	0.058	0.058	0.058

16564	DOXEPIN HCL	100MG	CAPSULE	0.1756	0.1756	0.1756
16565	DOXEPIN HCL	150MG	CAPSULE	0.3047	0.3047	0.3047
16566	SINEQUAN	25MG	CAPSULE	0.0722	0.0722	0.0722
16567	SINEQUAN	50MG	CAPSULE	0.095	0.095	0.095
16568	SINEQUAN	75MG	CAPSULE	0.1654	0.1654	0.1654
16571	DOXEPIN HCL	10MG/ML	ORAL CONC.	0.1006	0.1006	0.1006
16583	NORPRAMIN	10MG	TABLET	0.1888	0.1888	0.1888
16584	NORPRAMIN	100MG	TABLET	0.7142	0.7142	0.7142
16585	NORPRAMIN	150MG	TABLET	1.035	1.035	1.035
16586	NORPRAMIN	25MG	TABLET	0.2268	0.2268	0.2268
16587	NORPRAMIN	50MG	TABLET	0.427	0.427	0.427
16588	NORPRAMIN	75MG	TABLET	0.5435	0.5435	0.5435
16602	CLOMIPRAMINE HCL	25MG	CAPSULE	0.2289	0.2289	0.2289
16603	CLOMIPRAMINE HCL	50MG	CAPSULE	0.3207	0.3207	0.3207
16604	CLOMIPRAMINE HCL	75MG	CAPSULE	0.4493	0.4493	0.4493
16615	MAPROTILINE HCL	25MG	TABLET	0.3686	0.3686	0.3686
16732	REMERON	15MG	TABLET	0.4286	0.4286	0.4286
16733	REMERON	30MG	TABLET	0.5037	0.5037	0.5037
16734	REMERON	45MG	TABLET	0.7986	0.7986	0.7986
16801	SALFLEX	500MG	TABLET	0.0632	0.0632	0.0632
16802	SALFLEX	750MG	TABLET	0.0806	0.0806	0.0806
16851	DOLOBID	500MG	TABLET	0.9774	0.9774	0.9774
17241	DILANTIN-125	100MG/4ML	ORAL SUSP	0.1101	0.1101	0.1101
17270	DEPAKENE	250MG	CAPSULE	0.353	0.353	0.353
17450	TEGRETOL	200MG	TABLET	0.0953	0.0953	0.0953
17460	TEGRETOL	100MG	TAB CHEW	0.1081	0.1081	0.1081
17520	AMANTADINE HCL	100MG	CAPSULE	0.321	0.321	0.321
17530	AMANTADINE HCL	50MG/5ML	SYRUP	0.0678	0.0678	0.0678
17573	BUPROPION HCL	200MG	TABLET SA	1.65	1.65	1.65
17620	BENZTROPINE MESYLATE	0.5MG	TABLET	0.0842	0.0842	0.0842
17621	BENZTROPINE MESYLATE	1MG	TABLET	0.0908	0.0908	0.0908
17622	BENZTROPINE MESYLATE	2MG	TABLET	0.1172	0.1172	0.1172
17700	DILANTIN	100MG	CAPSULE	0.2506	0.2506	0.2506
17734	METOPROLOL TARTRATE	25MG	TABLET	0.0807	0.0807	0.0807
18141	CLOZARIL	25MG	TABLET	0.6338	0.6338	0.6338
18142	CLOZARIL	100MG	TABLET	1.6185	1.6185	1.6185
18351	BETHANECHOL CHLORIDE	10MG	TABLET	0.5326	0.5326	0.5326
18352	BETHANECHOL CHLORIDE	25MG	TABLET	0.8262	0.8262	0.8262
18353	BETHANECHOL CHLORIDE	5MG	TABLET	0.4341	0.4341	0.4341

18354	BETHANECHOL CHLORIDE	50MG	TABLET	1.3266	1.3266	1.3266
18890	HYOSCYAMINE SULFATE	0.375MG	CAP.SR 12H	0.1561	0.1561	0.1561
18940	HYOSCYAMINE SULFATE	0.125MG/ML	DROPS	0.3691	0.3691	0.3691
18960	HYOSCYAMINE SULFATE	0.375MG	TAB.SR 12H	0.1523	0.1523	0.1523
18961	HYOSCYAMINE SULFATE	0.125MG	TABLET	0.0662	0.0662	0.0662
18970	LEVSIN/SL	0.125MG	TAB SUBL	0.0689	0.0689	0.0689
19261	BENTYL	10MG	CAPSULE	0.0729	0.0729	0.0729
19331	BENTYL	20MG	TABLET	0.0862	0.0862	0.0862
19360	FLAVOXATE HCL	100MG	TABLET	1.1252	1.1252	1.1252
19370	OXYBUTYNIN CHLORIDE	5MG/5ML	SYRUP	0.0536	0.0536	0.0536
19380	OXYBUTYNIN CHLORIDE	5MG	TABLET	0.0917	0.0917	0.0917
19549	MINOCYCLINE HCL	75MG	TABLET	3.9232	3.9232	3.9232
19551	ZANTAC	150MG	CAPSULE	0.303	0.303	0.303
19552	RANITIDINE HCL	300MG	CAPSULE	0.5146	0.5146	0.5146
19578	GLUCOPHAGE XR	750MG	TAB.SR 24H	0.2893	0.2893	0.2893
19850	DEXEDRINE	10MG	CAPSULE SA	0.7362	0.7362	0.7362
19851	DEXEDRINE	15MG	CAPSULE SA	0.9481	0.9481	0.9481
19852	DEXEDRINE	5MG	CAPSULE SA	0.5818	0.5818	0.5818
19880	D-AMPHETAMINE SULFATE	10MG	TABLET	0.2828	0.2828	0.2828
19881	DEXEDRINE	5MG	TABLET	0.1775	0.1775	0.1775
20068	ESTRADIOL	0.06MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
20069	ESTRADIOL	.0375MG/24	PATCH TDWK	7.1387	7.1387	7.1387
20071	BRETHINE	5MG	TABLET	0.4714	0.4714	0.4714
20072	BRETHINE	2.5MG	TABLET	0.3212	0.3212	0.3212
20100	ALBUTEROL SULFATE	2MG	TABLET	0.0816	0.0816	0.0816
20101	ALBUTEROL SULFATE	4MG	TABLET	0.1237	0.1237	0.1237
20110	ALBUTEROL	90MCG	AER REFILL	0.6588	0.6588	0.6588
20630	INDERAL	10MG	TABLET	0.0523	0.0523	0.0523
20631	INDERAL	20MG	TABLET	0.0705	0.0705	0.0705
20632	INDERAL	40MG	TABLET	0.0748	0.0748	0.0748
20633	INDERAL	60MG	TABLET	0.4653	0.4653	0.4653
20634	INDERAL	80MG	TABLET	0.1052	0.1052	0.1052
20641	LOPRESSOR	100MG	TABLET	0.1178	0.1178	0.1178
20642	LOPRESSOR	50MG	TABLET	0.066	0.066	0.066
20650	NADOLOL	120MG	TABLET	0.701	0.701	0.701
20651	NADOLOL	160MG	TABLET	0.7359	0.7359	0.7359
20652	NADOLOL	40MG	TABLET	0.5192	0.5192	0.5192
20653	NADOLOL	80MG	TABLET	0.693	0.693	0.693
20654	NADOLOL	20MG	TABLET	0.4101	0.4101	0.4101

20660	ATENOLOL	100MG	TABLET	0.1142	0.1142	0.1142
20661	ATENOLOL	50MG	TABLET	0.0655	0.0655	0.0655
20662	ATENOLOL	25MG	TABLET	0.0652	0.0652	0.0652
21020	REGLAN	10MG	TABLET	0.0645	0.0645	0.0645
21021	REGLAN	5MG	TABLET	0.0828	0.0828	0.0828
23239	GABAPENTIN	100MG	TABLET	0.1241	0.1241	0.1241
23242	GABAPENTIN	300MG	TABLET	0.2612	0.2612	0.2612
23243	GABAPENTIN	400MG	TABLET	0.3509	0.3509	0.3509
24671	PILOCARPINE HCL	5MG	TABLET	0.7717	0.7717	0.7717
25540	LOPID	600MG	TABLET	0.2706	0.2706	0.2706
25790	COUMADIN	10MG	TABLET	0.4261	0.4261	0.4261
25791	COUMADIN	2MG	TABLET	0.2345	0.2345	0.2345
25792	COUMADIN	1MG	TABLET	0.2258	0.2258	0.2258
25793	COUMADIN	5MG	TABLET	0.2213	0.2213	0.2213
25794	COUMADIN	2.5MG	TABLET	0.2355	0.2355	0.2355
25795	COUMADIN	7.5MG	TABLET	0.391	0.391	0.391
25796	COUMADIN	3MG	TABLET	0.2515	0.2515	0.2515
25797	COUMADIN	4MG	TABLET	0.2531	0.2531	0.2531
25798	COUMADIN	6MG	TABLET	0.3921	0.3921	0.3921
26320	SYNTHROID	112MCG	TABLET	0.2164	0.2164	0.2164
26321	SYNTHROID	25MCG	TABLET	0.1456	0.1456	0.1456
26322	SYNTHROID	50MCG	TABLET	0.1656	0.1656	0.1656
26323	SYNTHROID	100MCG	TABLET	0.1873	0.1873	0.1873
26324	SYNTHROID	75MCG	TABLET	0.1779	0.1779	0.1779
26325	SYNTHROID	200MCG	TABLET	0.2775	0.2775	0.2775
26326	SYNTHROID	125MCG	TABLET	0.2198	0.2198	0.2198
26327	SYNTHROID	150MCG	TABLET	0.2258	0.2258	0.2258
26328	SYNTHROID	175MCG	TABLET	0.2687	0.2687	0.2687
26329	SYNTHROID	300MCG	TABLET	0.3771	0.3771	0.3771
26491	TICLID	250MG	TABLET	0.4217	0.4217	0.4217
26531	ZOCOR	5MG	TABLET	0.9469	0.9469	0.9469
26532	ZOCOR	10MG	TABLET	1.269	1.269	1.269
26533	ZOCOR	20MG	TABLET	2.2141	2.2141	2.2141
26534	ZOCOR	40MG	TABLET	2.2141	2.2141	2.2141
26535	ZOCOR	80MG	TABLET	2.2141	2.2141	2.2141
27056	MEDROL	4MG	TABLET	0.164	0.164	0.164
27171	PREDNISONE	1MG	TABLET	0.1303	0.1303	0.1303
27172	PREDNISONE	10MG	TABLET	0.0475	0.0475	0.0475
27174	PREDNISONE	20MG	TABLET	0.0747	0.0747	0.0747

27176	PREDNISONE	5MG	TABLET	0.027	0.027	0.027
27202	PNV W-O CA NO4/FE FUMARATE/FA	106.5-1MG	CAPSULE	0.2099	0.2099	0.2099
27203	PNV W-O CA NO5/FE FUMARATE/FA	106.5-1MG	CAPSULE	0.2399	0.2399	0.2399
27422	DECADRON	0.5MG	TABLET	0.0657	0.0657	0.0657
27425	DECADRON	0.75MG	TABLET	0.144	0.144	0.144
27428	DEXAMETHASONE	4MG	TABLET	0.1561	0.1561	0.1561
27570	ACCUPRIL	10MG	TABLET	0.7315	0.7315	0.7315
27571	ACCUPRIL	20MG	TABLET	0.7315	0.7315	0.7315
27572	ACCUPRIL	5MG	TABLET	0.7315	0.7315	0.7315
27573	ACCUPRIL	40MG	TABLET	0.7315	0.7315	0.7315
27690	ALDACTONE	100MG	TABLET	0.792	0.792	0.792
27691	ALDACTONE	25MG	TABLET	0.1945	0.1945	0.1945
27692	ALDACTONE	50MG	TABLET	0.4394	0.4394	0.4394
27901	BUPROPION HCL	150MG	TABLET SA	1.115	1.115	1.115
28020	AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3273	0.3273	0.3273
28020	AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3199	0.3199	0.3199
28020	AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3193	0.3193	0.3193
28360	GYNE-LOTRIMIN	1%	CREAM/APPL	0.1175	0.1175	0.1175
28844	ESTRADIOL	0.1MG/24HR	PATCH TDWK	7.1387	7.1387	7.1387
28845	ESTRADIOL	0.05MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
28848	ESTRADIOL	.025MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
28853	ESTRADIOL	.075MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
28890	BUSPAR	5MG	TABLET	0.1946	0.1946	0.1946
28891	BUSPAR	10MG	TABLET	0.25	0.25	0.25
28892	BUSPAR	15MG	TABLET	0.2938	0.2938	0.2938
29007	AMPHET ASP/AMPHET/D-AMPHET	7.5MG	TABLET	0.7251	0.7251	0.7251
29008	AMPHET ASP/AMPHET/D-AMPHET	12.5MG	TABLET	0.7251	0.7251	0.7251
29009	AMPHET ASP/AMPHET/D-AMPHET	15MG	TABLET	0.9198	0.9198	0.9198
30140	MYCOSTATIN	100000 U/G	CREAM(GM)	0.0964	0.0964	0.0964
30150	NYSTATIN	100000 U/G	OINT.(GM)	0.095	0.095	0.095
30160	MYCOSTATIN	100000 U/G	POWDER	1.3103	1.3103	1.3103
30160	NYSTATIN	100000 U/G	POWDER	1.2285	1.2285	1.2285
30160	NYSTATIN	100000 U/G	POWDER	1.1588	1.1588	1.1588
30160	NYSTATIN	100000 U/G	POWDER	1.1101	1.1101	1.1101
30370	LOTRIMIN AF	1%	CREAM(GM)	0.4823	0.4823	0.4823
30370	DESENEX	1%	CREAM(GM)	0.5637	0.5637	0.5637
30370	CLOTRIMAZOLE	1%	CREAM(GM)	0.4799	0.4799	0.4799
30370	CLOTRIMAZOLE	1%	CREAM(GM)	0.3053	0.3053	0.3053
30380	LOTRIMIN AF	1%	SOLUTION	0.3495	0.3495	0.3495

30380	CLOTRIMAZOLE	1%	SOLUTION	0.341	0.341	0.341
31271	KETOCONAZOLE	2%	SHAMPOO	0.168	0.168	0.168
31850	KETOCONAZOLE	2%	CREAM(GM)	0.6226	0.6226	0.6226
31850	KETOCONAZOLE	2%	CREAM(GM)	0.5729	0.5729	0.5729
31850	KETOCONAZOLE	2%	CREAM(GM)	0.4174	0.4174	0.4174
32261	CARTEOLOL HCL	1%	DROPS	2.2551	2.2551	2.2551
32261	CARTEOLOL HCL	1%	DROPS	2.2112	2.2112	2.2112
32261	CARTEOLOL HCL	1%	DROPS	2.2006	2.2006	2.2006
32470	CALAN SR	240MG	TABLET SA	0.3431	0.3431	0.3431
32471	CALAN SR	180MG	TABLET SA	0.3829	0.3829	0.3829
32472	CALAN SR	120MG	TABLET SA	0.5142	0.5142	0.5142
32531	TORADOL	10MG	TABLET	0.3716	0.3716	0.3716
32702	PILOCARPINE HCL	0.50%	DROPS	0.2298	0.2298	0.2298
32704	PILOCARPINE HCL	1%	DROPS	0.204	0.204	0.204
32706	PILOCARPINE HCL	2%	DROPS	0.2387	0.2387	0.2387
32751	PILOCARPINE HCL	3%	DROPS	0.3771	0.3771	0.3771
32752	PILOCARPINE HCL	4%	DROPS	0.3227	0.3227	0.3227
32754	PILOCARPINE HCL	6%	DROPS	0.4381	0.4381	0.4381
32820	TIMOPTIC	0.25%	DROPS	0.7277	0.7277	0.7277
32820	TIMOPTIC	0.25%	DROPS	0.7181	0.7181	0.7181
32820	TIMOLOL MALEATE	0.25%	DROPS	0.7151	0.7151	0.7151
32821	TIMOPTIC	0.50%	DROPS	0.7923	0.7923	0.7923
32821	TIMOPTIC	0.50%	DROPS	0.7347	0.7347	0.7347
32821	TIMOLOL MALEATE	0.50%	DROPS	0.712	0.712	0.712
32822	TIMOPTIC-XE	0.25%	SOL-GEL	3.9104	3.9104	3.9104
32823	TIMOPTIC-XE	0.50%	SOL-GEL	4.5045	4.5045	4.5045
32823	TIMOLOL MALEATE	0.50%	SOL-GEL	4.6904	4.6904	4.6904
32952	ATROPINE SULFATE	1%	DROPS	0.378	0.378	0.378
32952	ATROPINE SULFATE	1%	DROPS	0.1467	0.1467	0.1467
32961	RELAFEN	500MG	TABLET	0.5677	0.5677	0.5677
32962	RELAFEN	750MG	TABLET	0.6224	0.6224	0.6224
33012	HOMATROPINE HBR	5%	DROPS	2.7744	2.7744	2.7744
33020	TROPICAMIDE	0.50%	DROPS	0.5311	0.5311	0.5311
33021	MYDRIACYL	1%	DROPS	0.5721	0.5721	0.5721
33031	CYCLOPENTOLATE HCL	1%	DROPS	1.4	1.4	1.4
33031	CYCLOPENTOLATE HCL	1%	DROPS	1.4	1.4	1.4
33031	CYCLOPENTOLATE HCL	1%	DROPS	0.3267	0.3267	0.3267
33153	ECONOPRED PLUS	1%	DROPS SUSP	1.1769	1.1769	1.1769
33153	ECONOPRED PLUS	1%	DROPS SUSP	1.0936	1.0936	1.0936

33153	PRED FORTE	1%	DROPS SUSP	1.0131	1.0131	1.0131
33191	LOTENSIN HCT	5-6.25MG	TABLET	0.2627	0.2627	0.2627
33192	LOTENSIN HCT	10-12.5MG	TABLET	0.2612	0.2612	0.2612
33193	LOTENSIN HCT	20-12.5MG	TABLET	0.2627	0.2627	0.2627
33194	LOTENSIN HCT	20-25MG	TABLET	0.2627	0.2627	0.2627
33220	DEXAMETHASONE SOD PHOSPHATE	0.10%	DROPS	2.2327	2.2327	2.2327
33310	BETAGAN	0.50%	DROPS	1.0606	1.0606	1.0606
33310	BETAGAN	0.50%	DROPS	1.0508	1.0508	1.0508
33310	BETAGAN	0.50%	DROPS	1.0471	1.0471	1.0471
33311	BETAGAN	0.25%	DROPS	1.2519	1.2519	1.2519
33340	SULFACETAMIDE SODIUM	10%	DROPS	0.157	0.157	0.157
33540	ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	0.7158	0.7158	0.7158
33580	CILOXAN	0.30%	DROPS	4.2954	4.2954	4.2954
33580	CILOXAN	0.30%	DROPS	3.3064	3.3064	3.3064
33580	CILOXAN	0.30%	DROPS	2.7994	2.7994	2.7994
33600	GENTAMICIN SULFATE	0.30%	DROPS	0.562	0.562	0.562
33630	TOBREX	0.30%	DROPS	0.7151	0.7151	0.7151
33641	BACITRACIN	500 UNIT/G	OINT.(GM)	0.7664	0.7664	0.7664
33792	KETOPROFEN	200MG	CAP24H PEL	1.6419	1.6419	1.6419
33806	PREDNISOLONE SOD PHOSPHATE	15MG/5ML	SOLUTION	0.298	0.298	0.298
33813	NAPROXEN SODIUM	500MG	TABLET SA	1.1138	1.1138	1.1138
33870	LODINE	200MG	CAPSULE	0.4403	0.4403	0.4403
33871	LODINE	300MG	CAPSULE	0.4472	0.4472	0.4472
34420	KETOPROFEN	50MG	CAPSULE	0.2212	0.2212	0.2212
34421	KETOPROFEN	75MG	CAPSULE	0.2154	0.2154	0.2154
34721	ACETAZOLAMIDE	125MG	TABLET	0.1079	0.1079	0.1079
34722	ACETAZOLAMIDE	250MG	TABLET	0.1453	0.1453	0.1453
34824	HYDROCHLOROTHIAZIDE	25MG	TABLET	0.0369	0.0369	0.0369
34825	HYDROCHLOROTHIAZIDE	50MG	TABLET	0.0684	0.0684	0.0684
34950	FUROSEMIDE	10MG/ML	SOLUTION	0.0886	0.0886	0.0886
34961	LASIX	20MG	TABLET	0.0478	0.0478	0.0478
34962	LASIX	40MG	TABLET	0.0518	0.0518	0.0518
34963	LASIX	80MG	TABLET	0.0741	0.0741	0.0741
34982	CHLORTHALIDONE	25MG	TABLET	0.113	0.113	0.113
34984	CHLORTHALIDONE	50MG	TABLET	0.1443	0.1443	0.1443
34990	METOLAZONE	10MG	TABLET	1.1548	1.1548	1.1548
34991	METOLAZONE	2.5MG	TABLET	0.7216	0.7216	0.7216
34992	METOLAZONE	5MG	TABLET	0.9589	0.9589	0.9589
35020	BUMEX	0.5MG	TABLET	0.1312	0.1312	0.1312

35021	BUMEX	1MG	TABLET	0.1702	0.1702	0.1702
35022	BUMEX	2MG	TABLET	0.2499	0.2499	0.2499
35680	INDOMETHACIN	25MG	CAPSULE	0.2778	0.2778	0.2778
35681	INDOMETHACIN	50MG	CAPSULE	0.3285	0.3285	0.3285
35690	INDOMETHACIN	75MG	CAPSULE SA	1.6201	1.6201	1.6201
35710	FLURBIPROFEN	50MG	TABLET	0.2526	0.2526	0.2526
35711	ANSAID	100MG	TABLET	0.3094	0.3094	0.3094
35741	MOTRIN	400MG	TABLET	0.0428	0.0428	0.0428
35742	MOTRIN	600MG	TABLET	0.0542	0.0542	0.0542
35743	MOTRIN IB	200MG	TABLET	0.031	0.031	0.031
35744	MOTRIN	800MG	TABLET	0.0593	0.0593	0.0593
35760	FENOPROFEN CALCIUM	600MG	TABLET	0.2178	0.2178	0.2178
35790	NAPROSYN	250MG	TABLET	0.0972	0.0972	0.0972
35792	NAPROSYN	375MG	TABLET	0.128	0.128	0.128
35793	NAPROSYN	500MG	TABLET	0.1342	0.1342	0.1342
35800	SULINDAC	150MG	TABLET	0.2261	0.2261	0.2261
35801	CLINORIL	200MG	TABLET	0.3062	0.3062	0.3062
35820	FELDENE	10MG	CAPSULE	0.1213	0.1213	0.1213
35821	FELDENE	20MG	CAPSULE	0.1329	0.1329	0.1329
35850	VOLTAREN	25MG	TABLET DR	0.1893	0.1893	0.1893
35851	VOLTAREN	50MG	TABLET DR	0.2327	0.2327	0.2327
35852	VOLTAREN	75MG	TABLET DR	0.2799	0.2799	0.2799
35930	MOTRIN	100MG/5ML	ORAL SUSP	0.0355	0.0355	0.0355
35931	MOTRIN	40MG/ML	DROPS SUSP	0.2287	0.2287	0.2287
36281	BRIMONIDINE TARTRATE	0.20%	DROPS	3.4071	3.4071	3.4071
36600	OCUFLOX	0.30%	DROPS	2.4985	2.4985	2.4985
36600	OCUFLOX	0.30%	DROPS	2.5156	2.5156	2.5156
37499	MEDROL	4MG	TAB DS PK	0.1777	0.1777	0.1777
38363	STERAPRED	5MG	TAB DS PK	0.1381	0.1381	0.1381
38364	STERAPRED DS	10MG	TAB DS PK	0.2595	0.2595	0.2595
38364	STERAPRED DS	10MG	TAB DS PK	0.2553	0.2553	0.2553
38489	METHOTREXATE SODIUM	2.5MG	TABLET	0.7563	0.7563	0.7563
38489	METHOTREXATE SODIUM	2.5MG	TABLET	0.7563	0.7563	0.7563
38680	MEGESTROL ACETATE	20MG	TABLET	0.3014	0.3014	0.3014
38681	MEGESTROL ACETATE	40MG	TABLET	0.3924	0.3924	0.3924
38720	TAMOXIFEN CITRATE	10MG	TABLET	0.4113	0.4113	0.4113
38721	TAMOXIFEN CITRATE	20MG	TABLET	0.7749	0.7749	0.7749
39053	PENICILLIN V POTASSIUM	250MG	TABLET	0.1298	0.1298	0.1298
39055	VEETIDS 500	500MG	TABLET	0.2182	0.2182	0.2182

39271	AMPICILLIN TRIHYDRATE	250MG	CAPSULE	0.11	0.11	0.11
39272	PRINCIPEN	500MG	CAPSULE	0.1873	0.1873	0.1873
39511	SOTALOL HCL	160MG	TABLET	0.4353	0.4353	0.4353
39512	SOTALOL HCL	80MG	TABLET	0.3382	0.3382	0.3382
39513	SOTALOL HCL	240MG	TABLET	0.537	0.537	0.537
39516	SOTALOL HCL	120MG	TABLET	0.3852	0.3852	0.3852
39541	DICLOXACILLIN SODIUM	250MG	CAPSULE	0.3422	0.3422	0.3422
39542	DICLOXACILLIN SODIUM	500MG	CAPSULE	0.654	0.654	0.654
39632	AMOXIL	875MG	TABLET	0.5672	0.5672	0.5672
39650	AMOXICILLIN TRIHYDRATE	125MG	TAB CHEW	0.1108	0.1108	0.1108
39651	AMOXICILLIN TRIHYDRATE	250MG	TAB CHEW	0.2122	0.2122	0.2122
39660	AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	0.0808	0.0808	0.0808
39661	AMOXIL	500MG	CAPSULE	0.1113	0.1113	0.1113
39681	AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	0.0183	0.0183	0.0183
39683	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0244	0.0244	0.0244
39683	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0242	0.0242	0.0242
39683	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0239	0.0239	0.0239
39801	CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	0.1919	0.1919	0.1919
39802	CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	0.2836	0.2836	0.2836
39811	CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON	0.06	0.06	0.06
39811	CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON	0.0595	0.0595	0.0595
39812	CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON	0.1091	0.1091	0.1091
39812	CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON	0.1091	0.1091	0.1091
39831	CEPHALEXIN MONOHYDRATE	500MG	TABLET	1.0262	1.0262	1.0262
40020	CECLOR	250MG	CAPSULE	0.4887	0.4887	0.4887
40021	CECLOR	500MG	CAPSULE	0.99	0.99	0.99
40030	CECLOR	125MG/5ML	SUSP RECON	0.0732	0.0732	0.0732
40031	CECLOR	250MG/5ML	SUSP RECON	0.133	0.133	0.133
40032	CECLOR	187MG/5ML	SUSP RECON	0.108	0.108	0.108
40033	CECLOR	375MG/5ML	SUSP RECON	0.1996	0.1996	0.1996
40072	TETRACYCLINE HCL	250MG	CAPSULE	0.0372	0.0372	0.0372
40073	TETRACYCLINE HCL	500MG	CAPSULE	0.0633	0.0633	0.0633
40331	VIBRAMYCIN	100MG	CAPSULE	0.1407	0.1407	0.1407
40333	VIBRAMYCIN	50MG	CAPSULE	0.1377	0.1377	0.1377
40360	VIBRA-TABS	100MG	TABLET	0.1535	0.1535	0.1535
40363	DOXYCYCLINE MONOHYDRATE	100MG	TABLET	3.2555	3.2555	3.2555
40381	MEGACE	400MG/10ML	ORAL SUSP	0.2209	0.2209	0.2209
40410	MINOCIN	100MG	CAPSULE	0.8243	0.8243	0.8243
40411	MINOCIN	50MG	CAPSULE	0.5358	0.5358	0.5358

40450	MINOCYCLINE HCL	100MG	TABLET	4.6889	4.6889	4.6889
40451	MINOCYCLINE HCL	50MG	TABLET	2.6717	2.6717	2.6717
40651	DOXYCYCLINE MONOHYDRATE	100MG	CAPSULE	1.0359	1.0359	1.0359
40652	DOXYCYCLINE MONOHYDRATE	50MG	CAPSULE	0.5895	0.5895	0.5895
40660	ERYTHROMYCIN BASE	250MG	CAPSULE DR	0.1651	0.1651	0.1651
41072	NEOMYCIN SULFATE	500MG	TABLET	0.93	0.93	0.93
41260	RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057
41260	RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057
41260	RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057
41261	RIFADIN	300MG	CAPSULE	1.3203	1.3203	1.3203
41611	AZULFIDINE	500MG	TABLET	0.1153	0.1153	0.1153
41620	AZULFIDINE	500MG	TABLET DR	0.2722	0.2722	0.2722
41691	DECADRON	0.75MG	TAB DS PK	0.3065	0.3065	0.3065
41741	ISONIAZID	100MG	TABLET	0.043	0.043	0.043
41742	ISONIAZID	300MG	TABLET	0.0919	0.0919	0.0919
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704

41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41820	MACRODANTIN	100MG	CAPSULE	1.225	1.225	1.225
41822	NITROFURANTOIN MACROCRYSTAL	50MG	CAPSULE	0.7549	0.7549	0.7549
42121	PHENAZOPYRIDINE HCL	100MG	TABLET	0.1093	0.1093	0.1093
42122	PHENAZOPYRIDINE HCL	200MG	TABLET	0.1593	0.1593	0.1593
42190	DIFLUCAN	100MG	TABLET	0.8202	0.8202	0.8202
42191	DIFLUCAN	200MG	TABLET	1.2337	1.2337	1.2337
42192	DIFLUCAN	50MG	TABLET	0.4644	0.4644	0.4644
42193	DIFLUCAN	150MG	TABLET	1.878	1.878	1.878
42200	TRIMETHOPRIM	100MG	TABLET	0.373	0.373	0.373
42235	IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	0.1936	0.1936	0.1936
42238	IPRATROPIUM BROMIDE	42MCG	SPRAY	1.3398	1.3398	1.3398
42239	IPRATROPIUM BROMIDE	21MCG	SPRAY	0.7562	0.7562	0.7562
42440	NYSTATIN	100K U/ML	ORAL SUSP	0.1147	0.1147	0.1147
42440	NYSTATIN	100K U/ML	ORAL SUSP	0.1295	0.1295	0.1295
42452	MYCOSTATIN	500000 U	TABLET	0.481	0.481	0.481
42590	KETOCONAZOLE	200MG	TABLET	0.5483	0.5483	0.5483
42773	QUININE SULFATE	200MG	CAPSULE	0.4902	0.4902	0.4902
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42940	PLAQUENIL	200MG	TABLET	0.3601	0.3601	0.3601
42970	PAROMOMYCIN SULFATE	250MG	CAPSULE	1.3482	1.3482	1.3482
42970	PAROMOMYCIN SULFATE	250MG	CAPSULE	1.3482	1.3482	1.3482
43031	FLAGYL	250MG	TABLET	0.1218	0.1218	0.1218
43032	FLAGYL	500MG	TABLET	0.1918	0.1918	0.1918
43181	MEBENDAZOLE	100MG	TAB CHEW	3.6276	3.6276	3.6276
43691	FLOXIN	200MG	TABLET	3.368	3.368	3.368

43692	FLOXIN	300MG	TABLET	3.6153	3.6153	3.6153
43693	FLOXIN	400MG	TABLET	3.3332	3.3332	3.3332
43731	ZOVIRAX	200MG/5ML	ORAL SUSP	0.2196	0.2196	0.2196
43790	ACYCLOVIR	200MG	CAPSULE	0.1544	0.1544	0.1544
45061	BISOPROL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	0.1666	0.1666	0.1666
45062	BISOPROL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	0.1672	0.1672	0.1672
45063	BISOPROL/HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	0.1667	0.1667	0.1667
45341	DURICEF	500MG	CAPSULE	1.145	1.145	1.145
45345	CEFADROXIL HYDRATE	1G	TABLET	4.8299	4.8299	4.8299
46430	PEPCID	20MG	TABLET	0.152	0.152	0.152
46431	PEPCID	40MG	TABLET	0.2449	0.2449	0.2449
46432	FAMOTIDINE	10MG	TABLET	0.1129	0.1129	0.1129
46740	CIMETIDINE HCL	300MG/5ML	LIQUID	0.113	0.113	0.113
46750	CIMETIDINE	200MG	TABLET	0.1443	0.1443	0.1443
46751	CIMETIDINE	300MG	TABLET	0.1492	0.1492	0.1492
46752	CIMETIDINE	400MG	TABLET	0.1493	0.1493	0.1493
46753	CIMETIDINE	800MG	TABLET	0.2368	0.2368	0.2368
47040	MEVACOR	20MG	TABLET	0.5689	0.5689	0.5689
47041	MEVACOR	40MG	TABLET	0.766	0.766	0.766
47042	MEVACOR	10MG	TABLET	0.3627	0.3627	0.3627
47050	CIPRO	250MG	TABLET	0.3492	0.3492	0.3492
47051	CIPRO	500MG	TABLET	0.4291	0.4291	0.4291
47052	CIPRO	750MG	TABLET	0.4939	0.4939	0.4939
47110	CALAN	40MG	TABLET	0.1676	0.1676	0.1676
47124	HYTRIN	1MG	CAPSULE	0.243	0.243	0.243
47125	HYTRIN	2MG	CAPSULE	0.2566	0.2566	0.2566
47126	HYTRIN	5MG	CAPSULE	0.2566	0.2566	0.2566
47127	HYTRIN	10MG	CAPSULE	0.2566	0.2566	0.2566
47130	ANAPROX	275MG	TABLET	0.2421	0.2421	0.2421
47131	ANAPROX DS	550MG	TABLET	0.3336	0.3336	0.3336
47132	NAPROXEN SODIUM	220MG	TABLET	0.06	0.06	0.06
47260	PRINIVIL	5MG	TABLET	0.1436	0.1436	0.1436
47261	PRINIVIL	10MG	TABLET	0.1383	0.1383	0.1383
47262	PRINIVIL	20MG	TABLET	0.1923	0.1923	0.1923
47263	PRINIVIL	40MG	TABLET	0.2632	0.2632	0.2632
47264	PRINIVIL	2.5MG	TABLET	0.1105	0.1105	0.1105
47265	LISINOPRIL	30MG	TABLET	0.2752	0.2752	0.2752
47281	CEFUROXIME AXETIL	250MG	TABLET	1.0302	1.0302	1.0302
47282	CEFTIN	500MG	TABLET	2.1286	2.1286	2.1286

47631	SYNTHROID	88MCG	TABLET	0.1807	0.1807	0.1807
47632	LEVOTHYROXINE SODIUM	137MCG	TABLET	0.256	0.256	0.256
47710	NIZATIDINE	150MG	CAPSULE	0.7402	0.7402	0.7402
47711	AXID	300MG	CAPSULE	1.5682	1.5682	1.5682
48102	IMDUR	60MG	TAB.SR 24H	0.1214	0.1214	0.1214
48103	IMDUR	120MG	TAB.SR 24H	0.2884	0.2884	0.2884
48104	IMDUR	30MG	TAB.SR 24H	0.1214	0.1214	0.1214
48580	MONOPRIL	40MG	TABLET	0.4275	0.4275	0.4275
48581	MONOPRIL	10MG	TABLET	0.4275	0.4275	0.4275
48582	MONOPRIL	20MG	TABLET	0.4275	0.4275	0.4275
48611	LOTENSIN	5MG	TABLET	0.2305	0.2305	0.2305
48612	LOTENSIN	10MG	TABLET	0.2281	0.2281	0.2281
48613	LOTENSIN	20MG	TABLET	0.2295	0.2295	0.2295
48614	LOTENSIN	40MG	TABLET	0.2313	0.2313	0.2313
48792	ZITHROMAX	100MG/5ML	SUSP RECON	1.6327	1.6327	1.6327
48793	ZITHROMAX	250MG	TABLET	3.6675	3.6675	3.6675
48793	ZITHROMAX	250MG	TABLET	3.6675	3.6675	3.6675
48794	ZITHROMAX	600MG	TABLET	8.7358	8.7358	8.7358
48821	VANTIN	100MG	TABLET	3.209	3.209	3.209
48822	VANTIN	200MG	TABLET	4.1997	4.1997	4.1997
49001	MACROBID	100MG	CAPSULE	0.8505	0.8505	0.8505
49101	ITRACONAZOLE	100MG	CAPSULE	7.3551	7.3551	7.3551
50565	PRENATAL VIT/FE FUMARATE/FA	29MG-1MG	TAB CHEW	0.2599	0.2599	0.2599
50638	GLUCOTROL XL	2.5MG	TAB OSM 24	0.2858	0.2858	0.2858
51550	METOPROL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851
51550	METOPROL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851
51550	METOPROL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851
51550	METOPROL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851
51551	METOPROL/HYDROCHLOROTHIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295
51551	METOPROL/HYDROCHLOROTHIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295
51551	METOPROL/HYDROCHLOROTHIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295
51551	METOPROL/HYDROCHLOROTHIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295
51552	METOPROL/HYDROCHLOROTHIAZIDE	100-50MG	TABLET	1.41	1.41	1.41
51552	METOPROL/HYDROCHLOROTHIAZIDE	100-50MG	TABLET	1.41	1.41	1.41
51552	METOPROL/HYDROCHLOROTHIAZIDE	100-50MG	TABLET	1.41	1.41	1.41
53141	DIPYRIDAMOLE	25MG	TABLET	0.2218	0.2218	0.2218
53142	DIPYRIDAMOLE	50MG	TABLET	0.3572	0.3572	0.3572
53143	DIPYRIDAMOLE	75MG	TABLET	0.4779	0.4779	0.4779
54860	ENALAPRIL/HYDROCHLOROTHIAZIDE	10-25MG	TABLET	0.3635	0.3635	0.3635

54862	ENALAPRIL/HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	0.3829	0.3829	0.3829
56970	AMPHET ASP/AMPHET/D-AMPHET	5MG	TABLET	0.461	0.461	0.461
56971	AMPHET ASP/AMPHET/D-AMPHET	10MG	TABLET	0.4337	0.4337	0.4337
56972	AMPHET ASP/AMPHET/D-AMPHET	30MG	TABLET	0.4337	0.4337	0.4337
56973	AMPHET ASP/AMPHET/D-AMPHET	20MG	TABLET	0.4337	0.4337	0.4337
60821	DIFLUCAN	40MG/ML	SUSP RECON	1.1918	1.1918	1.1918
60822	DIFLUCAN	10MG/ML	SUSP RECON	0.5545	0.5545	0.5545
61198	ZITHROMAX	500MG	TABLET	7.1576	7.1576	7.1576
61199	ZITHROMAX	200MG/5ML	SUSP RECON	1.6327	1.6327	1.6327
61199	ZITHROMAX	200MG/5ML	SUSP RECON	1.0885	1.0885	1.0885
61199	ZITHROMAX	200MG/5ML	SUSP RECON	0.8163	0.8163	0.8163
61761	ETODOLAC	400MG	TABLET	0.2642	0.2642	0.2642
61762	ETODOLAC	600MG	TAB.SR 24H	1.6738	1.6738	1.6738
61765	LODINE XL	400MG	TAB.SR 24H	0.8612	0.8612	0.8612
61766	ETODOLAC	500MG	TABLET	0.5881	0.5881	0.5881
61767	LODINE XL	500MG	TAB.SR 24H	0.9283	0.9283	0.9283
61850	EC-NAPROSYN	375MG	TABLET DR	0.2764	0.2764	0.2764
61851	EC-NAPROSYN	500MG	TABLET DR	0.3596	0.3596	0.3596
63820	BISOPROLOL FUMARATE	10MG	TABLET	0.809	0.809	0.809
63821	BISOPROLOL FUMARATE	5MG	TABLET	0.809	0.809	0.809
66990	TENORETIC 50	50MG-25MG	TABLET	0.1699	0.1699	0.1699
66991	TENORETIC 100	100-25MG	TABLET	0.2834	0.2834	0.2834
67071	AUGMENTIN	500-125MG	TABLET	1.2948	1.2948	1.2948
67076	AUGMENTIN	875-125MG	TABLET	1.6274	1.6274	1.6274
67077	AUGMENTIN	400-57MG	TAB CHEW	1.7335	1.7335	1.7335
67078	AUGMENTIN	200-28.5MG	TAB CHEW	1.3246	1.3246	1.3246
67153	AUGMENTIN	400-57MG/5	SUSP RECON	0.3753	0.3753	0.3753
67153	AUGMENTIN	400-57MG/5	SUSP RECON	0.3473	0.3473	0.3473
67153	AUGMENTIN	400-57MG/5	SUSP RECON	0.3389	0.3389	0.3389
67154	AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241
67154	AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241
67154	AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241
68101	LOESTRIN FE	1.5-0.03MG	TABLET	0.7078	0.7078	0.7078
68102	LOESTRIN FE	1-0.02MG	TABLET	0.7063	0.7063	0.7063
68811	DESOGEN	0.15-0.03	TABLET	0.7538	0.7538	0.7538
88000	PRINZIDE	20-12.5MG	TABLET	0.3227	0.3227	0.3227
88001	PRINZIDE	20-25MG	TABLET	0.3349	0.3349	0.3349
88002	PRINZIDE	10-12.5MG	TABLET	0.2628	0.2628	0.2628
88730	TRIAMTERENE/HCTZ	50-25MG	CAPSULE	0.3455	0.3455	0.3455

88731	DYAZIDE	37.5-25MG	CAPSULE	0.114	0.114	0.114			
88740	TRIAMTERENE/HYDROCHLOROTHIAZID	75-50MG	TABLET	0.0692	0.0692	0.0692			
88741	TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25MG	TABLET	0.0952	0.0952	0.0952			
89863	GLUCOPHAGE XR	500MG	TAB.SR 24H	0.2142	0.2142	0.2142			
90150	SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	0.0628	0.0628	0.0628			
90161	SULFAMETHOXAZOLE/TRIMETHOPRIM	400-80MG	TABLET	0.2751	0.2751	0.2751			
90163	SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160MG	TABLET	0.3285	0.3285	0.3285			
90839	PRENATAL VIT/IRON,CARBONYL/FA	29MG-1MG	TABLET	0.2353	0.2353	0.2353			
92121	BUSPAR	30MG	TABLET	1.1262	1.1262	1.1262			
92984	PRENATAL VIT/FE FUMARATE/FA	29MG-1MG	TABLET	0.1305	0.1305	0.1305			
92989	OMEPRAZOLE	10MG	CAPSULE DR	1.835	1.835	1.835			
93075	METHYLPHENIDATE HCL	10MG	TABLET SA	0.6389	0.6389	0.6389			
93205	AMOXIL	200MG	TAB CHEW	0.3388	0.3388	0.3388			
93365	AMOXIL	400MG	TAB CHEW	0.3986	0.3986	0.3986			
93375	AMOXIL	400MG/5ML	SUSP RECON	0.0652	0.0652	0.0652			
93385	AMOXIL	200MG/5ML	SUSP RECON	0.0629	0.0629	0.0629			
93387	MINOCYCLINE HCL	75MG	CAPSULE	0.7274	0.7274	0.7274			
94121	POLY IRON PN FORTE	60-1MG	TABLET	0.1653	0.1653	0.1653			
94447	NEURONTIN	800MG	TABLET	0.735	0.735	0.735			
94481	ROCALTROL	0.25MCG	CAPSULE	0.9104	0.9104	0.9104			
94482	ROCALTROL	0.5MCG	CAPSULE	1.4611	1.4611	1.4611			
94624	NEURONTIN	600MG	TABLET	0.5759	0.5759	0.5759			
94781	FOLIC ACID	1MG	TABLET	0.0517	0.0517	0.0517			
94783	FOLIC ACID	0.4MG	TABLET	0.015	0.015	0.015			
94784	FOLIC ACID	0.8MG	TABLET	0.02	0.02	0.02			
94868	MIRCETTE	21-5	TABLET	1.1251	1.1251	1.1251			
95210	PRENATAL VIT/IRON,CARBONYL/FA	50-1MG	TABLET	0.1819	0.1819	0.1819			
95220	PRENATAL VIT/FE FUMARATE/FA/SE	27-1MG	TABLET	0.1596	0.1596	0.1596			
95339	PRENATAL VIT/FE FUMARATE/FA	27-1MG	TABLET	0.1276	0.1276	0.1276			
95391	PRENATAL VITS W-CA,FE,FA(<1MG)		TABLET	0.0502	0.0502	0.0502			
95413	PRENATAL VIT/IRON,CARB/DOSS/FA	90-1MG	TABLET	0.2236	0.2236	0.2236			
16376	SERTRALINE HCL	20MG/ML	ORAL CONC	0.8142	0.8142	0.8142	added Sept 2008		
2681	AMLODIPINE BESYLATE	2.5MG	TABLET	0.301	0.301	0.301	added Sept 2008		
2682	AMLODIPINE BESYLATE	10MG	TABLET	0.7381	0.7381	0.7381	added Sept 2008		
2683	AMLODIPINE BESYLATE	5MG	TABLET	0.5707	0.5707	0.5707	added Sept 2008		
62263	FLUTICASONE PROPIONATE	50MCG	SPRAY SUSP	1.6748	1.6748	1.6748	added Sept 2008		
14019	ANTIPYRINE/BENZOCAINE/GLYCERIN	5.4%-1.4%	DROPS	0.1673	0.1673	0.1673	added Sept 2008		
14023	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	SOLUTION	2.2714	2.2714	2.2714	added Sept 2008		
14025	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	DROPS SUSP	2.1149	2.1149	2.1149	added Sept 2008		

20318	BUPROPION HCL	300MG	TAB.SR 24H	3.8886	3.8886	3.8886	added Sept 2008		
1551	CARVEDILOL	25MG	TABLET	0.2175	0.2175	0.2175	added Sept 2008		
1552	CARVEDILOL	12.5MG	TABLET	0.234	0.234	0.234	added Sept 2008		
1553	CARVEDILOL	3.125MG	TABLET	0.1675	0.1675	0.1675	added Sept 2008		
1554	CARVEDILOL	6.25MG	TABLET	0.286	0.286	0.286	added Sept 2008		
12947	METOPROLOL SUCCINATE	25MG	TAB.SR 24H	0.5589	0.5589	0.5589	added Sept 2008		
20741	METOPROLOL SUCCINATE	50MG	TAB.SR 24H	0.7232	0.7232	0.7232	added Sept 2008		
20742	METOPROLOL SUCCINATE	100MG	TAB.SR 24H	1.0572	1.0572	1.0572	added Sept 2008		
20743	METOPROLOL SUCCINATE	200MG	TAB.SR 24H	1.6821	1.6821	1.6821	added Sept 2008		
15412	PRAVASTATIN SODIUM	80MG	TABLET	1.0095	1.0095	1.0095	added Sept 2008		
48671	PRAVASTATIN SODIUM	10MG	TABLET	0.5009	0.5009	0.5009	added Sept 2008		
48672	PRAVASTATIN SODIUM	20MG	TABLET	0.7645	0.7645	0.7645	added Sept 2008		
48673	PRAVASTATIN SODIUM	40MG	TABLET	0.8431	0.8431	0.8431	added Sept 2008		
3230	PROPRANOLOL HCL	80MG	CAP.SA 24H	1.2638	1.2638	1.2638	added Sept 2008		
3231	PROPRANOLOL HCL	120MG	CAP.SA 24H	1.5673	1.5673	1.5673	added Sept 2008		
3232	PROPRANOLOL HCL	160MG	CAP.SA 24H	1.7856	1.7856	1.7856	added Sept 2008		
3233	PROPRANOLOL HCL	60MG	CAP.SA 24H	1.0818	1.0818	1.0818	added Sept 2008		
20630	PROPRANOLOL HCL	10MG	TABLET	0.226	0.226	0.226	added Sept 2008		
20631	PROPRANOLOL HCL	20MG	TABLET	0.217	0.217	0.217	added Sept 2008		
20632	PROPRANOLOL HCL	40MG	TABLET	0.3026	0.3026	0.3026	added Sept 2008		
20633	PROPRANOLOL HCL	60MG	TABLET	0.9535	0.9535	0.9535	added Sept 2008		
20634	PROPRANOLOL HCL	80MG	TABLET	0.2508	0.2508	0.2508	added Sept 2008		
94122	VERAPAMIL HCL	100MG	CAP24H PEL	1.5982	1.5982	1.5982	added Sept 2008		
94123	VERAPAMIL HCL	200MG	CAP24H PEL	1.9122	1.9122	1.9122	added Sept 2008		
94124	VERAPAMIL HCL	300MG	CAP24H PEL	2.316	2.316	2.316	added Sept 2008		
1241	HYDRALAZINE HCL	10MG	TABLET	0.3354	0.3354	0.3354	added Sept 2008		
1242	HYDRALAZINE HCL	100MG	TABLET	0.5814	0.5814	0.5814	added Sept 2008		
1243	HYDRALAZINE HCL	25MG	TABLET	0.2345	0.2345	0.2345	added Sept 2008		
1244	HYDRALAZINE HCL	50MG	TABLET	0.4591	0.4591	0.4591	added Sept 2008		
31661	Meloxicam tablets (generic)	7.5MG	TABLET	n/a	n/a	0.3775	added Jan 2009		
31662	Meloxicam tablets (generic)	15MG	TABLET	n/a	n/a	0.3775	added Jan 2009		
1771	Nitroquick sublingual (generic)	0.3 MG	TAB SUBL	n/a	n/a	0.0682	added Jan 2009		
1772	Nitroquick sublingual (generic)	0.4 MG	TAB SUBL	n/a	n/a	0.1487	added Jan 2009		
1772	Nitroquick sublingual (generic)	0.4 MG	TAB SUBL	n/a	n/a	0.0682	added Jan 2009		
1773	Nitroquick sublingual (generic)	0.6 MG	TAB SUBL	n/a	n/a	0.0682	added Jan 2009		
1681	Nitroglycerin capsules (SA)	2.5 MG	CAPSULE SA	n/a	n/a	0.1172	added Jan 2009		
1682	Nitroglycerin capsules (SA)	6.5 MG	CAPSULE SA	n/a	n/a	0.1578	added Jan 2009		
1684	Nitroglycerin capsules (SA)	9 MG	CAPSULE SA	n/a	n/a	0.3507	added Jan 2009		
32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.4348	added Jan 2009		

32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.4022	added Jan 2009		
32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.4017	added Jan 2009		
32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.2391	added Jan 2009		
33431	Doxazosin	1MG	TABLET	n/a	n/a	0.6261	added Jan 2009		
33432	Doxazosin	2MG	TABLET	n/a	n/a	0.5976	added Jan 2009		
33433	Doxazosin	4MG	TABLET	n/a	n/a	0.5976	added Jan 2009		
33434	Doxazosin	8MG	TABLET	n/a	n/a	0.7081	added Jan 2009		
40830	CLINDAMYCIN HCL	150MG	CAPSULE			0.9707	0.9707	prices effective 7/1/2008 added to Attachment H 5/12/2009	
40832	CLINDAMYCIN HCL	300MG	CAPSULE			2.9264	2.9264	prices effective 7/1/2008 added to Attachment H 5/12/2009	
31231	TRIAMCINOLONE ACETONIDE	0.025%	CREAM(GM)			0.0255	0.0255	prices effective 7/1/2008 added to Attachment H 5/12/2009	
31231	TRIAMCINOLONE ACETONIDE	0.025%	CREAM(GM)			0.0544	0.0544	prices effective 7/1/2008 added to Attachment H 5/12/2009	
31232	TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)			0.0586	0.0586	prices effective 7/1/2008 added to Attachment H 5/12/2009	
31232	TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)			0.0679	0.0679	prices effective 7/1/2008 added to Attachment H 5/12/2009	
31232	TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)			0.1141	0.1141	prices effective 7/1/2008 added to Attachment H 5/12/2009	
31233	TRIAMCINOLONE ACETONIDE	0.5%	CREAM(GM)			0.1869	0.1869	prices effective 7/1/2008 added to Attachment H 5/12/2009	
16811	VENLAFAXINE HCL	25MG	TABLET			1.5835	1.5835	prices effective 7/1/2008 added to Attachment H 5/12/2009	
16812	VENLAFAXINE HCL	37.5MG	TABLET			1.6303	1.6303	prices effective 7/1/2008 added to Attachment H 5/12/2009	
16813	VENLAFAXINE HCL	50MG	TABLET			1.6797	1.6797	prices effective 7/1/2008 added to Attachment H 5/12/2009	
16815	VENLAFAXINE HCL	100MG	TABLET			1.8870	1.8870	prices effective 7/1/2008 added to Attachment H 5/12/2009	

5830	GLIMEPIRIDE	1MG	TABLET		0.3275	0.3275	prices effective 7/1/2008 added to Attachment H 5/12/2009
5832	GLIMEPIRIDE	2MG	TABLET		0.3673	0.3673	prices effective 7/1/2008 added to Attachment H 5/12/2009
5833	GLIMEPIRIDE	4MG	TABLET		0.3341	0.3341	prices effective 7/1/2008 added to Attachment H 5/12/2009
92889	GLYBURIDE, MICRO/METFORMIN HCL	2.5-500MG	TABLET		0.5223	0.5223	prices effective 7/1/2008 added to Attachment H 5/12/2009
89879	GLYBURIDE, MICRO/METFORMIN HCL	5MG-500MG	TABLET		0.3216	0.3216	prices effective 7/1/2008 added to Attachment H 5/12/2009
89878	GLYBURIDE, MICRO/METFORMIN HCL	1.25-250 MG	TABLET		0.2667	0.2667	prices effective 7/1/2008 added to Attachment H 5/12/2009
7070	ALLOPURINOL	100MG	TABLET		0.1770	0.1770	prices effective 7/1/2008 added to Attachment H 5/12/2009
7071	ALLOPURINOL	300MG	TABLET		0.2799	0.2799	prices effective 7/1/2008 added to Attachment H 5/12/2009
35674	COLCHICINE	0.6MG	TABLET		0.2118	0.2118	prices effective 7/1/2008 added to Attachment H 5/12/2009
15042	PROMETHAZINE HCL	12.5MG	TABLET		0.3640	0.3640	prices effective 7/1/2008 added to Attachment H 5/12/2009
15043	PROMETHAZINE HCL	25MG	TABLET		0.4127	0.4127	prices effective 7/1/2008 added to Attachment H 5/12/2009
15044	PROMETHAZINE HCL	50MG	TABLET		0.6326	0.6326	prices effective 7/1/2008 added to Attachment H 5/12/2009
21680	ALENDRONATE SODIUM	10MG	TABLET		0.7024	0.7024	prices effective 7/1/2008 added to Attachment H 5/12/2009
12389	ALENDRONATE SODIUM	35MG	TABLET		3.6463	3.6463	prices effective 7/1/2008 added to Attachment H 5/12/2009
21681	ALENDRONATE SODIUM	40MG	TABLET		4.9490	4.9490	prices effective 7/1/2008 added to Attachment H 5/12/2009

21682	ALENDRONATE SODIUM	5MG	TABLET		0.7024	0.7024	prices effective 7/1/2008 added to Attachment H 5/12/2009
85361	ALENDRONATE SODIUM	70MG	TABLET		6.1463	6.1463	prices effective 7/1/2008 added to Attachment H 5/12/2009
92872	Risperidone	0.25mg	Tablet			1.1134	added to Attachment H 9/2009
92892	Risperidone	0.5mg	Tablet			0.9852	added to Attachment H 9/2009
16136	Risperidone	1mg	Tablet			1.0469	added to Attachment H 9/2009
16137	Risperidone	2mg	Tablet			0.9965	added to Attachment H 9/2009
16138	Risperidone	3mg	Tablet			1.4143	added to Attachment H 9/2009
16139	Risperidone	4mg	Tablet			1.746	added to Attachment H 9/2009
17292	Divalproex	125mg	Tablet			0.2137	added to Attachment H 9/2009
17290	Divalproex	250mg	Tablet			0.4157	added to Attachment H 9/2009
17291	Divalproex	500mg	Tablet			0.7135	added to Attachment H 9/2009
18754	Divalproex ER	250mg	Tablet			1.3685	added to Attachment H 9/2009
18040	Divalproex ER	500mg	Tablet			1.0429	added to Attachment H 9/2009
13941	HYDROXYZINE HCL	10 MG	TABLET			0.3572	added to Attachment H 10/2010
13943	HYDROXYZINE HCL	25 MG	TABLET			0.6163	added to Attachment H 10/2010
13944	HYDROXYZINE HCL	50 MG	TABLET			0.7138	added to Attachment H 10/2010
26400	METHIMAZOLE	10 MG	TABLET			0.4968	added to Attachment H 10/2010
26401	METHIMAZOLE	5 MG	TABLET			0.3159	added to Attachment H 10/2010
17550	TRIHEXYPHENIDYL	2 MG/5 ML	ELX				not subject to MAC pricing-PBM agreement for pricing applies for Brand/generics
17561	TRIHEXYPHENIDYL	2 MG	TABLET			0.1336	added to Attachment H 10/2010
17563	TRIHEXYPHENIDYL	5 MG	TABLET			0.2672	added to Attachment H 10/2010



CONTRACT AMENDMENT

Agency Tracking # 31701-60001 (former 317.15-040-00)	Edison ID 2888	Contract # FA-07-17124-00	Amendment # 2
---	--------------------------	-------------------------------------	-------------------------

Contractor Express Scripts, Inc.	Contractor Federal Employer Identification or Social Security # <input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 43-1420563
--	--

Amendment Purpose/ Effects
Replace Attachment H with the updated formulary and removes last year's vaccine NDCs that are no longer being administered and adding new NDC codes as provided for by Contract Section A.4.

Contract Begin Date November 15, 2006	Contract End Date December 31, 2011	Subrecipient or Vendor <input type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Vendor	CFDA #(s)
---	---	---	------------------

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2007	\$3,101,600.00				\$3,101,600.00
2008	\$5,885,300.00				\$5,885,300.00
2009	\$8,000,000.00				\$8,000,000.00
2010	\$8,000,000.00				\$8,000,000.00
2011	\$8,000,000.00				\$8,000,000.00
2012	\$4,013,100.00				\$4,013,100.00
TOTAL:	\$37,000,000.00				\$37,000,000.00

American Recovery and Reinvestment Act (ARRA) Funding - YES NO

— COMPLETE FOR AMENDMENTS —			Agency Contact & Telephone # Marlene Alvarez- Manager of Procurement & Contracting Tennessee Department of Finance & Administration, Benefits Administration 312 Rosa L. Parks Avenue, Suite 2600 Nashville, Tennessee 37243 615.253.8358	
END DATE AMENDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Agency Budget Officer Approval (there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred) <i>Maureen Abbey/ast</i>	
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Speed Code	Account Code
2007	\$3,101,600.00		FA00001750	70804000
2008	\$5,885,300.00			
2009	\$8,000,000.00			
2010	\$8,000,000.00			
2011	\$8,000,000.00			
2012	\$4,013,100.00			
TOTAL:	\$37,000,000.00	\$0.00		

M. J. Smith
F&A Secured Document
FA0717124-02

RECEIVED
OCT 16 2009
FISCAL REVIEW

**AMENDMENT TWO
TO FA-07-17124-00 Edlson ID 2888**

This Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Benefits Administration Division, hereinafter referred to as the "State" and Express Scripts, Inc., hereinafter referred to as the "Contractor." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Contract is hereby amended as follows:

1. Contract Attachment H is deleted in its entirety and replaced with the new Contract Attachment H attached hereto.

The revisions set forth herein shall be effective October 1, 2009. All other terms and conditions not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

EXPRESS SCRIPTS, INC.:

Steven Webb 9-22-09
CONTRACTOR SIGNATURE DATE

Steven Webb, Regional Vice President
PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M.D. Goetz Jr. 9-23-09
M.D. GOETZ, JR., COMMISSIONER *of MOA* DATE

— OCR USE —

Procurement Process Summary (non-competitive, FA- or ED-type only)

The original contract (FA-07-17124-00) was procured through a RFP process.

Attachment H - updated September 18, 2009

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3
132	LANOXIN	125MCG	TABLET	0.1157	0.1157	0.1157
133	LANOXIN	250MCG	TABLET	0.1157	0.1157	0.1157
310	THEOPHYLLINE ANHYDROUS	300MG	CAP.SR 12H	0.4293	0.4293	0.4293
312	THEOPHYLLINE ANHYDROUS	200MG	CAP.SR 12H	0.3734	0.3734	0.3734
410	THEOPHYLLINE ANHYDROUS	100MG	TAB.SR 12H	0.1509	0.1509	0.1509
411	THEOPHYLLINE ANHYDROUS	200MG	TAB.SR 12H	0.215	0.215	0.215
413	THEOPHYLLINE ANHYDROUS	300MG	TAB.SR 12H	0.2337	0.2337	0.2337
730	RIMANTADINE HCL	100MG	TABLET	1.242	1.242	1.242
780	NEURONTIN	100MG	CAPSULE	0.1241	0.1241	0.1241
781	NEURONTIN	300MG	CAPSULE	0.2612	0.2612	0.2612
782	NEURONTIN	400MG	CAPSULE	0.3003	0.3003	0.3003
960	ENALAPRIL MALEATE	5MG	TABLET	0.1166	0.1166	0.1166
961	ENALAPRIL MALEATE	10MG	TABLET	0.1251	0.1251	0.1251
962	ENALAPRIL MALEATE	20MG	TABLET	0.1539	0.1539	0.1539
963	ENALAPRIL MALEATE	2.5MG	TABLET	0.0927	0.0927	0.0927
1011	QUINIDINE GLUCONATE	324MG	TABLET SA	0.6571	0.6571	0.6571
1070	URSODIOL	300MG	CAPSULE	1.0035	1.0035	1.0035
1130	NORPACE	100MG	CAPSULE	0.4247	0.4247	0.4247
1131	NORPACE	150MG	CAPSULE	0.4747	0.4747	0.4747
1141	NORPACE CR	150MG	CAPSULE SA	0.9623	0.9623	0.9623
1390	CLONIDINE HCL	0.1MG	TABLET	0.0765	0.0765	0.0765
1391	CLONIDINE HCL	0.2MG	TABLET	0.1067	0.1067	0.1067
1392	CLONIDINE HCL	0.3MG	TABLET	0.1486	0.1486	0.1486
1480	CAPOTEN	100MG	TABLET	0.1704	0.1704	0.1704
1481	CAPTOPRIL	25MG	TABLET	0.0415	0.0415	0.0415
1482	CAPTOPRIL	50MG	TABLET	0.0614	0.0614	0.0614
1483	CAPOTEN	12.5MG	TABLET	0.034	0.034	0.034
1931	ISMO	20MG	TABLET	0.2618	0.2618	0.2618
1932	MONOKET	10MG	TABLET	0.2876	0.2876	0.2876
1942	ISOSORBIDE DINITRATE	10MG	TABLET	0.0533	0.0533	0.0533
1944	ISOSORBIDE DINITRATE	20MG	TABLET	0.0571	0.0571	0.0571
1945	ISOSORBIDE DINITRATE	30MG	TABLET	0.2086	0.2086	0.2086
1947	ISORDIL	5MG	TABLET	0.0673	0.0673	0.0673
1975	ISOSORBIDE DINITRATE	5MG	TAB SUBL	0.0513	0.0513	0.0513
1976	ISOSORBIDE DINITRATE	2.5MG	TAB SUBL	0.0513	0.0513	0.0513
2221	PROCARDIA XL	30MG	TAB OSM 24	0.8062	0.8062	0.8062
2222	PROCARDIA XL	60MG	TAB OSM 24	1.3258	1.3258	1.3258
2223	PROCARDIA XL	90MG	TAB OSM 24	1.9046	1.9046	1.9046
2226	ADALAT CC	30MG	TABLET SA	0.7236	0.7236	0.7236
2227	ADALAT CC	60MG	TABLET SA	1.3534	1.3534	1.3534
2228	ADALAT CC	90MG	TABLET SA	1.9292	1.9292	1.9292
2320	DILTIAZEM HCL	90MG	CAP.SR 12H	0.6622	0.6622	0.6622
2321	DILTIAZEM HCL	120MG	CAP.SR 12H	0.9186	0.9186	0.9186
2322	DILTIAZEM HCL	60MG	CAP.SR 12H	0.5308	0.5308	0.5308
2323	CARDIZEM CD	180MG	CAP.SR 24H	0.8687	0.8687	0.8687
2324	CARDIZEM CD	240MG	CAP.SR 24H	1.1638	1.1638	1.1638
2325	CARDIZEM CD	300MG	CAP.SR 24H	1.5919	1.5919	1.5919
2326	CARDIZEM CD	120MG	CAP.SR 24H	0.742	0.742	0.742
2328	DILTIAZEM HCL	360MG	CAPSULE SA	1.6537	1.6537	1.6537
2329	DILTIAZEM HCL	180MG	CAPSULE SA	0.9245	0.9245	0.9245
2330	DILTIAZEM HCL	120MG	CAPSULE SA	0.766	0.766	0.766
2332	DILTIAZEM HCL	240MG	CAPSULE SA	1.2618	1.2618	1.2618
2333	DILTIAZEM HCL	300MG	CAPSULE SA	1.6427	1.6427	1.6427
2341	CALAN	120MG	TABLET	0.1482	0.1482	0.1482
2342	CALAN	80MG	TABLET	0.1104	0.1104	0.1104
2350	PROCARDIA	10MG	CAPSULE	0.1842	0.1842	0.1842
2351	NIFEDIPINE	20MG	CAPSULE	0.3954	0.3954	0.3954
2620	PLENDIL	2.5MG	TAB.SR 24H	0.9872	0.9872	0.9872
2621	PLENDIL	5MG	TAB.SR 24H	0.9872	0.9872	0.9872
2622	PLENDIL	10MG	TAB.SR 24H	1.7742	1.7742	1.7742
3001	VERELAN	180MG	CAP24H PEL	0.608	0.608	0.608
3002	VERELAN	240MG	CAP24H PEL	0.7085	0.7085	0.7085
3003	VERELAN	120MG	CAP24H PEL	0.5905	0.5905	0.5905

11251 DEPO-PROVERA	150MG/ML	VIAL	41.411	41.411	41.411
11254 DEPO-PROVERA	150MG/ML	DISP SYRIN	46.417	46.417	46.417
11260 PROVERA	10MG	TABLET	0.1814	0.1814	0.1814
11261 PROVERA	2.5MG	TABLET	0.1221	0.1221	0.1221
11262 PROVERA	5MG	TABLET	0.1587	0.1587	0.1587
11300 ORTHO-CYCLEN	0.25-0.035	TABLET	0.7325	0.7325	0.7325
11301 ORTHO TRI-CYCLEN	7 DAYS X 3	TABLET	0.8605	0.8605	0.8605
11461 ORTHO-NOVUM	1-0.05MG	TABLET	0.8019	0.8019	0.8019
11471 MODICON	0.5-0.035	TABLET	0.8065	0.8065	0.8065
11474 ORTHO-NOVUM	1-0.035MG	TABLET	0.704	0.704	0.704
11476 ORTHO-NOVUM	11-Oct	TABLET	0.875	0.875	0.875
11477 ORTHO-NOVUM	7 DAYS X 3	TABLET	0.8056	0.8056	0.8056
11478 NORETHINDRONE-ETHINYL ESTRAD	7/9/2005	TABLET	1.0356	1.0356	1.0356
11480 LOESTRIN	1.5-0.03MG	TABLET	0.9458	0.9458	0.9458
11481 LOESTRIN	1-0.02MG	TABLET	0.9418	0.9418	0.9418
11490 DEMULEN 1/35-28	1-0.035MG	TABLET	0.7721	0.7721	0.7721
11491 DEMULEN 1/50-21	1-0.05MG	TABLET	0.8991	0.8991	0.8991
11500 LO/OVRAL-28	0.3-0.03MG	TABLET	0.717	0.717	0.717
11501 OVRAL-28	0.5-0.05MG	TABLET	1.2222	1.2222	1.2222
11520 ORTHO MICRONOR	0.35MG	TABLET	0.9229	0.9229	0.9229
11530 NORDETTE-21	0.15-0.03	TABLET	0.7692	0.7692	0.7692
11531 TRIPHASIL-28	6/5/2010	TABLET	0.7054	0.7054	0.7054
11534 ALESSE-28	0.1-0.02	TABLET	0.8723	0.8723	0.8723
12171 CEFACLOR	500MG	TAB.SR 12H	2.8182	2.8182	2.8182
12210 MEXILETINE HCL	150MG	CAPSULE	0.2506	0.2506	0.2506
12211 MEXILETINE HCL	200MG	CAPSULE	0.2917	0.2917	0.2917
12212 MEXILETINE HCL	250MG	CAPSULE	0.3742	0.3742	0.3742
12243 PRENATAL VIT/FE FUM/DOSS/FA	29MG-1MG	TABLET	0.2219	0.2219	0.2219
12431 RYTHMOL	150MG	TABLET	0.5647	0.5647	0.5647
12432 RYTHMOL	300MG	TABLET	1.5215	1.5215	1.5215
12433 RYTHMOL	225MG	TABLET	0.8538	0.8538	0.8538
12529 REMERON	15MG	TAB RAPDIS	1.8592	1.8592	1.8592
12531 REMERON	30MG	TAB RAPDIS	1.9122	1.9122	1.9122
13041 REMERON	45MG	TAB RAPDIS	2.1058	2.1058	2.1058
13094 DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	0.8713	0.8713	0.8713
13207 PRENATAL VIT/FE FUMARATE/FA	28MG-1MG	TABLET	0.2132	0.2132	0.2132
13310 VOLTAREN-XR	100MG	TAB.SR 24H	0.788	0.788	0.788
13411 PRENATAL VIT/FE FUMARATE/FA	28-0.8MG	TABLET	0.0478	0.0478	0.0478
13521 DOXYCYCLINE HYCLATE	20MG	TABLET	0.8655	0.8655	0.8655
13721 ACYCLOVIR	800MG	TABLET	0.369	0.369	0.369
13724 ACYCLOVIR	400MG	TABLET	0.2395	0.2395	0.2395
13951 HYDROXYZINE PAMOATE	100MG	CAPSULE	0.2707	0.2707	0.2707
13952 VISTARIL	25MG	CAPSULE	0.1211	0.1211	0.1211
13953 VISTARIL	50MG	CAPSULE	0.1457	0.1457	0.1457
14007 NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0917	0.0917	0.0917
14007 NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0908	0.0908	0.0908
14007 NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0898	0.0898	0.0898
14008 NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.0917	0.0917	0.0917
14008 NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.091	0.091	0.091
14008 NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.0901	0.0901	0.0901
14037 ERY E-SUCC/SULFISOXAZOLE	200-600/5	SUSP RECON	0.0601	0.0601	0.0601
14125 LOTRISONE	1-0.05%	LOTION	0.8674	0.8674	0.8674
14294 POLYTRIM	10K U-0.1%	DROPS	0.4345	0.4345	0.4345
14431 CHLORPROMAZINE HCL	10MG	TABLET	0.1902	0.1902	0.1902
14432 CHLORPROMAZINE HCL	25MG	TABLET	0.2638	0.2638	0.2638
14433 CHLORPROMAZINE HCL	50MG	TABLET	0.2566	0.2566	0.2566
14434 CHLORPROMAZINE HCL	100MG	TABLET	0.3122	0.3122	0.3122
14435 CHLORPROMAZINE HCL	200MG	TABLET	0.4033	0.4033	0.4033
14540 FLUPHENAZINE DECANOATE	25MG/ML	VIAL	2	2	2
14602 FLUPHENAZINE HCL	1MG	TABLET	0.1528	0.1528	0.1528
14603 PROLIXIN	10MG	TABLET	0.3566	0.3566	0.3566
14604 FLUPHENAZINE HCL	2.5MG	TABLET	0.2257	0.2257	0.2257
14605 PROLIXIN	5MG	TABLET	0.2242	0.2242	0.2242
14650 PERPHENAZINE	16MG	TABLET	0.6478	0.6478	0.6478

14651 PERPHENAZINE	2MG	TABLET	0.3407	0.3407	0.3407
14652 PERPHENAZINE	4MG	TABLET	0.4657	0.4657	0.4657
14653 PERPHENAZINE	8MG	TABLET	0.5669	0.5669	0.5669
14780 HALOPERIDOL DECANOATE	50MG/ML	VIAL	5.1	5.1	5.1
14780 HALOPERIDOL DECANOATE	50MG/ML	VIAL	5.1	5.1	5.1
14781 HALOPERIDOL DECANOATE	100MG/ML	VIAL	10.55	10.55	10.55
14781 HALOPERIDOL DECANOATE	100MG/ML	VIAL	10.55	10.55	10.55
14830 TRIFLUOPERAZINE HCL	1MG	TABLET	0.297	0.297	0.297
14831 TRIFLUOPERAZINE HCL	10MG	TABLET	0.8312	0.8312	0.8312
14832 TRIFLUOPERAZINE HCL	2MG	TABLET	0.4382	0.4382	0.4382
14833 TRIFLUOPERAZINE HCL	5MG	TABLET	0.5496	0.5496	0.5496
14880 THIORIDAZINE HCL	25MG	TABLET	0.2165	0.2165	0.2165
14881 THIORIDAZINE HCL	50MG	TABLET	0.2792	0.2792	0.2792
14882 THIORIDAZINE HCL	10MG	TABLET	0.1603	0.1603	0.1603
14883 THIORIDAZINE HCL	100MG	TABLET	0.3427	0.3427	0.3427
14884 THIORIDAZINE HCL	15MG	TABLET	0.3151	0.3151	0.3151
14886 THIORIDAZINE HCL	200MG	TABLET	0.8034	0.8034	0.8034
15530 HALOPERIDOL	0.5MG	TABLET	0.0848	0.0848	0.0848
15531 HALOPERIDOL	1MG	TABLET	0.121	0.121	0.121
15533 HALOPERIDOL	2MG	TABLET	0.1587	0.1587	0.1587
15535 HALOPERIDOL	5MG	TABLET	0.1767	0.1767	0.1767
15560 LOXAPINE SUCCINATE	10MG	CAPSULE	0.7959	0.7959	0.7959
15561 LOXAPINE SUCCINATE	25MG	CAPSULE	1.2049	1.2049	1.2049
15562 LOXAPINE SUCCINATE	5MG	CAPSULE	0.4993	0.4993	0.4993
15563 LOXAPINE SUCCINATE	50MG	CAPSULE	1.5443	1.5443	1.5443
15621 MONOPRIL HCT	10-12.5MG	TABLET	0.9146	0.9146	0.9146
15690 THIOTHIXENE	1MG	CAPSULE	0.1092	0.1092	0.1092
15691 NAVANE	10MG	CAPSULE	0.2908	0.2908	0.2908
15692 NAVANE	2MG	CAPSULE	0.1371	0.1371	0.1371
15694 NAVANE	5MG	CAPSULE	0.2068	0.2068	0.2068
15710 ESKALITH	300MG	CAPSULE	0.088	0.088	0.088
15730 ESKALITH CR	450MG	TABLET SA	0.3768	0.3768	0.3768
15731 LITHOBID	300MG	TABLET SA	0.3243	0.3243	0.3243
15911 RITALIN	10MG	TABLET	0.3728	0.3728	0.3728
15913 RITALIN	5MG	TABLET	0.2465	0.2465	0.2465
15920 RITALIN	20MG	TABLET	0.509	0.509	0.509
16180 RITALIN-SR	20MG	TABLET SA	0.8061	0.8061	0.8061
16342 CITALOPRAM HYDROBROMIDE	20MG	TABLET	0.3333	0.3333	0.3333
16343 CITALOPRAM HYDROBROMIDE	40MG	TABLET	0.3256	0.3256	0.3256
16345 CITALOPRAM HYDROBROMIDE	10MG	TABLET	0.3224	0.3224	0.3224
16347 FLUVOXAMINE MALEATE	25MG	TABLET	0.7051	0.7051	0.7051
16348 FLUVOXAMINE MALEATE	50MG	TABLET	0.7923	0.7923	0.7923
16349 FLUVOXAMINE MALEATE	100MG	TABLET	0.8314	0.8314	0.8314
16353 FLUOXETINE HCL	10MG	CAPSULE	0.114	0.114	0.114
16354 FLUOXETINE HCL	20MG	CAPSULE	0.114	0.114	0.114
16355 FLUOXETINE HCL	40MG	CAPSULE	1.1165	1.1165	1.1165
16356 PROZAC	10MG	TABLET	0.114	0.114	0.114
16357 FLUOXETINE HCL	20MG/5ML	SOLUTION	0.1977	0.1977	0.1977
16359 RAPIFLUX	20MG	TABLET	0.114	0.114	0.114
16364 PAXIL	10MG	TABLET	0.657	0.657	0.657
16366 PAXIL	20MG	TABLET	0.5479	0.5479	0.5479
16367 PAXIL	30MG	TABLET	0.6679	0.6679	0.6679
16368 PAXIL	40MG	TABLET	0.6994	0.6994	0.6994
16373 ZOLOFT	25MG	TABLET	2.0421	2.0421	2.0421
16374 ZOLOFT	50MG	TABLET	2.0421	2.0421	2.0421
16375 ZOLOFT	100MG	TABLET	2.0421	2.0421	2.0421
16384 BUPROPION HCL	75MG	TABLET	0.2398	0.2398	0.2398
16385 BUPROPION HCL	100MG	TABLET	0.3098	0.3098	0.3098
16386 BUPROPION HCL	150MG	TABLET SA	0.9017	0.9017	0.9017
16387 BUPROPION HCL	100MG	TABLET SA	0.8775	0.8775	0.8775
16391 DESYREL	50MG	TABLET	0.0616	0.0616	0.0616
16392 DESYREL	100MG	TABLET	0.0976	0.0976	0.0976
16393 DESYREL	150MG	TABLET	0.2863	0.2863	0.2863
16404 NEFAZODONE HCL	50MG	TABLET	0.4187	0.4187	0.4187

16406 NEFAZODONE HCL	100MG	TABLET	0.4469	0.4469	0.4469
16407 NEFAZODONE HCL	150MG	TABLET	0.4693	0.4693	0.4693
16408 NEFAZODONE HCL	200MG	TABLET	0.4916	0.4916	0.4916
16409 NEFAZODONE HCL	250MG	TABLET	0.514	0.514	0.514
16512 AMITRIPTYLINE HCL	10MG	TABLET	0.0465	0.0465	0.0465
16513 AMITRIPTYLINE HCL	100MG	TABLET	0.1043	0.1043	0.1043
16514 AMITRIPTYLINE HCL	150MG	TABLET	0.1895	0.1895	0.1895
16515 AMITRIPTYLINE HCL	25MG	TABLET	0.0502	0.0502	0.0502
16516 AMITRIPTYLINE HCL	50MG	TABLET	0.0584	0.0584	0.0584
16517 AMITRIPTYLINE HCL	75MG	TABLET	0.0915	0.0915	0.0915
16529 AVENTYL HCL	10MG	CAPSULE	0.082	0.082	0.082
16532 AVENTYL HCL	25MG	CAPSULE	0.0994	0.0994	0.0994
16533 NORTRIPTYLINE HCL	50MG	CAPSULE	0.1207	0.1207	0.1207
16534 NORTRIPTYLINE HCL	75MG	CAPSULE	0.1918	0.1918	0.1918
16541 TOFRANIL	10MG	TABLET	0.1817	0.1817	0.1817
16542 TOFRANIL	25MG	TABLET	0.2183	0.2183	0.2183
16543 TOFRANIL	50MG	TABLET	0.3618	0.3618	0.3618
16561 AMOXAPINE	50MG	TABLET	0.528	0.528	0.528
16563 SINEQUAN	10MG	CAPSULE	0.058	0.058	0.058
16564 DOXEPIN HCL	100MG	CAPSULE	0.1756	0.1756	0.1756
16565 DOXEPIN HCL	150MG	CAPSULE	0.3047	0.3047	0.3047
16566 SINEQUAN	25MG	CAPSULE	0.0722	0.0722	0.0722
16567 SINEQUAN	50MG	CAPSULE	0.095	0.095	0.095
16568 SINEQUAN	75MG	CAPSULE	0.1654	0.1654	0.1654
16571 DOXEPIN HCL	10MG/ML	ORAL CONC.	0.1006	0.1006	0.1006
16583 NORPRAMIN	10MG	TABLET	0.1888	0.1888	0.1888
16584 NORPRAMIN	100MG	TABLET	0.7142	0.7142	0.7142
16585 NORPRAMIN	150MG	TABLET	1.035	1.035	1.035
16586 NORPRAMIN	25MG	TABLET	0.2268	0.2268	0.2268
16587 NORPRAMIN	50MG	TABLET	0.427	0.427	0.427
16588 NORPRAMIN	75MG	TABLET	0.5435	0.5435	0.5435
16602 CLOMIPRAMINE HCL	25MG	CAPSULE	0.2289	0.2289	0.2289
16603 CLOMIPRAMINE HCL	50MG	CAPSULE	0.3207	0.3207	0.3207
16604 CLOMIPRAMINE HCL	75MG	CAPSULE	0.4493	0.4493	0.4493
16615 MAPROTILINE HCL	25MG	TABLET	0.3686	0.3686	0.3686
16732 REMERON	15MG	TABLET	0.4286	0.4286	0.4286
16733 REMERON	30MG	TABLET	0.5037	0.5037	0.5037
16734 REMERON	45MG	TABLET	0.7986	0.7986	0.7986
16801 SALFLEX	500MG	TABLET	0.0632	0.0632	0.0632
16802 SALFLEX	750MG	TABLET	0.0806	0.0806	0.0806
16851 DOLOBID	500MG	TABLET	0.9774	0.9774	0.9774
17241 DILANTIN-125	100MG/4ML	ORAL SUSP	0.1101	0.1101	0.1101
17270 DEPAKENE	250MG	CAPSULE	0.353	0.353	0.353
17450 TEGRETOL	200MG	TABLET	0.0953	0.0953	0.0953
17460 TEGRETOL	100MG	TAB CHEW	0.1081	0.1081	0.1081
17520 AMANTADINE HCL	100MG	CAPSULE	0.321	0.321	0.321
17530 AMANTADINE HCL	50MG/5ML	SYRUP	0.0678	0.0678	0.0678
17573 BUPROPION HCL	200MG	TABLET SA	1.65	1.65	1.65
17620 BENZTROPINE MESYLATE	0.5MG	TABLET	0.0842	0.0842	0.0842
17621 BENZTROPINE MESYLATE	1MG	TABLET	0.0908	0.0908	0.0908
17622 BENZTROPINE MESYLATE	2MG	TABLET	0.1172	0.1172	0.1172
17700 DILANTIN	100MG	CAPSULE	0.2506	0.2506	0.2506
17734 METOPROLOL TARTRATE	25MG	TABLET	0.0807	0.0807	0.0807
18141 CLOZARIL	25MG	TABLET	0.6338	0.6338	0.6338
18142 CLOZARIL	100MG	TABLET	1.6185	1.6185	1.6185
18351 BETHANECHOL CHLORIDE	10MG	TABLET	0.5326	0.5326	0.5326
18352 BETHANECHOL CHLORIDE	25MG	TABLET	0.8262	0.8262	0.8262
18353 BETHANECHOL CHLORIDE	5MG	TABLET	0.4341	0.4341	0.4341
18354 BETHANECHOL CHLORIDE	50MG	TABLET	1.3266	1.3266	1.3266
18890 HYOSCYAMINE SULFATE	0.375MG	CAR.SR 12H	0.1561	0.1561	0.1561
18940 HYOSCYAMINE SULFATE	0.125MG/ML	DROPS	0.3691	0.3691	0.3691
18960 HYOSCYAMINE SULFATE	0.375MG	TAB.SR 12H	0.1523	0.1523	0.1523
18961 HYOSCYAMINE SULFATE	0.125MG	TABLET	0.0662	0.0662	0.0662
18970 LEVSIN/SL	0.125MG	TAB SUBL	0.0689	0.0689	0.0689
19261 BENTYL	10MG	CAPSULE	0.0729	0.0729	0.0729

19331 BENTYL	20MG	TABLET	0.0862	0.0862	0.0862
19360 FLAVOXATE HCL	100MG	TABLET	1.1252	1.1252	1.1252
19370 OXYBUTYNIN CHLORIDE	5MG/5ML	SYRUP	0.0536	0.0536	0.0536
19380 OXYBUTYNIN CHLORIDE	5MG	TABLET	0.0917	0.0917	0.0917
19549 MINOCYCLINE HCL	75MG	TABLET	3.9232	3.9232	3.9232
19551 ZANTAC	150MG	CAPSULE	0.303	0.303	0.303
19552 RANITIDINE HCL	300MG	CAPSULE	0.5146	0.5146	0.5146
19578 GLUCOPHAGE XR	750MG	TAB.SR 24H	0.2893	0.2893	0.2893
19850 DEXEDRINE	10MG	CAPSULE SA	0.7362	0.7362	0.7362
19851 DEXEDRINE	15MG	CAPSULE SA	0.9481	0.9481	0.9481
19852 DEXEDRINE	5MG	CAPSULE SA	0.5818	0.5818	0.5818
19880 D-AMPHETAMINE SULFATE	10MG	TABLET	0.2828	0.2828	0.2828
19881 DEXEDRINE	5MG	TABLET	0.1775	0.1775	0.1775
20068 ESTRADIOL	0.06MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
20069 ESTRADIOL	.0375MG/24	PATCH TDWK	7.1387	7.1387	7.1387
20071 BRETHINE	5MG	TABLET	0.4714	0.4714	0.4714
20072 BRETHINE	2.5MG	TABLET	0.3212	0.3212	0.3212
20100 ALBUTEROL SULFATE	2MG	TABLET	0.0816	0.0816	0.0816
20101 ALBUTEROL SULFATE	4MG	TABLET	0.1237	0.1237	0.1237
20110 ALBUTEROL	90MCG	AER REFILL	0.6588	0.6588	0.6588
20630 INDERAL	10MG	TABLET	0.0523	0.0523	0.0523
20631 INDERAL	20MG	TABLET	0.0705	0.0705	0.0705
20632 INDERAL	40MG	TABLET	0.0748	0.0748	0.0748
20633 INDERAL	60MG	TABLET	0.4653	0.4653	0.4653
20634 INDERAL	80MG	TABLET	0.1052	0.1052	0.1052
20641 LOPRESSOR	100MG	TABLET	0.1178	0.1178	0.1178
20642 LOPRESSOR	50MG	TABLET	0.066	0.066	0.066
20650 NADOLOL	120MG	TABLET	0.701	0.701	0.701
20651 NADOLOL	160MG	TABLET	0.7359	0.7359	0.7359
20652 NADOLOL	40MG	TABLET	0.5192	0.5192	0.5192
20653 NADOLOL	80MG	TABLET	0.693	0.693	0.693
20654 NADOLOL	20MG	TABLET	0.4101	0.4101	0.4101
20660 ATENOLOL	100MG	TABLET	0.1142	0.1142	0.1142
20661 ATENOLOL	50MG	TABLET	0.0655	0.0655	0.0655
20662 ATENOLOL	25MG	TABLET	0.0652	0.0652	0.0652
21020 REGLAN	10MG	TABLET	0.0645	0.0645	0.0645
21021 REGLAN	5MG	TABLET	0.0828	0.0828	0.0828
23239 GABAPENTIN	100MG	TABLET	0.1241	0.1241	0.1241
23242 GABAPENTIN	300MG	TABLET	0.2612	0.2612	0.2612
23243 GABAPENTIN	400MG	TABLET	0.3509	0.3509	0.3509
24671 PILOCARPINE HCL	5MG	TABLET	0.7717	0.7717	0.7717
25540 LOPID	600MG	TABLET	0.2706	0.2706	0.2706
25790 COUMADIN	10MG	TABLET	0.4261	0.4261	0.4261
25791 COUMADIN	2MG	TABLET	0.2345	0.2345	0.2345
25792 COUMADIN	1MG	TABLET	0.2258	0.2258	0.2258
25793 COUMADIN	5MG	TABLET	0.2213	0.2213	0.2213
25794 COUMADIN	2.5MG	TABLET	0.2355	0.2355	0.2355
25795 COUMADIN	7.5MG	TABLET	0.391	0.391	0.391
25796 COUMADIN	3MG	TABLET	0.2515	0.2515	0.2515
25797 COUMADIN	4MG	TABLET	0.2531	0.2531	0.2531
25798 COUMADIN	6MG	TABLET	0.3921	0.3921	0.3921
26320 SYNTHROID	112MCG	TABLET	0.2164	0.2164	0.2164
26321 SYNTHROID	25MCG	TABLET	0.1456	0.1456	0.1456
26322 SYNTHROID	50MCG	TABLET	0.1656	0.1656	0.1656
26323 SYNTHROID	100MCG	TABLET	0.1873	0.1873	0.1873
26324 SYNTHROID	75MCG	TABLET	0.1779	0.1779	0.1779
26325 SYNTHROID	200MCG	TABLET	0.2775	0.2775	0.2775
26326 SYNTHROID	125MCG	TABLET	0.2198	0.2198	0.2198
26327 SYNTHROID	150MCG	TABLET	0.2258	0.2258	0.2258
26328 SYNTHROID	175MCG	TABLET	0.2687	0.2687	0.2687
26329 SYNTHROID	300MCG	TABLET	0.3771	0.3771	0.3771
26491 TICLID	250MG	TABLET	0.4217	0.4217	0.4217
26531 ZOCOR	5MG	TABLET	0.9469	0.9469	0.9469

26532 ZOCOR	10MG	TABLET	1.269	1.269	1.269
26533 ZOCOR	20MG	TABLET	2.2141	2.2141	2.2141
26534 ZOCOR	40MG	TABLET	2.2141	2.2141	2.2141
26535 ZOCOR	80MG	TABLET	2.2141	2.2141	2.2141
27056 MEDROL	4MG	TABLET	0.164	0.164	0.164
27171 PREDNISON	1MG	TABLET	0.1303	0.1303	0.1303
27172 PREDNISON	10MG	TABLET	0.0475	0.0475	0.0475
27174 PREDNISON	20MG	TABLET	0.0747	0.0747	0.0747
27176 PREDNISON	5MG	TABLET	0.027	0.027	0.027
27202 PNV W-O CA NO4/FE FUMARATE/FA	106.5-1MG	CAPSULE	0.2099	0.2099	0.2099
27203 PNV W-O CA NO5/FE FUMARATE/FA	106.5-1MG	CAPSULE	0.2399	0.2399	0.2399
27422 DECADRON	0.5MG	TABLET	0.0657	0.0657	0.0657
27425 DECADRON	0.75MG	TABLET	0.144	0.144	0.144
27428 DEXAMETHASONE	4MG	TABLET	0.1561	0.1561	0.1561
27570 ACCUPRIL	10MG	TABLET	0.7315	0.7315	0.7315
27571 ACCUPRIL	20MG	TABLET	0.7315	0.7315	0.7315
27572 ACCUPRIL	5MG	TABLET	0.7315	0.7315	0.7315
27573 ACCUPRIL	40MG	TABLET	0.7315	0.7315	0.7315
27690 ALDACTONE	100MG	TABLET	0.792	0.792	0.792
27691 ALDACTONE	25MG	TABLET	0.1945	0.1945	0.1945
27692 ALDACTONE	50MG	TABLET	0.4394	0.4394	0.4394
27901 BUPROPION HCL	150MG	TABLET SA	1.115	1.115	1.115
28020 AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3273	0.3273	0.3273
28020 AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3199	0.3199	0.3199
28020 AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3193	0.3193	0.3193
28360 GYNE-LOTRIMIN	1%	CREAM/APPL	0.1175	0.1175	0.1175
28844 ESTRADIOL	0.1MG/24HR	PATCH TDWK	7.1387	7.1387	7.1387
28845 ESTRADIOL	0.05MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
28848 ESTRADIOL	.025MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
28853 ESTRADIOL	.075MG/24H	PATCH TDWK	7.1387	7.1387	7.1387
28890 BUSPAR	5MG	TABLET	0.1946	0.1946	0.1946
28891 BUSPAR	10MG	TABLET	0.25	0.25	0.25
28892 BUSPAR	15MG	TABLET	0.2938	0.2938	0.2938
29007 AMPHET ASP/AMPHET/D-AMPHET	7.5MG	TABLET	0.7251	0.7251	0.7251
29008 AMPHET ASP/AMPHET/D-AMPHET	12.5MG	TABLET	0.7251	0.7251	0.7251
29009 AMPHET ASP/AMPHET/D-AMPHET	15MG	TABLET	0.9198	0.9198	0.9198
30140 MYCOSTATIN	100000 U/G	CREAM(GM)	0.0964	0.0964	0.0964
30150 NYSTATIN	100000 U/G	OINT.(GM)	0.095	0.095	0.095
30160 MYCOSTATIN	100000 U/G	POWDER	1.3103	1.3103	1.3103
30160 NYSTATIN	100000 U/G	POWDER	1.2285	1.2285	1.2285
30160 NYSTATIN	100000 U/G	POWDER	1.1588	1.1588	1.1588
30160 NYSTATIN	100000 U/G	POWDER	1.1101	1.1101	1.1101
30370 LOTRIMIN AF	1%	CREAM(GM)	0.4823	0.4823	0.4823
30370 DESENEK	1%	CREAM(GM)	0.5637	0.5637	0.5637
30370 CLOTRIMAZOLE	1%	CREAM(GM)	0.4799	0.4799	0.4799
30370 CLOTRIMAZOLE	1%	CREAM(GM)	0.3053	0.3053	0.3053
30380 LOTRIMIN AF	1%	SOLUTION	0.3495	0.3495	0.3495
30380 CLOTRIMAZOLE	1%	SOLUTION	0.341	0.341	0.341
31271 KETOCONAZOLE	2%	SHAMPOO	0.168	0.168	0.168
31850 KETOCONAZOLE	2%	CREAM(GM)	0.6226	0.6226	0.6226
31850 KETOCONAZOLE	2%	CREAM(GM)	0.5729	0.5729	0.5729

31850 KETOCONAZOLE	2%	CREAM(GM)	0.4174	0.4174	0.4174
32261 CARTEOLOL HCL	1%	DROPS	2.2551	2.2551	2.2551
32261 CARTEOLOL HCL	1%	DROPS	2.2112	2.2112	2.2112
32261 CARTEOLOL HCL	1%	DROPS	2.2006	2.2006	2.2006
32470 CALAN SR	240MG	TABLET SA	0.3431	0.3431	0.3431
32471 CALAN SR	180MG	TABLET SA	0.3829	0.3829	0.3829
32472 CALAN SR	120MG	TABLET SA	0.5142	0.5142	0.5142
32531 TORADOL	10MG	TABLET	0.3716	0.3716	0.3716
32702 PILOCARPINE HCL	0.50%	DROPS	0.2298	0.2298	0.2298
32704 PILOCARPINE HCL	1%	DROPS	0.204	0.204	0.204
32706 PILOCARPINE HCL	2%	DROPS	0.2387	0.2387	0.2387
32751 PILOCARPINE HCL	3%	DROPS	0.3771	0.3771	0.3771
32752 PILOCARPINE HCL	4%	DROPS	0.3227	0.3227	0.3227
32754 PILOCARPINE HCL	6%	DROPS	0.4381	0.4381	0.4381
32820 TIMOPTIC	0.25%	DROPS	0.7277	0.7277	0.7277
32820 TIMOPTIC	0.25%	DROPS	0.7181	0.7181	0.7181
32820 TIMOLOL MALEATE	0.25%	DROPS	0.7151	0.7151	0.7151
32821 TIMOPTIC	0.50%	DROPS	0.7923	0.7923	0.7923
32821 TIMOPTIC	0.50%	DROPS	0.7347	0.7347	0.7347
32821 TIMOLOL MALEATE	0.50%	DROPS	0.712	0.712	0.712
32822 TIMOPTIC-XE	0.25%	SOL-GEL	3.9104	3.9104	3.9104
32823 TIMOPTIC-XE	0.50%	SOL-GEL	4.5045	4.5045	4.5045
32823 TIMOLOL MALEATE	0.50%	SOL-GEL	4.6904	4.6904	4.6904
32952 ATROPINE SULFATE	1%	DROPS	0.378	0.378	0.378
32952 ATROPINE SULFATE	1%	DROPS	0.1467	0.1467	0.1467
32961 RELAFEN	500MG	TABLET	0.5677	0.5677	0.5677
32962 RELAFEN	750MG	TABLET	0.6224	0.6224	0.6224
33012 HOMATROPINE HBR	5%	DROPS	2.7744	2.7744	2.7744
33020 TROPICAMIDE	0.50%	DROPS	0.5311	0.5311	0.5311
33021 MYDRIACYL	1%	DROPS	0.5721	0.5721	0.5721
33031 CYCLOPENTOLATE HCL	1%	DROPS	1.4	1.4	1.4
33031 CYCLOPENTOLATE HCL	1%	DROPS	1.4	1.4	1.4
33031 CYCLOPENTOLATE HCL	1%	DROPS	0.3267	0.3267	0.3267
33153 ECONOPRED PLUS	1%	DROPS SUSP	1.1769	1.1769	1.1769
33153 ECONOPRED PLUS	1%	DROPS SUSP	1.0936	1.0936	1.0936
33153 PRED FORTE	1%	DROPS SUSP	1.0131	1.0131	1.0131
33191 LOTENSIN HCT	5-6.25MG	TABLET	0.2627	0.2627	0.2627
33192 LOTENSIN HCT	10-12.5MG	TABLET	0.2612	0.2612	0.2612
33193 LOTENSIN HCT	20-12.5MG	TABLET	0.2627	0.2627	0.2627
33194 LOTENSIN HCT	20-25MG	TABLET	0.2627	0.2627	0.2627
33220 DEXAMETHASONE SOD PHOSPHATE	0.10%	DROPS	2.2327	2.2327	2.2327
33310 BETAGAN	0.50%	DROPS	1.0606	1.0606	1.0606
33310 BETAGAN	0.50%	DROPS	1.0508	1.0508	1.0508
33310 BETAGAN	0.50%	DROPS	1.0471	1.0471	1.0471
33311 BETAGAN	0.25%	DROPS	1.2519	1.2519	1.2519
33340 SULFACETAMIDE SODIUM	10%	DROPS	0.157	0.157	0.157
33540 ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	0.7158	0.7158	0.7158
33580 CILOXAN	0.30%	DROPS	4.2954	4.2954	4.2954
33580 CILOXAN	0.30%	DROPS	3.3064	3.3064	3.3064
33580 CILOXAN	0.30%	DROPS	2.7994	2.7994	2.7994
33600 GENTAMICIN SULFATE	0.30%	DROPS	0.562	0.562	0.562
33630 TOBREX	0.30%	DROPS	0.7151	0.7151	0.7151
33641 BACITRACIN	500 UNIT/G	OINT.(GM)	0.7664	0.7664	0.7664
33792 KETOPROFEN	200MG	CAP24H PEL	1.6419	1.6419	1.6419
33806 PREDNISOLONE SOD PHOSPHATE	15MG/5ML	SOLUTION	0.298	0.298	0.298
33813 NAPROXEN SODIUM	500MG	TABLET SA	1.1138	1.1138	1.1138
33870 LODINE	200MG	CAPSULE	0.4403	0.4403	0.4403
33871 LODINE	300MG	CAPSULE	0.4472	0.4472	0.4472
34420 KETOPROFEN	50MG	CAPSULE	0.2212	0.2212	0.2212
34421 KETOPROFEN	75MG	CAPSULE	0.2154	0.2154	0.2154
34721 ACETAZOLAMIDE	125MG	TABLET	0.1079	0.1079	0.1079
34722 ACETAZOLAMIDE	250MG	TABLET	0.1453	0.1453	0.1453
34824 HYDROCHLOROTHIAZIDE	25MG	TABLET	0.0369	0.0369	0.0369
34825 HYDROCHLOROTHIAZIDE	50MG	TABLET	0.0684	0.0684	0.0684

34950 FUROSEMIDE	10MG/ML	SOLUTION	0.0886	0.0886	0.0886
34961 LASIX	20MG	TABLET	0.0478	0.0478	0.0478
34962 LASIX	40MG	TABLET	0.0518	0.0518	0.0518
34963 LASIX	80MG	TABLET	0.0741	0.0741	0.0741
34982 CHLORTHALIDONE	25MG	TABLET	0.113	0.113	0.113
34984 CHLORTHALIDONE	50MG	TABLET	0.1443	0.1443	0.1443
34990 METOLAZONE	10MG	TABLET	1.1548	1.1548	1.1548
34991 METOLAZONE	2.5MG	TABLET	0.7216	0.7216	0.7216
34992 METOLAZONE	5MG	TABLET	0.9589	0.9589	0.9589
35020 BUMEX	0.5MG	TABLET	0.1312	0.1312	0.1312
35021 BUMEX	1MG	TABLET	0.1702	0.1702	0.1702
35022 BUMEX	2MG	TABLET	0.2499	0.2499	0.2499
35680 INDOMETHACIN	25MG	CAPSULE	0.2778	0.2778	0.2778
35681 INDOMETHACIN	50MG	CAPSULE	0.3285	0.3285	0.3285
35690 INDOMETHACIN	75MG	CAPSULE SA	1.6201	1.6201	1.6201
35710 FLURBIPROFEN	50MG	TABLET	0.2526	0.2526	0.2526
35711 ANSAID	100MG	TABLET	0.3094	0.3094	0.3094
35741 MOTRIN	400MG	TABLET	0.0428	0.0428	0.0428
35742 MOTRIN	600MG	TABLET	0.0542	0.0542	0.0542
35743 MOTRIN IB	200MG	TABLET	0.031	0.031	0.031
35744 MOTRIN	800MG	TABLET	0.0593	0.0593	0.0593
35760 FENOPROFEN CALCIUM	600MG	TABLET	0.2178	0.2178	0.2178
35790 NAPROSYN	250MG	TABLET	0.0972	0.0972	0.0972
35792 NAPROSYN	375MG	TABLET	0.128	0.128	0.128
35793 NAPROSYN	500MG	TABLET	0.1342	0.1342	0.1342
35800 SULINDAC	150MG	TABLET	0.2261	0.2261	0.2261
35801 CLINORIL	200MG	TABLET	0.3062	0.3062	0.3062
35820 FELDENE	10MG	CAPSULE	0.1213	0.1213	0.1213
35821 FELDENE	20MG	CAPSULE	0.1329	0.1329	0.1329
35850 VOLTAREN	25MG	TABLET DR	0.1893	0.1893	0.1893
35851 VOLTAREN	50MG	TABLET DR	0.2327	0.2327	0.2327
35852 VOLTAREN	75MG	TABLET DR	0.2799	0.2799	0.2799
35930 MOTRIN	100MG/5ML	ORAL SUSP	0.0355	0.0355	0.0355
35931 MOTRIN	40MG/ML	DROPS SUSP	0.2287	0.2287	0.2287
36281 BRIMONIDINE TARTRATE	0.20%	DROPS	3.4071	3.4071	3.4071
36600 OCUFLOX	0.30%	DROPS	2.4985	2.4985	2.4985
36600 OCUFLOX	0.30%	DROPS	2.5156	2.5156	2.5156
37499 MEDROL	4MG	TAB DS PK	0.1777	0.1777	0.1777
38363 STERAPRED	5MG	TAB DS PK	0.1381	0.1381	0.1381
38364 STERAPRED DS	10MG	TAB DS PK	0.2595	0.2595	0.2595
38364 STERAPRED DS	10MG	TAB DS PK	0.2553	0.2553	0.2553
38489 METHOTREXATE SODIUM	2.5MG	TABLET	0.7563	0.7563	0.7563
38489 METHOTREXATE SODIUM	2.5MG	TABLET	0.7563	0.7563	0.7563
38680 MEGESTROL ACETATE	20MG	TABLET	0.3014	0.3014	0.3014
38681 MEGESTROL ACETATE	40MG	TABLET	0.3924	0.3924	0.3924
38720 TAMOXIFEN CITRATE	10MG	TABLET	0.4113	0.4113	0.4113
38721 TAMOXIFEN CITRATE	20MG	TABLET	0.7749	0.7749	0.7749
39053 PENICILLIN V POTASSIUM	250MG	TABLET	0.1298	0.1298	0.1298
39055 VEETIDS 500	500MG	TABLET	0.2182	0.2182	0.2182
39271 AMPICILLIN TRIHYDRATE	250MG	CAPSULE	0.11	0.11	0.11
39272 PRINCIPEN	500MG	CAPSULE	0.1873	0.1873	0.1873
39511 SOTALOL HCL	160MG	TABLET	0.4353	0.4353	0.4353
39512 SOTALOL HCL	80MG	TABLET	0.3382	0.3382	0.3382
39513 SOTALOL HCL	240MG	TABLET	0.537	0.537	0.537
39516 SOTALOL HCL	120MG	TABLET	0.3852	0.3852	0.3852
39541 DICLOXACILLIN SODIUM	250MG	CAPSULE	0.3422	0.3422	0.3422
39542 DICLOXACILLIN SODIUM	500MG	CAPSULE	0.654	0.654	0.654
39632 AMOXIL	875MG	TABLET	0.5672	0.5672	0.5672
39650 AMOXICILLIN TRIHYDRATE	125MG	TAB CHEW	0.1108	0.1108	0.1108
39651 AMOXICILLIN TRIHYDRATE	250MG	TAB CHEW	0.2122	0.2122	0.2122
39660 AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	0.0808	0.0808	0.0808
39661 AMOXIL	500MG	CAPSULE	0.1113	0.1113	0.1113

39681 AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	0.0183	0.0183	0.0183
39683 AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0244	0.0244	0.0244
39683 AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0242	0.0242	0.0242
39683 AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0239	0.0239	0.0239
39801 CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	0.1919	0.1919	0.1919
39802 CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	0.2836	0.2836	0.2836
39811 CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON	0.06	0.06	0.06
39811 CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON	0.0595	0.0595	0.0595
39812 CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON	0.1091	0.1091	0.1091
39812 CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON	0.1091	0.1091	0.1091
39831 CEPHALEXIN MONOHYDRATE	500MG	TABLET	1.0262	1.0262	1.0262
40020 CECLOR	250MG	CAPSULE	0.4887	0.4887	0.4887
40021 CECLOR	500MG	CAPSULE	0.99	0.99	0.99
40030 CECLOR	125MG/5ML	SUSP RECON	0.0732	0.0732	0.0732
40031 CECLOR	250MG/5ML	SUSP RECON	0.133	0.133	0.133
40032 CECLOR	187MG/5ML	SUSP RECON	0.108	0.108	0.108
40033 CECLOR	375MG/5ML	SUSP RECON	0.1996	0.1996	0.1996
40072 TETRACYCLINE HCL	250MG	CAPSULE	0.0372	0.0372	0.0372
40073 TETRACYCLINE HCL	500MG	CAPSULE	0.0633	0.0633	0.0633
40331 VIBRAMYCIN	100MG	CAPSULE	0.1407	0.1407	0.1407
40333 VIBRAMYCIN	50MG	CAPSULE	0.1377	0.1377	0.1377
40360 VIBRA-TABS	100MG	TABLET	0.1535	0.1535	0.1535
40363 DOXYCYCLINE MONOHYDRATE	100MG	TABLET	3.2555	3.2555	3.2555
40381 MEGACE	400MG/10ML	ORAL SUSP	0.2209	0.2209	0.2209
40410 MINOCIN	100MG	CAPSULE	0.8243	0.8243	0.8243
40411 MINOCIN	50MG	CAPSULE	0.5358	0.5358	0.5358
40450 MINOCYCLINE HCL	100MG	TABLET	4.6889	4.6889	4.6889
40451 MINOCYCLINE HCL	50MG	TABLET	2.6717	2.6717	2.6717
40651 DOXYCYCLINE MONOHYDRATE	100MG	CAPSULE	1.0359	1.0359	1.0359
40652 DOXYCYCLINE MONOHYDRATE	50MG	CAPSULE	0.5895	0.5895	0.5895
40660 ERYTHROMYCIN BASE	250MG	CAPSULE DR	0.1651	0.1651	0.1651
41072 NEOMYCIN SULFATE	500MG	TABLET	0.93	0.93	0.93
41260 RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057
41260 RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057
41260 RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057
41261 RIFADIN	300MG	CAPSULE	1.3203	1.3203	1.3203
41611 AZULFIDINE	500MG	TABLET	0.1153	0.1153	0.1153
41620 AZULFIDINE	500MG	TABLET DR	0.2722	0.2722	0.2722
41691 DECADRON	0.75MG	TAB DS PK	0.3065	0.3065	0.3065
41741 ISONIAZID	100MG	TABLET	0.043	0.043	0.043
41742 ISONIAZID	300MG	TABLET	0.0919	0.0919	0.0919
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41790 PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644
41800 ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800 ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48

41800 ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800 ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800 ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41800 ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41801 ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704
41820 MACRODANTIN	100MG	CAPSULE	1.225	1.225	1.225
41822 NITROFURANTOIN MACROCRYSTAL	50MG	CAPSULE	0.7549	0.7549	0.7549
42121 PHENAZOPYRIDINE HCL	100MG	TABLET	0.1093	0.1093	0.1093
42122 PHENAZOPYRIDINE HCL	200MG	TABLET	0.1593	0.1593	0.1593
42190 DIFLUCAN	100MG	TABLET	0.8202	0.8202	0.8202
42191 DIFLUCAN	200MG	TABLET	1.2337	1.2337	1.2337
42192 DIFLUCAN	50MG	TABLET	0.4644	0.4644	0.4644
42193 DIFLUCAN	150MG	TABLET	1.878	1.878	1.878
42200 TRIMETHOPRIM	100MG	TABLET	0.373	0.373	0.373
42235 IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	0.1936	0.1936	0.1936
42238 IPRATROPIUM BROMIDE	42MCG	SPRAY	1.3398	1.3398	1.3398
42239 IPRATROPIUM BROMIDE	21MCG	SPRAY	0.7562	0.7562	0.7562
42440 NYSTATIN	100K U/ML	ORAL SUSP	0.1147	0.1147	0.1147
42440 NYSTATIN	100K U/ML	ORAL SUSP	0.1295	0.1295	0.1295
42452 MYCOSTATIN	500000 U	TABLET	0.481	0.481	0.481
42590 KETOCONAZOLE	200MG	TABLET	0.5483	0.5483	0.5483
42773 QUININE SULFATE	200MG	CAPSULE	0.4902	0.4902	0.4902
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42777 QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533
42940 PLAQUENIL	200MG	TABLET	0.3601	0.3601	0.3601
42970 PAROMOMYCIN SULFATE	250MG	CAPSULE	1.3482	1.3482	1.3482
42970 PAROMOMYCIN SULFATE	250MG	CAPSULE	1.3482	1.3482	1.3482
43031 FLAGYL	250MG	TABLET	0.1218	0.1218	0.1218
43032 FLAGYL	500MG	TABLET	0.1918	0.1918	0.1918
43181 MEBENDAZOLE	100MG	TAB CHEW	3.6276	3.6276	3.6276
43691 FLOXIN	200MG	TABLET	3.368	3.368	3.368
43692 FLOXIN	300MG	TABLET	3.6153	3.6153	3.6153

43693 FLOXIN	400MG	TABLET	3.3332	3.3332	3.3332
43731 ZOVIRAX	200MG/5ML	ORAL SUSP	0.2196	0.2196	0.2196
43790 ACYCLOVIR	200MG	CAPSULE	0.1544	0.1544	0.1544
45061 BISOPROL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	0.1666	0.1666	0.1666
45062 BISOPROL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	0.1672	0.1672	0.1672
45063 BISOPROL/HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	0.1667	0.1667	0.1667
45341 DURICEF	500MG	CAPSULE	1.145	1.145	1.145
45345 CEFADROXIL HYDRATE	1G	TABLET	4.8299	4.8299	4.8299
46430 PEPCID	20MG	TABLET	0.152	0.152	0.152
46431 PEPCID	40MG	TABLET	0.2449	0.2449	0.2449
46432 FAMOTIDINE	10MG	TABLET	0.1129	0.1129	0.1129
46740 CIMETIDINE HCL	300MG/5ML	LIQUID	0.113	0.113	0.113
46750 CIMETIDINE	200MG	TABLET	0.1443	0.1443	0.1443
46751 CIMETIDINE	300MG	TABLET	0.1492	0.1492	0.1492
46752 CIMETIDINE	400MG	TABLET	0.1493	0.1493	0.1493
46753 CIMETIDINE	800MG	TABLET	0.2368	0.2368	0.2368
47040 MEVACOR	20MG	TABLET	0.5689	0.5689	0.5689
47041 MEVACOR	40MG	TABLET	0.766	0.766	0.766
47042 MEVACOR	10MG	TABLET	0.3627	0.3627	0.3627
47050 CIPRO	250MG	TABLET	0.3492	0.3492	0.3492
47051 CIPRO	500MG	TABLET	0.4291	0.4291	0.4291
47052 CIPRO	750MG	TABLET	0.4939	0.4939	0.4939
47110 CALAN	40MG	TABLET	0.1676	0.1676	0.1676
47124 HYTRIN	1MG	CAPSULE	0.243	0.243	0.243
47125 HYTRIN	2MG	CAPSULE	0.2566	0.2566	0.2566
47126 HYTRIN	5MG	CAPSULE	0.2566	0.2566	0.2566
47127 HYTRIN	10MG	CAPSULE	0.2566	0.2566	0.2566
47130 ANAPROX	275MG	TABLET	0.2421	0.2421	0.2421
47131 ANAPROX DS	550MG	TABLET	0.3336	0.3336	0.3336
47132 NAPROXEN SODIUM	220MG	TABLET	0.06	0.06	0.06
47260 PRINIVIL	5MG	TABLET	0.1436	0.1436	0.1436
47261 PRINIVIL	10MG	TABLET	0.1383	0.1383	0.1383
47262 PRINIVIL	20MG	TABLET	0.1923	0.1923	0.1923
47263 PRINIVIL	40MG	TABLET	0.2632	0.2632	0.2632
47264 PRINIVIL	2.5MG	TABLET	0.1105	0.1105	0.1105
47265 LISINAPRIL	30MG	TABLET	0.2752	0.2752	0.2752
47281 CEFUROXIME AXETIL	250MG	TABLET	1.0302	1.0302	1.0302
47282 CEFTIN	500MG	TABLET	2.1286	2.1286	2.1286
47631 SYNTHROID	88MCG	TABLET	0.1807	0.1807	0.1807
47632 LEVOTHYROXINE SODIUM	137MCG	TABLET	0.256	0.256	0.256
47710 NIZATIDINE	150MG	CAPSULE	0.7402	0.7402	0.7402
47711 AXID	300MG	CAPSULE	1.5682	1.5682	1.5682
48102 IMDUR	60MG	TAB.SR 24H	0.1214	0.1214	0.1214
48103 IMDUR	120MG	TAB.SR 24H	0.2884	0.2884	0.2884
48104 IMDUR	30MG	TAB.SR 24H	0.1214	0.1214	0.1214
48580 MONOPRIL	40MG	TABLET	0.4275	0.4275	0.4275
48581 MONOPRIL	10MG	TABLET	0.4275	0.4275	0.4275
48582 MONOPRIL	20MG	TABLET	0.4275	0.4275	0.4275
48611 LOTENSIN	5MG	TABLET	0.2305	0.2305	0.2305
48612 LOTENSIN	10MG	TABLET	0.2281	0.2281	0.2281
48613 LOTENSIN	20MG	TABLET	0.2295	0.2295	0.2295
48614 LOTENSIN	40MG	TABLET	0.2313	0.2313	0.2313
48792 ZITHROMAX	100MG/5ML	SUSP RECON	1.6327	1.6327	1.6327
48793 ZITHROMAX	250MG	TABLET	3.6675	3.6675	3.6675
48793 ZITHROMAX	250MG	TABLET	3.6675	3.6675	3.6675
48794 ZITHROMAX	600MG	TABLET	8.7358	8.7358	8.7358
48821 VANTIN	100MG	TABLET	3.209	3.209	3.209
48822 VANTIN	200MG	TABLET	4.1997	4.1997	4.1997
49001 MACROBID	100MG	CAPSULE	0.8505	0.8505	0.8505
49101 ITRACONAZOLE	100MG	CAPSULE	7.3551	7.3551	7.3551
50565 PRENATAL VIT/FE FUMARATE/FA	29MG-1MG	TAB CHEW	0.2599	0.2599	0.2599
50638 GLUCOTROL XL	2.5MG	TAB OSM 24	0.2858	0.2858	0.2858
51550 METOPROLOL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851
51550 METOPROLOL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851

51550 METOPROL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851
51550 METOPROL/HYDROCHLOROTHIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851
51551 METOPROL/HYDROCHLOROTHIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295
51551 METOPROL/HYDROCHLOROTHIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295
51551 METOPROL/HYDROCHLOROTHIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295
51552 METOPROL/HYDROCHLOROTHIAZIDE	100-50MG	TABLET	1.41	1.41	1.41
51552 METOPROL/HYDROCHLOROTHIAZIDE	100-50MG	TABLET	1.41	1.41	1.41
51552 METOPROL/HYDROCHLOROTHIAZIDE	100-50MG	TABLET	1.41	1.41	1.41
53141 DIPYRIDAMOLE	25MG	TABLET	0.2218	0.2218	0.2218
53142 DIPYRIDAMOLE	50MG	TABLET	0.3572	0.3572	0.3572
53143 DIPYRIDAMOLE	75MG	TABLET	0.4779	0.4779	0.4779
54860 ENALAPRIL/HYDROCHLOROTHIAZIDE	10-25MG	TABLET	0.3635	0.3635	0.3635
54862 ENALAPRIL/HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	0.3829	0.3829	0.3829
56970 AMPHET ASP/AMPHET/D-AMPHET	5MG	TABLET	0.461	0.461	0.461
56971 AMPHET ASP/AMPHET/D-AMPHET	10MG	TABLET	0.4337	0.4337	0.4337
56972 AMPHET ASP/AMPHET/D-AMPHET	30MG	TABLET	0.4337	0.4337	0.4337
56973 AMPHET ASP/AMPHET/D-AMPHET	20MG	TABLET	0.4337	0.4337	0.4337
60821 DIFLUCAN	40MG/ML	SUSP RECON	1.1918	1.1918	1.1918
60822 DIFLUCAN	10MG/ML	SUSP RECON	0.5545	0.5545	0.5545
61198 ZITHROMAX	500MG	TABLET	7.1576	7.1576	7.1576
61199 ZITHROMAX	200MG/5ML	SUSP RECON	1.6327	1.6327	1.6327
61199 ZITHROMAX	200MG/5ML	SUSP RECON	1.0885	1.0885	1.0885
61199 ZITHROMAX	200MG/5ML	SUSP RECON	0.8163	0.8163	0.8163
61761 ETODOLAC	400MG	TABLET	0.2642	0.2642	0.2642
61762 ETODOLAC	600MG	TAB.SR 24H	1.6738	1.6738	1.6738
61765 LODINE XL	400MG	TAB.SR 24H	0.8612	0.8612	0.8612
61766 ETODOLAC	500MG	TABLET	0.5881	0.5881	0.5881
61767 LODINE XL	500MG	TAB.SR 24H	0.9283	0.9283	0.9283
61850 EC-NAPROSYN	375MG	TABLET DR	0.2764	0.2764	0.2764
61851 EC-NAPROSYN	500MG	TABLET DR	0.3596	0.3596	0.3596
63820 BISOPROLOL FUMARATE	10MG	TABLET	0.809	0.809	0.809
63821 BISOPROLOL FUMARATE	5MG	TABLET	0.809	0.809	0.809
66990 TENORETIC 50	50MG-25MG	TABLET	0.1699	0.1699	0.1699
66991 TENORETIC 100	100-25MG	TABLET	0.2834	0.2834	0.2834
67071 AUGMENTIN	500-125MG	TABLET	1.2948	1.2948	1.2948
67076 AUGMENTIN	875-125MG	TABLET	1.6274	1.6274	1.6274
67077 AUGMENTIN	400-57MG	TAB CHEW	1.7335	1.7335	1.7335
67078 AUGMENTIN	200-28.5MG	TAB CHEW	1.3246	1.3246	1.3246
67153 AUGMENTIN	400-57MG/5	SUSP RECON	0.3753	0.3753	0.3753
67153 AUGMENTIN	400-57MG/5	SUSP RECON	0.3473	0.3473	0.3473
67153 AUGMENTIN	400-57MG/5	SUSP RECON	0.3389	0.3389	0.3389
67154 AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241
67154 AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241
67154 AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241
68101 LOESTRIN FE	1.5-0.03MG	TABLET	0.7078	0.7078	0.7078
68102 LOESTRIN FE	1-0.02MG	TABLET	0.7063	0.7063	0.7063
68811 DESOGEN	0.15-0.03	TABLET	0.7538	0.7538	0.7538
88000 PRINZIDE	20-12.5MG	TABLET	0.3227	0.3227	0.3227
88001 PRINZIDE	20-25MG	TABLET	0.3349	0.3349	0.3349
88002 PRINZIDE	10-12.5MG	TABLET	0.2628	0.2628	0.2628
88730 TRIAMTERENE/HCTZ	50-25MG	CAPSULE	0.3455	0.3455	0.3455
88731 DYAZIDE	37.5-25MG	CAPSULE	0.114	0.114	0.114
88740 TRIAMTERENE/HYDROCHLOROTHIAZID	75-50MG	TABLET	0.0692	0.0692	0.0692
88741 TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25MG	TABLET	0.0952	0.0952	0.0952
89863 GLUCOPHAGE XR	500MG	TAB.SR 24H	0.2142	0.2142	0.2142
90150 SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	0.0628	0.0628	0.0628

90161	SULFAMETHOXAZOLE/TRIMETHOPRIM	400-80MG	TABLET	0.2751	0.2751	0.2751
90163	SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160MG	TABLET	0.3285	0.3285	0.3285
90839	PRENATAL VIT/IRON,CARBONYL/FA	29MG-1MG	TABLET	0.2353	0.2353	0.2353
92121	BUSPAR	30MG	TABLET	1.1262	1.1262	1.1262
92984	PRENATAL VIT/FE FUMARATE/FA	29MG-1MG	TABLET	0.1305	0.1305	0.1305
92989	OMEPRAZOLE	10MG	CAPSULE DR	1.835	1.835	1.835
93075	METHYLPHENIDATE HCL	10MG	TABLET SA	0.6389	0.6389	0.6389
93205	AMOXIL	200MG	TAB CHEW	0.3388	0.3388	0.3388
93365	AMOXIL	400MG	TAB CHEW	0.3986	0.3986	0.3986
93375	AMOXIL	400MG/SML	SUSP RECON	0.0652	0.0652	0.0652
93385	AMOXIL	200MG/SML	SUSP RECON	0.0629	0.0629	0.0629
93387	MINOCYCLINE HCL	75MG	CAPSULE	0.7274	0.7274	0.7274
94121	POLY IRON PN FORTE	60-1MG	TABLET	0.1653	0.1653	0.1653
94447	NEURONTIN	800MG	TABLET	0.735	0.735	0.735
94481	ROCALTROL	0.25MCG	CAPSULE	0.9104	0.9104	0.9104
94482	ROCALTROL	0.5MCG	CAPSULE	1.4611	1.4611	1.4611
94624	NEURONTIN	600MG	TABLET	0.5759	0.5759	0.5759
94781	FOLIC ACID	1MG	TABLET	0.0517	0.0517	0.0517
94783	FOLIC ACID	0.4MG	TABLET	0.015	0.015	0.015
94784	FOLIC ACID	0.8MG	TABLET	0.02	0.02	0.02
94868	MIRCETTE	21-5	TABLET	1.1251	1.1251	1.1251
95210	PRENATAL VIT/IRON,CARBONYL/FA	50-1MG	TABLET	0.1819	0.1819	0.1819
95220	PRENATAL VIT/FE FUMARATE/FA/SE	27-1MG	TABLET	0.1596	0.1596	0.1596
95339	PRENATAL VIT/FE FUMARATE/FA	27-1MG	TABLET	0.1276	0.1276	0.1276
95391	PRENATAL VITS W-CA,FE,FA(<1MG)		TABLET	0.0502	0.0502	0.0502
95413	PRENATAL VIT/IRON,CARB/DOSS/FA	90-1MG	TABLET	0.2236	0.2236	0.2236
16376	SERTRALINE HCL	20MG/ML	ORAL CONC	0.8142	0.8142	0.8142
2681	AMLODIPINE BESYLATE	2.5MG	TABLET	0.301	0.301	0.301
2682	AMLODIPINE BESYLATE	10MG	TABLET	0.7381	0.7381	0.7381
2683	AMLODIPINE BESYLATE	5MG	TABLET	0.5707	0.5707	0.5707
62263	FLUTICASONE PROPIONATE	50MCG	SPRAY SUSP	1.6748	1.6748	1.6748
14019	ANTIPYRINE/BENZOCAINE/GLYCERIN	5.4%-1.4%	DROPS	0.1673	0.1673	0.1673
14023	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	SOLUTION	2.2714	2.2714	2.2714
14025	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	DROPS SUSP	2.1149	2.1149	2.1149
20318	BUPROPION HCL	300MG	TAB.SR 24H	3.8886	3.8886	3.8886
1551	CARVEDILOL	25MG	TABLET	0.2175	0.2175	0.2175
1552	CARVEDILOL	12.5MG	TABLET	0.234	0.234	0.234
1553	CARVEDILOL	3.125MG	TABLET	0.1675	0.1675	0.1675
1554	CARVEDILOL	6.25MG	TABLET	0.286	0.286	0.286
12947	METOPROLOL SUCCINATE	25MG	TAB.SR 24H	0.5589	0.5589	0.5589
20741	METOPROLOL SUCCINATE	50MG	TAB.SR 24H	0.7232	0.7232	0.7232
20742	METOPROLOL SUCCINATE	100MG	TAB.SR 24H	1.0572	1.0572	1.0572
20743	METOPROLOL SUCCINATE	200MG	TAB.SR 24H	1.6821	1.6821	1.6821
15412	PRAVASTATIN SODIUM	80MG	TABLET	1.0095	1.0095	1.0095
48671	PRAVASTATIN SODIUM	10MG	TABLET	0.5009	0.5009	0.5009
48672	PRAVASTATIN SODIUM	20MG	TABLET	0.7645	0.7645	0.7645
48673	PRAVASTATIN SODIUM	40MG	TABLET	0.8431	0.8431	0.8431
3230	PROPRANOLOL HCL	80MG	CAP.SA 24H	1.2638	1.2638	1.2638
3231	PROPRANOLOL HCL	120MG	CAP.SA 24H	1.5673	1.5673	1.5673
3232	PROPRANOLOL HCL	160MG	CAP.SA 24H	1.7856	1.7856	1.7856
3233	PROPRANOLOL HCL	60MG	CAP.SA 24H	1.0818	1.0818	1.0818
20630	PROPRANOLOL HCL	10MG	TABLET	0.226	0.226	0.226
20631	PROPRANOLOL HCL	20MG	TABLET	0.217	0.217	0.217
20632	PROPRANOLOL HCL	40MG	TABLET	0.3026	0.3026	0.3026
20633	PROPRANOLOL HCL	60MG	TABLET	0.9535	0.9535	0.9535
20634	PROPRANOLOL HCL	80MG	TABLET	0.2508	0.2508	0.2508
94122	VERAPAMIL HCL	100MG	CAP24H PEL	1.5982	1.5982	1.5982
94123	VERAPAMIL HCL	200MG	CAP24H PEL	1.9122	1.9122	1.9122
94124	VERAPAMIL HCL	300MG	CAP24H PEL	2.316	2.316	2.316
1241	HYDRALAZINE HCL	10MG	TABLET	0.3354	0.3354	0.3354
1242	HYDRALAZINE HCL	100MG	TABLET	0.5814	0.5814	0.5814
1243	HYDRALAZINE HCL	25MG	TABLET	0.2345	0.2345	0.2345
1244	HYDRALAZINE HCL	50MG	TABLET	0.4591	0.4591	0.4591

33332000801 AFLURIA	45MCG/.5ML	DISP SYRIN	n/a		26	n/a
58160087546 FLUARIX	45MCG/.5ML	DISP SYRIN	n/a		26	n/a
49281000850 FLUZONE	45MCG/.5ML	DISP SYRIN	n/a		26	n/a
66521011101 FLUVIRIN	45MCG/.5ML	DISP SYRIN	n/a		26	n/a
66521011102 FLUVIRIN	45MCG/.5ML	DISP SYRIN	n/a		26	n/a
19515088507 FLULAVAL	45MCG/.5ML	VIAL	n/a		26	n/a
33332010810 AFLURIA	45MCG/.5ML	VIAL	n/a		26	n/a
49281038215 FLUZONE	45MCG/.5ML	VIAL	n/a		26	n/a
49281000810 FLUZONE	45MCG/.5ML	VIAL	n/a		26	n/a
66521011110 FLUVIRIN	45MCG/.5ML	VIAL	n/a		26	n/a
66521011202 FLUVIRIN	45MCG/.5ML		n/a	na		26
66521011210 FLUVIRIN	45MCG/.5ML		n/a	na		26
49281000925 FLUZONE	PED-0.25ML		n/a	na		26
49281000910 FLUZONE	45MCG/.5ML		n/a	na		26
49281000950 FLUZONE	45MCG/.5ML		n/a	na		26
49281038415 FLUZONE	45MCG/.5ML		n/a	na		26
33332010910 AFLURIA	45MCG/.5ML		n/a	na		26
33332000901 AFLURIA	45MCG/.5ML		n/a	na		26
00006473900 PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40		46
00006473950 PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	na	
00006494300 PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40		46
54569141200 PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	na	
54868333901 PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	na	
54868432000 PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40		46
31661 Meloxicam tablets (generic)	7.5MG	TABLET	n/a	n/a		0.3775
31662 Meloxicam tablets (generic)	15MG	TABLET	n/a	n/a		0.3775
1771 Nitroquick sublingual (generic)	0.3 MG	TAB SUBL	n/a	n/a		0.0682
1772 Nitroquick sublingual (generic)	0.4 MG	TAB SUBL	n/a	n/a		0.1487
1772 Nitroquick sublingual (generic)	0.4 MG	TAB SUBL	n/a	n/a		0.0682
1773 Nitroquick sublingual (generic)	0.6 MG	TAB SUBL	n/a	n/a		0.0682
1681 Nitroglycerin capsules (SA)	2.5 MG	CAPSULE SA	n/a	n/a		0.1172
1682 Nitroglycerin capsules (SA)	6.5 MG	CAPSULE SA	n/a	n/a		0.1578
1684 Nitroglycerin capsules (SA)	9 MG	CAPSULE SA	n/a	n/a		0.3507
32140 Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a		0.4348
32140 Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a		0.4022
32140 Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a		0.4017
32140 Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a		0.2391
33431 Doxazosin	1MG	TABLET	n/a	n/a		0.6261
33432 Doxazosin	2MG	TABLET	n/a	n/a		0.5976
33433 Doxazosin	4MG	TABLET	n/a	n/a		0.5976
33434 Doxazosin	8MG	TABLET	n/a	n/a		0.7081
40830 CLINDAMYCIN HCL	150MG	CAPSULE		0.9707		0.9707
40832 CLINDAMYCIN HCL	300MG	CAPSULE		2.9264		2.9264
31231 TRIAMCINOLONE ACETONIDE	0.025%	CREAM(GM)		0.0255		0.0255
31231 TRIAMCINOLONE ACETONIDE	0.025%	CREAM(GM)		0.0544		0.0544
31232 TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)		0.0586		0.0586
31232 TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)		0.0679		0.0679
31232 TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)		0.1141		0.1141
31233 TRIAMCINOLONE ACETONIDE	0.5%	CREAM(GM)		0.1869		0.1869
16811 VENLAFAXINE HCL	25MG	TABLET		1.5835		1.5835
16812 VENLAFAXINE HCL	37.5MG	TABLET		1.6303		1.6303
16813 VENLAFAXINE HCL	50MG	TABLET		1.6797		1.6797
16815 VENLAFAXINE HCL	100MG	TABLET		1.8870		1.8870
5830 GLIMEPIRIDE	1MG	TABLET		0.3275		0.3275
5832 GLIMEPIRIDE	2MG	TABLET		0.3673		0.3673
5833 GLIMEPIRIDE	4MG	TABLET		0.3341		0.3341
92889 GLYBURIDE, MICRO/METFORMIN HCL	2.5-500MG	TABLET		0.5223		0.5223
89879 GLYBURIDE, MICRO/METFORMIN HCL	5MG-500MG	TABLET		0.3216		0.3216
89878 GLYBURIDE, MICRO/METFORMIN HCL	1.25-250 MG	TABLET		0.2667		0.2667
7070 ALLOPURINOL	100MG	TABLET		0.1770		0.1770
7071 ALLOPURINOL	300MG	TABLET		0.2799		0.2799
35674 COLCHICINE	0.6MG	TABLET		0.2118		0.2118
15042 PROMETHAZINE HCL	12.5MG	TABLET		0.3640		0.3640
15043 PROMETHAZINE HCL	25MG	TABLET		0.4127		0.4127
15044 PROMETHAZINE HCL	50MG	TABLET		0.6326		0.6326

21680	ALENDRONATE SODIUM	10MG	TABLET	0.7024	0.7024
12389	ALENDRONATE SODIUM	35MG	TABLET	3.6463	3.6463
21681	ALENDRONATE SODIUM	40MG	TABLET	4.9490	4.9490
21682	ALENDRONATE SODIUM	5MG	TABLET	0.7024	0.7024
85361	ALENDRONATE SODIUM	70MG	TABLET	6.1463	6.1463
92872	Risperidone	0.25mg	Tablet		1.1134
92892	Risperidone	0.5mg	Tablet		0.9852
16136	Risperidone	1mg	Tablet		1.0469
16137	Risperidone	2mg	Tablet		0.9965
16138	Risperidone	3mg	Tablet		1.4143
16139	Risperidone	4mg	Tablet		1.746
17292	Divalproex	125mg	Tablet		0.2137
17290	Divalproex	250mg	Tablet		0.4157
17291	Divalproex	500mg	Tablet		0.7135
18754	Divalproex ER	250mg	Tablet		1.3685
18040	Divalproex ER	500mg	Tablet		1.0429



GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Sen. Bill Ketron, Chairman
Senators
Douglas Henry Reginald Tate
Doug Jackson Ken Yager
Paul Stanley
Randy McNally, *ex officio*
Lt. Governor Ron Ramsey, *ex officio*

Rep. Charles Curtiss, Vice-Chairman
Representatives
Harry Brooks Donna Rowland
Curtis Johnson Tony Shipley
Steve McManus Curry Todd
Mary Pruitt Eddie Yokley
Craig Fitzhugh, *ex officio*
Speaker Kent Williams, *ex officio*

MEMORANDUM

TO: The Honorable Dave Goetz, Commissioner
 Department of Finance and Administration

FROM: Bill Ketron, Chairman, Fiscal Review Committee
 Charles Curtiss, Vice-Chairman, Fiscal Review Committee

DATE: March 25, 2009

SUBJECT: **Contract Comments**
 (Fiscal Review Committee Meeting 3/23/09)

BK
CC

RFS# 317.01-600

Department: Finance & Administration/Benefits Administration

Contractor: Express Scripts

Summary: The vendor currently provides pharmacy administrative services for a statewide pharmacy assistance program known as CoverRX for eligible adults ages 19 through 64. The proposed amendment changes the mail order service time frame, extends current contract for two additional years, through December 31, 2011, and reduces the maximum liability by \$7,000,000.

Maximum liability: \$44,000,000

Maximum liability w/amendment: \$37,000,000

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Mike Morrow, Deputy Commissioner
 Mr. Robert Barlow, Director, Office of Contracts Review



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Sen. Bill Ketron, Chairman
Senators

Douglas Henry Reginald Tate
Doug Jackson Ken Yager
Paul Stanley
Randy McNally, *ex officio*
Lt. Governor Ron Ramsey, *ex officio*

Rep. Charles Curtiss, Vice-Chairman
Representatives

Harry Brooks Donna Rowland
Curtis Johnson Tony Shipley
Steve McManus Curry Todd
Mary Pruitt Eddie Yokley
Craig Fitzhugh, *ex officio*
Speaker Kent Williams, *ex officio*

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Bill Ketron, Chairman, Fiscal Review Committee
Charles Curtiss, Vice-Chairman, Fiscal Review Committee

BK
CC

DATE: February 27, 2009

SUBJECT: **Contract Comments**
(Fiscal Review Committee Meeting 2/23/09)

RFS# 317.01-600

Department: Finance & Administration/Benefits Administration

Contractor: Express Scripts

Summary: The vendor currently provides pharmacy administrative services for a statewide pharmacy assistance program known as CoverRX for eligible adults ages 19 through 64. The proposed amendment changes the mail order service time frame, extends current contract for two additional years, through December 31, 2011, and reduces the maximum liability by \$7,000,000.

Maximum liability: \$44,000,000

Maximum liability w/amendment: \$37,000,000

After review, the Fiscal Review Committee deferred action on the contract amendment until the next meeting to obtain more detailed information from the Department of Finance and Administration concerning the cost and potential saving from the contract amendment.

cc: Mr. Mike Morrow, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review



RECEIVED
FEB 05 2009
FISCAL REVIEW

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF BENEFITS ADMINISTRATION
William R. Snodgrass Tennessee Tower
312 Rosa L Parks Avenue, Suite 2600
Nashville, Tennessee 37243

Dave Goetz
COMMISSIONER

Phone: 615.741.4517
Fax: 615.253.8556

Laurie Lee
EXECUTIVE DIRECTOR

MEMORANDUM

To: James White, Executive Director, Fiscal Review Committee

From: Laurie Lee *LL*

Date: February 3, 2009

RE: Amendment # 1 to the Express Scripts, Inc. Contract

Please find attached a Non-Competitive Amendment request to the existing contract with Express Scripts, Inc. which has been signed by Commissioner Goetz.

The modification to the contract through this amendment extends the term, reduces the maximum liability, clarifies existing contract language, and provides a mechanism for guaranteeing costs for new drugs added to the CoverRx program. The base contract for Express Scripts is included for review as is the proposed amendment to the document.

Thank you for your consideration of this request to amend this contract with a start date for the amendment of April 16, 2009.

Supplemental Documentation Required for
Fiscal Review Committee

*Contact Name:	Marlene Alvarez		*Contact Phone:	615.253.8358	
*Contract Number:	FA-07-17124		*RFS Number:	31701 – 60001	
*Original Contract Begin Date:	November 15, 2006		*Current End Date:	December 31, 2009	
Current Request Amendment Number: <i>(if applicable)</i>	01				
Proposed Amendment Effective Date: <i>(if applicable)</i>	April 16, 2009				
*Department Submitting:	Finance & Administration				
*Division:	Benefits Administration				
*Date Submitted:	February 5, 2009				
*Submitted Within Sixty (60) days:	Yes				
<i>If not, explain:</i>					
*Contract Vendor Name:	Express Scripts, Inc.				
*Current Maximum Liability:	\$44,000,000.00				
*Current Contract Allocation by Fiscal Year: <i>(as Shown on Most Current Contract Summary Sheet)</i>					
FY: 2007	FY: 2008	FY: 2009	FY: 2010	FY:	FY:
\$11,500,000.00	\$16,250,000.00	\$16,240,000.00	\$10,000.00	\$	\$
*Current Total Expenditures by Fiscal Year of Contract: <i>(attach backup documentation from STARS or FDAS report)</i>					
FY: 2007	FY: 2008	FY: 2009	FY:	FY:	FY:
\$3,101,531.74	\$5,885,230.27	\$3,320,438.42	\$	\$	\$
IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent:			Contract expenditures are based on estimates of plan membership and prescription usage for the term of the contract. Surplus funds were not spent.		
IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision:			Surplus funds for the CoverRx program were carried forward to ensure adequate funding to sustain program growth. Carry forward authority is PC 1203, Section 35, item 11.		
IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage:			N/A		
*Contract Funding Source/Amount:	State:	\$44,000,000.00	Federal:		
Interdepartmental:			Other:		
If "other" please define:					
Dates of All Previous Amendments or Revisions: <i>(if applicable)</i>			Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i>		
N/A			N/A		
Method of Original Award: <i>(if applicable)</i>			RFP		

CoverRX Express Scripts FY 2009

REPORT FILTER:
Allotment (Code) = "350.60"

Vendor Name	Effective Month	Total Expenditures
EXPRESS SCRIPTS INC	JANUARY 2007	497,941.20
	FEBRUARY 2007	462,490.69
	MARCH 2007	634,517.12
	APRIL 2007	417,934.75
	MAY 2007	498,292.22
	JUNE 2007	590,355.76
		FY 2007: <u>\$3,101,531.74</u>
	JULY 2007	295,949.10
	AUGUST 2007	550,517.14
	SEPTEMBER 2007	481,326.85
	OCTOBER 2007	582,773.18
	NOVEMBER 2007	466,237.36
	DECEMBER 2007	472,938.26
	JANUARY 2008	515,454.18
	FEBRUARY 2008	458,374.21
	MARCH 2008	460,281.99
	APRIL 2008	554,779.93
	MAY 2008	443,092.05
	JUNE 2008	603,506.02
		FY 2008: <u>\$5,885,230.27</u>
	JULY 2008	370,513.75
	AUGUST 2008	437,250.39
	SEPTEMBER 2008	439,588.35
	OCTOBER 2008	510,065.34
NOVEMBER 2008	450,864.02	
DECEMBER 2008	509,084.99	
Edison CID: 2888		
January 2009	603,071.58	
	FY 2009: <u>\$3,320,438.42</u>	
	TOTAL ALL FY: <u><u>\$12,307,200.43</u></u>	

RECEIVED

MAR 06 2009

FISCAL REVIEW

Express Scripts, Inc. Contract Number FA – 07 – 17124, Amendment # 1

A detailed breakdown of the actual expenditures anticipated in each year of the contract, including specific line items, the source of funds (federal, state, or other--if other, please specify source), and the disposition of any excess funds.

Please see attached financial forecast in response to this item. The source of funding for this contract is state dollars.

A detailed breakdown in dollars of any savings that the department anticipates will result from this contract, including but not limited to, reduction in positions, reduced equipment costs, travel, or any other item related to the contract.

No savings are anticipated as a result of this contract amendment. The intent of the amendment is to extend the prices that were constant for the first three years of the contract for an additional two years with no increase in the per claim administrative fee, mail order drugs and all drugs other than brand drugs under the retail drug costs. For brand name drugs, the current Contractor bid a brand discount and dispensing fee of AWP minus 15.84% during year one that increased to AWP minus 16.09% in year two and was then increased to a discount of AWP minus 16.34% during the third year of the contract term. The year three discount amount would be continued for years four and five of the contract term as extended under Amendment # 1. All other fees remain constant for the entire five year term.

A detailed analysis in dollars of the cost of obtaining this service through the proposed contract as compared to other options.

This contract is in the third year of the original term of the contract. The actual expenditures anticipated in each year of the contract going forward are included above in the response to question number one. To procure this service at this time rather than to extend this contract for the full five years would entail potentially a new vendor who would be selected as a result of the procurement process. At this point, we are unable to predict the administrative fees or the claims reimbursement fees for retail and mail order drug costs for drugs on the formulary resulting from a procurement process. However, the current vendor's pricing was procured through a competitive procurement process.

The State is not in a position to take on the role of a Pharmacy Benefit Manager (PBM) for a population that includes individuals with severe and persistent mental illness who receive their medications under this program. Current staff is not available and the State does not hold the necessary licenses to perform the duties and responsibilities to implement this program.

CoverRx Express Scripts

<u>Month</u>	<u>Population Projection</u>	<u>Express Scripts Cost</u>
Jul-09	30,950	666,663.00
Aug-09	30,950	666,663.00
Sep-09	30,950	666,663.00
Oct-09	30,950	666,663.00
Nov-09	30,950	666,663.00
Dec-09	30,950	666,663.00
Jan-10	30,950	666,663.00
Feb-10	30,950	666,663.00
Mar-10	30,950	666,663.00
Apr-10	30,950	666,663.00
May-10	30,950	666,663.00
Jun-10	30,950	666,663.00
	371,400	\$7,999,956.00
Jul-10	30,950	666,663.00
Aug-10	30,950	666,663.00
Sep-10	30,950	666,663.00
Oct-10	30,950	666,663.00
Nov-10	30,950	666,663.00
Dec-10	30,950	666,663.00
Jan-11	30,950	666,663.00
Feb-11	30,950	666,663.00
Mar-11	30,950	666,663.00
Apr-11	30,950	666,663.00
May-11	30,950	666,663.00
Jun-11	30,950	666,663.00
	371,400	\$7,999,956.00
Jul-11	30,950	666,663.00
Aug-11	30,950	666,663.00
Sep-11	30,950	666,663.00
Oct-11	30,950	666,663.00
Nov-11	30,950	666,663.00
Dec-11	30,950	666,663.00
Jan-12		
Feb-12		
Mar-12		
Apr-12		
May-12		
Jun-12		
	185,700	\$3,999,978.00
Grand Total	928,500	\$19,999,890.00

NON-COMPETITIVE AMENDMENT REQUEST:

RECEIVED

APPROVED

FEB 05 2009

FISCAL REVIEW

Commissioner of Finance & Administration

1) RFS #	31701-60001	
2) Procuring Agency :	Finance & Administration, Benefits Administration	
EXISTING CONTRACT INFORMATION		
3) Service Caption :	Provides administrative services for the State's pharmacy assistance program, CoverRx	
4) Contractor :	Express Scripts, Inc.	
5) Contract #	FA-07-17124-00	
6) Contract Start Date :	November 15, 2006	
7) CURRENT Contract End Date : (if ALL options to extend the contract are exercised)	December 31, 2009	
8) CURRENT Maximum Cost : (if ALL options to extend the contract are exercised)	\$ 44,000,000	
PROPOSED AMENDMENT INFORMATION		
9) Amendment #	01	
10) Amendment Effective Date : (attached explanation required if < 60 days after F&A receipt)	April 16, 2009	
11) PROPOSED Contract End Date : (if ALL options to extend the contract are exercised)	December 31, 2011	
12) PROPOSED Maximum Cost : (if ALL options to extend the contract are exercised)	\$ 37,000,000	
13) Approval Criteria : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state	
	<input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service :		
No additional services are being added. The effect of the proposed amendment is to clarify existing contract language, extend the contract for two additional years, and provide a mechanism for guaranteeing costs for new drugs added to the CoverRx formulary.		
15) Explanation of Need for the Proposed Amendment :		
<p>1. <u>Maximum Liability</u>: This amendment updates the maximum liability of the CoverRx contract to reflect recent programmatic budget reductions & an extension of the contract. The original maximum liability was \$44 million and it is being updated to \$37 million.</p> <p>2. <u>Mail order turnaround</u>: The contract language concerning mail order turnaround time and the corresponding performance guarantee are being updated to clarify the state's intent and expectations. Current contract language states that the maximum turnaround time should be no greater than 48 hours. Changing the language from "48 hours" to "2 business days" reflects the state's expectation that mail order turnaround time will be measured using operating hours only and does not penalize the contractor for hours the mail order facility is not regularly open. Example: applications received by the mail order facility on a Friday will never be processed within 48 hours because the facility is closed on the weekend. However, all prescriptions will be processed within 2 business days</p>		

regardless of the day received.

3. Telephone response time: The existing performance guarantee requires that incoming phone calls not be placed in a queue for more than two minutes. The vendor does not operate a queue for incoming calls, which means that calls are never placed in a queue. The vendor is exceeding the performance guarantee expectation, but is unable to report on this guarantee. By removing the language we eliminate the expectation that the vendor will report on this guarantee.
4. Attachment H: Updating the language regarding Attachment H provides additional support, and clarification of, the formulary update process while also providing a standard process for defining price guarantees for formulary changes.
5. Contract Term: This request is to extend the contract for two years, from a three year to a five year contract. This rule exception extension is in the State's best interest due to the favorable pricing terms currently guaranteed under this contract. The two year extension also offers CoverRx members no additional disruption to their pharmacy assistance, particularly the newly enrolled mental health population, who recently experienced a significant change in their pharmacy coverage when they were removed from TennCare and enrolled in CoverRx.
6. Payment Methodology: The Payment Methodology is being updated to reflect the proposed two year extension of this contract. The Contractor has agreed to match year three pricing in years four and five.

16) Name & Address of Contractor's Current Principal Owner(s) : (not required for a TN state education institution)

Express Scripts, Inc.
Attn: George Paz, President
13900 Riverport Dr.
Maryland Heights, Missouri 63043

17) Office for Information Resources Endorsement : (required for information technology service; n/a to THDA)

Documentation is ... **Not Applicable to this Request** **Attached to this Request**

18) eHealth Initiative Endorsement : (required for health-related professional, pharmaceutical, laboratory, or imaging service)

Documentation is ... **Not Applicable to this Request** **Attached to this Request**

19) Department of Human Resources Endorsement : (required for state employees training service)

Documentation is ... **Not Applicable to this Request** **Attached to this Request**

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

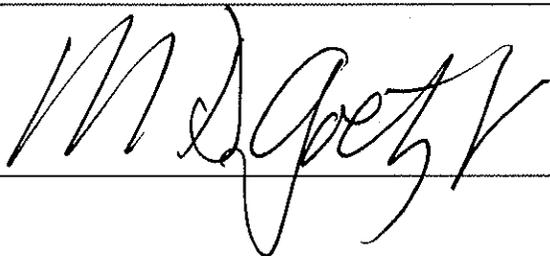
Not applicable – Changes are clarifications of existing contract language and continuation of current services. No new services are being procured.

21) Justification for the Proposed Non-Competitive Amendment :

This amendment clarifies existing contract language, as well as State expectations, for the vendor currently delivering CoverRx pharmacy assistance services. It also extends the contract term two additional years. No new services are being procured.

AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)



2/4/09

REQUEST: RULE EXCEPTION

APPROVED

Commissioner of Finance & Administration

Date:

RFS #	31786 – 60001
--------------	---------------

INFORMATION ABOUT THE EXCEPTION(S) REQUESTED

SUBJECT RULE NUMBER(S) :

"0620-3-3-.07(5)" for an exception permitting a contract term greater than five (5) years

DESCRIPTION OF EXCEPTION(S) :

The department seeks a rule exception to amend the contract to a period commencing on November 15, 2006 and ending on December 31, 2011 causing the contract to terminate at the end of calendar year 2011. This amendment will thereby allow for the continuity of services for CoverRx participants. The initial period of the contract during the end of calendar year 2006 allowed the Contractor time to enroll individuals into CoverRx who previously were served under the State's Mental Health Safety Net and had been disenrolled as a result of TennCare reform efforts.

JUSTIFICATION : (compelling rationale for and validation of rule exception request)

The extension to the end of calendar year 2011 will allow the State the opportunity to secure a vendor for these services during calendar year 2011 for program implementation beginning January 1, 2012.

INFORMATION REGARDING THE APPLICABLE CONTRACT

CONTRACTOR :

Express Scripts, Inc.

SERVICE INVOLVED :

Provides administrative services for the State's pharmacy assistance program known as CoverRx

BEGIN DATE :

November 15, 2006

END DATE (including ALL options for term extension) :

December 31, 2011

MAXIMUM LIABILITY (including ALL options for term extension) :

\$37,000,000.00

AGENCY HEAD REQUEST SIGNATURE:

(signed by the procuring agency head or authorized signatory)

SIGNATURE DATE:

2-4-09

C O N T R A C T A M E N D M E N T C O V E R

RFS Tracking #	Edison Contract ID #	Amendment #
31701-60001	000000000000000000000002888	1

Amendment Purpose	Delegated Authority Requisition ID # (ONLY if applicable)
Provides administrative services for the State's pharmacy assistance program known as CoverRx. Amendment extends term, reduces maximum liability, clarifies existing contract language, & provides a mechanism for guaranteeing costs for new drugs added to the CoverRx formulary.	

Contractor/Grantee	Contractor/Grantee FEIN or SSN
Express Scripts, Inc.	<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 43 - 1420563

Begin Date	End Date	Subrecipient or Vendor	CFDA #(s)
November 15, 2006	December 31, 2011	<input type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Vendor	

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2007	\$3,101,600.00				\$3,101,600.00
2008	\$5,885,300.00				\$5,885,300.00
2009	\$8,000,000.00				\$8,000,000.00
2010	\$8,000,000.00				\$8,000,000.00
2011	\$8,000,000.00				\$8,000,000.00
2012	\$4,013,100.00				\$4,013,100.00
TOTAL:	\$37,000,000.00				\$37,000,000.00

--- COMPLETE FOR AMENDMENTS ---			Procuring Agency Contact & Telephone #
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Marlene Alvarez - Procurement & Contracting Manager 312 Rosa L. Parks Avenue, Suite 2600 Nashville, Tennessee 37243 615.253.8358
2007	\$11,500,000.00	(\$8,398,400.00)	Procuring Agency Budget Officer Approval (there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.) 
2008	\$16,250,000.00	(\$10,364,700.00)	
2009	\$16,240,000.00	(\$8,240,000.00)	
2010	\$10,000.00	\$7,990,000.00	
2011	\$0.00	\$8,000,000.00	
2012	\$0.00	\$4,013,100.00	
TOTAL:	\$44,000,000.00	(\$7,000,000.00)	
			Speed Code Account Code
			FA00001750 70804000


F&A Secured Document
 # FA0717124

Procurement Process Summary (FA or ED-type only)
 The original contract (FA0717124) was procured through the RFP process.

RECEIVED
 JUN 18 2009

FISCAL REVIEW

**AMENDMENT ONE
TO CONTRACT ID NUMBER 2888**

This Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Benefits Administration Division, hereinafter referred to as the "State" and Express Scripts, Inc., hereinafter referred to as the "Contractor." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Contract is hereby amended as follows:

1. The text of Contract Section A.7.6. is deleted in its entirety and replaced with the following:

A.7.6. After verifying the client's eligibility, the Contractor will mail, or deliver, if the Contractor prefers, medications directly to the participant's designated address, or allow participant pickup at the Contractor's retail pharmacy, if the participant requests that arrangement. All complete, fillable prescriptions must be dispensed within two (2) business days of their receipt at ESI's Mail Service Pharmacy.

2. The text of Contract Section B. is deleted in its entirety and replaced with the following:

B. CONTRACT TERM:

- B.1. This Contract shall be effective for the period commencing on November 15, 2006 and ending on December 31, 2011. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

3. The text of Contract Section C.1. is deleted in its entirety and replaced with the following:

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed thirty-seven million dollars (\$37,000,000). The payment rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The payment rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the payment rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

4. The text of Contract Section C.3. is deleted in its entirety and replaced with the following:

- C.3. Payment Methodology. The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A. The Contractor shall be compensated based upon the following Service Rates:

<u>SERVICE UNIT/MILESTONE</u>	<u>YEAR 1 AMOUNT</u>	<u>YEAR 2 AMOUNT</u>	<u>YEAR 3 AMOUNT</u>	<u>YEAR 4 AMOUNT</u>	<u>YEAR 5 AMOUNT</u>
	11/15/2006 – 12/31/2007	01/01/2008 – 12/31/2008	01/01/2009 – 12/31/2009	01/01/2010 – 12/31/2010	01/01/2011 – 12/31/2011
Per Claim	\$2.99	\$2.99	\$2.99	\$2.99	\$2.99

Administrative Fee					
Claims Reimbursement:					
Retail Drug Costs					
Brand discount and dispensing fee	An average AWP-15.84% plus an average \$1.95 dispensing fee	An average AWP-16.09% plus an average \$1.95 dispensing fee	An average AWP-16.34% plus an average \$1.95 dispensing fee	An average AWP-16.34% plus an average \$1.95 dispensing fee	An average AWP-16.34% plus an average \$1.95 dispensing fee
Generic discount and dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee
MAC dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee
MAC pricing per formulary drug	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates
Mall Order Drug Costs					
Brand discount and dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee
Generic discount and dispensing fee (for drugs without MAC pricing)	AWP-24% plus \$0.00 dispensing fee				
MAC dispensing fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAC pricing per formulary drug	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates

Changes to the methodology used to calculate drug prices shall be allowed by the State when necessary; however, any new methodology for calculation must result in drug costs which are equal to or less than the drug costs which are calculated using the above rates. The State shall not be liable for increases in drug costs due to revised calculations.

The MAC pricing per individual formulary drug payment rates for years one, two, three, four, and five is included as Attachment H of this contract.

The State will allow claims which are calculated using a MAC price to adjust to market fluctuations by allowing an annual aggregate deviation of one percent (1%) from the proposed MAC pricing during year one of the contract, a deviation of three percent (3%) during year two of the contract, and a deviation of five percent (5%) during years three, four, and five of the contract.

The Contractor shall submit **weekly** invoices, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Claims above five (5) per member per month (PMPM) (excluding insulin and diabetic supplies) and non formulary claims are excluded from the administrative fee. The administrative fee will be decreased by \$0.15 per claim if the number of claims above the five (5) PMPM

prescription limit (excluding insulin and diabetic supplies) and non formulary claims are below 15% of total claims. The administrative fee will be decreased by \$0.30 per claim if the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims are below 10% of total claims. Claims above five (5) PMPM (excluding insulin and diabetic supplies) and non formulary claims will be measured quarterly. The Contractor shall issue a check to the State during the first month of the following quarter for any claims discounts realized during the previous quarter. If the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims exceeds 15% of total claims, the administrative fee will not exceed the Per Claim Administrative Fee listed in Section C.3 of the contract. This clause shall remain in effect after the contract term until all claims discounts due to the State have been paid by the Contractor to the State.

The average drug discounts and average dispensing fees paid by the State will be reconciled in the aggregate annually by the Contractor. The average annual discounts and average annual dispensing fees, as calculated in the required Drug Cost Reconciliation report, will be compared with the Contractor's guaranteed proposed discounts and dispensing fees in Section C.3 of the contract. If any of the actual annual average drug discounts are less than the discounts in Section C.3 of the contract and/or any of the actual annual average dispensing fees exceed the dispensing fees in Section C.3 of the contract, the Contractor will reimburse the State for the difference between the actual costs and the guaranteed costs.

- (a) State shall pay Contractor by Automated Clearing House (ACH) payment within five (5) business days from the date of State's receipt of the Contractor's invoice (the "Due Date") for completed work. If payment is not received by Contractor within seven (7) days of the Due Date, or by such other date as has been mutually agreed to by the parties, Contractor may suspend further performance under this Contract until payment is received or mutually agreeable arrangements are made. In the event the State fails to pay on or before a Due Date, or such other date as mutually agreed to, three times during the term of this Contract, the Contractor may terminate this Contract.
- (b) The State and Contractor agree to negotiate and make good faith efforts to expeditiously resolve any disputes regarding fees.
- (c) The Contractor and State acknowledge the statutory provisions of the Prompt Pay Act of 1985, as set forth in Tennessee Code Ann. 12-4-701, et.seq.

5. The text of Contract Section E.2. is deleted in its entirety and replaced with the following:

E.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by EMAIL or facsimile transmission with recipient confirmation. Any such communications, regardless of method of transmission, shall be addressed to the respective party at the appropriate mailing address, facsimile number, or EMAIL address as set forth below or to that of such other party or address, as may be hereafter specified by written notice.

The State:

Marlene D. Alvarez, Manager of Procurements and Contracting
Tennessee Department of Finance and Administration,
Benefits Administration Division
312 Rosa L Parks Avenue, Suite 2600
Nashville, TN 37243
marlene.alvarez@tn.gov
Telephone: 615.253.8358
FAX: 615.253.8556

The Contractor:

~~George Paz, President~~ Steven Webb, Regional Vice President
~~Express Scripts, Inc.~~
~~13900 Riverport Drive~~ One Express Way
~~Maryland Heights, MO 63043~~ Saint Louis, MO 63121
~~george.paz@express-scripts.com~~ WebbS@Express-Scripts.com
Telephone: ~~314.702.7548~~ 314.996.0935
FAX: ~~314.770.4581~~ 800.820.7331

fw
5-21-09

mgg
5-22-09

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

6. Contract Attachment B is deleted in its entirety and replaced with the new Contract Attachment B attached hereto.
7. Contract Attachment H is deleted in its entirety and replaced with the new Contract Attachment H attached hereto.
8. The following provision is added as Contract Section D.20.:

D.20 Prohibition of Illegal Immigrants. The requirements of Public Acts of 2006, Chapter Number 878, of the state of Tennessee, addressing the use of illegal immigrants in the performance of any Contract to supply goods or services to the state of Tennessee, shall be a material provision of this Contract, a breach of which shall be grounds for monetary and other penalties, up to and including termination of this Contract.

- a. The Contractor hereby attests, certifies, warrants, and assures that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract. The Contractor shall reaffirm this attestation, in writing, by submitting to the State a completed and signed copy of the document at Attachment I, hereto, semi-annually during the period of this Contract. Such attestations shall be maintained by the Contractor and made available to state officials upon request.
- b. Prior to the use of any subcontractor in the performance of this Contract, and semi-annually thereafter, during the period of this Contract, the Contractor shall obtain and retain a current, written attestation that the subcontractor shall not knowingly utilize the services of an illegal immigrant to perform work relative to this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant to perform work relative to this Contract. Attestations obtained from such subcontractors shall be maintained by the Contractor and made available to state officials upon request.
- c. The Contractor shall maintain records for all personnel used in the performance of this Contract. Said records shall be subject to review and random inspection at any reasonable time upon reasonable notice by the State.
- d. The Contractor understands and agrees that failure to comply with this section will be subject to the sanctions of Public Chapter 878 of 2006 for acts or omissions occurring after its effective date. This law requires the Commissioner of Finance and Administration to prohibit a contractor from contracting with, or submitting an offer, proposal, or bid to contract with the State of Tennessee to supply goods or services for a period of one year after a contractor is discovered to have knowingly used the services of illegal immigrants during the performance of this Contract.
- e. For purposes of this Contract, "illegal immigrant" shall be defined as any person who is not either a United States citizen, a Lawful Permanent Resident, or a person whose physical presence in the United States is authorized or allowed by the federal Department of Homeland Security and who, under federal

PERFORMANCE GUARANTEES

The Contractor shall pay to the State the indicated total dollar assessment upon notification by the State that an amount is due, through the term of the contract.

1. Mail Order Turnaround	
Guarantee See A.7.6	All complete, fillable prescriptions must be dispensed within two (2) business days of their receipt at ESI's Mail Service Pharmacy.
Definition	Mail order turnaround is measured from the time a prescription or refill request is received by the mail order pharmacy to the time it leaves the mail order pharmacy and mailed to the participant. Completed and fillable prescriptions are those that require no intervention before they can be properly and/or accurately filled. (e.g. follow-up with participants or providers, for any reason)
Assessment	One thousand dollars (\$1,000) per month for each month the Contractor is five (5) full percentage points below one hundred percent (100%) compliance.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
2. Eligibility and Enrollment	
Guarantee See A.11.1.5	For no less than ninety-five percent (95%) of new participants, a determination of eligibility will be made within five (5) working days of receipt of a completed application.
Definition	Determination of eligibility is defined as assessing whether or not an individual applicant meets the State's eligibility criteria for participation in CoverRx. A completed application is defined as one in which the applicant has provided the required data fields and supporting documentation.
Assessment	One thousand (\$1,000) dollars per month for every month out of compliance.
Compliance Report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of new participants. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
Guarantee See A.11.1.7	Annual verification of participant eligibility, for no less than ninety-five percent (95%) of participants, shall occur within thirty (30) days of each participant's anniversary date.
Definition	Verification of participant eligibility is defined as assessing whether or not an individual applicant continues to meet the State's eligibility criteria for participation in CoverRx based on updated participant information that has been submitted by the participant to the Contractor.
Assessment	One thousand dollars (\$1,000) per month for every month out of compliance.
Compliance Report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
Guarantee See A.11.2.2.1	The contractor will: 1. Systematically compare, via computer programs, the State's file of Mental Health Safety Net Participants within five (5) working days of receipt of the file from the State, and; 2. Resolve all mismatches identified by the reconciliation processing of the file within ten (10) working days of receipt of the files from the State.
Definition	Guarantee #1 is defined as the demonstrated actual processing and updating of the Contractor's data based on the State's auto enrollment file records. Guarantee #2 is defined as the demonstrated correction of "mismatches" identified in the State's auto enrollment file records. "Mismatches" are defined as any difference of values between the State's and the Contractor's database.
Assessment	For Guarantee 1 and 2, both separately and individually, the Contractor will be assessed one hundred dollars (\$100.00) per day for the first (1 st) and second (2 nd) working days out of compliance; five hundred dollars (\$500.00) per working day thereafter.
Compliance Report	Compliance will be reported via the Contractor's submission of the <i>Auto Enrollment Update Report</i> within twelve (12) working days of the receipt of the files.
Guarantee	The Contractor shall submit to the State its full file of participants or a subset of participants within five (5) calendar days of the request of the State.
Definition	Guarantee is defined as the State's receipt of a complete participant file in the requested format.
Assessment	The Contractor will be assessed a penalty of one hundred dollars (\$100.00) per day for the

See A.11.2.3.1	first (1 st) and second (2 nd) working days out of compliance; five hundred dollars (\$500.00) per working day thereafter.
Compliance report	Compliance will be reported via the Contractor's submission of the <i>Enrollment Update Report</i> within five (5) working days of the request of the State.
3. Claims Processing Accuracy	
Guarantee See A.15.6	The average quarterly processing accuracy will be ninety-five percent (95%) or higher.
Definition	Claims Processing Accuracy is defined as the absolute number of State participant claims with no processing or procedural errors, divided by the total number of State participant claims within the audit sample. <u>This excludes financial errors.</u>
Assessment	One thousand dollars (\$1000) for each two (2) full percentage points below ninety-five percent (95%), for each contracted quarter.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of claims. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
4. Claims Payment Accuracy	
Guarantee See A.15.6	The average quarterly financial accuracy for claims payments will be ninety-five percent (95%) or higher.
Definition	Claims Payment Accuracy is defined as the number of audited claims paid correctly divided by the total number of audited claims, expressed as a percentage.
Assessment	One thousand dollars (\$1000) for each full two (2) full percentage points below 95% for each contracted quarter.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of claims. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
5. Claims Turnaround Time	
Guarantee See A.15.6	The average quarterly claims payment turnaround time will not be greater than the following: For the first ninety (90) days from program implementation: <ul style="list-style-type: none"> • Thirty (30) calendar days for ninety percent (90%) of non-investigated (clean) claims; and • Forty-five (45) calendar days for ninety-six (96%) of all claims Thereafter: <ul style="list-style-type: none"> • Fourteen (14) calendar days for ninety percent (90%) of non-investigated (clean) claims; and • Thirty (30) calendar days for ninety-six (96%) of all claims
Definition	Claims Turnaround Time is measured from the date the claim is received in the office to the date processed, including weekends and holidays.
Assessment	Non-Investigated Claims (clean): One thousand dollars \$1000 for each full percentage point below the required minimum standard of ninety percent (90%) within the respective time frame. Quarterly Guarantee. All Claims: One thousand dollars (\$1000) for each full percentage point below the required minimum standard of ninety-six percent (96%) within the respective time frame. Quarterly Guarantee.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of claims. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
6. Telephone Response Time	
Guarantee See A.12.5	Ninety-five percent (95%) of incoming participant services calls will be answered in 30 seconds or less.
Definition	Telephone Response Time is defined as the amount of time elapsing between the time a call is received into the phone system and when a live participant services representative answers the phone.
Assessment	One hundred dollars (\$100) for each three (3) second increments over the thirty (30) second benchmark. Quarterly guarantee.
Compliance report	The Compliance Report is the Contractor's internal telephone support system reports. Performance will be measured quarterly; reported and reconciled annually.
7. Participant Communication Materials	
Guarantee See A.12.7	1. Participant identification cards, descriptive booklets, and provider directories will be distributed to no less than ninety-five percent (95%) of new participants within one (1) week

	of enrollment. Performance will be based on an annual average.	
	2. Participant identification cards, descriptive booklets, and provider directories will be distributed to no less than ninety-five percent (95%) of persons auto-enrolled through the Mental Health Safety Net program three (3) weeks prior to program implementation.	
Definition	Participant Communication Materials are any written materials developed and/or distributed by the Contractor which can be used by the participant to access, understand, clarify or make decisions concerning CoverRx.	
Assessment	For Guarantee 1 and 2, both separately and individually, \$2,000 per year in which the standard is not met.	
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.	
8. Provider/Facility Network Accessibility		
Guarantee See A.8.1 & A.16.3	As measured by the GeoNetworks® Provider & Facility Network Accessibility Analysis, the Contractor's provider and facility network will assure that within 90 days of program implementation, 95% of all participants will have the Access Standard indicated.	
Definition	Provider Group	Access Standard
	Dispensing Pharmacy Provider	1 retail pharmacy within 30 miles
Assessment	Five hundred dollars (\$500) for each week beyond the first 90 days program implementation that the above listed standard is not met.	
Compliance report	Compliance reports are the preliminary 90-day and, thereafter, the annual GeoNetworks Analysis submitted by Contractor. The Annual guarantee is Measured, reported and reconciled annually due on the contract start date.	
9. Program Implementation		
Guarantee See A.1	The CoverRx program will be operational no later than January 1, 2007.	
Definition	Operational is defined as the ability to enroll participants, accept and process POS claims, accept and process mail order prescriptions accurately, and provide all other services outlined in the contract.	
Assessment	Five hundred dollars (\$500) for every day beyond the target date that the program is not operational.	
Compliance report	Compliance will be measured by the State's acceptance of the system as operational.	

updated May 12, 2009

GEN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
132	LANOXIN	125MCG	TABLET	0.1157	0.1157	0.1157	
133	LANOXIN	250MCG	TABLET	0.1157	0.1157	0.1157	
310	THEOPHYLLINE ANHYDROUS	300MG	CAP.SR 12H	0.4293	0.4293	0.4293	
312	THEOPHYLLINE ANHYDROUS	200MG	CAP.SR 12H	0.3734	0.3734	0.3734	
410	THEOPHYLLINE ANHYDROUS	100MG	TAB.SR 12H	0.1509	0.1509	0.1509	
411	THEOPHYLLINE ANHYDROUS	200MG	TAB.SR 12H	0.215	0.215	0.215	
413	THEOPHYLLINE ANHYDROUS	300MG	TAB.SR 12H	0.2337	0.2337	0.2337	
730	RIMANTADINE HCL	100MG	TABLET	1.242	1.242	1.242	
780	NEURONTIN	100MG	CAPSULE	0.1241	0.1241	0.1241	
781	NEURONTIN	300MG	CAPSULE	0.2612	0.2612	0.2612	
782	NEURONTIN	400MG	CAPSULE	0.3003	0.3003	0.3003	
960	ENALAPRIL MALEATE	5MG	TABLET	0.1166	0.1166	0.1166	
961	ENALAPRIL MALEATE	10MG	TABLET	0.1251	0.1251	0.1251	
962	ENALAPRIL MALEATE	20MG	TABLET	0.1539	0.1539	0.1539	
963	ENALAPRIL MALEATE	2.5MG	TABLET	0.0927	0.0927	0.0927	
1011	QUINIDINE GLUCONATE	324MG	TABLET SA	0.6571	0.6571	0.6571	
1070	URSODIOL	300MG	CAPSULE	1.0035	1.0035	1.0035	
1130	NORPACE	100MG	CAPSULE	0.4247	0.4247	0.4247	
1131	NORPACE	150MG	CAPSULE	0.4747	0.4747	0.4747	
1141	NORPACE CR	150MG	CAPSULE SA	0.9623	0.9623	0.9623	
1390	CLONIDINE HCL	0.1MG	TABLET	0.0765	0.0765	0.0765	
1391	CLONIDINE HCL	0.2MG	TABLET	0.1067	0.1067	0.1067	
1392	CLONIDINE HCL	0.3MG	TABLET	0.1486	0.1486	0.1486	
1480	CAPOTEN	100MG	TABLET	0.1704	0.1704	0.1704	
1481	CAPTOPRIL	25MG	TABLET	0.0415	0.0415	0.0415	
1482	CAPTOPRIL	50MG	TABLET	0.0614	0.0614	0.0614	
1483	CAPOTEN	12.5MG	TABLET	0.034	0.034	0.034	
1931	ISMO	20MG	TABLET	0.2618	0.2618	0.2618	
1932	MONOKET	10MG	TABLET	0.2876	0.2876	0.2876	
1942	ISOSORBIDE DINITRATE	10MG	TABLET	0.0533	0.0533	0.0533	
1944	ISOSORBIDE DINITRATE	20MG	TABLET	0.0571	0.0571	0.0571	
1945	ISOSORBIDE DINITRATE	30MG	TABLET	0.2086	0.2086	0.2086	
1947	ISORDIL	5MG	TABLET	0.0673	0.0673	0.0673	
1975	ISOSORBIDE DINITRATE	5MG	TAB SUBL	0.0513	0.0513	0.0513	
1976	ISOSORBIDE DINITRATE	2.5MG	TAB SUBL	0.0513	0.0513	0.0513	
2221	PROCARDIA XL	30MG	TAB OSM 24	0.8062	0.8062	0.8062	
2222	PROCARDIA XL	60MG	TAB OSM 24	1.3258	1.3258	1.3258	
2223	PROCARDIA XL	90MG	TAB OSM 24	1.9046	1.9046	1.9046	
2226	ADALAT CC	30MG	TABLET SA	0.7236	0.7236	0.7236	
2227	ADALAT CC	60MG	TABLET SA	1.3534	1.3534	1.3534	
2228	ADALAT CC	90MG	TABLET SA	1.9292	1.9292	1.9292	
2320	DILTIAZEM HCL	90MG	CAP.SR 12H	0.6622	0.6622	0.6622	
2321	DILTIAZEM HCL	120MG	CAP.SR 12H	0.9186	0.9186	0.9186	

GEN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
2322	DILTIAZEM HCL	60MG	CAP.SR 12H	0.5308	0.5308	0.5308	
2323	CARDIZEM CD	180MG	CAP.SR 24H	0.8687	0.8687	0.8687	
2324	CARDIZEM CD	240MG	CAP.SR 24H	1.1638	1.1638	1.1638	
2325	CARDIZEM CD	300MG	CAP.SR 24H	1.5919	1.5919	1.5919	
2326	CARDIZEM CD	120MG	CAP.SR 24H	0.742	0.742	0.742	
2328	DILTIAZEM HCL	360MG	CAPSULE SA	1.6537	1.6537	1.6537	
2329	DILTIAZEM HCL	180MG	CAPSULE SA	0.9245	0.9245	0.9245	
2330	DILTIAZEM HCL	120MG	CAPSULE SA	0.766	0.766	0.766	
2332	DILTIAZEM HCL	240MG	CAPSULE SA	1.2618	1.2618	1.2618	
2333	DILTIAZEM HCL	300MG	CAPSULE SA	1.6427	1.6427	1.6427	
2341	CALAN	120MG	TABLET	0.1482	0.1482	0.1482	
2342	CALAN	80MG	TABLET	0.1104	0.1104	0.1104	
2350	PROCARDIA	10MG	CAPSULE	0.1842	0.1842	0.1842	
2351	NIFEDIPINE	20MG	CAPSULE	0.3954	0.3954	0.3954	
2620	PLENDIL	2.5MG	TAB.SR 24H	0.9872	0.9872	0.9872	
2621	PLENDIL	5MG	TAB.SR 24H	0.9872	0.9872	0.9872	
2622	PLENDIL	10MG	TAB.SR 24H	1.7742	1.7742	1.7742	
3001	VERELAN	180MG	CAP24H PEL	0.608	0.608	0.608	
3002	VERELAN	240MG	CAP24H PEL	0.7085	0.7085	0.7085	
3003	VERELAN	120MG	CAP24H PEL	0.5905	0.5905	0.5905	
3321	POTASSIUM CHLORIDE	10MEQ	CAPSULE SA	0.18	0.18	0.18	
3404	K-LOR	20MEQ	PACKET	0.1435	0.1435	0.1435	
3442	POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	0.0087	0.0087	0.0087	
3443	POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	0.006	0.006	0.006	
3510	POTASSIUM CHLORIDE	10MEQ	TABLET SA	0.1262	0.1262	0.1262	
3512	K-DUR	10MEQ	TAB PRT SR	0.1683	0.1683	0.1683	
3513	K-DUR	20MEQ	TAB PRT SR	0.297	0.297	0.297	
3514	POTASSIUM CHLORIDE	8MEQ	TABLET SA	0.0962	0.0962	0.0962	
3610	METOCLOPRAMIDE HCL	5MG/5ML	SOLUTION	0.0132	0.0132	0.0132	
4348	OMEPRAZOLE	20MG	CAPSULE DR	0.8691	0.8691	0.8691	
5710	MICRONASE	1.25MG	TABLET	0.1057	0.1057	0.1057	
5711	MICRONASE	2.5MG	TABLET	0.1236	0.1236	0.1236	
5712	MICRONASE	5MG	TABLET	0.161	0.161	0.161	
5713	GLYNASE	1.5MG	TABLET	0.0993	0.0993	0.0993	
5714	GLYNASE	3MG	TABLET	0.1036	0.1036	0.1036	
5715	GLYNASE	6MG	TABLET	0.3129	0.3129	0.3129	
6919	LOTRISONE	1-0.05%	CREAM(GM)	0.4908	0.4908	0.4908	
6919	LOTRISONE	1-0.05%	CREAM(GM)	0.3419	0.3419	0.3419	
7184	DOXYCYCLINE MONOHYDRATE	50MG	TABLET	2.2234	2.2234	2.2234	
7310	INDAPAMIDE	2.5MG	TABLET	0.1114	0.1114	0.1114	
7311	LOZOL	1.25MG	TABLET	0.0839	0.0839	0.0839	
7461	DILTIAZEM HCL	180MG	CAPSULE CR	0.4885	0.4885	0.4885	
7462	DILTIAZEM HCL	240MG	CAPSULE CR	0.566	0.566	0.566	
7463	DILTIAZEM HCL	120MG	CAPSULE CR	0.4016	0.4016	0.4016	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
7590	CLOTRIMAZOLE	10MG	TROCHE	1.1114	1.1114	1.1114	
9115	PREDNISOLONE SOD PHOSPHATE	5MG/5ML	SOLUTION	0.1216	0.1216	0.1216	
10160	LACTULOSE	10G/15ML	SOLUTION	0.02	0.02	0.02	
10167	LACTULOSE	10G/15ML	SOLUTION	0.0236	0.0236	0.0236	
10200	RANITIDINE HCL	150MG	TABLET	0.1267	0.1267	0.1267	
10201	RANITIDINE HCL	300MG	TABLET	0.1622	0.1622	0.1622	
10202	RANITIDINE HCL	75MG	TABLET	0.1461	0.1461	0.1461	
10340	LABELALOL HCL	300MG	TABLET	0.4424	0.4424	0.4424	
10341	LABELALOL HCL	200MG	TABLET	0.2566	0.2566	0.2566	
10342	LABELALOL HCL	100MG	TABLET	0.2057	0.2057	0.2057	
10455	MONOPRIL HCT	20-12.5MG	TABLET	0.9146	0.9146	0.9146	
10770	ESTRADIOL	1MG	TABLET	0.107	0.107	0.107	
10771	ESTRADIOL	2MG	TABLET	0.1143	0.1143	0.1143	
10772	ESTRADIOL	0.5MG	TABLET	0.0973	0.0973	0.0973	
10810	GLUCOPHAGE	500MG	TABLET	0.1513	0.1513	0.1513	
10811	GLUCOPHAGE	850MG	TABLET	0.2061	0.2061	0.2061	
10840	GLUCOTROL	5MG	TABLET	0.0744	0.0744	0.0744	
10841	GLUCOTROL	10MG	TABLET	0.1195	0.1195	0.1195	
10843	GLUCOTROL XL	10MG	TAB OSM 24	0.5134	0.5134	0.5134	
10844	GLUCOTROL XL	5MG	TAB OSM 24	0.2604	0.2604	0.2604	
10857	GLUCOPHAGE	1000MG	TABLET	0.2122	0.2122	0.2122	
10920	CORDARONE	200MG	TABLET	0.5282	0.5282	0.5282	
11080	OGEN	0.75MG	TABLET	0.1257	0.1257	0.1257	
11084	OGEN	1.5MG	TABLET	0.173	0.173	0.173	
11085	OGEN	3MG	TABLET	0.3924	0.3924	0.3924	
11161	PRENATAL VIT/FE FUMARATE/FA	60-1MG	TABLET	0.1496	0.1496	0.1496	
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585	
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585	
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585	
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585	
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585	
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585	
11162	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	0.0585	0.0585	0.0585	
11172	PRENATAL VIT/FE FUMARATE/FA	27-0.5MG	TABLET	0.0474	0.0474	0.0474	
11177	PRENATAL VIT/FE FUMARATE/FA	27-0.8MG	TABLET	0.0362	0.0362	0.0362	

GCN# NDC	FirstOffDrug	FirstOffStrength	FirstOffDose	Year 1	Year 2	Year 3	comment
11178	PRENATAL VIT/FE FUM/DOSS/FA	90-1MG	TABLET SA	0.159	0.159	0.159	
11251	DEPO-PROVERA	150MG/ML	VIAL	41.411	41.411	41.411	
11254	DEPO-PROVERA	150MG/ML	DISP SYRIN	46.4172	46.4172	46.4172	
11260	PROVERA	10MG	TABLET	0.1814	0.1814	0.1814	
11261	PROVERA	2.5MG	TABLET	0.1221	0.1221	0.1221	
11262	PROVERA	5MG	TABLET	0.1587	0.1587	0.1587	
11300	ORTHO-CYCLEN	0.25-0.035	TABLET	0.7325	0.7325	0.7325	
11301	ORTHO TRI-CYCLEN	7 DAYS X 3	TABLET	0.8605	0.8605	0.8605	
11461	ORTHO-NOVUM	1-0.05MG	TABLET	0.8019	0.8019	0.8019	
11471	MODICON	0.5-0.035	TABLET	0.8065	0.8065	0.8065	
11474	ORTHO-NOVUM	1-0.035MG	TABLET	0.704	0.704	0.704	
11476	ORTHO-NOVUM	11-Oct	TABLET	0.875	0.875	0.875	
11477	ORTHO-NOVUM	7 DAYS X 3	TABLET	0.8056	0.8056	0.8056	
11478	NORETHINDRONE-ETHINYL ESTRAD	7/9/2005	TABLET	1.0356	1.0356	1.0356	
11480	LOESTRIN	1.5-0.03MG	TABLET	0.9458	0.9458	0.9458	
11481	LOESTRIN	1-0.02MG	TABLET	0.9418	0.9418	0.9418	
11490	DEMULEN 1/35-28	1-0.035MG	TABLET	0.7721	0.7721	0.7721	
11491	DEMULEN 1/50-21	1-0.05MG	TABLET	0.8991	0.8991	0.8991	
11500	LO/OVRAL-28	0.3-0.03MG	TABLET	0.717	0.717	0.717	
11501	OVRAL-28	0.5-0.05MG	TABLET	1.2222	1.2222	1.2222	
11520	ORTHO MICRONOR	0.35MG	TABLET	0.9229	0.9229	0.9229	
11530	NORDETTE-21	0.15-0.03	TABLET	0.7692	0.7692	0.7692	
11531	TRIPHASIL-28	6/5/2010	TABLET	0.7054	0.7054	0.7054	
11534	ALESSE-28	0.1-0.02	TABLET	0.8723	0.8723	0.8723	
12171	CEFACTOR	500MG	TAB.SR 12H	2.8182	2.8182	2.8182	
12210	MEXILETINE HCL	150MG	CAPSULE	0.2506	0.2506	0.2506	
12211	MEXILETINE HCL	200MG	CAPSULE	0.2917	0.2917	0.2917	
12212	MEXILETINE HCL	250MG	CAPSULE	0.3742	0.3742	0.3742	
12243	PRENATAL VIT/FE FUM/DOSS/FA	29MG-1MG	TABLET	0.2219	0.2219	0.2219	
12431	RYTHMOL	150MG	TABLET	0.5647	0.5647	0.5647	
12432	RYTHMOL	300MG	TABLET	1.5215	1.5215	1.5215	
12433	RYTHMOL	225MG	TABLET	0.8538	0.8538	0.8538	
12529	REMERON	15MG	TAB RAPDIS	1.8592	1.8592	1.8592	
12531	REMERON	30MG	TAB RAPDIS	1.9122	1.9122	1.9122	
13041	REMERON	45MG	TAB RAPDIS	2.1058	2.1058	2.1058	
13094	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	0.8713	0.8713	0.8713	
13207	PRENATAL VIT/FE FUMARATE/FA	28MG-1MG	TABLET	0.2132	0.2132	0.2132	
13310	VOLTAREN-XR	100MG	TAB.SR 24H	0.788	0.788	0.788	
13411	PRENATAL VIT/FE FUMARATE/FA	28-0.8MG	TABLET	0.0478	0.0478	0.0478	

CCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
13521	DOXYCYCLINE HYCLATE	20MG	TABLET	0.8655	0.8655	0.8655	
13721	ACYCLOVIR	800MG	TABLET	0.369	0.369	0.369	
13724	ACYCLOVIR	400MG	TABLET	0.2395	0.2395	0.2395	
13951	HYDROXYZINE PAMOATE	100MG	CAPSULE	0.2707	0.2707	0.2707	
13952	VISTARIL	25MG	CAPSULE	0.1211	0.1211	0.1211	
13953	VISTARIL	50MG	CAPSULE	0.1457	0.1457	0.1457	
14007	NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0917	0.0917	0.0917	
14007	NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0908	0.0908	0.0908	
14007	NYSTATIN/TRIAMCIN	100000-0.1	CREAM(GM)	0.0898	0.0898	0.0898	
14008	NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.0917	0.0917	0.0917	
14008	NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.091	0.091	0.091	
14008	NYSTATIN/TRIAMCIN	100000-0.1	OINT.(GM)	0.0901	0.0901	0.0901	
14037	ERY E-SUCC/SULFISOXAZOLE	200-600/5	SUSP RECON	0.0601	0.0601	0.0601	
14125	LOTRISONE	1-0.05%	LOTION	0.8674	0.8674	0.8674	
14294	POLYTRIM	10K U-0.1%	DROPS	0.4345	0.4345	0.4345	
14431	CHLORPROMAZINE HCL	10MG	TABLET	0.1902	0.1902	0.1902	
14432	CHLORPROMAZINE HCL	25MG	TABLET	0.2638	0.2638	0.2638	
14433	CHLORPROMAZINE HCL	50MG	TABLET	0.2566	0.2566	0.2566	
14434	CHLORPROMAZINE HCL	100MG	TABLET	0.3122	0.3122	0.3122	
14435	CHLORPROMAZINE HCL	200MG	TABLET	0.4033	0.4033	0.4033	
14540	FLUPHENAZINE DECANOATE	25MG/ML	VIAL	2	2	2	
14602	FLUPHENAZINE HCL	1MG	TABLET	0.1528	0.1528	0.1528	
14603	PROLIXIN	10MG	TABLET	0.3566	0.3566	0.3566	
14604	FLUPHENAZINE HCL	2.5MG	TABLET	0.2257	0.2257	0.2257	
14605	PROLIXIN	5MG	TABLET	0.2242	0.2242	0.2242	
14650	PERPHENAZINE	16MG	TABLET	0.6478	0.6478	0.6478	
14651	PERPHENAZINE	2MG	TABLET	0.3407	0.3407	0.3407	
14652	PERPHENAZINE	4MG	TABLET	0.4657	0.4657	0.4657	
14653	PERPHENAZINE	8MG	TABLET	0.5669	0.5669	0.5669	
14780	HALOPERIDOL DECANOATE	50MG/ML	VIAL	5.1	5.1	5.1	
14780	HALOPERIDOL DECANOATE	50MG/ML	VIAL	5.1	5.1	5.1	
14781	HALOPERIDOL DECANOATE	100MG/ML	VIAL	10.55	10.55	10.55	
14781	HALOPERIDOL DECANOATE	100MG/ML	VIAL	10.55	10.55	10.55	
14830	TRIFLUOPERAZINE HCL	1MG	TABLET	0.297	0.297	0.297	
14831	TRIFLUOPERAZINE HCL	10MG	TABLET	0.8312	0.8312	0.8312	
14832	TRIFLUOPERAZINE HCL	2MG	TABLET	0.4382	0.4382	0.4382	
14833	TRIFLUOPERAZINE HCL	5MG	TABLET	0.5496	0.5496	0.5496	
14880	THIORIDAZINE HCL	25MG	TABLET	0.2165	0.2165	0.2165	
14881	THIORIDAZINE HCL	50MG	TABLET	0.2792	0.2792	0.2792	
14882	THIORIDAZINE HCL	10MG	TABLET	0.1603	0.1603	0.1603	
14883	THIORIDAZINE HCL	100MG	TABLET	0.3427	0.3427	0.3427	
14884	THIORIDAZINE HCL	15MG	TABLET	0.3151	0.3151	0.3151	
14886	THIORIDAZINE HCL	200MG	TABLET	0.8034	0.8034	0.8034	
15530	HALOPERIDOL	0.5MG	TABLET	0.0848	0.0848	0.0848	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
15531	HALOPERIDOL	1MG	TABLET	0.121	0.121	0.121	
15533	HALOPERIDOL	2MG	TABLET	0.1587	0.1587	0.1587	
15535	HALOPERIDOL	5MG	TABLET	0.1767	0.1767	0.1767	
15560	LOXAPINE SUCCINATE	10MG	CAPSULE	0.7959	0.7959	0.7959	
15561	LOXAPINE SUCCINATE	25MG	CAPSULE	1.2049	1.2049	1.2049	
15562	LOXAPINE SUCCINATE	5MG	CAPSULE	0.4993	0.4993	0.4993	
15563	LOXAPINE SUCCINATE	50MG	CAPSULE	1.5443	1.5443	1.5443	
15621	MONOPRIL HCT	10-12.5MG	TABLET	0.9146	0.9146	0.9146	
15690	THIOTHIXENE	1MG	CAPSULE	0.1092	0.1092	0.1092	
15691	NAVANE	10MG	CAPSULE	0.2908	0.2908	0.2908	
15692	NAVANE	2MG	CAPSULE	0.1371	0.1371	0.1371	
15694	NAVANE	5MG	CAPSULE	0.2068	0.2068	0.2068	
15710	ESKALITH	300MG	CAPSULE	0.088	0.088	0.088	
15730	ESKALITH CR	450MG	TABLET SA	0.3768	0.3768	0.3768	
15731	LITHOBID	300MG	TABLET SA	0.3243	0.3243	0.3243	
15911	RITALIN	10MG	TABLET	0.3728	0.3728	0.3728	
15913	RITALIN	5MG	TABLET	0.2465	0.2465	0.2465	
15920	RITALIN	20MG	TABLET	0.509	0.509	0.509	
16180	RITALIN-SR	20MG	TABLET SA	0.8061	0.8061	0.8061	
16342	CITALOPRAM HYDROBROMIDE	20MG	TABLET	0.3333	0.3333	0.3333	
16343	CITALOPRAM HYDROBROMIDE	40MG	TABLET	0.3256	0.3256	0.3256	
16345	CITALOPRAM HYDROBROMIDE	10MG	TABLET	0.3224	0.3224	0.3224	
16347	FLUVOXAMINE MALEATE	25MG	TABLET	0.7051	0.7051	0.7051	
16348	FLUVOXAMINE MALEATE	50MG	TABLET	0.7923	0.7923	0.7923	
16349	FLUVOXAMINE MALEATE	100MG	TABLET	0.8314	0.8314	0.8314	
16353	FLUOXETINE HCL	10MG	CAPSULE	0.114	0.114	0.114	
16354	FLUOXETINE HCL	20MG	CAPSULE	0.114	0.114	0.114	
16355	FLUOXETINE HCL	40MG	CAPSULE	1.1165	1.1165	1.1165	
16356	PROZAC	10MG	TABLET	0.114	0.114	0.114	
16357	FLUOXETINE HCL	20MG/5ML	SOLUTION	0.1977	0.1977	0.1977	
16359	RAPIFLUX	20MG	TABLET	0.114	0.114	0.114	
16364	PAXIL	10MG	TABLET	0.657	0.657	0.657	
16366	PAXIL	20MG	TABLET	0.5479	0.5479	0.5479	
16367	PAXIL	30MG	TABLET	0.6679	0.6679	0.6679	
16368	PAXIL	40MG	TABLET	0.6994	0.6994	0.6994	
16373	ZOLOFT	25MG	TABLET	2.0421	2.0421	2.0421	
16374	ZOLOFT	50MG	TABLET	2.0421	2.0421	2.0421	
16375	ZOLOFT	100MG	TABLET	2.0421	2.0421	2.0421	
16384	BUPROPION HCL	75MG	TABLET	0.2398	0.2398	0.2398	
16385	BUPROPION HCL	100MG	TABLET	0.3098	0.3098	0.3098	
16386	BUPROPION HCL	150MG	TABLET SA	0.9017	0.9017	0.9017	
16387	BUPROPION HCL	100MG	TABLET SA	0.8775	0.8775	0.8775	

GCN or NDC	First Drug	First Strength	First Form	Year 1	Year 2	Year 3	comment
16391	DESYREL	50MG	TABLET	0.0616	0.0616	0.0616	
16392	DESYREL	100MG	TABLET	0.0976	0.0976	0.0976	
16393	DESYREL	150MG	TABLET	0.2863	0.2863	0.2863	
16404	NEFAZODONE HCL	50MG	TABLET	0.4187	0.4187	0.4187	
16406	NEFAZODONE HCL	100MG	TABLET	0.4469	0.4469	0.4469	
16407	NEFAZODONE HCL	150MG	TABLET	0.4693	0.4693	0.4693	
16408	NEFAZODONE HCL	200MG	TABLET	0.4916	0.4916	0.4916	
16409	NEFAZODONE HCL	250MG	TABLET	0.514	0.514	0.514	
16512	AMITRIPTYLINE HCL	10MG	TABLET	0.0465	0.0465	0.0465	
16513	AMITRIPTYLINE HCL	100MG	TABLET	0.1043	0.1043	0.1043	
16514	AMITRIPTYLINE HCL	150MG	TABLET	0.1895	0.1895	0.1895	
16515	AMITRIPTYLINE HCL	25MG	TABLET	0.0502	0.0502	0.0502	
16516	AMITRIPTYLINE HCL	50MG	TABLET	0.0584	0.0584	0.0584	
16517	AMITRIPTYLINE HCL	75MG	TABLET	0.0915	0.0915	0.0915	
16529	AVENTYL HCL	10MG	CAPSULE	0.082	0.082	0.082	
16532	AVENTYL HCL	25MG	CAPSULE	0.0994	0.0994	0.0994	
16533	NORTRIPTYLINE HCL	50MG	CAPSULE	0.1207	0.1207	0.1207	
16534	NORTRIPTYLINE HCL	75MG	CAPSULE	0.1918	0.1918	0.1918	
16541	TOFRANIL	10MG	TABLET	0.1817	0.1817	0.1817	
16542	TOFRANIL	25MG	TABLET	0.2183	0.2183	0.2183	
16543	TOFRANIL	50MG	TABLET	0.3618	0.3618	0.3618	
16561	AMOXAPINE	50MG	TABLET	0.528	0.528	0.528	
16563	SINEQUAN	10MG	CAPSULE	0.058	0.058	0.058	
16564	DOXEPIN HCL	100MG	CAPSULE	0.1756	0.1756	0.1756	
16565	DOXEPIN HCL	150MG	CAPSULE	0.3047	0.3047	0.3047	
16566	SINEQUAN	25MG	CAPSULE	0.0722	0.0722	0.0722	
16567	SINEQUAN	50MG	CAPSULE	0.095	0.095	0.095	
16568	SINEQUAN	75MG	CAPSULE	0.1654	0.1654	0.1654	
16571	DOXEPIN HCL	10MG/ML	ORAL CONC.	0.1006	0.1006	0.1006	
16583	NORPRAMIN	10MG	TABLET	0.1888	0.1888	0.1888	
16584	NORPRAMIN	100MG	TABLET	0.7142	0.7142	0.7142	
16585	NORPRAMIN	150MG	TABLET	1.035	1.035	1.035	
16586	NORPRAMIN	25MG	TABLET	0.2268	0.2268	0.2268	
16587	NORPRAMIN	50MG	TABLET	0.427	0.427	0.427	
16588	NORPRAMIN	75MG	TABLET	0.5435	0.5435	0.5435	
16602	CLOMIPRAMINE HCL	25MG	CAPSULE	0.2289	0.2289	0.2289	
16603	CLOMIPRAMINE HCL	50MG	CAPSULE	0.3207	0.3207	0.3207	
16604	CLOMIPRAMINE HCL	75MG	CAPSULE	0.4493	0.4493	0.4493	
16615	MAPROTILINE HCL	25MG	TABLET	0.3686	0.3686	0.3686	
16732	REMERON	15MG	TABLET	0.4286	0.4286	0.4286	
16733	REMERON	30MG	TABLET	0.5037	0.5037	0.5037	
16734	REMERON	45MG	TABLET	0.7986	0.7986	0.7986	
16801	SALFLEX	500MG	TABLET	0.0632	0.0632	0.0632	
16802	SALFLEX	750MG	TABLET	0.0806	0.0806	0.0806	
16851	DOLOBID	500MG	TABLET	0.9774	0.9774	0.9774	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year1	Year 2	Year 3	comment
17241	DILANTIN-125	100MG/4ML	ORAL SUSP	0.1101	0.1101	0.1101	
17270	DEPAKENE	250MG	CAPSULE	0.353	0.353	0.353	
17450	TEGRETOL	200MG	TABLET	0.0953	0.0953	0.0953	
17460	TEGRETOL	100MG	TAB CHEW	0.1081	0.1081	0.1081	
17520	AMANTADINE HCL	100MG	CAPSULE	0.321	0.321	0.321	
17530	AMANTADINE HCL	50MG/5ML	SYRUP	0.0678	0.0678	0.0678	
17573	BUPROPION HCL	200MG	TABLET SA	1.65	1.65	1.65	
17620	BENZTROPINE MESYLATE	0.5MG	TABLET	0.0842	0.0842	0.0842	
17621	BENZTROPINE MESYLATE	1MG	TABLET	0.0908	0.0908	0.0908	
17622	BENZTROPINE MESYLATE	2MG	TABLET	0.1172	0.1172	0.1172	
17700	DILANTIN	100MG	CAPSULE	0.2506	0.2506	0.2506	
17734	METOPROLOL TARTRATE	25MG	TABLET	0.0807	0.0807	0.0807	
18141	CLOZARIL	25MG	TABLET	0.6338	0.6338	0.6338	
18142	CLOZARIL	100MG	TABLET	1.6185	1.6185	1.6185	
18351	BETHANECHOL CHLORIDE	10MG	TABLET	0.5326	0.5326	0.5326	
18352	BETHANECHOL CHLORIDE	25MG	TABLET	0.8262	0.8262	0.8262	
18353	BETHANECHOL CHLORIDE	5MG	TABLET	0.4341	0.4341	0.4341	
18354	BETHANECHOL CHLORIDE	50MG	TABLET	1.3266	1.3266	1.3266	
18890	HYOSCYAMINE SULFATE	0.375MG	CAP.SR 12H	0.1561	0.1561	0.1561	
18940	HYOSCYAMINE SULFATE	0.125MG/ML	DROPS	0.3691	0.3691	0.3691	
18960	HYOSCYAMINE SULFATE	0.375MG	TAB.SR 12H	0.1523	0.1523	0.1523	
18961	HYOSCYAMINE SULFATE	0.125MG	TABLET	0.0662	0.0662	0.0662	
18970	LEVSIN/SL	0.125MG	TAB SUBL	0.0689	0.0689	0.0689	
19261	BENTYL	10MG	CAPSULE	0.0729	0.0729	0.0729	
19331	BENTYL	20MG	TABLET	0.0862	0.0862	0.0862	
19360	FLAVOXATE HCL	100MG	TABLET	1.1252	1.1252	1.1252	
19370	OXYBUTYNIN CHLORIDE	5MG/5ML	SYRUP	0.0536	0.0536	0.0536	
19380	OXYBUTYNIN CHLORIDE	5MG	TABLET	0.0917	0.0917	0.0917	
19549	MINOCYCLINE HCL	75MG	TABLET	3.9232	3.9232	3.9232	
19551	ZANTAC	150MG	CAPSULE	0.303	0.303	0.303	
19552	RANITIDINE HCL	300MG	CAPSULE	0.5146	0.5146	0.5146	
19578	GLUCOPHAGE XR	750MG	TAB.SR 24H	0.2893	0.2893	0.2893	
19850	DEXEDRINE	10MG	CAPSULE SA	0.7362	0.7362	0.7362	
19851	DEXEDRINE	15MG	CAPSULE SA	0.9481	0.9481	0.9481	
19852	DEXEDRINE	5MG	CAPSULE SA	0.5818	0.5818	0.5818	
19880	D-AMPHETAMINE SULFATE	10MG	TABLET	0.2828	0.2828	0.2828	
19881	DEXEDRINE	5MG	TABLET	0.1775	0.1775	0.1775	
20068	ESTRADIOL	0.06MG/24H	PATCH TDWK	7.1387	7.1387	7.1387	
20069	ESTRADIOL	0.0375MG/24	PATCH TDWK	7.1387	7.1387	7.1387	
20071	BRETHINE	5MG	TABLET	0.4714	0.4714	0.4714	
20072	BRETHINE	2.5MG	TABLET	0.3212	0.3212	0.3212	
20100	ALBUTEROL SULFATE	2MG	TABLET	0.0816	0.0816	0.0816	
20101	ALBUTEROL SULFATE	4MG	TABLET	0.1237	0.1237	0.1237	
20110	ALBUTEROL	90MCG	AER REFILL	0.6588	0.6588	0.6588	
20630	INDERAL	10MG	TABLET	0.0523	0.0523	0.0523	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
20631	INDERAL	20MG	TABLET	0.0705	0.0705	0.0705	
20632	INDERAL	40MG	TABLET	0.0748	0.0748	0.0748	
20633	INDERAL	60MG	TABLET	0.4653	0.4653	0.4653	
20634	INDERAL	80MG	TABLET	0.1052	0.1052	0.1052	
20641	LOPRESSOR	100MG	TABLET	0.1178	0.1178	0.1178	
20642	LOPRESSOR	50MG	TABLET	0.066	0.066	0.066	
20650	NADOLOL	120MG	TABLET	0.701	0.701	0.701	
20651	NADOLOL	160MG	TABLET	0.7359	0.7359	0.7359	
20652	NADOLOL	40MG	TABLET	0.5192	0.5192	0.5192	
20653	NADOLOL	80MG	TABLET	0.693	0.693	0.693	
20654	NADOLOL	20MG	TABLET	0.4101	0.4101	0.4101	
20660	ATENOLOL	100MG	TABLET	0.1142	0.1142	0.1142	
20661	ATENOLOL	50MG	TABLET	0.0655	0.0655	0.0655	
20662	ATENOLOL	25MG	TABLET	0.0652	0.0652	0.0652	
21020	REGLAN	10MG	TABLET	0.0645	0.0645	0.0645	
21021	REGLAN	5MG	TABLET	0.0828	0.0828	0.0828	
23239	GABAPENTIN	100MG	TABLET	0.1241	0.1241	0.1241	
23242	GABAPENTIN	300MG	TABLET	0.2612	0.2612	0.2612	
23243	GABAPENTIN	400MG	TABLET	0.3509	0.3509	0.3509	
24671	PILOCARPINE HCL	5MG	TABLET	0.7717	0.7717	0.7717	
25540	LOPID	600MG	TABLET	0.2706	0.2706	0.2706	
25790	COUMADIN	10MG	TABLET	0.4261	0.4261	0.4261	
25791	COUMADIN	2MG	TABLET	0.2345	0.2345	0.2345	
25792	COUMADIN	1MG	TABLET	0.2258	0.2258	0.2258	
25793	COUMADIN	5MG	TABLET	0.2213	0.2213	0.2213	
25794	COUMADIN	2.5MG	TABLET	0.2355	0.2355	0.2355	
25795	COUMADIN	7.5MG	TABLET	0.391	0.391	0.391	
25796	COUMADIN	3MG	TABLET	0.2515	0.2515	0.2515	
25797	COUMADIN	4MG	TABLET	0.2531	0.2531	0.2531	
25798	COUMADIN	6MG	TABLET	0.3921	0.3921	0.3921	
26320	SYNTHROID	112MCG	TABLET	0.2164	0.2164	0.2164	
26321	SYNTHROID	25MCG	TABLET	0.1456	0.1456	0.1456	
26322	SYNTHROID	50MCG	TABLET	0.1656	0.1656	0.1656	
26323	SYNTHROID	100MCG	TABLET	0.1873	0.1873	0.1873	
26324	SYNTHROID	75MCG	TABLET	0.1779	0.1779	0.1779	
26325	SYNTHROID	200MCG	TABLET	0.2775	0.2775	0.2775	
26326	SYNTHROID	125MCG	TABLET	0.2198	0.2198	0.2198	
26327	SYNTHROID	150MCG	TABLET	0.2258	0.2258	0.2258	
26328	SYNTHROID	175MCG	TABLET	0.2687	0.2687	0.2687	
26329	SYNTHROID	300MCG	TABLET	0.3771	0.3771	0.3771	
26491	TICLID	250MG	TABLET	0.4217	0.4217	0.4217	
26531	ZOCOR	5MG	TABLET	0.9469	0.9469	0.9469	
26532	ZOCOR	10MG	TABLET	1.269	1.269	1.269	
26533	ZOCOR	20MG	TABLET	2.2141	2.2141	2.2141	
26534	ZOCOR	40MG	TABLET	2.2141	2.2141	2.2141	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
26535	ZOCOR	80MG	TABLET	2.2141	2.2141	2.2141	
27056	MEDROL	4MG	TABLET	0.164	0.164	0.164	
27171	PREDNISON	1MG	TABLET	0.1303	0.1303	0.1303	
27172	PREDNISON	10MG	TABLET	0.0475	0.0475	0.0475	
27174	PREDNISON	20MG	TABLET	0.0747	0.0747	0.0747	
27176	PREDNISON	5MG	TABLET	0.027	0.027	0.027	
27202	PNV W-O CA NO4/FE FUMARATE/FA	106.5-1MG	CAPSULE	0.2099	0.2099	0.2099	
27203	PNV W-O CA NO5/FE FUMARATE/FA	106.5-1MG	CAPSULE	0.2399	0.2399	0.2399	
27422	DECADRON	0.5MG	TABLET	0.0657	0.0657	0.0657	
27425	DECADRON	0.75MG	TABLET	0.144	0.144	0.144	
27428	DEXAMETHASONE	4MG	TABLET	0.1561	0.1561	0.1561	
27570	ACCUPRIL	10MG	TABLET	0.7315	0.7315	0.7315	
27571	ACCUPRIL	20MG	TABLET	0.7315	0.7315	0.7315	
27572	ACCUPRIL	5MG	TABLET	0.7315	0.7315	0.7315	
27573	ACCUPRIL	40MG	TABLET	0.7315	0.7315	0.7315	
27690	ALDACTONE	100MG	TABLET	0.792	0.792	0.792	
27691	ALDACTONE	25MG	TABLET	0.1945	0.1945	0.1945	
27692	ALDACTONE	50MG	TABLET	0.4394	0.4394	0.4394	
27901	BUPROPION HCL	150MG	TABLET SA	1.115	1.115	1.115	
28020	AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3273	0.3273	0.3273	
28020	AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3199	0.3199	0.3199	
28020	AUGMENTIN ES-600	600-42.9/5	SUSP RECON	0.3193	0.3193	0.3193	
28360	GYNE-LOTRIMIN	1%	CREAM/APPL	0.1175	0.1175	0.1175	
28844	ESTRADIOL	0.1MG/24HR	PATCH TDWK	7.1387	7.1387	7.1387	
28845	ESTRADIOL	0.05MG/24H	PATCH TDWK	7.1387	7.1387	7.1387	
28848	ESTRADIOL	0.025MG/24H	PATCH TDWK	7.1387	7.1387	7.1387	
28853	ESTRADIOL	0.075MG/24H	PATCH TDWK	7.1387	7.1387	7.1387	
28890	BUSPAR	5MG	TABLET	0.1946	0.1946	0.1946	
28891	BUSPAR	10MG	TABLET	0.25	0.25	0.25	
28892	BUSPAR	15MG	TABLET	0.2938	0.2938	0.2938	
29007	AMPHET ASP/AMPHET/D-AMPHET	7.5MG	TABLET	0.7251	0.7251	0.7251	
29008	AMPHET ASP/AMPHET/D-AMPHET	12.5MG	TABLET	0.7251	0.7251	0.7251	
29009	AMPHET ASP/AMPHET/D-AMPHET	15MG	TABLET	0.9198	0.9198	0.9198	
30140	MYCOSTATIN	100000 U/G	CREAM(GM)	0.0964	0.0964	0.0964	
30150	NYSTATIN	100000 U/G	OINT.(GM)	0.095	0.095	0.095	
30160	MYCOSTATIN	100000 U/G	POWDER	1.3103	1.3103	1.3103	
30160	NYSTATIN	100000 U/G	POWDER	1.2285	1.2285	1.2285	
30160	NYSTATIN	100000 U/G	POWDER	1.1588	1.1588	1.1588	
30160	NYSTATIN	100000 U/G	POWDER	1.1101	1.1101	1.1101	
30370	LOTRIMIN AF	1%	CREAM(GM)	0.4823	0.4823	0.4823	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year-1	Year-2	Year-3	comment
30370	DESENEK	1%	CREAM(GM)	0.5637	0.5637	0.5637	
30370	CLOTRIMAZOLE	1%	CREAM(GM)	0.4799	0.4799	0.4799	
30370	CLOTRIMAZOLE	1%	CREAM(GM)	0.3053	0.3053	0.3053	
30380	LOTRIMIN AF	1%	SOLUTION	0.3495	0.3495	0.3495	
30380	CLOTRIMAZOLE	1%	SOLUTION	0.341	0.341	0.341	
31271	KETOCONAZOLE	2%	SHAMPOO	0.168	0.168	0.168	
31850	KETOCONAZOLE	2%	CREAM(GM)	0.6226	0.6226	0.6226	
31850	KETOCONAZOLE	2%	CREAM(GM)	0.5729	0.5729	0.5729	
31850	KETOCONAZOLE	2%	CREAM(GM)	0.4174	0.4174	0.4174	
32261	CARTEOLOL HCL	1%	DROPS	2.2551	2.2551	2.2551	
32261	CARTEOLOL HCL	1%	DROPS	2.2112	2.2112	2.2112	
32261	CARTEOLOL HCL	1%	DROPS	2.2006	2.2006	2.2006	
32470	CALAN SR	240MG	TABLET SA	0.3431	0.3431	0.3431	
32471	CALAN SR	180MG	TABLET SA	0.3829	0.3829	0.3829	
32472	CALAN SR	120MG	TABLET SA	0.5142	0.5142	0.5142	
32531	TORADOL	10MG	TABLET	0.3716	0.3716	0.3716	
32702	PILOCARPINE HCL	0.50%	DROPS	0.2298	0.2298	0.2298	
32704	PILOCARPINE HCL	1%	DROPS	0.204	0.204	0.204	
32706	PILOCARPINE HCL	2%	DROPS	0.2387	0.2387	0.2387	
32751	PILOCARPINE HCL	3%	DROPS	0.3771	0.3771	0.3771	
32752	PILOCARPINE HCL	4%	DROPS	0.3227	0.3227	0.3227	
32754	PILOCARPINE HCL	6%	DROPS	0.4381	0.4381	0.4381	
32820	TIMOPTIC	0.25%	DROPS	0.7277	0.7277	0.7277	
32820	TIMOPTIC	0.25%	DROPS	0.7181	0.7181	0.7181	
32820	TIMOLOL MALEATE	0.25%	DROPS	0.7151	0.7151	0.7151	
32821	TIMOPTIC	0.50%	DROPS	0.7923	0.7923	0.7923	
32821	TIMOPTIC	0.50%	DROPS	0.7347	0.7347	0.7347	
32821	TIMOLOL MALEATE	0.50%	DROPS	0.712	0.712	0.712	
32822	TIMOPTIC-XE	0.25%	SOL-GEL	3.9104	3.9104	3.9104	
32823	TIMOPTIC-XE	0.50%	SOL-GEL	4.5045	4.5045	4.5045	
32823	TIMOLOL MALEATE	0.50%	SOL-GEL	4.6904	4.6904	4.6904	
32952	ATROPINE SULFATE	1%	DROPS	0.378	0.378	0.378	
32952	ATROPINE SULFATE	1%	DROPS	0.1467	0.1467	0.1467	
32961	RELAFEN	500MG	TABLET	0.5677	0.5677	0.5677	
32962	RELAFEN	750MG	TABLET	0.6224	0.6224	0.6224	
33012	HOMATROPINE HBR	5%	DROPS	2.7744	2.7744	2.7744	
33020	TROPICAMIDE	0.50%	DROPS	0.5311	0.5311	0.5311	
33021	MYDRIACYL	1%	DROPS	0.5721	0.5721	0.5721	
33031	CYCLOPENTOLATE HCL	1%	DROPS	1.4	1.4	1.4	
33031	CYCLOPENTOLATE HCL	1%	DROPS	1.4	1.4	1.4	
33031	CYCLOPENTOLATE HCL	1%	DROPS	0.3267	0.3267	0.3267	
33153	ECONOPRED PLUS	1%	DROPS SUSP	1.1769	1.1769	1.1769	
33153	ECONOPRED PLUS	1%	DROPS SUSP	1.0936	1.0936	1.0936	
33153	PRED FORTE	1%	DROPS SUSP	1.0131	1.0131	1.0131	
33191	LOTENSIN HCT	5-6.25MG	TABLET	0.2627	0.2627	0.2627	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
33192	LOTENSIN HCT	10-12.5MG	TABLET	0.2612	0.2612	0.2612	
33193	LOTENSIN HCT	20-12.5MG	TABLET	0.2627	0.2627	0.2627	
33194	LOTENSIN HCT	20-25MG	TABLET	0.2627	0.2627	0.2627	
33220	DEXAMETHASONE SOD PHOSPHATE	0.10%	DROPS	2.2327	2.2327	2.2327	
33310	BETAGAN	0.50%	DROPS	1.0606	1.0606	1.0606	
33310	BETAGAN	0.50%	DROPS	1.0508	1.0508	1.0508	
33310	BETAGAN	0.50%	DROPS	1.0471	1.0471	1.0471	
33311	BETAGAN	0.25%	DROPS	1.2519	1.2519	1.2519	
33340	SULFACETAMIDE SODIUM	10%	DROPS	0.157	0.157	0.157	
33540	ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	0.7158	0.7158	0.7158	
33580	CILOXAN	0.30%	DROPS	4.2954	4.2954	4.2954	
33580	CILOXAN	0.30%	DROPS	3.3064	3.3064	3.3064	
33580	CILOXAN	0.30%	DROPS	2.7994	2.7994	2.7994	
33600	GENTAMICIN SULFATE	0.30%	DROPS	0.562	0.562	0.562	
33630	TOBREX	0.30%	DROPS	0.7151	0.7151	0.7151	
33641	BACITRACIN	500 UNIT/G	OINT.(GM)	0.7664	0.7664	0.7664	
33792	KETOPROFEN	200MG	CAP24H PEL	1.6419	1.6419	1.6419	
33806	PREDNISOLONE SOD PHOSPHATE	15MG/5ML	SOLUTION	0.298	0.298	0.298	
33813	NAPROXEN SODIUM	500MG	TABLET SA	1.1138	1.1138	1.1138	
33870	LODINE	200MG	CAPSULE	0.4403	0.4403	0.4403	
33871	LODINE	300MG	CAPSULE	0.4472	0.4472	0.4472	
34420	KETOPROFEN	50MG	CAPSULE	0.2212	0.2212	0.2212	
34421	KETOPROFEN	75MG	CAPSULE	0.2154	0.2154	0.2154	
34721	ACETAZOLAMIDE	125MG	TABLET	0.1079	0.1079	0.1079	
34722	ACETAZOLAMIDE	250MG	TABLET	0.1453	0.1453	0.1453	
34824	HYDROCHLOROTHIAZIDE	25MG	TABLET	0.0369	0.0369	0.0369	
34825	HYDROCHLOROTHIAZIDE	50MG	TABLET	0.0684	0.0684	0.0684	
34950	FUROSEMIDE	10MG/ML	SOLUTION	0.0886	0.0886	0.0886	
34961	LASIX	20MG	TABLET	0.0478	0.0478	0.0478	
34962	LASIX	40MG	TABLET	0.0518	0.0518	0.0518	
34963	LASIX	80MG	TABLET	0.0741	0.0741	0.0741	
34982	CHLORTHALIDONE	25MG	TABLET	0.113	0.113	0.113	
34984	CHLORTHALIDONE	50MG	TABLET	0.1443	0.1443	0.1443	
34990	METOLAZONE	10MG	TABLET	1.1548	1.1548	1.1548	
34991	METOLAZONE	2.5MG	TABLET	0.7216	0.7216	0.7216	
34992	METOLAZONE	5MG	TABLET	0.9589	0.9589	0.9589	
35020	BUMEX	0.5MG	TABLET	0.1312	0.1312	0.1312	
35021	BUMEX	1MG	TABLET	0.1702	0.1702	0.1702	
35022	BUMEX	2MG	TABLET	0.2499	0.2499	0.2499	
35680	INDOMETHACIN	25MG	CAPSULE	0.2778	0.2778	0.2778	
35681	INDOMETHACIN	50MG	CAPSULE	0.3285	0.3285	0.3285	
35690	INDOMETHACIN	75MG	CAPSULE SA	1.6201	1.6201	1.6201	
35710	FLURBIPROFEN	50MG	TABLET	0.2526	0.2526	0.2526	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
35711	ANSAID	100MG	TABLET	0.3094	0.3094	0.3094	
35741	MOTRIN	400MG	TABLET	0.0428	0.0428	0.0428	
35742	MOTRIN	600MG	TABLET	0.0542	0.0542	0.0542	
35743	MOTRIN IB	200MG	TABLET	0.031	0.031	0.031	
35744	MOTRIN	800MG	TABLET	0.0593	0.0593	0.0593	
35760	FENOPROFEN CALCIUM	600MG	TABLET	0.2178	0.2178	0.2178	
35790	NAPROSYN	250MG	TABLET	0.0972	0.0972	0.0972	
35792	NAPROSYN	375MG	TABLET	0.128	0.128	0.128	
35793	NAPROSYN	500MG	TABLET	0.1342	0.1342	0.1342	
35800	SULINDAC	150MG	TABLET	0.2261	0.2261	0.2261	
35801	CLINORIL	200MG	TABLET	0.3062	0.3062	0.3062	
35820	FELDENE	10MG	CAPSULE	0.1213	0.1213	0.1213	
35821	FELDENE	20MG	CAPSULE	0.1329	0.1329	0.1329	
35850	VOLTAREN	25MG	TABLET DR	0.1893	0.1893	0.1893	
35851	VOLTAREN	50MG	TABLET DR	0.2327	0.2327	0.2327	
35852	VOLTAREN	75MG	TABLET DR	0.2799	0.2799	0.2799	
35930	MOTRIN	100MG/5ML	ORAL SUSP	0.0355	0.0355	0.0355	
35931	MOTRIN	40MG/ML	DROPS SUSP	0.2287	0.2287	0.2287	
36281	BRIMONIDINE TARTRATE	0.20%	DROPS	3.4071	3.4071	3.4071	
36600	OCUFLOX	0.30%	DROPS	2.4985	2.4985	2.4985	
36600	OCUFLOX	0.30%	DROPS	2.5156	2.5156	2.5156	
37499	MEDROL	4MG	TAB DS PK	0.1777	0.1777	0.1777	
38363	STERAPRED	5MG	TAB DS PK	0.1381	0.1381	0.1381	
38364	STERAPRED DS	10MG	TAB DS PK	0.2595	0.2595	0.2595	
38364	STERAPRED DS	10MG	TAB DS PK	0.2553	0.2553	0.2553	
38489	METHOTREXATE SODIUM	2.5MG	TABLET	0.7563	0.7563	0.7563	
38489	METHOTREXATE SODIUM	2.5MG	TABLET	0.7563	0.7563	0.7563	
38680	MEGESTROL ACETATE	20MG	TABLET	0.3014	0.3014	0.3014	
38681	MEGESTROL ACETATE	40MG	TABLET	0.3924	0.3924	0.3924	
38720	TAMOXIFEN CITRATE	10MG	TABLET	0.4113	0.4113	0.4113	
38721	TAMOXIFEN CITRATE	20MG	TABLET	0.7749	0.7749	0.7749	
39053	PENICILLIN V POTASSIUM	250MG	TABLET	0.1298	0.1298	0.1298	
39055	VEETIDS 500	500MG	TABLET	0.2182	0.2182	0.2182	
39271	AMPICILLIN TRIHYDRATE	250MG	CAPSULE	0.11	0.11	0.11	
39272	PRINCIPEN	500MG	CAPSULE	0.1873	0.1873	0.1873	
39511	SOTALOL HCL	160MG	TABLET	0.4353	0.4353	0.4353	
39512	SOTALOL HCL	80MG	TABLET	0.3382	0.3382	0.3382	
39513	SOTALOL HCL	240MG	TABLET	0.537	0.537	0.537	
39516	SOTALOL HCL	120MG	TABLET	0.3852	0.3852	0.3852	
39541	DICLOXACILLIN SODIUM	250MG	CAPSULE	0.3422	0.3422	0.3422	
39542	DICLOXACILLIN SODIUM	500MG	CAPSULE	0.654	0.654	0.654	
39632	AMOXIL	875MG	TABLET	0.5672	0.5672	0.5672	
39650	AMOXICILLIN TRIHYDRATE	125MG	TAB CHEW	0.1108	0.1108	0.1108	
39651	AMOXICILLIN TRIHYDRATE	250MG	TAB CHEW	0.2122	0.2122	0.2122	
39660	AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	0.0808	0.0808	0.0808	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
39661	AMOXIL	500MG	CAPSULE	0.1113	0.1113	0.1113	
39681	AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	0.0183	0.0183	0.0183	
39683	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0244	0.0244	0.0244	
39683	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0242	0.0242	0.0242	
39683	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	0.0239	0.0239	0.0239	
39801	CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	0.1919	0.1919	0.1919	
39802	CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	0.2836	0.2836	0.2836	
39811	CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON	0.06	0.06	0.06	
39811	CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON	0.0595	0.0595	0.0595	
39812	CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON	0.1091	0.1091	0.1091	
39812	CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON	0.1091	0.1091	0.1091	
39831	CEPHALEXIN MONOHYDRATE	500MG	TABLET	1.0262	1.0262	1.0262	
40020	CECLOR	250MG	CAPSULE	0.4887	0.4887	0.4887	
40021	CECLOR	500MG	CAPSULE	0.99	0.99	0.99	
40030	CECLOR	125MG/5ML	SUSP RECON	0.0732	0.0732	0.0732	
40031	CECLOR	250MG/5ML	SUSP RECON	0.133	0.133	0.133	
40032	CECLOR	187MG/5ML	SUSP RECON	0.108	0.108	0.108	
40033	CECLOR	375MG/5ML	SUSP RECON	0.1996	0.1996	0.1996	
40072	TETRACYCLINE HCL	250MG	CAPSULE	0.0372	0.0372	0.0372	
40073	TETRACYCLINE HCL	500MG	CAPSULE	0.0633	0.0633	0.0633	
40331	VIBRAMYCIN	100MG	CAPSULE	0.1407	0.1407	0.1407	
40333	VIBRAMYCIN	50MG	CAPSULE	0.1377	0.1377	0.1377	
40360	VIBRA-TABS	100MG	TABLET	0.1535	0.1535	0.1535	
40363	DOXYCYCLINE MONOHYDRATE	100MG	TABLET	3.2555	3.2555	3.2555	
40381	MEGACE	400MG/10ML	ORAL SUSP	0.2209	0.2209	0.2209	
40410	MINOCIN	100MG	CAPSULE	0.8243	0.8243	0.8243	
40411	MINOCIN	50MG	CAPSULE	0.5358	0.5358	0.5358	
40450	MINOCYCLINE HCL	100MG	TABLET	4.6889	4.6889	4.6889	
40451	MINOCYCLINE HCL	50MG	TABLET	2.6717	2.6717	2.6717	
40651	DOXYCYCLINE MONOHYDRATE	100MG	CAPSULE	1.0359	1.0359	1.0359	
40652	DOXYCYCLINE MONOHYDRATE	50MG	CAPSULE	0.5895	0.5895	0.5895	
40660	ERYTHROMYCIN BASE	250MG	CAPSULE DR	0.1651	0.1651	0.1651	
41072	NEOMYCIN SULFATE	500MG	TABLET	0.93	0.93	0.93	
41260	RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057	
41260	RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
41260	RIFAMPIN	150MG	CAPSULE	1.0057	1.0057	1.0057	
41261	RIFADIN	300MG	CAPSULE	1.3203	1.3203	1.3203	
41611	AZULFIDINE	500MG	TABLET	0.1153	0.1153	0.1153	
41620	AZULFIDINE	500MG	TABLET DR	0.2722	0.2722	0.2722	
41691	DECADRON	0.75MG	TAB DS PK	0.3065	0.3065	0.3065	
41741	ISONIAZID	100MG	TABLET	0.043	0.043	0.043	
41742	ISONIAZID	300MG	TABLET	0.0919	0.0919	0.0919	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41790	PYRAZINAMIDE	500MG	TABLET	0.9644	0.9644	0.9644	
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48	
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48	
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48	
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48	
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48	
41800	ETHAMBUTOL HCL	100MG	TABLET	0.48	0.48	0.48	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41801	ETHAMBUTOL HCL	400MG	TABLET	1.2704	1.2704	1.2704	
41820	MACRODANTIN	100MG	CAPSULE	1.225	1.225	1.225	
41822	NITROFURANTOIN MACROCRYSTAL	50MG	CAPSULE	0.7549	0.7549	0.7549	
42121	PHENAZOPYRIDINE HCL	100MG	TABLET	0.1093	0.1093	0.1093	
42122	PHENAZOPYRIDINE HCL	200MG	TABLET	0.1593	0.1593	0.1593	
42190	DIFLUCAN	100MG	TABLET	0.8202	0.8202	0.8202	
42191	DIFLUCAN	200MG	TABLET	1.2337	1.2337	1.2337	
42192	DIFLUCAN	50MG	TABLET	0.4644	0.4644	0.4644	
42193	DIFLUCAN	150MG	TABLET	1.878	1.878	1.878	
42200	TRIMETHOPRIM	100MG	TABLET	0.373	0.373	0.373	
42235	IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	0.1936	0.1936	0.1936	

GCN or NDC	FirstOfDng	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
42238	IPRATROPIUM BROMIDE	42MCG	SPRAY	1.3398	1.3398	1.3398	
42239	IPRATROPIUM BROMIDE	21MCG	SPRAY	0.7562	0.7562	0.7562	
42440	NYSTATIN	100K U/ML	ORAL SUSP	0.1147	0.1147	0.1147	
42440	NYSTATIN	100K U/ML	ORAL SUSP	0.1295	0.1295	0.1295	
42452	MYCOSTATIN	500000 U	TABLET	0.481	0.481	0.481	
42590	KETOCONAZOLE	200MG	TABLET	0.5483	0.5483	0.5483	
42773	QUININE SULFATE	200MG	CAPSULE	0.4902	0.4902	0.4902	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42777	QUININE SULFATE	325MG	CAPSULE	0.2533	0.2533	0.2533	
42940	PLAQUENIL	200MG	TABLET	0.3601	0.3601	0.3601	
42970	PAROMOMYCIN SULFATE	250MG	CAPSULE	1.3482	1.3482	1.3482	
42970	PAROMOMYCIN SULFATE	250MG	CAPSULE	1.3482	1.3482	1.3482	
43031	FLAGYL	250MG	TABLET	0.1218	0.1218	0.1218	
43032	FLAGYL	500MG	TABLET	0.1918	0.1918	0.1918	
43181	MEBENDAZOLE	100MG	TAB CHEW	3.6276	3.6276	3.6276	
43691	FLOXIN	200MG	TABLET	3.368	3.368	3.368	
43692	FLOXIN	300MG	TABLET	3.6153	3.6153	3.6153	
43693	FLOXIN	400MG	TABLET	3.3332	3.3332	3.3332	
43731	ZOVIRAX	200MG/5ML	ORAL SUSP	0.2196	0.2196	0.2196	
43790	ACYCLOVIR	200MG	CAPSULE	0.1544	0.1544	0.1544	
45061	BISOPROL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	0.1666	0.1666	0.1666	
45062	BISOPROL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	0.1672	0.1672	0.1672	
45063	BISOPROL/HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	0.1667	0.1667	0.1667	
45341	DURICEF	500MG	CAPSULE	1.145	1.145	1.145	
45345	CEFADROXIL HYDRATE	1G	TABLET	4.8299	4.8299	4.8299	
46430	PEPCID	20MG	TABLET	0.152	0.152	0.152	
46431	PEPCID	40MG	TABLET	0.2449	0.2449	0.2449	
46432	FAMOTIDINE	10MG	TABLET	0.1129	0.1129	0.1129	
46740	CIMETIDINE HCL	300MG/5ML	LIQUID	0.113	0.113	0.113	
46750	CIMETIDINE	200MG	TABLET	0.1443	0.1443	0.1443	
46751	CIMETIDINE	300MG	TABLET	0.1492	0.1492	0.1492	
46752	CIMETIDINE	400MG	TABLET	0.1493	0.1493	0.1493	

GCN# NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year1	Year2	Year3	comment
46753	CIMETIDINE	800MG	TABLET	0.2368	0.2368	0.2368	
47040	MEVACOR	20MG	TABLET	0.5689	0.5689	0.5689	
47041	MEVACOR	40MG	TABLET	0.766	0.766	0.766	
47042	MEVACOR	10MG	TABLET	0.3627	0.3627	0.3627	
47050	CIPRO	250MG	TABLET	0.3492	0.3492	0.3492	
47051	CIPRO	500MG	TABLET	0.4291	0.4291	0.4291	
47052	CIPRO	750MG	TABLET	0.4939	0.4939	0.4939	
47110	CALAN	40MG	TABLET	0.1676	0.1676	0.1676	
47124	HYTRIN	1MG	CAPSULE	0.243	0.243	0.243	
47125	HYTRIN	2MG	CAPSULE	0.2566	0.2566	0.2566	
47126	HYTRIN	5MG	CAPSULE	0.2566	0.2566	0.2566	
47127	HYTRIN	10MG	CAPSULE	0.2566	0.2566	0.2566	
47130	ANAPROX	275MG	TABLET	0.2421	0.2421	0.2421	
47131	ANAPROX DS	550MG	TABLET	0.3336	0.3336	0.3336	
47132	NAPROXEN SODIUM	220MG	TABLET	0.06	0.06	0.06	
47260	PRINIVIL	5MG	TABLET	0.1436	0.1436	0.1436	
47261	PRINIVIL	10MG	TABLET	0.1383	0.1383	0.1383	
47262	PRINIVIL	20MG	TABLET	0.1923	0.1923	0.1923	
47263	PRINIVIL	40MG	TABLET	0.2632	0.2632	0.2632	
47264	PRINIVIL	2.5MG	TABLET	0.1105	0.1105	0.1105	
47265	LISINAPRIL	30MG	TABLET	0.2752	0.2752	0.2752	
47281	CEFUROXIME AXETIL	250MG	TABLET	1.0302	1.0302	1.0302	
47282	CEFTIN	500MG	TABLET	2.1286	2.1286	2.1286	
47631	SYNTHROID	88MCG	TABLET	0.1807	0.1807	0.1807	
47632	LEVOTHYROXINE SODIUM	137MCG	TABLET	0.256	0.256	0.256	
47710	NIZATIDINE	150MG	CAPSULE	0.7402	0.7402	0.7402	
47711	AXID	300MG	CAPSULE	1.5682	1.5682	1.5682	
48102	IMDUR	60MG	TAB.SR 24H	0.1214	0.1214	0.1214	
48103	IMDUR	120MG	TAB.SR 24H	0.2884	0.2884	0.2884	
48104	IMDUR	30MG	TAB.SR 24H	0.1214	0.1214	0.1214	
48580	MONOPRIL	40MG	TABLET	0.4275	0.4275	0.4275	
48581	MONOPRIL	10MG	TABLET	0.4275	0.4275	0.4275	
48582	MONOPRIL	20MG	TABLET	0.4275	0.4275	0.4275	
48611	LOTENSIN	5MG	TABLET	0.2305	0.2305	0.2305	
48612	LOTENSIN	10MG	TABLET	0.2281	0.2281	0.2281	
48613	LOTENSIN	20MG	TABLET	0.2295	0.2295	0.2295	
48614	LOTENSIN	40MG	TABLET	0.2313	0.2313	0.2313	
48792	ZITHROMAX	100MG/5ML	SUSP RECON	1.6327	1.6327	1.6327	
48793	ZITHROMAX	250MG	TABLET	3.6675	3.6675	3.6675	
48793	ZITHROMAX	250MG	TABLET	3.6675	3.6675	3.6675	
48794	ZITHROMAX	600MG	TABLET	8.7358	8.7358	8.7358	
48821	VANTIN	100MG	TABLET	3.209	3.209	3.209	
48822	VANTIN	200MG	TABLET	4.1997	4.1997	4.1997	
49001	MACROBID	100MG	CAPSULE	0.8505	0.8505	0.8505	
49101	ITRACONAZOLE	100MG	CAPSULE	7.3551	7.3551	7.3551	

GCN or NDC	First Of Drug	First Of Strength	First Of Form	Year 1	Year 2	Year 3	comment
50565	PRENATAL VIT/FE FUMARATE/FA	29MG-1MG	TAB CHEW	0.2599	0.2599	0.2599	
50638	GLUCOTROL XL	2.5MG	TAB OSM 24	0.2858	0.2858	0.2858	
51550	METOPROL/HYDROCHLOROT HIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851	
51550	METOPROL/HYDROCHLOROT HIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851	
51550	METOPROL/HYDROCHLOROT HIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851	
51550	METOPROL/HYDROCHLOROT HIAZIDE	50MG-25MG	TABLET	0.851	0.851	0.851	
51551	METOPROL/HYDROCHLOROT HIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295	
51551	METOPROL/HYDROCHLOROT HIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295	
51551	METOPROL/HYDROCHLOROT HIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295	
51551	METOPROL/HYDROCHLOROT HIAZIDE	100-25MG	TABLET	1.3295	1.3295	1.3295	
51552	METOPROL/HYDROCHLOROT HIAZIDE	100-50MG	TABLET	1.41	1.41	1.41	
51552	METOPROL/HYDROCHLOROT HIAZIDE	100-50MG	TABLET	1.41	1.41	1.41	
51552	METOPROL/HYDROCHLOROT HIAZIDE	100-50MG	TABLET	1.41	1.41	1.41	
53141	DIPYRIDAMOLE	25MG	TABLET	0.2218	0.2218	0.2218	
53142	DIPYRIDAMOLE	50MG	TABLET	0.3572	0.3572	0.3572	
53143	DIPYRIDAMOLE	75MG	TABLET	0.4779	0.4779	0.4779	
54860	ENALAPRIL/HYDROCHLOROTHIAZIDE	10-25MG	TABLET	0.3635	0.3635	0.3635	
54862	ENALAPRIL/HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	0.3829	0.3829	0.3829	
56970	AMPHET ASP/AMPHET/D-AMPHET	5MG	TABLET	0.461	0.461	0.461	
56971	AMPHET ASP/AMPHET/D-AMPHET	10MG	TABLET	0.4337	0.4337	0.4337	
56972	AMPHET ASP/AMPHET/D-AMPHET	30MG	TABLET	0.4337	0.4337	0.4337	
56973	AMPHET ASP/AMPHET/D-AMPHET	20MG	TABLET	0.4337	0.4337	0.4337	
60821	DIFLUCAN	40MG/ML	SUSP RECON	1.1918	1.1918	1.1918	
60822	DIFLUCAN	10MG/ML	SUSP RECON	0.5545	0.5545	0.5545	
61198	ZITHROMAX	500MG	TABLET	7.1576	7.1576	7.1576	
61199	ZITHROMAX	200MG/5ML	SUSP RECON	1.6327	1.6327	1.6327	
61199	ZITHROMAX	200MG/5ML	SUSP RECON	1.0885	1.0885	1.0885	

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year-1	Year-2	Year-3	comment
61199	ZITHROMAX	200MG/5ML	SUSP RECON	0.8163	0.8163	0.8163	
61761	ETODOLAC	400MG	TABLET	0.2642	0.2642	0.2642	
61762	ETODOLAC	600MG	TAB.SR 24H	1.6738	1.6738	1.6738	
61765	LODINE XL	400MG	TAB.SR 24H	0.8612	0.8612	0.8612	
61766	ETODOLAC	500MG	TABLET	0.5881	0.5881	0.5881	
61767	LODINE XL	500MG	TAB.SR 24H	0.9283	0.9283	0.9283	
61850	EC-NAPROSYN	375MG	TABLET DR	0.2764	0.2764	0.2764	
61851	EC-NAPROSYN	500MG	TABLET DR	0.3596	0.3596	0.3596	
63820	BISOPROLOL FUMARATE	10MG	TABLET	0.809	0.809	0.809	
63821	BISOPROLOL FUMARATE	5MG	TABLET	0.809	0.809	0.809	
66990	TENORETIC 50	50MG-25MG	TABLET	0.1699	0.1699	0.1699	
66991	TENORETIC 100	100-25MG	TABLET	0.2834	0.2834	0.2834	
67071	AUGMENTIN	500-125MG	TABLET	1.2948	1.2948	1.2948	
67076	AUGMENTIN	875-125MG	TABLET	1.6274	1.6274	1.6274	
67077	AUGMENTIN	400-57MG	TAB CHEW	1.7335	1.7335	1.7335	
67078	AUGMENTIN	200-28.5MG	TAB CHEW	1.3246	1.3246	1.3246	
67153	AUGMENTIN	400-57MG/5	SUSP RECON	0.3753	0.3753	0.3753	
67153	AUGMENTIN	400-57MG/5	SUSP RECON	0.3473	0.3473	0.3473	
67153	AUGMENTIN	400-57MG/5	SUSP RECON	0.3389	0.3389	0.3389	
67154	AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241	
67154	AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241	
67154	AUGMENTIN	200-28.5/5	SUSP RECON	0.241	0.241	0.241	
68101	LOESTRIN FE	1.5-0.03MG	TABLET	0.7078	0.7078	0.7078	
68102	LOESTRIN FE	1-0.02MG	TABLET	0.7063	0.7063	0.7063	
68811	DESOGEN	0.15-0.03	TABLET	0.7538	0.7538	0.7538	
88000	PRINZIDE	20-12.5MG	TABLET	0.3227	0.3227	0.3227	
88001	PRINZIDE	20-25MG	TABLET	0.3349	0.3349	0.3349	
88002	PRINZIDE	10-12.5MG	TABLET	0.2628	0.2628	0.2628	
88730	TRIAMTERENE/HCTZ	50-25MG	CAPSULE	0.3455	0.3455	0.3455	
88731	DYAZIDE	37.5-25MG	CAPSULE	0.114	0.114	0.114	
88740	TRIAMTERENE/HYDROCHLOROTHIAZID	75-50MG	TABLET	0.0692	0.0692	0.0692	
88741	TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25MG	TABLET	0.0952	0.0952	0.0952	
89863	GLUCOPHAGE XR	500MG	TAB.SR 24H	0.2142	0.2142	0.2142	
90150	SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	0.0628	0.0628	0.0628	
90161	SULFAMETHOXAZOLE/TRIMETHOPRIM	400-80MG	TABLET	0.2751	0.2751	0.2751	
90163	SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160MG	TABLET	0.3285	0.3285	0.3285	
90839	PRENATAL VIT/IRON,CARBONYL/FA	29MG-1MG	TABLET	0.2353	0.2353	0.2353	
92121	BUSPAR	30MG	TABLET	1.1262	1.1262	1.1262	

GCN or NDC	First Of Drug	First Of Strength	First Of Form	Year 1	Year 2	Year 3	comment
92984	PRENATAL VIT/FE FUMARATE/FA	29MG-1MG	TABLET	0.1305	0.1305	0.1305	
92989	OMEPRAZOLE	10MG	CAPSULE DR	1.835	1.835	1.835	
93075	METHYLPHENIDATE HCL	10MG	TABLET SA	0.6389	0.6389	0.6389	
93205	AMOXIL	200MG	TAB CHEW	0.3388	0.3388	0.3388	
93365	AMOXIL	400MG	TAB CHEW	0.3986	0.3986	0.3986	
93375	AMOXIL	400MG/5ML	SUSP RECON	0.0652	0.0652	0.0652	
93385	AMOXIL	200MG/5ML	SUSP RECON	0.0629	0.0629	0.0629	
93387	MINOCYCLINE HCL	75MG	CAPSULE	0.7274	0.7274	0.7274	
94121	POLY IRON PN FORTE	60-1MG	TABLET	0.1653	0.1653	0.1653	
94447	NEURONTIN	800MG	TABLET	0.735	0.735	0.735	
94481	ROCALTROL	0.25MCG	CAPSULE	0.9104	0.9104	0.9104	
94482	ROCALTROL	0.5MCG	CAPSULE	1.4611	1.4611	1.4611	
94624	NEURONTIN	600MG	TABLET	0.5759	0.5759	0.5759	
94781	FOLIC ACID	1MG	TABLET	0.0517	0.0517	0.0517	
94783	FOLIC ACID	0.4MG	TABLET	0.015	0.015	0.015	
94784	FOLIC ACID	0.8MG	TABLET	0.02	0.02	0.02	
94868	MIRCETTE	21-5	TABLET	1.1251	1.1251	1.1251	
95210	PRENATAL VIT/IRON,CARBONYL/FA	50-1MG	TABLET	0.1819	0.1819	0.1819	
95220	PRENATAL VIT/FE FUMARATE/FA/SE	27-1MG	TABLET	0.1596	0.1596	0.1596	
95339	PRENATAL VIT/FE FUMARATE/FA	27-1MG	TABLET	0.1276	0.1276	0.1276	
95391	PRENATAL VITS W- CA,FE,FA(<1MG)		TABLET	0.0502	0.0502	0.0502	
95413	PRENATAL VIT/IRON,CARB/DOSS/FA	90-1MG	TABLET	0.2236	0.2236	0.2236	
16376	SERTRALINE HCL	20MG/ML	ORAL CONC	0.8142	0.8142	0.8142	added Sept 2008
2681	AMLODIPINE BESYLATE	2.5MG	TABLET	0.301	0.301	0.301	added Sept 2008
2682	AMLODIPINE BESYLATE	10MG	TABLET	0.7381	0.7381	0.7381	added Sept 2008
2683	AMLODIPINE BESYLATE	5MG	TABLET	0.5707	0.5707	0.5707	added Sept 2008
62263	FLUTICASON PROPIONATE	50MCG	SPRAY SUSP	1.6748	1.6748	1.6748	added Sept 2008
14019	ANTIPYRINE/BENZOCAINE/GLYCERIN	5.4%-1.4%	DROPS	0.1673	0.1673	0.1673	added Sept 2008
14023	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	SOLUTION	2.2714	2.2714	2.2714	added Sept 2008
14025	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	DROPS SUSP	2.1149	2.1149	2.1149	added Sept 2008
20318	BUPROPION HCL	300MG	TAB.SR 24H	3.8886	3.8886	3.8886	added Sept 2008
1551	CARVEDILOL	25MG	TABLET	0.2175	0.2175	0.2175	added Sept 2008
1552	CARVEDILOL	12.5MG	TABLET	0.234	0.234	0.234	added Sept 2008
1553	CARVEDILOL	3.125MG	TABLET	0.1675	0.1675	0.1675	added Sept 2008
1554	CARVEDILOL	6.25MG	TABLET	0.286	0.286	0.286	added Sept 2008
12947	METOPROLOL SUCCINATE	25MG	TAB.SR 24H	0.5589	0.5589	0.5589	added Sept 2008

GCN or NDC	First Drug	First Strength	First Form	Year 1	Year 2	Year 3	comment
20741	METOPROLOL SUCCINATE	50MG	TAB.SR 24H	0.7232	0.7232	0.7232	added Sept 2008
20742	METOPROLOL SUCCINATE	100MG	TAB.SR 24H	1.0572	1.0572	1.0572	added Sept 2008
20743	METOPROLOL SUCCINATE	200MG	TAB.SR 24H	1.6821	1.6821	1.6821	added Sept 2008
15412	PRAVASTATIN SODIUM	80MG	TABLET	1.0095	1.0095	1.0095	added Sept 2008
48671	PRAVASTATIN SODIUM	10MG	TABLET	0.5009	0.5009	0.5009	added Sept 2008
48672	PRAVASTATIN SODIUM	20MG	TABLET	0.7645	0.7645	0.7645	added Sept 2008
48673	PRAVASTATIN SODIUM	40MG	TABLET	0.8431	0.8431	0.8431	added Sept 2008
3230	PROPRANOLOL HCL	80MG	CAP.SA 24H	1.2638	1.2638	1.2638	added Sept 2008
3231	PROPRANOLOL HCL	120MG	CAP.SA 24H	1.5673	1.5673	1.5673	added Sept 2008
3232	PROPRANOLOL HCL	160MG	CAP.SA 24H	1.7856	1.7856	1.7856	added Sept 2008
3233	PROPRANOLOL HCL	60MG	CAP.SA 24H	1.0818	1.0818	1.0818	added Sept 2008
20630	PROPRANOLOL HCL	10MG	TABLET	0.226	0.226	0.226	added Sept 2008
20631	PROPRANOLOL HCL	20MG	TABLET	0.217	0.217	0.217	added Sept 2008
20632	PROPRANOLOL HCL	40MG	TABLET	0.3026	0.3026	0.3026	added Sept 2008
20633	PROPRANOLOL HCL	60MG	TABLET	0.9535	0.9535	0.9535	added Sept 2008
20634	PROPRANOLOL HCL	80MG	TABLET	0.2508	0.2508	0.2508	added Sept 2008
94122	VERAPAMIL HCL	100MG	CAP24H PEL	1.5982	1.5982	1.5982	added Sept 2008
94123	VERAPAMIL HCL	200MG	CAP24H PEL	1.9122	1.9122	1.9122	added Sept 2008
94124	VERAPAMIL HCL	300MG	CAP24H PEL	2.316	2.316	2.316	added Sept 2008
1241	HYDRALAZINE HCL	10MG	TABLET	0.3354	0.3354	0.3354	added Sept 2008
1242	HYDRALAZINE HCL	100MG	TABLET	0.5814	0.5814	0.5814	added Sept 2008
1243	HYDRALAZINE HCL	25MG	TABLET	0.2345	0.2345	0.2345	added Sept 2008
1244	HYDRALAZINE HCL	50MG	TABLET	0.4591	0.4591	0.4591	added Sept 2008
33332000801	AFLURIA	45MCG/.5ML	DISP SYRIN	n/a	26	52	added Oct 2008
58160087546	FLUARIX	45MCG/.5ML	DISP SYRIN	n/a	26	52	added Oct 2008
49281000850	FLUZONE	45MCG/.5ML	DISP SYRIN	n/a	26	52	added Oct 2008
66521011101	FLUVIRIN	45MCG/.5ML	DISP SYRIN	n/a	26	52	added Oct 2008
66521011102	FLUVIRIN	45MCG/.5ML	DISP SYRIN	n/a	26	52	added Oct 2008
19515088507	FLULAVAL	45MCG/.5ML	VIAL	n/a	26	52	added Oct 2008
33332010810	AFLURIA	45MCG/.5ML	VIAL	n/a	26	52	added Oct 2008
49281038215	FLUZONE	45MCG/.5ML	VIAL	n/a	26	52	added Oct 2008
66521011110	FLUVIRIN	45MCG/.5ML	VIAL	n/a	26	52	added Oct 2008
49281000810	FLUZONE	45MCG/.5ML	VIAL	n/a	26	52	added Oct 2008
00006473900	PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	80	added Oct 2008

GCN or NDC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
0000647 3950	PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	80	added Oct 2008
0000649 4300	PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	80	added Oct 2008
5456914 1200	PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	80	added Oct 2008
5486833 3901	PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	80	added Oct 2008
5486843 2000	PNEUMOVAX 23	25MCG/0.5	VIAL	n/a	40	80	added Oct 2008
31661	Meloxicam tablets (generic)	7.5MG	TABLET	n/a	n/a	0.3775	added Jan 2009
31662	Meloxicam tablets (generic)	15MG	TABLET	n/a	n/a	0.3775	added Jan 2009
1771	Nitroquick sublingual (generic)	0.3 MG	TAB SUBL	n/a	n/a	0.0682	added Jan 2009
1772	Nitroquick sublingual (generic)	0.4 MG	TAB SUBL	n/a	n/a	0.1487	added Jan 2009
1772	Nitroquick sublingual (generic)	0.4 MG	TAB SUBL	n/a	n/a	0.0682	added Jan 2009
1773	Nitroquick sublingual (generic)	0.6 MG	TAB SUBL	n/a	n/a	0.0682	added Jan 2009
1681	Nitroglycerin capsules (SA)	2.5 MG	CAPSULE SA	n/a	n/a	0.1172	added Jan 2009
1682	Nitroglycerin capsules (SA)	6.5 MG	CAPSULE SA	n/a	n/a	0.1578	added Jan 2009
1684	Nitroglycerin capsules (SA)	9 MG	CAPSULE SA	n/a	n/a	0.3507	added Jan 2009
32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.4348	added Jan 2009
32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.4022	added Jan 2009
32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.4017	added Jan 2009
32140	Clobetasol propionate Cream (generic)	0.05%	CREAM	n/a	n/a	0.2391	added Jan 2009
33431	Doxazosin	1MG	TABLET	n/a	n/a	0.6261	added Jan 2009
33432	Doxazosin	2MG	TABLET	n/a	n/a	0.5976	added Jan 2009
33433	Doxazosin	4MG	TABLET	n/a	n/a	0.5976	added Jan 2009
33434	Doxazosin	8MG	TABLET	n/a	n/a	0.7081	added Jan 2009
40830	CLINDAMYCIN HCL	150MG	CAPSULE		0.9707	0.9707	prices effective 7/1/2008 added to Attachment H 5/12/2009
40832	CLINDAMYCIN HCL	300MG	CAPSULE		2.9264	2.9264	prices effective 7/1/2008 added to Attachment H 5/12/2009
31231	TRIAMCINOLONE ACETONIDE	0.025%	CREAM(GM)		0.0255	0.0255	prices effective 7/1/2008 added to Attachment H 5/12/2009
31231	TRIAMCINOLONE ACETONIDE	0.025%	CREAM(GM)		0.0544	0.0544	prices effective 7/1/2008 added to Attachment H 5/12/2009

GCN or NBC	FirstOfDrug	FirstOfStrength	FirstOfForm	Year 1	Year 2	Year 3	comment
31232	TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)	0.0586	0.0586		prices effective 7/1/2008 added to Attachment H 5/12/2009
31232	TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)	0.0679	0.0679		prices effective 7/1/2008 added to Attachment H 5/12/2009
31232	TRIAMCINOLONE ACETONIDE	0.1%	CREAM(GM)	0.1141	0.1141		prices effective 7/1/2008 added to Attachment H 5/12/2009
31233	TRIAMCINOLONE ACETONIDE	0.5%	CREAM(GM)	0.1869	0.1869		prices effective 7/1/2008 added to Attachment H 5/12/2009
16811	VENLAFAXINE HCL	25MG	TABLET	1.5835	1.5835		prices effective 7/1/2008 added to Attachment H 5/12/2009
16812	VENLAFAXINE HCL	37.5MG	TABLET	1.6303	1.6303		prices effective 7/1/2008 added to Attachment H 5/12/2009
16813	VENLAFAXINE HCL	50MG	TABLET	1.6797	1.6797		prices effective 7/1/2008 added to Attachment H 5/12/2009
16815	VENLAFAXINE HCL	100MG	TABLET	1.8870	1.8870		prices effective 7/1/2008 added to Attachment H 5/12/2009
5830	GLIMEPIRIDE	1MG	TABLET	0.3275	0.3275		prices effective 7/1/2008 added to Attachment H 5/12/2009
5832	GLIMEPIRIDE	2MG	TABLET	0.3673	0.3673		prices effective 7/1/2008 added to Attachment H 5/12/2009
5833	GLIMEPIRIDE	4MG	TABLET	0.3341	0.3341		prices effective 7/1/2008 added to Attachment H 5/12/2009
92889	GLYBURIDE, MICRO/METFORMIN HCL	2.5-500MG	TABLET	0.5223	0.5223		prices effective 7/1/2008 added to Attachment H 5/12/2009
89879	GLYBURIDE, MICRO/METFORMIN HCL	5MG-500MG	TABLET	0.3216	0.3216		prices effective 7/1/2008 added to Attachment H 5/12/2009
89878	GLYBURIDE, MICRO/METFORMIN HCL	1.25-250 MG	TABLET	0.2667	0.2667		prices effective 7/1/2008 added to Attachment H 5/12/2009
7070	ALLOPURINOL	100MG	TABLET	0.1770	0.1770		prices effective 7/1/2008 added to Attachment H 5/12/2009
7071	ALLOPURINOL	300MG	TABLET	0.2799	0.2799		prices effective 7/1/2008 added to Attachment H 5/12/2009
35674	COLCHICINE	0.6MG	TABLET	0.2118	0.2118		prices effective 7/1/2008 added to Attachment H 5/12/2009
15042	PROMETHAZINE HCL	12.5MG	TABLET	0.3640	0.3640		prices effective 7/1/2008 added to Attachment H 5/12/2009
15043	PROMETHAZINE HCL	25MG	TABLET	0.4127	0.4127		prices effective 7/1/2008 added to Attachment H 5/12/2009
15044	PROMETHAZINE HCL	50MG	TABLET	0.6326	0.6326		prices effective 7/1/2008 added to Attachment H 5/12/2009
21680	ALENDRONATE SODIUM	10MG	TABLET	0.7024	0.7024		prices effective 7/1/2008 added to Attachment H 5/12/2009
12389	ALENDRONATE SODIUM	35MG	TABLET	3.6463	3.6463		prices effective 7/1/2008 added to Attachment H 5/12/2009
21681	ALENDRONATE SODIUM	40MG	TABLET	4.9490	4.9490		prices effective 7/1/2008 added to Attachment H 5/12/2009
21682	ALENDRONATE SODIUM	5MG	TABLET	0.7024	0.7024		prices effective 7/1/2008 added to Attachment H 5/12/2009
85361	ALENDRONATE SODIUM	70MG	TABLET	6.1463	6.1463		prices effective 7/1/2008 added to Attachment H 5/12/2009

ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE

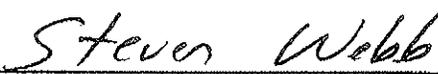
SUBJECT CONTRACT NUMBER:	FA-07-17124-00 Edison Contract ID Number: 2888
CONTRACTOR LEGAL ENTITY NAME:	Express Scripts, Inc.
FEDERAL EMPLOYER IDENTIFICATION NUMBER: (or Social Security Number)	42 - 1420563

The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract.



CONTRACTOR SIGNATURE

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor. If said individual is not the chief executive or president, this document shall attach evidence showing the individual's authority to contractually bind the Contractor.



PRINTED NAME AND TITLE OF SIGNATORY

5-21-09

DATE OF ATTESTATION

RFS #	Contract #
317.15 — 040 — 07	Edison # 2888 FA-07-17124-00
State Agency	State Agency Division
Finance and Administration	Division of Insurance Administration
Contractor Name	Contractor ID / (FEIN) / SSN
Express Scripts, Inc.	<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 43-1420563
Service Description	
Provides administrative services for the State's pharmacy assistance program, CoverRx.	

Contract Begin Date	Contract End Date	SUBRECIPIENT or VENDOR?	CFDA #
November 15, 2006	December 31, 2009	Vendor	

Mark Each TRUE Statement

Contractor is on STARS

Contractor's Form W-9 is on file in Accounts

Allotment Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
350.60	200	08 4	11		

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2007	\$11,500,000.00				\$11,500,000.00
2008	\$16,250,000.00				\$16,250,000.00
2009	\$16,240,000.00				\$16,240,000.00
2010	\$10,000.00				\$10,000.00
TOTAL	\$44,000,000.00				\$44,000,000.00

COMPLETE FOR AMENDMENTS ONLY			State Agency Fiscal Contact & Telephone
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Maureen Abbey Tennessee Tower, 20th Floor 615-741-6070 <i>MA</i>
			State Agency Budget Officer Approval
			<i>Maureen Abbey</i>
			Funding Certification (Certification required by the State for all amendments to the contract)
TOTAL			JAN - 2 2006 ⁷ No stamps FY
End Date:			

Contractor Ownership (complete only on base contracts with contractor's participation)

African American Person w/ Disability Hispanic Small Business NOT minority/disadvantaged

Asian Female Native American OTHER minority/disadvantaged—

Contractor Selection Method (complete for All base contracts - NOT amendments to the contract)

RFP Competitive Negotiation Alternative Competitive Method

Non-Competitive Negotiation Negotiation w/ Government (e.g., ID, GG, GU) Other

Procurement Process Summary (complete for selection by Alternative Method, Competitive Negotiation, Non-competitive Negotiation, or Other)

CONTRACT SUMMARY SHEET SUPPLEMENT							
Contract Number		2007		FA-07-		Fiscal Year	
Allowance Code	Cost Center	Object Code	FUND	GRN Code	Supplier Code	ORDR	Amount
350.60	200	08	11				\$11,500,000
							\$11,500,000
TOTAL							
							\$11,500,000

CONTRACT SUMMARY SHEET SUPPLEMENT							
Contract Number		FA-07-					
Fiscal Year		2008					
Allocation Code	Cost Center	Object Code	Fund	Grant Code	Program Code	CDA	Amount
350.60	200	08	11				\$16,250,000
							\$16,250,000
TOTAL							\$16,250,000

**CONTRACT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION,
DIVISION OF INSURANCE ADMINISTRATION
AND
EXPRESS SCRIPTS, INC.**

This Contract, by and between the State of Tennessee, Department of Finance and Administration, Division of Insurance Administration hereinafter referred to as the "State" or "Division of Insurance Administration" and Express Scripts, Inc., hereinafter referred to as the "Contractor," is for the provision of Pharmacy administrative services for a statewide pharmacy assistance program for eligible adults ages 19 – 64 (through 64) as further defined in the "SCOPE OF SERVICES."

The Contractor is a for-profit corporation. The Contractor's address is:

Express Scripts, Inc.
13900 Riverport Drive
Maryland Heights, Missouri 63043

The Contractor's place of incorporation or organization is Delaware.

The Contractor's Federal Employee Tax Identification Number is 43-1420563.

A SCOPE OF SERVICES

The Contractor agrees to provide administrative services for the State's pharmacy assistance program hereinafter referred to as CoverRx. CoverRx provides limited pharmacy assistance through retail or through retail and mail order to eligible participants enrolled in the State's Department of Mental Health and Developmental Disabilities (DMHDD) Safety Net program and for other eligible adults ages 19 – 64 (through 64), hereinafter referred to as "participants", needing access to prescription drugs for acute care and ongoing disease management. The program is not a prescription drug benefit, an insurance program, nor an entitlement program. The term "providers" is defined as a licensed entity participating in the network of the Contractor. The Contractor shall provide the following required programs and service components for the CoverRx program.

Definitions

AWP refers to the Average Wholesale Price of a drug and is a national average of list prices charged by wholesalers to pharmacies.

Copayment refers to that portion of the charge for each covered drug dispensed to the participant that is the responsibility of the participant as indicated in 2.1 of Attachment A of the RFP.

Covered Drug(s) are those prescription drugs and supplies are covered under CoverRx.

Electronic Protected Health Care Information shall have the meaning set out in its definition at 45 C.F.R. § 160.103.

Enrollment Card (also referred to as ID card) refers to a printed identification card containing the applicable Contractor information, logo or other mutually agreed upon method of identifying the contractor as the provider of pharmacy assistance services and other program information.

Health Insurance Portability and Accountability Act (HIPAA) refers to the Health Insurance Portability and Accountability Act of 1996, or as later amended.

MAC means the Maximum Allowable Cost of a drug and is a drug reimbursement policy that publishes prices defining the maximum contribution of a drug plan to the purchase of a drug.

Mail Service Pharmacy means a duly licensed pharmacy operated by PBM or its subsidiaries, other than, where prescriptions are filled and delivered to Members via the mail service.

Mental Health Safety Net (MHSN) refers to essential mental health services offered through the Department of Mental Health and Developmental Disabilities for individuals who were disenrolled from the TennCare as a result of TennCare reform efforts in June 2005.

Participant refers to any individual accessing services under the CoverRx program who meets the eligibility criteria of either being enrolled in the State's Department of Mental Health and Developmental Disabilities (DMHDD) Safety Net program or for other eligible adults ages 19 – 64 (through 64) whose income is at or below 250% FPL, is a U.S. citizen who has been a resident of Tennessee for six months and who has no access to prescription drug coverage.

Participating Pharmacy is any licensed retail pharmacy with which the contractor has executed an agreement to provide covered drugs to participants.

Pharmacy or Pharmacies refers to any or all participating retail pharmacies or mail service pharmacy(ies) participating in the Contractor's network of pharmacies.

Pharmacy Rebate Program includes, but is not limited to, rebate contracts, special discounts, fee reductions, incentive programs and administrative fees paid by pharmaceutical manufacturers to the contractor or the like with pharmacy manufacturers.

Prescription Drug Claim is a submitted claim or claim for payment submitted to the contractor by a pharmacy or participant as a result of dispensing a covered drug to a participant in the CoverRx program.

Protected Health Information (PHI) shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Provider is defined as a licensed entity participating in the network of the contractor.

Rebates means any retrospective rebates (funds) paid to the contractor pursuant to the terms of a rebate contract negotiated independently by the contractor with a pharmaceutical manufacturer, and directly attributable to the utilization of certain pharmaceuticals by participants.

Seriously and Persistently Mentally Ill (SPMI) refers to individuals who have a serious and persistent mental illness. These individuals are registered into the MHSN by the Department of Mental Health and Developmental Disabilities, or its representative, and are eligible to receive pharmacy assistance under CoverRx.

U & C means usual and customary charges are amounts charged by health care providers that are consistent with charges for similar services in a given locale.

- A.1 CoverRx will be operational, as detailed in the Performance Guarantees contained in Contract Attachment B, by January 1, 2007.
- A.2 The Contractor will implement the systems required to process all CoverRx claims and all other services described herein. The Contractor will work with Division of Insurance Administration to ensure that the program satisfies the functional and informational requirements of Tennessee's CoverRx pharmacy assistance program. The system must be thoroughly tested and accepted by the State prior to implementation.
- A.3 The State shall determine all program policies regarding CoverRx. Should the Contractor have a question on policy determinations or operating guidelines required for proper performance of the Contractor's responsibilities, the Contractor shall request a determination in writing. The State will then respond in writing making a determination within thirty (30) days. The Contractor shall then act in accordance with such policy determinations and/or operating guidelines.

- A.4 The State shall have the sole responsibility for and authority to clarify and/or revise the pharmacy assistance available under this program. It is understood between the parties that the program cannot and does not cover all participant pharmacy needs.
- A.5 Administrative Support and Contract Project Coordinator – the Contractor shall:**
- A.5.1 At a minimum, designate and maintain a Project Coordinator for this contract who is responsible for coordinating and managing the total project. The Project Coordinator or their substitute shall be available to Division of Insurance Administration staff during regular working hours within 24 hours of a request for assistance via telephone, email or on-site presence. The State's regular working hours are Monday through Friday, 8 a.m. Central Time – 4:30 p.m. Central Time, excluding official State holidays.
- A.5.2 Provide qualified licensed pharmacy personnel input to assist the State in the analysis of the CoverRx program and policy and design changes.
- A.5.3 Collaborate with the State in proactively identifying opportunities to improve the quality of service, cost effectiveness and operational efficiency of the pharmacy assistance program.
- A.5.4 Provide quarterly reviews of pharmacy network adequacy, service levels and other factors that describe program performance utilization.
- A.5.5 Maintain sufficient levels of staff including supervisory and support staff with appropriate training, work experience, and expertise to perform all contract requirements on an ongoing basis. Telephone and administrative personnel shall be familiar with covered services under the CoverRx program.
- A.5.6 Allow on-line access for at least two (2) employees of the State to enroll new participants and enable additions, deletions and corrections to information regarding Mental Health Safety Net participants of the CoverRx program. The designated State employees will provide to the Contractor background information in order to meet security standards of the Contractor.
- A.6 Point-of-Sale for both Retail and Mail Order Claims Adjudication - the Contractor shall:**
- A.6.1 Provide an online pharmacy point-of-sale (POS) system that can be modified to meet the needs of the Division of Insurance Administration retail and mail order pharmacy assistance program. The Contractor will provide system design modification, development, implementation and operation for CoverRx.
- A.6.2 Be responsible for operating the provided system.
- A.6.3 Adjudicate and process all electronic point of sale and paper retail and mail order pharmacy claims incurred during the term of the contract in accordance with the CoverRx formulary and program design provided in Attachment A.
- A.6.4 Maintain an integrated retail and mail order electronic POS claims system that shall have edits to verify eligibility, the current Drug List, and claim accuracy. The Contractor must be able to track and report utilization by participant across all program components.
- A.6.4.1 Maintain the POS claims system that shall have the capability to identify participants that the State determines eligible for the CoverRx restricted formulary. Contractor must be able to provide an override to allow an initial sixty-day (60) supply to new participants in the MHSN or MHSN participants whose drug regimen has changed.
- A.6.5 Maintain a tracking system for participants to request prescription refills, and use that system to verify eligibility and provide the participant the opportunity to provide an alternate mail order address at time of refill, if applicable.
- A.6.6 Ensure participants pay the lesser of Maximum Allowable Cost (MAC), Usual and Customary (U & C) or discount price regardless of the co-pay required.

- A.6.7 Contractor will make reasonable efforts to recover overpayments and reimburse underpayments to pharmacies due to errors made by pharmacies in processing CoverRx claims in accordance with applicable law and adjust State invoices accordingly.
- A.6.8 Have the ability for the participant to be reimbursed for eligible claims not properly adjudicated. In order to receive reimbursement, participant must request reimbursement or appeal the claim within ninety (90) days of point of service.
- A.6.9 Have the ability to refill mail order prescriptions online through the website, by telephone, or by mail, subject to compliance with all applicable federal and state laws and regulations.
- A.6.10 Submit the majority of claims through POS telecommunication devices as well as some paper claims or batch billing by tape submitted directly to the Contractor for processing. Paper claims may include, but are not limited to, those submitted from the Tennessee Department of Health. Paper claims will be submitted on universal claim forms or the current industry standard forms (NCPDP).
- A.7 Mail Order Service – If offered, the Contractor shall:**
- A.7.1 Be a licensed pharmacy in good standing with the Tennessee Board of Pharmacy. The Contractor must have a Pharmacist-in-Charge holding a current Tennessee Pharmacist license in good standing with the Tennessee Board of Pharmacy and sufficient staff to meet the demand for services. The Contractor must possess a current license to dispense controlled drugs (Schedule 2, 3, 4 and 5 substances).
- A.7.2 Maintain mail order facilities capable of processing participant subscriptions volume.
- A.7.3 Provide a toll-free telephone number dedicated to the pharmacy mail-order program.
- A.7.4 Provide an option on the toll-free telephone number for participants to consult with a registered pharmacist.
- A.7.5 Provide a web site for participants providing access to the CoverRx Formulary and copays, retail pharmacy network, link to mail-order, and, if available, a secure site for participants to access their pharmacy claims.
- A.7.6 After verifying the client's eligibility, the Contractor will mail, or deliver, if the Contractor prefers, medications directly to the participant's designated address, or allow participant pickup at the Contractor's retail pharmacy, if the participant requests that arrangement. All completed, fillable prescriptions must be dispensed with a maximum turnaround time of less than forty-eight (48) hours.
- A.8 Retail Network Service – the Contractor shall:**
- A.8.1 Provide a comprehensive network (see Contract Attachment B) through the entire term of the contract, including term extensions, with participant access to retail pharmacies licensed and located in Tennessee who are in good standing with the Tennessee Board of Pharmacy. The Contractor must have a Pharmacist-in-Charge holding a current Tennessee Pharmacist license in good standing with the Tennessee Board of Pharmacy and sufficient staff to meet the demand for services. Providers in the network agree with the Contractor's terms and conditions for POS electronic transmission to verify eligibility, submit participant claims electronically, agree not to waive co-payments, and agree to accept the Contractor's reimbursement as payment in full for covered prescription drugs allowing no balance billing.
- A.8.2 Provide participating pharmacies with a toll-free telephone service number.
- A.8.3 Maintain a pharmacy audit program in order to ensure pharmacy compliance with the program.
- A.8.4 Require its network retail pharmacies, who have agreed with the Contractor's terms and conditions for mail order pharmacy to provide prescriptions at the same cost, upon request by participants. The network of pharmacies referenced herein, shall be in place prior to December 31, 2006.

- A.8.5. Provide discount pricing on brand and generic drugs not on the CoverRx formulary that enables the lower of discount or Usual and Customary (U & C) pricing.
- A.8.5.1. Prescriptions filled through the discount card must adhere to the Contractor's same pricing formulae as those used for all CoverRx formulary drugs.
- A.8.6. All retail components of the program must be administered through a single membership card.
- A.9 Formulary and Utilization Review – the Contractor shall:**
- A.9.1 Maintain the State's established Formulary for the retail and mail order CoverRx program (Attachment A). Changes in the Formulary shall be submitted by the State to the Contractor no less than 30 days prior to change implementation date, unless the Contractor and State mutually agree to a shorter notification time.
- A.9.2 Provide a Prospective Utilization Review (Pro-DUR) program for the retail and mail order programs allowing pharmacists access to patient prescription drug profiles and history in order to identify potentially adverse events, including but not limited to the following:
- o Drug to drug interaction
 - o Duplicate therapy
 - o Over utilization
 - o Maximum daily dosage
 - o Early refill indicators
 - o Suspected fraud
- A.9.3 Provide for clinical pharmacist follow-up to dispensers and prescribers in order to share relevant information from the drug utilization review analysis.
- A.9.4 Provide a Retrospective Utilization Review program to track provider prescribing habits and identify those who practice outside of their peer norms as well as identify patients who may be abusing prescription drugs or visiting multiple providers.
- A.9.5 Have the ability to lock a participant suspected of abusing the system into just one network pharmacy.
- A.10 Pharmacy Rebates and Audits – the Contractor shall:**
- A.10.1 Remit to the State no less than quarterly a check for all pharmacy rebates obtained by the Contractor due to the use of pharmaceuticals by participants of CoverRx for the rebates accrued during the claim period ending six (6) months prior to the rebate payment date.
- A.10.2 With provision by the State of 30 days notice, and with execution of any applicable third party confidentiality agreements, submit to examination and audit of applicable pharmacy utilization data by the State, including manufacturer rebate contracts and rebate payments, by the State's authorized independent auditor (experienced in conducting pharmacy rebate audits) during the term of this contract and for three years after final contract payment (longer if required by law). For the purpose of this requirement, Contractor shall include its parents, affiliates, subsidiaries and subcontractors. Such audits shall include third party confidentiality agreements between the auditor and the party being audited.
- A.10.3 With provision by the State of 30 day notice, and with the execution of any applicable third party confidentiality agreements, provide full disclosure of rebates received by the Contractor, its affiliates, subsidiaries, or subcontractors due to the use of pharmaceuticals by participants of CoverRx, including line item detail by National Drug Code number and line item detail by pharmaceutical manufacturer showing actual cost remitted and other related claim and financial information as needed to satisfy the scope of the audit. The Contractor will, upon request by the State, disclose to the State's authorized independent auditor (experienced in conducting pharmacy rebate audits) any administrative fees or other reimbursements received in connection with any rebates, discounts, fee reductions, incentive programs, or the like received by the Contractor as a result of the drug manufacturer payments which include volume of pharmaceutical use by participants of CoverRx. In addition, the Contractor will, upon request by the State, disclose fees or other reimbursements received in connection with any grants, educational

programs or other incentive programs received by the Contractor due to the use of pharmaceuticals by participants of CoverRx.

A.10.4 With the execution of any applicable third party confidentiality agreements, provide at any time, upon 30 day notice from the State, access to audit the pharmacy rebate program, including but not limited to rebate contracts, special discounts, fee reductions, incentive programs or the like with pharmacy manufacturers and program financial records as necessary to perform accurate and complete audit of rebates received by the State. At the State's discretion, the State's authorized independent auditor (experienced in conducting rebate audits) may perform such audit. The State is responsible for the cost of the authorized third party representative for such audits. If the outcome of the audit results in an amount due to the State, payment of such settlement will be made within 30 days of the Contractor's receipt of the final audit report.

A.11 Eligibility and Enrollment

A.11.1 The Contractor will develop, or contract for, an ongoing eligibility and enrollment process. The process must have the capability to:

A.11.1.1 Assess whether or not an individual applicant meets the State's eligibility criteria (See Attachment A for the State's eligibility criteria);

A.11.1.2 Enroll each eligible Individual subject to the State's criteria;

A.11.1.3 Provide an online capability for the State to either:

A.11.1.3.1 Enroll a MHSN participant into the CoverRx program or

A.11.1.3.2 Authorize a current MHSN participant to access the CoverRx restricted formulary, as specified by the State

A.11.1.4 MHSN participants must be able to access services within forty-eight (48) hours after receipt of eligibility information from the State

A.11.1.5 Result in a determination of eligibility within five (5) working days of receipt of a completed application as detailed in the Performance Guarantees contained in Contract Attachment B. A completed application is defined as one in which the applicant has provided the required data fields and supporting documentation.

A.11.1.6 Track and report on intake of applications and turnaround time.

A.11.1.7 Thirty (30) days prior to each participant's anniversary date the Contractor shall annually verify participant eligibility, for Contractor enrolled participants, as described in the Performance Guarantees contained in Contract Attachment B.

The State will be responsible for annually re-verifying MHSN participants and identifying ineligible MHSN participants. Once a year, the State shall provide the Contractor with an updated eligibility file for import into the Contractor's system. Any MHSN participants not included in the annual file provided to the Contractor shall be handled separately by the State and all data updates associated with these participants will be entered directly into the Contractor's system by the State.

A.11.2 Prior to general availability of CoverRx, the State intends to auto-enroll in CoverRx those individuals who are currently receiving services through the State's Mental Health Safety Net program as of the date of contract award. Information regarding the Mental Health Safety Net Auto Enrolled participants is located in Appendix 7.1. To ensure that these individuals' enrollment records remain accurate and complete, the Contractor commits to the following:

A.11.2.1 To accept, via secure medium (FTP-to-FTP Server Connections via a site to site Virtual Private Network (VPN) tunnel, or other secured means approved by the State) enrollment data electronic transfer files from the State, in the State's proprietary transaction formats, for participants maintained in the State's Mental Health Safety Net Program;

- A.11.2.2 To complete each of the following tasks by the indicated deadline and described in the Performance Guarantees contained in Attachment B;
- A.11.2.2.1 Systematically compare, via computer programs, the State's file of Mental Health Safety Net Participants within five (5) working days of receipt of the file from the State; and
- A.11.2.2.2 Resolve all mismatches identified by the reconciliation processing of the file within ten (10) working days of receipt of the files from the State. "Mismatches" are defined as any difference of values between the State's and the Contractor's database; and
- A.11.2.2.3 To complete and submit to the State the *Auto Enrollment Data Reconciliation Report* (required reporting fields are provided in Attachment F), within twelve (12) working days of receipt of the file.
- A.11.2.3 **State of Tennessee Enrollment Data Match:** Upon request by the State, not to exceed two (2) times annually, the Contractor shall submit to the State its full file of participants or a subset of participants at no additional cost, by which the State will conduct a data match against the State's various programs. A subset of participants is defined as any sort of the participant database by any of the data elements on the enrollment form. The purpose of this data match will be to determine the extent to which the Contractor is maintaining its data base of Mental Health Safety Net participants and to assist the State in other audit processes as required by other State programs.
- A.11.2.3.1 The Contractor agrees to send data to the State with a FTP-to-FTP Server Connection via a site-to-site Virtual Private Network (VPN) tunnel or other secure means approved by the State. Failure by the Contractor to submit records, and in the proper format, within five (5) calendar days of the request from the State, shall result in a penalty as described in the Performance Guarantees outlined in Attachment B. Results of this match will be communicated to the Contractor, including any requirements – and associated timeframes – for updating their eligibility status in CoverRx.

A.12 CUSTOMER AND ADMINISTRATIVE SERVICES

- A.12.1 The Contractor shall maintain a full service staff to respond to inquiries, correspondence, complaints, and problems, and to assist with participant and provider education. The Contractor shall answer, in writing, within ten (10) business days ninety percent (90%) of all written inquiries from participants and providers concerning requested information, including the status of assistance available through the CoverRx program, clarifications and revisions.
- A.12.2 The Contractor, upon request by the State, shall review and comment on proposed revisions to the CoverRx assistance. When so requested, the Contractor shall comment in regard to:
- Industry practices; and
 - The overall cost impact to the program; and
 - Any cost impact to the Contractor's fee; and
 - Impact upon utilization management performance standards; and
 - Necessary changes in the Contractor's reporting requirements; and
 - System changes.
- A.12.3 The Contractor shall provide an appeal process submitted to the State for review and approval twenty-one (21) days prior to implementation of the CoverRx program. Within thirty (30) days of contract award, the Contractor shall provide to the State two (2) written copies describing in detail the Contractor's appeal process. The State shall review and approve the policies and procedures. The Contractor shall maintain an appeal process, by which participants and providers may appeal claims adjudication and eligibility determination.
- A.12.4 The Contractor shall respond to all inquiries in writing from the Division of Insurance Administration within one (1) week after receipt of said inquiry. In cases where additional information to answer the State's inquiry is required, the Contractor shall notify the State immediately as to when the response can be furnished to the State.

- A.12.5 The Contractor shall maintain statewide, toll-free phone lines operated by qualified specialists and for the exclusive purpose of participant and provider inquiries. These phone lines shall be operated in accordance with details provided in the Contractor's proposal, and perform consistent with the Performance Guarantees in Contract Attachment B.
- A.12.5.1 At a minimum, the Contractor will make available Spanish-language staff and will make appropriate accommodation for participants who have limited English proficiency (LEP) and those who are deaf, hard of hearing or speech disabled. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English may have limited English proficiency. Appropriate language assistance includes, but is not limited to, translation of documents, contract staff interpreters, contract interpreters from within the community and a telephone interpreter service.
- A.12.5.2 The Contractor shall track calls and maintain data so as to be able to provide the following management reports containing, at a minimum, the following information:
- a. number of calls received
 - b. number of calls abandoned
 - c. number of calls answered
 - d. average speed to answer a call
 - e. average caller queue time
 - f. average call duration
- A.12.5.3 The Contractor will refer ineligible callers (those callers who are not eligible for CoverRx, as determined by the Contractor, to the Cover Tennessee Hotline (1-888-COVERTN) at no additional cost to the State.
- A.12.6 The Contractor shall meet with representatives of the State periodically, but no less than quarterly, to discuss any problems and/or progress on matters outlined by the State. The Contractor shall have in attendance, when requested by the State, the Program Coordinator and representatives from its organizational units required to respond to topics indicated by the State's agenda. The Contractor shall provide information to the State concerning its efforts to develop cost containment mechanisms and improve administrative activities, as well as trends in the provision of pharmacy assistance services. The Contractor shall provide advice, assistance and information to the State regarding applicable existing and proposed Federal and State laws and regulations affecting pharmacy provider entities.
- A.12.7 The Contractor shall, in consultation with and following approval by the State, print and distribute all services descriptive booklets, identification cards, provider network directories, letters and administrative forms pertaining to or sent to the State's participants. All participant materials shall be distributed in accordance with the Performance Guarantees contained in Contract Attachment B.

The contractor must have any of the above communications materials approved by the State before release. The cost of printing and distributing enrollment forms, descriptive booklets, identification cards, and administrative forms and manuals shall be the responsibility of the Contractor.

- A.12.7.1 The Contractor shall maintain dedicated CoverRx internet pages that shall provide up to date information.
- A.12.7.2 The Contractor shall issue a participant their enrollment card within one (1) week of determining their eligibility.
- A.12.7.3 The Contractor will provide up to one (1) replacement card within one twelve (12) month period at the request of the participant for no additional charge. The cost to the State for additional cards mailed to participants shall not exceed one (\$1.00) dollar per card.
- A.12.7.4 In the event that either a participant's enrollment card or mail order drugs are returned, the Contractor shall make three (3) attempts to contact participant and (or) provider using information included on the participant's application form or prescription.

A.12.8 The Contractor shall provide advice and assistance with regard to questions regarding effective dates, assistance levels, and cessation of services as requested by the State, individual participants, and providers.

A.12.9 The Contractor shall not modify the CoverRx Formulary or services provided to participants during the term of this contract without the consent of the State.

A.13 Claims Processing

A.13.1 Upon request by the State, the Contractor shall develop or modify its pharmacy administration system to reflect approved CoverRx pharmacy program revisions (new, changed, or cancelled) within 30 days of notification by the State. Should said pharmacy program amendment(s) not be effective within 30 days, the Contractor shall have until the effective date of the amendment to modify its pharmacy program administration system.

A.13.2 The Contractor shall ensure that the majority of all claims will be paperless for the participants. Providers will have the responsibility through their contract with the Contractor to submit claims directly to the Contractor.

A.13.3 The Contractor shall ensure that the electronic data processing (EDP) environment (hardware and software), data security, and internal controls meet all present standards, and will meet all future standards, required by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. Said standards shall include but not limited to the requirements specified under each of the following HIPAA subsections:

- Electronic Transactions and Code Sets
- Privacy
- Security
- National Provider Identifier
- National Employer Identifier
- National Individual Identifier
- Claims attachments
- National Health Plan Identifier
- Enforcement

A.13.4 To maintain the privacy of personal health information, the Contractor shall provide to the State a method of securing email for daily communications between the State and the Contractor.

A.13.5 The Contractor shall maintain an EDP and electronic data interface (EDI) environment that meets the contract requirements and meets the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Contractor must have a disaster recovery plan for restoring the application software and current master files and for hardware backup if the production systems are destroyed.

A.13.6 The Contractor shall verify eligibility of each participant as claims are submitted, on the basis of the eligibility determinations made by the Contractor, which apply to the period during which the charges were incurred. The Contractor shall process said claims, in an accurate manner, either filed directly by participants and/or the provider(s), in accordance with the Performance Guarantees contained in Contract Attachment B.

A.13.7 To ensure the efficient and timely processing of claims and the adequate capture of data, the Contractor shall provide participants with identification cards. Identification cards shall contain unique identifiers for each participant; such identifier shall NOT be the participant's Federal Social Security Number. The cost of these items shall be borne by the Contractor. The State reserves the authority to review any claim forms and identification cards prior to issuance for use. Contractor shall update enrollment and shall mail participant I.D. cards no later than one (1) week from receipt of the new enrollment or change in enrollment.

A.13.8 The Contractor shall notify the State within thirty (30) days of a retroactive termination of all claims paid on behalf of the affected plan participant during the period covering the retroactivity. The State will require the Contractor to assist the State in the recovery of claims.

A.13.9 Upon conclusion of this contract, or in the event of its termination or cancellation for any reason, the Contractor shall be responsible for the processing of all claims incurred for CoverRx rendered during the period of this contract with no additional administrative cost to the State and according to the pharmaceutical price quoted for the year in which the pharmacy expense was incurred. The claims run out period shall extend through the final day of the thirteenth (13th) month following contract termination.

A.14 Audit and Fraud Investigation

A.14.1 The Contractor shall assist the State in identifying fraud and perform fraud investigations of participants and providers, in consultation with the State, for the purpose of recovery of overpayments due to fraud. Reviews must include all possible actions necessary to locate and investigate cases of potential, suspected, or known fraud and abuse. In the event the Contractor discovers evidence that an unusual transaction has occurred that merits further investigation, the Contractor shall simultaneously inform the Division of Insurance Administration and the Division of State Audit, in the Office of the Comptroller of the Treasury. The State will review the information and inform the Contractor whether it wishes the Contractor to:

- discontinue further investigation if there is insufficient justification; or
- continue the investigation and report back to the Division of Insurance Administration and the Division of State Audit; or
- continue the investigation with the assistance of the Division of State Audit; or
- discontinue the investigation and turn the Contractor's findings over to the Division of State Audit for its investigation.

A.14.2 The Contractor shall allow for periodic audits to be performed by the State of Tennessee's Division of State Audit, Office of the Comptroller of the Treasury, or other qualified entity(ies) designated by the State. For the purpose of this requirement, the Contractor shall include its parent organization, affiliates, subsidiaries, and subcontractors. The selected auditor shall be qualified to conduct such audits and shall not present any conflict of interest with the Contractor that would compromise any Contractor proprietary information. The Contractor shall provide the auditor access to all information necessary to perform the examination, and the State will work with the Contractor in defining the scope of the audit, requirements and time frame for conducting the audit. The State shall provide reasonable notice to Contractor of not less than 30 days. Contractor agrees to be fully prepared for any on-site audit on the mutually agreed upon date. To the extent allowed by applicable law, the State agrees that persons or organizations conducting audits of the Contractor shall be prohibited from disclosing confidential participant information reasonably designated as such by the Contractor.

For the purpose of conducting these audits, the Contractor agrees to the following:

A.14.2.1 Audits may be conducted by the State to ensure that all discounts, and special pricing considerations have accrued to the State and pharmacy assistance participants and that all costs incurred are in accordance with the contract terms.

A.14.2.2 Audits may commence at any time within the three (3) year period following the period being audited. However, the State will not request an audit for the same purpose more than two (2) times in any one (1) contract year.

A.14.2.3 State shall not be required to pay for any Contractor data, reporting, time, expenses or other related costs incurred by Contractor for the preparation of, or participation in, such audits.

A.14.2.4 The Contractor shall not restrict the State audit sample size or sample selection methodology. The State retains the right to select a random sampling process, whereby a statistically valid sample of transactions completed during the audit period are analyzed, or an electronic audit process, whereby one hundred percent of transactions completed during the audit period are analyzed. In the event that the random sampling process is selected, audit results/error rates may be extrapolated for purposes of financial penalties and/or recoveries in accordance with generally accepted auditing principles. For any audit performed for purposes other than performance guarantee validation, State retains the right to choose the sampling method.

- A.14.2.5 Such audits are permissible and required pursuant to the Sarbanes-Oxley Act of 2002; the American Institute of Certified Public Accounts standards; the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and the fiduciary obligations of the State. Accordingly, the Contractor shall not restrict State access to Protected Health Information (PHI) as that term is defined in HIPAA, provided the appropriate Business Associate Agreement and confidentiality agreements are in place and all applicable federal and state laws are followed.
- A.14.2.6 If requested, the Contractor agrees to provide all of the following in anticipation of any audit:
- A.14.2.6.1 Requested claim and/or eligibility data must be provided in Microsoft Access format and include a complete data dictionary/manual defining the codes or other nomenclature used therein. Prescription drug claims data must be provided in NCPDP format version 2.0 or higher.
 - A.14.2.6.2 A questionnaire provided to the Contractor by the State to be completed and returned at least two weeks before commencement of any on-site audit. The Contractor shall not unduly restrict the size or scope of such questionnaire. A current SAS-70 report may be provided to supplement the questionnaire.
 - A.14.2.6.3 Provide complete on-line computer system access to eligibility information, which will allow the auditors to verify eligibility, cost center and claim allocation division codes, and participant effective and termination dates.
 - A.14.2.6.4 Complete on-line computer access to auditing/inquiry mode of the automated system and full-time use of a computer terminal for each auditor that will allow for complete re-adjudication of any claim.
 - A.14.2.6.5 Access to network provider fee schedules, pricing modules, rebundling software, utilization review notes, contracts and any internal policies or procedures as they relate to the payment structure and managed care administration provisions of the State's CoverRx program.
 - A.14.2.6.6 Access to detailed plan descriptions and internal administrative guidelines, manuals, etc., relating to both State and general administrative claim procedures.

A.15 CLAIMS PAYMENT AND RECONCILIATION PROCESS

- A.15.1 All payments for pharmacy claims will be made through the Contractor's system. For the payment of all claims under this contract, the Contractor shall issue payments in the form of checks and/or Automated Clearing House (ACH) electronic funds transfer against the Contractor's own bank account. Unless otherwise mutually agreed to in writing by the parties, the check mailing/delivery process, including the location and timing for the printing and mailing of the checks shall be in the manner described in the Contractor's Proposal. The Contractor shall maintain security and quality controls over the design, printing and mailing of checks, as well as any fraud prevention feature of check stock in the manner described in the Contractor's Proposal.
- A.15.2 Overpayments resulting from the negligent, reckless, or willful acts or omissions of the Contractor, its officers, agents or employees shall be the responsibility of the Contractor, regardless of whether or not such overpayments can be recovered by the Contractor. The Contractor shall repay the State the amount of any such overpayment within thirty (30) calendar days of discovery of the overpayment. Overpayments due to provider fraud or fraud of any other type, other than fraud by employees or agents of the Contractor, will not be subject to the repayment requirement of this Section. The Contractor agrees to assist in identifying fraud and make reasonable efforts, in consultation with the State, to recover overpayments due to fraud. The State will not hold the Contractor responsible for overpayments caused by the State's errors or errors caused by any other agency or department of the State of Tennessee; however, the Contractor shall assist the State in recovery of such overpayments. The requirement that the Contractor assist the State in identifying or recovering overpayments as provided in this Section does not require the Contractor to become a party to any legal proceeding as a result thereof.

A.15.3 The Contractor shall pay claims accurately and timely, as outlined in the Performance Guarantees, contained in Contract Attachment B.

A.16 DATA AND SPECIFIC REPORTING REQUIREMENTS - The Contractor shall:

A.16.1 Maintain a duplicate set of all records relating to the pharmacy payments in electronic medium, usable by the State and Contractor for the purpose of disaster recovery. Such duplicate records are to be stored at a secure fire, flood, and theft-protected facility located away from the storage location of the originals. The duplicate data processing records shall be updated, at a minimum, on a daily basis and retained for a period of 60 days from the date of creation. The Contractor agrees that no data regarding the CoverRx program will be sold or that any revenue will be generated to the Contractor through the sale of data from the CoverRx program.

A.16.2 Reconcile, within ten (10) working days of receipt, payment information provided by the State. Upon identification of any discrepancies, the Contractor shall immediately advise the State.

A.16.3 Annually, on the Contract start date, provide the State with a GeoNetworks® report showing service and geographic access (see Contract Attachment B: Performance Guarantee # 8). The State shall review the network structure and shall inform the Contractor in writing of any deficiencies the State considers to deny reasonable access to medications. The State and Contractor shall then mutually develop a plan of action to correct said deficiencies within sixty (60) days.

A.17 MANAGEMENT REPORTS

The Contractor shall submit Management Reports in a mutually agreeable electronic format (MSWord, MSEXcel, etc.), of the type, at the frequency, and containing the detail described in Contract Attachment C. Reporting shall continue for the twelve (12) month period following termination of the contract.

A.18 SERVICES PROVIDED BY THE STATE

A.18.1 The State will provide a Project Manager from the Department of Finance and Administration, the Division of Insurance Administration. The State Project Manager will be responsible for ensuring that the project is in compliance with the contract and satisfies the requirements of the contract. The State's Project Manager will consult with the Contractor's Project Coordinator on a regular basis. The Project Manager from the State will provide expertise, assistance, and technical leadership in all matters such as policy, organization and staff, environment, data, information processing, and will serve as the coordinator with the Departments of Health and Mental Health and Developmental Disabilities.

A.18.2 Within one (1) week of contract approval, the Division of Insurance Administration will conduct a project kick-off meeting to provide an overview of the CoverRx program, emphasizing auto-enrollment processes, pharmacy claims processing and adjudication, payment processes and reporting requirements.

A.18.3 The State shall provide enrollment records for those individuals enrolled in the State's Mental Health Safety Net program as of the date of contract award. These records shall include the data elements outlined in Contract Attachment F. The Contractor's computer system shall be compatible or have the capability to utilize the enrollment information provided by the State, in the State's proprietary transaction formats. The Contractor, at its expense, will provide and maintain the necessary software, phone lines, modems, CRT's and other equipment required for this purpose.

A.18.4 The State shall be responsible for authorizing participant access to the CoverRx restricted formulary and notifying the contractor of those participants who qualify.

A.18.5 The State shall fund applicable accounts from which the Contractor will make claims payments during the term of the contract, and for the thirteen (13) months following its termination, for pharmacy assistance services delivered within the term of the contract.

B CONTRACT TERM

B.1 This Contract shall be effective for the period commencing on November 15, 2006 and ending on December 31, 2009. The State shall have no obligation for services rendered by the Contractor, which are not performed within the specified period.

C PAYMENT TERMS AND CONDITIONS

C.1 Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Forty-Four million dollars (\$44,000,000). The Service Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Service Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Service Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

C.2 Compensation Firm. The Maximum Liability of the State under this Contract is firm for the duration of the Contract and are not subject to escalation for any reason unless amended. The Contractor shall submit **weekly** invoices, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall be submitted for administrative pharmacy services for the amount stipulated. The State shall compensate the Contractor **weekly** for all services outlined in this contract.

C.3 Payment Methodology. The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A. The Contractor shall be compensated based upon the following Service Rates:

<u>SERVICE UNIT/MILESTONE</u>	<u>YEAR 1 AMOUNT</u>	<u>YEAR 2 AMOUNT</u>	<u>YEAR 3 AMOUNT</u>
Per claim Administrative fee	\$2.99	\$2.99	\$2.99
Claims Reimbursement:			
Retail Drug Costs			
Brand discount and dispensing fee	An average AWP-15.84% plus an average \$1.95 dispensing fee	An average AWP-16.09% plus an average \$1.95 dispensing fee	An average AWP-16.34% plus an average \$1.95 dispensing fee
Generic discount and dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee	An average AWP-24% plus an average \$1.95 dispensing fee
MAC dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee	An average of \$1.95 dispensing fee
MAC pricing per formulary drug	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates
Mail Order Drug Costs			
Brand discount and dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee
Generic discount and dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee	AWP-24% plus \$0.00 dispensing fee

(for drugs without MAC pricing)			
MAC dispensing fee	\$0.00	\$0.00	\$0.00
MAC pricing per formulary drug	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates	See Attachment H for individual drug payment rates

Changes to the methodology used to calculate drug prices shall be allowed by the State when necessary; however, any new methodology for calculation must result in drug costs which are equal to or less than the drug costs which are calculated using the above rates. The State shall not be liable for increases in drug costs due to revised calculations.

The MAC pricing per individual formulary drug payment rates for years one, two and three is included as Attachment H of this contract.

The State will allow claims which are calculated using a MAC price to adjust to market fluctuations by allowing an annual aggregate deviation of one percent (1%) from the proposed MAC pricing during year one of the contract, a deviation of three percent (3%) during year two of the contract, and a deviation of five percent (5%) during year three of the contract.

The Contractor shall submit **weekly** invoices, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Claims above five (5) per member per month (PMPM) (excluding insulin and diabetic supplies) and non formulary claims are excluded from the administrative fee. The administrative fee will be decreased by \$0.15 per claim if the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims are below 15% of total claims. The administrative fee will be decreased by \$0.30 per claim if the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims are below 10% of total claims. Claims above five (5) PMPM (excluding insulin and diabetic supplies) and non formulary claims will be measured quarterly. The Contractor shall issue a check to the State during the first month of the following quarter for any claims discounts realized during the previous quarter. If the number of claims above the five (5) PMPM prescription limit (excluding insulin and diabetic supplies) and non formulary claims exceeds 15% of total claims, the administrative fee will not exceed the Per Claim Administrative Fee listed in Section C.3 of the contract. This clause shall remain in effect after the contract term until all claims discounts due to the State have been paid by the Contractor to the State.

The average drug discounts and average dispensing fees paid by the State will be reconciled in the aggregate annually by the Contractor. The average annual discounts and average annual dispensing fees, as calculated in the required Drug Cost Reconciliation report, will be compared with the Contractor's guaranteed proposed discounts and dispensing fees in Section C.3 of the contract. If any of the actual annual average drug discounts are less than the discounts in Section C.3 of the contract and/or any of the actual annual average dispensing fees exceed the dispensing fees in Section C.3 of the contract, the Contractor will reimburse the State for the difference between the actual costs and the guaranteed costs.

- (a) State shall pay Contractor by Automated Clearing House (ACH) payment within five (5) business days from the date of State's receipt of the Contractor's invoice (the "Due Date") for completed work. If payment is not received by Contractor within seven (7) days of the Due Date, or by such other date as has been mutually agreed to by the parties, Contractor may suspend further performance under this Contract until payment is received or mutually agreeable arrangements are made. In the event the State fails to pay on or before a Due Date, or such other date as mutually agreed to, three times during the term of this Contract, the Contractor may terminate this Contract.
- (b) The State and Contractor agree to negotiate and make good faith efforts to expeditiously resolve any disputes regarding fees.
- (c) The Contractor and State acknowledge the statutory provisions of the Prompt Pay Act of 1985, as set forth in Tennessee Code Ann. 12-4-701, et.seq.

- C.4 Performance Guarantees. The Contractor agrees to be bound by the provisions contained in Contract Attachment B, Performance Guarantees, and to pay amounts due upon notification of Contractor non-compliance by the State.
- C.5 Travel Compensation. The Contractor shall not be compensated or reimbursed for travel, meals, or lodging.
- C.6 Payment of Invoice. The payment of the invoice by the State shall not prejudice the State's right to object to or question any invoice or matter in relation thereto. Such payment by the State shall neither be construed as acceptance of any part of the work or service provided nor as an approval of any of the amounts invoiced therein.
- C.7 Invoice Reductions. The Contractor's invoice shall be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by the State, on the basis of audits conducted in accordance with the terms of this contract, not to constitute proper remuneration for compensable services.
- C.8 Deductions. The State reserves the right to deduct from amounts which are or shall become due and payable to the Contractor under this or any contract between the Contractor and the State of Tennessee any amounts which are or shall become due and payable to the State of Tennessee by the Contractor.
- C.9 Automatic Deposits. The Contractor shall complete and sign an "Authorization Agreement for Automatic Deposit (ACH Credits) Form." This form shall be provided to the Contractor by the State. Once this form has been completed and submitted to the State by the Contractor all payments to the Contractor, under this or any other contract the Contractor has with the State of Tennessee shall be made by Automated Clearing House (ACH). The Contractor shall not invoice the State for services until the Contractor has completed this form and submitted it to the State.

D STANDARD TERMS AND CONDITIONS

- D.1 Required Approvals. The State is not bound by this Contract until it is approved by the appropriate State officials in accordance with applicable Tennessee State laws and regulations.
- D.2 Modification and Amendment: This Contract may be modified only by a written amendment executed by all parties hereto and approved by the appropriate Tennessee State officials in accordance with applicable Tennessee State laws and regulations.
- D.3 Termination for Convenience. The Contract may be terminated by either party by giving written notice to the other, provided that the State shall give said notice to the Contractor at least Ninety (90) days before the effective date of termination, and the Contractor shall give said notice to the State at least Two Hundred and Seventy (270) days before the effective date of termination. Should the State exercise this provision, the Contractor shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Should the Contractor exercise this provision, the State shall have no liability to the Contractor except for those units of service which can be effectively used by the State. The final decision as to what these units of service are, shall be determined by the State. In the event of disagreement, the Contractor may file a claim with the Tennessee Claims Commission in order to seek redress.
- D.4 Termination for Cause. If the Contractor fails to properly perform its obligations under this Contract in a timely or proper manner, or if the Contractor violates any terms of this Contract, the State shall have the right to immediately terminate the Contract and withhold payments in excess of fair compensation for completed services. The State shall provide Contractor with an opportunity to cure any defect in performance that would justify termination for cause under this section except as otherwise provided in this section. Within ten business days of receipt of a notice of reasons for a termination for cause, Contractor must either cure the problem or, if this is not possible, notify the State in writing of the time by which the cure will be completed as long as this will not exceed 60 days. The Contractor's right to cure shall not apply

- to circumstances in which the Contractor intentionally withholds its services or otherwise refuses to perform,
- to situations where there have been repeated problems reported to the Contractor with respect to identical or similar issues,
- if the State determines that the delay of termination presents a risk to the health or safety of citizens of the State of Tennessee receiving services affected by this contract, or
- if the violation of the term of the contract is by its nature incapable of cure.

Notwithstanding the above, the Contractor shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Contract by the Contractor.

- D.5 Subcontracting. The Contractor shall not assign this Contract or enter into a subcontract for any of the services performed under this Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, they shall contain, at a minimum, sections of this Contract pertaining to "Conflicts of Interest" and "Nondiscrimination" (sections D.6. and D.7.). Notwithstanding any use of approved subcontractors, the Contractor shall be the prime contractor and shall be responsible for all work performed.
- D.6 Conflicts of Interest. The Contractor warrants that no part of the total Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Contractor in connection with any work contemplated or performed relative to this Contract.
- D.7 Nondiscrimination. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law. The Contractor shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- D.8 Records. The Contractor shall maintain documentation for all charges against the State under this Contract. The books, records, and documents of the Contractor, insofar as they relate to work performed or money received under this contract, shall be maintained for a period of three (3) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the State, the Comptroller of the Treasury, or their duly appointed representatives. The financial statements shall be prepared in accordance with generally accepted accounting principles.
- D.9 Monitoring. The Contractor's activities conducted and records maintained, pursuant to this Contract, shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- D.10 Progress Reports. The Contractor shall submit brief, periodic, progress reports to the State as requested.
- D.11 Strict Performance. Failure by any party to this Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Contract shall not be construed as a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties hereto.
- D.12 Independent Contractor. The parties hereto, in the performance of this Contract, shall not act as employees, partners, joint venturers, or associates of one another. It is expressly acknowledged by the parties hereto that such parties are independent contracting entities and that nothing in this Contract shall be construed to create an employer/employee relationship, or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party, for any purpose whatsoever.

The Contractor, being an independent contractor, and not an employee of the State, agrees to carry adequate public liability and other appropriate forms of insurance, including adequate public liability and

other appropriate forms of insurance on the Contractor's employees, and to pay all applicable taxes incident to this Contract.

- D.13 State Liability. The State shall have no liability except as specifically provided in this contract. The Contractor will not be liable to the State for any losses or damages caused entirely by the acts or negligence of the State and without any misconduct or negligence on the part of the Contractor.
- D.14 Force Majeure. The obligations of the parties to this contract are subject to prevention by causes beyond the parties' control that could not be avoided by the exercise of due care including, but not limited to, acts of God, riots, wars, strikes, epidemics or any other similar cause.
- D.15 State and Federal Compliance. The Contractor shall comply with all applicable State and Federal Laws and regulations in the performance of this contract.
- D.16 Governing Law. This Contract shall be governed by and construed in accordance with the laws of the State of Tennessee. The Contractor agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Contract. The Contractor acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising therefrom, shall be subject to and limited to those rights and remedies, if any, available under *Tennessee Code Annotated*, Sections 9-8-101 through 9-8-407.
- D.17 Completeness. This Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.
- D.18 Severability. If any terms and conditions of this Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions hereof shall not be affected thereby and shall remain in full force and effect. To this end, the terms and conditions of this Contract are declared severable.
- D.19 Headings. Section headings of this Contract are for reference purposes only and shall not be construed as part of this Contract.

E SPECIAL TERMS AND CONDITIONS

- E.1 Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Contract, these special terms and conditions shall control.
- E.2 Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by facsimile transmission, by overnight courier service, or by first class mail, postage prepaid, addressed to the respective party at the appropriate facsimile number or address as set forth below or to such other party, facsimile number, or address as may be hereafter specified by written notice.

The State:

Marlene Alvarez, RFP Coordinator
Tennessee Department of Finance & Administration
Division of Insurance Administration
312 Eighth Ave. North, 26th Floor WRS Tennessee Tower
Nashville, TN 37243-0295

Phone: 615-253-8358
Fax: 615-253-8556
Email: marlene.alvarez@state.tn.us

The Contractor:

Express Scripts, Inc.
Attn: George Paz, President
13900 Riverport Drive
Maryland Heights, Missouri 63043

Phone (Office): 314-702-7548
Phone (Fax): 314-770-1581
Email: @express-scripts.com

All instructions, notices, consents, demands, or other communications shall be considered effectively given as of the day of delivery; as of the date specified for overnight courier service delivery; as of three

(3) business days after the date of mailing; or on the day the facsimile transmission is received mechanically by the telefax machine at the receiving location and receipt is verbally confirmed by the sender if prior to 4:30 p.m. CST. Any communication by facsimile transmission shall also be sent by United States mail on the same date of the facsimile transmission.

E.3 Subject to Funds Availability. The Contract is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate the Contract upon written notice to the Contractor. Said termination shall not be deemed a breach of Contract by the State. Upon receipt of the written notice, the Contractor shall cease all work associated with the contract. Should such an event occur, the Contractor shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

E.4 Breach. A party shall be deemed to have breached the Contract if any of the following occurs:

- failure to perform in accordance with any term or provision of the Contract;
- failure to complete any term or provision of the Contract;
- any act prohibited or restricted by the Contract, or
- violation of any warranty.

For purposes of this contract, these items shall hereinafter be referred to as a "Breach."

a. Contractor Breach— The State shall notify Contractor in writing of a Breach.

- (1) In event of a Breach by Contractor, the state shall have available the remedy of Actual Damages and any other remedy available at law or equity.
- (2) Liquidated Damages (hereafter referenced as "Performance Guarantee Assessments", as contained in Contract Attachment B, Performance Guarantees) — In the event of a Breach, the State may assess Performance Guarantee Assessments. The State shall notify the Contractor of amounts to be assessed. The parties agree that due to the complicated nature of the Contractor's obligations under this Contract it would be difficult to specifically designate a monetary amount for a Breach by Contractor as said amounts are likely to be uncertain and not easily proven. Contractor hereby represents and covenants it has carefully reviewed the Performance Guarantee Assessments contained in Attachment B, and agree that said amounts represent a reasonable relationship between the amount and what might reasonably be expected in the event of Breach, and are a reasonable estimate of the damages that would occur from a Breach. It is hereby agreed between the parties that the Performance Guarantee Assessments represent solely the damages and injuries sustained by the State in losing the benefit of the bargain with Contractor and do not include any injury or damage sustained by a third party. The Contractor agrees that the Performance Guarantee Assessment amounts are in addition to any amounts Contractor may owe the State pursuant to the indemnity provision or other section of this Contract.

The State may continue to assess Performance Guarantee Assessments or a portion thereof until the Contractor cures the Breach, the State exercises its option to declare a Partial Default, or the State terminates the Contract. The State is not obligated to assess Performance Guarantee Assessments before availing itself of any other remedy. The State may choose to discontinue Performance Guarantee Assessments and avail itself of any other remedy available under this Contract or at law or equity; provided, however, Contractor shall receive a credit for said Performance Guarantee Assessments previously assessed except in the event of a Partial Default.

- (3) Partial Default— In the event of a Breach, the State may declare a Partial Default. In which case, the State shall provide the Contractor written notice of: (1) the date which Contractor shall terminate providing the service associated with the Breach; and (2) the date the State will begin to provide the service associated with the Breach.

Notwithstanding the foregoing, the State may revise the time periods contained in the notice written to the Contractor.

In the event the State declares a Partial Default, the State may withhold, together with any other damages associated with the Breach, from the amounts due the Contractor the greater of: (1) amounts which would be paid the Contractor to provide the defaulted service; or (2) the cost to the State of providing the defaulted service, whether said service is provided by the State or a third party. To determine the amount the Contractor is being paid for any particular service, the Department shall be entitled to receive within five (5) days any requested material from Contractor. The State shall make the final and binding determination of said amount.

The State may assess Performance Guarantee amounts, as applicable, against the Contractor for any failure to perform which ultimately results in a Partial Default with said Performance Guarantee amounts to cease when said Partial Default is effective. Upon Partial Default, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount. Contractor agrees to cooperate fully with the State in the event a Partial Default is taken.

- (4) **Contract Termination**— In the event of a Breach, the State may terminate the Contract immediately or in stages. The Contractor shall be notified of the termination in writing by the State. Said notice shall hereinafter be referred to as Termination Notice. The Termination Notice may specify either that the termination is to be effective immediately, on a date certain in the future, or that the Contractor shall cease operations under this Contract in stages. In the event of a termination, the State may withhold any amounts which may be due Contractor without waiver of any other remedy or damages available to the State at law or at equity. The Contractor shall be liable to the State for any and all damages incurred by the State and any and all expenses incurred by the State which exceed the amount the State would have paid Contractor under this Contract. Contractor agrees to cooperate with the State in the event of a Contract Termination or Partial Takeover.

- b. **State Breach**— In the event of a Breach of contract by the State, the Contractor shall notify the State in writing within 30 days of any Breach of contract by the State. Said notice shall contain a description of the Breach. Failure by the Contractor to provide said written notice shall operate as an absolute waiver by the Contractor of the State's Breach. In no event shall any Breach on the part of the State excuse the Contractor from full performance under this Contract. In the event of Breach by the State, the Contractor may avail itself of any remedy at law in the forum with appropriate jurisdiction; provided, however, failure by the Contractor to give the State written notice and opportunity to cure as described herein operates as a waiver of the State's Breach. Failure by the Contractor to file a claim before the appropriate forum in Tennessee with jurisdiction to hear such claim within one (1) year of the written notice of Breach shall operate as a waiver of said claim in its entirety. It is agreed by the parties this provision establishes a contractual period of limitations for any claim brought by the Contractor.

- E.5 **Partial Takeover**. The State may, at its convenience and without cause, exercise a partial takeover of any service which the Contractor is obligated to perform under this Contract, including but not limited to any service which is the subject of a subcontract between Contractor and a third party, although the Contractor is not in Breach (hereinafter referred to as "Partial Takeover"). Said Partial Takeover shall not be deemed a Breach of Contract by the State. Contractor shall be given at least 30 days prior written notice of said Partial Takeover with said notice to specify the area(s) of service the State will assume and the date of said assumption. Any Partial Takeover by the State shall not alter in any way Contractor's other obligations under this Contract. The State may withhold from amounts due the Contractor the amount the Contractor would have been paid to deliver the service as determined by the State. The amounts shall be withheld effective as of the date the State assumes the service. Upon Partial Takeover, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

E.6 Incorporation of Additional Documents. Included in this Contract by reference are the following documents:

- a. The Contract document and its attachments
- b. All Clarifications and addenda made to the Contractor's Proposal
- c. The Request for Proposal and its associated amendments
- d. Technical Specifications provided to the Contractor
- e. The Contractor's Proposal

In the event of a discrepancy or ambiguity regarding the Contractor's duties, responsibilities, and performance under this Contract, these documents shall govern in order of precedence detailed above

E.7 Confidentiality of Records. Strict standards of confidentiality of records shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Contractor by the State or acquired by the Contractor on behalf of the State shall be regarded as confidential information in accordance with the provisions of applicable state and federal law, state and federal rules and regulations, departmental policy and ethical standards. Such confidential information shall not be disclosed, and all necessary steps shall be taken by the Contractor to safeguard the confidentiality of such material or information in conformance with applicable state and federal law, state and federal rules and regulations, departmental policy and ethical standards.

The Contractor will be deemed to have satisfied its obligations under this section by exercising the same level of care to preserve the confidentiality of the State's information as the Contractor exercises to protect its own confidential information so long as such standard of care does not violate the applicable provisions of the first paragraph of this section.

The Contractor's obligations under this section do not apply to information in the public domain; entering the public domain but not from a breach by the Contractor of this Contract; previously possessed by the Contractor without written obligations to the State to protect it; acquired by the Contractor without written restrictions against disclosure from a third party which, to the Contractor's knowledge, is free to disclose the information; independently developed by the Contractor without the use of the State's information; or, disclosed by the State to others without restrictions against disclosure. Nothing in this paragraph shall permit the Contractor to disclose any information that is confidential under federal or state law or regulations, regardless of whether it has been disclosed or made available to the Contractor due to intentional or negligent actions or inactions of agents of the State or third parties.

It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Contract.

E.8 HIPAA Compliance. The State and Contractor shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

- a. Contractor warrants to the State that it is familiar with the requirements of HIPAA and its accompanying regulations, and will comply with all applicable HIPAA requirements in the course of this contract.
- b. Contractor warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of the Contract so that both parties will be in compliance with HIPAA.
- c. The State and the Contractor will sign documents, including but not limited to business associate agreements, as required by HIPAA and that are reasonably necessary to keep the State and Contractor in compliance with HIPAA. This provision shall not apply if information received by the State under this Contract is NOT "protected health information" as defined by HIPAA, or if HIPAA permits the State to receive such information without entering into a business associate agreement or signing another such document.

E.9 Tennessee Consolidated Retirement System. The Contractor acknowledges and understands that, subject to statutory exceptions contained in *Tennessee Code Annotated*, Section 8-36-801, *et. seq.*, the law governing the Tennessee Consolidated Retirement System (TCRS), provides that if a retired member of TCRS, or of any superseded system administered by TCRS, or of any local retirement fund established

pursuant to *Tennessee Code Annotated*, Title 8, Chapter 35, Part 3 accepts state employment, the member's retirement allowance is suspended during the period of the employment. Accordingly and notwithstanding any provision of this Contract to the contrary, the Contractor agrees that if it is later determined that the true nature of the working relationship between the Contractor and the State under this Contract is that of "employee/employer" and not that of an independent contractor, the Contractor may be required to repay to TCRS the amount of retirement benefits the Contractor received from TCRS during the period of this Contract.

E.10 Debarment and Suspension. The Contractor certifies, to the best of its knowledge and belief, that it and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or State department or agency;
- b. have not within a three (3) year period preceding this Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or grant under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or Local) with commission of any of the offenses detailed in section b. of this certification; and
- d. have not within a three (3) year period preceding this Contract had one or more public transactions (Federal, State, or Local) terminated for cause or default.

IN WITNESS WHEREOF:

EXPRESS SCRIPTS, INC.:

 *Ed Ignaczak* 11-20-06
DATE
Ed Ignaczak
Sr. Vice President
Sales & Account Management
Phone: 314-702-7169
Fax: 314-702-7056

PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr. 11-27-06
DATE
M.D. GOETZ, JR., COMMISSIONER *jc*

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
M. D. GOETZ, JR., COMMISSIONER DATE

COMPTROLLER OF THE TREASURY:

John G. Morgan 12-14-00
DATE
JOHN G. MORGAN, COMPTROLLER OF THE TREASURY

Attachment A
Program Design and Formulary

1. Eligibility Criteria

- Between ages 19-64 (through 64)
- Household Income at or below 250% FPL
- U.S. citizen
- Six month TN resident
- No access to prescription drug coverage

2. Cost-Sharing

2.1 Participants will pay a Co-Pay at point of sale according to the sliding scale outlined in the table below:

Co-Pay Structure			
	Below FPL	FPL to 149% FPL	150% - 250% FPL
Generics	\$3	\$6	Lesser of \$10 or U & C
Brands	\$5	\$10	\$15
All other	Lesser of Discount, MAC or U & C		

2.2 It is the responsibility of the State to assist MHSN participants in applying for Pharmacy Assistance Programs (PAPs) to access the CoverRx restricted formulary. If the participant is denied access to required medications through the PAP then the participant may be eligible for the CoverRx restricted formulary.

3. Limits

- 3.1 Participants are subject to a five (5) prescription limit per month
 3.2 Insulin and diabetic supplies are excluded from the prescription limit

4. Formulary

Ⓢ Indicates currently only available in Brand name.

CoverRx Unrestricted Formulary		
ANTIINFECTIVES	Quinolones	Antineoplastics
<i>Antituberculosis Drugs</i>	Ciprofloxacin	Tamoxifen
Isoniazid	Ofloxacin	Megestrol Acetate
Rifampin		
Ethambutol	Sulfonamides	Cardiovascular Medications
Pyrazinamide	Erythromycin w/ Sulfasoxazole	
Rifabutin	Sulfamethoxazole/Trimetho prim	ACE Inhibitors
Antivirals		Benazepril
Acyclovir	Tetracyclines	Fosinopril
Rimantadine	Doxycycline	Lisinopril
Amantadine	Minocycline	Quinapril
Cephalosporins	Tetracycline	Enalapril
Cefadroxil	Topical Antifungals	Captopril
Cefaclor	Clotrimazole	Combination Products
Cefpodoxime	Ketoconazole	Atenolol/Chlorthalidone
Cefuroxime	Nystatin	Benazepril/HCTZ

Cephalexin		Lisinopril/HCTZ
	Topical Antifungal -- Corticosteroids	Enalapril/HCTZ
Macrolides	Clotrimazole / Betamethasone	Fosinopril/HCTZ Bisoprolol/HCTZ
Azithromycin	Nystatin / Triamcinolone	Metoprolol/HCTZ
Erythromycin		Antiarrhythmics
	Urinary Antifungives	Amiodarone
Oral Antifungals	Nitrofurantoin macrocrystals	Disopyramide Phosphate
Clotrimazole troche	Trimethoprim	Mexiletine
Fluconazole		Propafenone
Itraconazole	Other Antiinfectives	Quinidine Gluconate
Ketoconazole	Hydroxychloroquine sulfate	Sotalol
Nystatin	Mebendazole	Beta-Adrenergic Antagonist
Penicillins	Neomycin Sulfate	Atenolol
Amoxicillin / Clavulanate	Paromomycin Sulfate	Bisoprolol Fumarate
Amoxicillin	Quinine Sulfate	Metoprolol
Ampicillin	Metronidazole	Propranolol
Dicloxacillin		Nadolol
Penicillin V Potassium		Labetalol
Calcium Antagonist	Meters and Strips	Rheumatoid Arthritis
Diltiazem ER, XR	BG Meter	Methotrexate
Felodipine ER	Test Strips	
Nifedipine and ER		
Verapamil and ER/SR	Miscellaneous Diabetic Supplies	BLOOD MODIFIERS
	Lancets	Antiplatelet Drugs
Cardiac Glycoside	Lancet Device	Dipyridamole
Digoxin	Insulin Syringes	Ticlopidine
		Warfarin Sodium
Centrally Acting Antihypertensive	Thyroid Supplements	Blood Detoxicants
Clonidine	Levothyroxine	Lactulose
Diuretics		
Furosemide		Potassium Supplements
Chlorthalidone		
Hydrochlorothiazide	GASTROINTESTINAL MEDICATIONS	Potassium Chloride
Indapamide		
Metolazone		Therapeutic Vitamins and Minerals
Spironolactone		
Bumetanide	Antispasmodics	Calcitriol
Triamterene/HCTZ	Dicyclomine	Folic acid
HMG CoA Reductase Inhibitors	Hyoscyamine	
Lovastatin	Metoclopramide	Ophthalmic Medications
Simvastatin		
Hypolipoproteinemics	Proton Pump Inhibitors	Antibacterial Drugs
Gemfibrozil	Omeprazole	Bacitracin

		Ciprofloxacin
Nitrates	Other GI Drugs	Erythromycin
Isosorbide Dinitrate	Cimetidine	Gentomicin Sulfate
Isosorbide Mononitrate	Nizatidine	Ofloxacin
	Ranitidine	Sulfacetamide Sodium
Alpha Antagonist	Sulfasalazine	Polymixin B/Trimethoprim
Terazosin	Ursodiol	Tobramycin Sulfate
	Famotidine	Antiglaucoma drugs
ENDOCRINE MEDICATIONS	Non-Steroidal Anti-Inflammatory Agents	Acetazolamide
Dexamethasone	Diclofenac Sodium	Brimonidine Tartrate
Methylprednisolone	Etodolac	Carteolol HCl
Prednisone	Fenoprofen	Levobunolol HCl
Prednisolone Sodium-Phosphate	Flurbiprofen	Pilocarpine
	Ibuprofen	Timolol Maleate
Insulins	Indomethacin	
Humulin® R, N, 70/30 or Novolin® R, N, 70/30	Ketoprofen	Corticosteroid drugs
	Ketorolac	Dexamethasone Sodium-Phosphate
Humalog® or NovoLog®	Nabumetone	Prednisone Acetate
Lantus®	Naproxen	Other Ophthalmic Drugs
	Piroxicam	Atropine Sulfate
Oral Hypoglycemics	Sulindac	Cyclopentolate HCl
Glipizide and ER/XL	Diflunisal	Homatropine HBr
Glyburide		
Metformin and Extended Release	Salsalate	Tropicamide
Obstetrical and Gynecological Medications	AUTONOMIC & CNS MEDICATIONS	ADHD
	Selective Serotonin Reuptake Inhibitors	Methylphenidate
Contraceptives	Citalopram	Methylphenidate ER
Apri	Fluoxetine	Amphetamine Salt Combo
Aranelle 28	Fluvoxamine	Dextroamphetamine
Aviane	Paroxetine	
Camila	Sertraline	
Cesia		
Cryselle	Other Antidepressants	Miscellaneous
Enpresse	Bupropion	Benzotropine
Errin	Bupropion SR	Anticonvulsants/Mood Stabilizers
Jolivette	Mirtazapine	Phenytoin
Junel, Fe	Trazodone	Carbamazepine
Kariva	Maprotiline	Gabapentin
Lessina	Nefazodone	Valproic Acid
Low-ogestrel		Lithium
Levora	Tricyclic Antidepressants	

Lutera	Amitriptyline	Methyl Xanthines
Microgestin, Fe	Desipramine	Theophylline, Anhydrous, ER
Mononessa	Nortriptyline	
Necon	Doxepin	Other Drugs for Asthma/COPD
Nora-be	Imipramine	Ipratropium Bromide
Nortrel	Amoxapine	Albuterol MDI and tablets
Ogestrel	Clomipramine	Terbutaline Sulfate
Portia		
Previfem	ANTIPSYCHOTIC MEDICATIONS	UROLOGICAL MEDICATIONS
Solia		
Sprintec	Typical	Anticholinergic/Antispasmodics
Trinessa	Haloperidol	Flavoxate
Tri-previfem	Fluphenazine	Oxybutnin HCl
Tri-sprintec	Chlorpromazine	
Trivora	Perphenazine	Other Genitourinary Products
Velivet	Thioridazine	Bethanechol Chloride
Zovia	Loxapine	Phenazopyridine HCl
Estrogen Drugs	Thiothixene	
Estradiol	Trifluoperazine	Anxiolytic
Estradiol transermal patch		Hydroxyzine Pamoate
Etropipate	Atypical	Buspirone
	Clozapine	
Prenatal Vitamins	Long Acting	
All RX	Haloperidol Decanoate	
	Fluphenazine Decanoate	
Progestin Drugs		
Medroxyprogesterone		

CoverRx Restricted Formulary

<i>Atypical</i>	<i>Anticonvulsants/Mood Stabilizers</i>	
Risperdal®	Depakote ER®	
Seroquel®	Depakote®	
Ablify®		
Zyprexa®		
Geodon®		
<i>Long Acting</i>		
Risperdal Consta®		

**Attachment B
Performance Guarantees**

The Contractor shall pay to the State the indicated total dollar assessment upon notification by the State that an amount is due, through the term of the contract.

1. Mail Order Turnaround	
Guarantee See A.7.6	All completed and fillable mail order prescriptions must be dispensed and shipped with a maximum turnaround time no greater than forty-eight (48) hours.
Definition	Mail order turnaround is measured from the time a prescription or refill request is received by the mail order pharmacy to the time it leaves the mail order pharmacy and mailed to the participant. Completed and fillable prescriptions are those that require no intervention before they can be properly and/or accurately filled. (e.g. follow-up with participants or providers, for any reason)
Assessment	One thousand dollars (\$1,000) per month for each month the Contractor is five (5) full percentage points below one hundred percent (100%) compliance.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
2. Eligibility and Enrollment	
Guarantee See A.11.1.5	For no less than ninety-five percent (95%) of new participants, a determination of eligibility will be made within five (5) working days of receipt of a completed application.
Definition	Determination of eligibility is defined as assessing whether or not an individual applicant meets the State's eligibility criteria for participation in CoverRx. A completed application is defined as one in which the applicant has provided the required data fields and supporting documentation.
Assessment	One thousand (\$1,000) dollars per month for every month out of compliance.
Compliance Report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of new participants. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
Guarantee See A.11.1.7	Annual verification of participant eligibility, for no less than ninety-five percent (95%) of participants, shall occur within thirty (30) days of each participant's anniversary date.
Definition	Verification of participant eligibility is defined as assessing whether or not an individual applicant continues to meet the State's eligibility criteria for participation in CoverRx based on updated participant information that has been submitted by the participant to the Contractor.
Assessment	One thousand dollars (\$1,000) per month for every month out of compliance.
Compliance Report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
Guarantee See A.11.2.2.1	The contractor will: 1. Systematically compare, via computer programs, the State's file of Mental Health Safety Net Participants within five (5) working days of receipt of the file from the State, and; 2. Resolve all mismatches identified by the reconciliation processing of the file within ten (10) working days of receipt of the files from the State.
Definition	Guarantee #1 is defined as the demonstrated actual processing and updating of the Contractor's data based on the State's auto enrollment file records. Guarantee #2 is defined as the demonstrated correction of "mismatches" identified in the State's auto enrollment file records. "Mismatches" are defined as any difference of values between the State's and the Contractor's database.
Assessment	For Guarantee 1 and 2, both separately and individually, the Contractor will be assessed one hundred dollars (\$100.00) per day for the first (1 st) and second (2 nd) working days out of compliance; five hundred dollars (\$500.00) per working day thereafter.
Compliance Report	Compliance will be reported via the Contractor's submission of the <i>Auto Enrollment Update Report</i> within twelve (12) working days of the receipt of the files.
Guarantee	The Contractor shall submit to the State its full file of participants or a subset of participants within five (5) calendar days of the request of the State.
Definition	Guarantee is defined as the State's receipt of a complete participant file in the requested format.

Assessment See A.11.2.3.1	The Contractor will be assessed a penalty of one hundred dollars (\$100.00) per day for the first (1 st) and second (2 nd) working days out of compliance; five hundred dollars (\$500.00) per working day thereafter.
Compliance report	Compliance will be reported via the Contractor's submission of the <i>Enrollment Update Report</i> within five (5) working days of the request of the State.
3. Claims Processing Accuracy	
Guarantee See A.15.6	The average quarterly processing accuracy will be ninety-five percent (95%) or higher.
Definition	Claims Processing Accuracy is defined as the absolute number of State participant claims with no processing or procedural errors, divided by the total number of State participant claims within the audit sample. <u>This excludes financial errors.</u>
Assessment	One thousand dollars (\$1000) for each two (2) full percentage points below ninety-five percent (95%), for each contracted quarter.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of claims. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
4. Claims Payment Accuracy	
Guarantee See A.15.6	The average quarterly financial accuracy for claims payments will be ninety-five percent (95%) or higher.
Definition	Claims Payment Accuracy is defined as the number of audited claims paid correctly divided by the total number of audited claims, expressed as a percentage.
Assessment	One thousand dollars (\$1000) for each full two (2) full percentage points below 95% for each contracted quarter.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of claims. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
5. Claims Turnaround Time	
Guarantee See A.15.6	The average quarterly claims payment turnaround time will not be greater than the following: For the first ninety (90) days from program implementation: <ul style="list-style-type: none"> • Thirty (30) calendar days for ninety percent (90%) of <u>non-investigated (clean)</u> claims; and • Forty-five (45) calendar days for ninety-six (96%) of <u>all</u> claims Thereafter: <ul style="list-style-type: none"> • Fourteen (14) calendar days for ninety percent (90%) of <u>non-investigated (clean)</u> claims; and • Thirty (30) calendar days for ninety-six (96%) of <u>all</u> claims
Definition	Claims Turnaround Time is measured from the date the claim is received in the office to the date processed, including weekends and holidays.
Assessment	<u>Non-Investigated Claims (clean)</u> : One thousand dollars \$1000 for each full percentage point below the required minimum standard of ninety percent (90%) within the respective time frame. Quarterly Guarantee. <u>All Claims</u> : One thousand dollars (\$1000) for each full percentage point below the required minimum standard of ninety-six percent (96%) within the respective time frame. Quarterly Guarantee.
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample of claims. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.
6. Telephone Response Time	
Guarantee See A.12.5	Ninety-five percent (95%) of incoming participant services calls will be answered by a participant services representative in thirty (30) seconds or less and will not be in queue for more than two (2) minutes.
Definition	Telephone Response Time is defined as the amount of time elapsing between the time a call is received into the phone system and when a live participant services representative answers the phone.
Assessment	One hundred dollars (\$100) for each three (3) second increments over the thirty (30) second benchmark. Quarterly guarantee.
Compliance report	The Compliance Report is the Contractor's internal telephone support system reports. Performance will be measured quarterly; reported and reconciled annually.

7. Participant Communication Materials					
Guarantee See A.12.7	<p>1. Participant identification cards, descriptive booklets, and provider directories will be distributed to no less than ninety-five percent (95%) of new participants within one (1) week of enrollment. Performance will be based on an annual average.</p> <p>2. Participant identification cards, descriptive booklets, and provider directories will be distributed to no less than ninety-five percent (95%) of persons auto-enrolled through the Mental Health Safety Net program three (3) weeks prior to program implementation.</p>				
Definition	Participant Communication Materials are any written materials developed and/or distributed by the Contractor which can be used by the participant to access, understand, clarify or make decisions concerning CoverRx.				
Assessment	For Guarantee 1 and 2, both separately and individually, \$2,000 per year in which the standard is not met.				
Compliance report	The Compliance Report is the quarterly internal audit performed by the Contractor on a statistically valid sample. The Contractor shall measure and report results quarterly. Performance will be reconciled annually.				
8. Provider/Facility Network Accessibility					
Guarantee See A.8.1 & A.16.3	As measured by the GeoNetworks® Provider & Facility Network Accessibility Analysis, the Contractor's provider and facility network will assure that within 90 days of program implementation, 95% of all participants will have the Access Standard indicated.				
Definition	<table border="1"> <thead> <tr> <th>Provider Group</th> <th>Access Standard</th> </tr> </thead> <tbody> <tr> <td>Dispensing Pharmacy Provider</td> <td>1 retail pharmacy within 30 miles</td> </tr> </tbody> </table>	Provider Group	Access Standard	Dispensing Pharmacy Provider	1 retail pharmacy within 30 miles
Provider Group	Access Standard				
Dispensing Pharmacy Provider	1 retail pharmacy within 30 miles				
Assessment	Five hundred dollars (\$500) for each week beyond the first 90 days program implementation that the above listed standard is not met.				
Compliance report	Compliance reports are the preliminary 90-day and, thereafter, the annual GeoNetworks Analysis submitted by Contractor. The Annual guarantee is Measured, reported and reconciled annually due on the contract start date.				
9. Program Implementation					
Guarantee See A.1	The CoverRx program will be operational no later than January 1, 2007.				
Definition	Operational is defined as the ability to enroll participants, accept and process POS claims, accept and process mail order prescriptions accurately, and provide all other services outlined in the contract.				
Assessment	Five hundred dollars (\$500) for every day beyond the target date that the program is not operational.				
Compliance report	Compliance will be measured by the State's acceptance of the system as operational.				

Attachment C
Management Reporting Requirements

As required by Contract Section A.17, the Contractor shall submit Management Reports by which the State can assess the pharmacy assistance program's general activity and usage, as well as treatment and success tendencies. Reports shall be submitted electronically, and shall be of the type and at the frequency indicated below. Management Reports shall include:

1) **Performance Guarantee Compliance Report**, as detailed at Contract Attachment B (each component to be submitted at the frequency indicated), shall include:

- o Status report narrative
- o Detail report on each performance measure by appropriate time period

2) **Paid Claims Data by Quarter**, including 30 day run-out, and demonstrating Year-to-Date totals. All data should be broken out by Mental Health Safety Net participants and all other:

- o Number of participant Months
- o Total Paid participant Expenses
- o Enrollment analysis, indicating

<ul style="list-style-type: none"> o Month 1, Month 2, Month 3 of the current quarter, and YTD, for: 	<ul style="list-style-type: none"> o Number of Participants o Number of Participants Using the Service o Average Age of Participants o Participants by ZIP code o Participant by CMHA, if enrolled in MHSN
---	---

o **Prescription drug utilization, By Retail Formulary, Discount Card, Mail Order and Total**

- o Number of Prescriptions per participant
- o Total Cost
- o Days Supply
- o Average Cost per participant per month

o **Drugs by Number of Claims, By Retail Formulary, Discount Card, Mail Order and Total**

- o Drug Name
- o Therapeutic Class
- o Number of Prescriptions
- o Days Supply
- o Brand Name or Generic
- o Allowed Ingredient Change
- o Allowed Quantity
- o Cost per Unit

o **Drugs by Cost, By Retail Formulary, Discount Card, Mail Order and Total**

- o Drug Name
- o Therapeutic Class
- o Number of Prescriptions
- o Days Supply
- o Brand Name or Generic
- o Allowed Ingredient Change
- o Allowed Quantity
- o Cost per Unit

3) **Quarterly Network Changes Update Report**, submitted electronically.

- 4) **Predictive Modeling Reports** should be submitted electronically and be broken out by Mental Health Safety Net participants and all others. Contractor will provide a twelve (12) month forecast on a monthly basis of CoverRx cost and utilization based on historical trends. This includes, at a minimum:
1. PMPM cost and utilization
 2. Drug usage trends
 3. Projected savings with suggested formulary changes
 4. Network adequacy

5) **Total Claims per quarter;**

Number of funded claims (claims up to 5 script limit PMPM and on formulary plus insulin products and diabetic supplies); and

Number of unfunded claims (claims over 5 script limit PMPM and non formulary claims).

6) **Drug Cost Reconciliation Report**

- o Average drug discounts and average dispensing fees paid by the State in the aggregate annually, including:
 - Retail Brand drug discount
 - Retail Generic drug discount
 - Retail Brand dispensing fee
 - Retail Generic dispensing fee
 - Retail MAC dispensing fee

The average annual drug discounts will be calculated as: $[1 - (\text{total discounted AWP ingredient cost (excluding dispensing fees and prior to application of copayments) of drug claims paid by the State, as outlined in Attachment A, Program Design and Formulary, for the annual period} / \text{total undiscounted AWP ingredient cost of drug claims paid by the State (both amounts will be calculated as of the date of adjudication) for the annual period})]$.

Each drug, prescription drug claim, and ingredient cost will be calculated at the lesser of the applicable U&C or AWP discount price in determining the discount achieved.

Examples: $[1 - (\text{total discounted AWP ingredient cost of retail brand drug claims paid by the State for the annual period} / \text{total undiscounted AWP ingredient cost of retail brand drug claims paid by the State for the annual period})]$

$[1 - (\text{total discounted AWP ingredient cost of retail generic drug claims paid by the State for the annual period} / \text{total undiscounted AWP ingredient cost of retail generic drug claims paid by the State for the annual period})]$

The average annual dispensing fees will be calculated as: Total dispensing fee of claims paid by the State, as outlined in Attachment A, Program Design and Formulary, for the annual period divided by total number of claims paid by the State for the annual period.

Examples: $(\text{Total dispensing fee of retail brand claims paid by the State for the annual period} / \text{total number of retail brand claims paid by the State for the annual period})$

$(\text{Total dispensing fee of retail generic claims paid by the State for the annual period} / \text{total number of retail generic claims paid by the State for the annual period})$

$(\text{Total dispensing fee of MAC claims paid by the State for the annual period} / \text{total number of MAC claims paid by the State for the annual period})$

**Attachment D
Application Data Elements**

A completed application will include the following items for Mental Health Safety Net Participants and Non-Mental Health Safety Net Participants:

Enrollment Data	MHSN Participants	Non MHSN Participants
Name	X	X
Home Address	X	X
Mailing Address	X	X
Phone Number	X	X
Spoken language*	X	X
Homeless or living in shelter*	X	X
Date of birth	X	X
Social Security Number	X	X
Gender	X	X
Race	X	X
Citizenship status	X	X
Tennessee residency – 6 months	X	X
Employment status (including self employed) <ul style="list-style-type: none"> • Indicate if applicant works greater than or less than 20 hours in a 7-day work week 	X	X
Household Income <ul style="list-style-type: none"> • All sources (salary, SSI or SSDI, retirement, child support, unemployment, veteran's benefits, workers' comp, interest, dividends/royalties, rental income, alimony, friend/family, other) 	X (Verification will be completed by the State for MHSN participants)	X
Number of individuals in household	X	X
Health insurance coverage (including TennCare)	X	X
Prescription drug coverage	X	X
Name and Address of CMHA	X	
Participant authorized for CoverRx restricted formulary drugs?	X	

*Not required for completed application

Note: The verification of the shaded data elements for MHSN participants will be completed by the State.

Attachment E
List of Mental Health Safety Net Providers

<p>Carey Counseling 408 Virginia Street Paris, TN 38242 Contact: Dee Rose 800-611-7757 731-641-0626 daniel@bhilc.org</p>	<p>Case Management, Inc. 4841 Summer Ave. Memphis, TN 38122 Contact: Linda Logan, Bobbie Harris 901-821-5868 llogancmi@bellsouth.net bharriscmi@bellsouth.net</p>	<p>Centerstone 1101 Sixth Ave., N. 3rd Floor Nashville, TN 37208 Contact: Anita 877-834-9841 sallie.allen@centerstone.org</p>
<p>Cherokee Health 305 North Bellwood Rd. Morristown, TN 37814 423-586-5031 Pam.sawyer@cherokkehealth.com</p>	<p>Comprehensive Community Network 2150 Whitney Avenue Memphis, TN 38127 Contact: Jo Hudson 901-354-7307 jo@ccnmemphis.org</p>	<p>Fortwood Center 601 Cumberland St. Chattanooga, TN 37404 Contact: Kristi Cannon 423-763-4797 kmcatee@fortwoodcenter.org</p>
<p>Foundations 227 French Landing Dr. Suite 250 Nashville, TN 37228 Contact: Jessica Samford 615-312-3279 jsamford@dualdiagnosis.org</p>	<p>Frontier 401 Holston Drive Greeneville, TN 37743 Contact: Emmie Box 800-332-7281 ebox@frontierhealth.org</p>	<p>Helen Ross McNabb 201 W. Springdale Ave. Knoxville, TN 37917 Contact: Candace Allen 865-637-9711 candace.allen@mcnabb.org</p>
<p>LifeCare Family Services 446 Metroplex Dr. Suite A-100 Nashville, TN 37211 Contact: Christy Donnell 615-781-0013 Ext. 118 christy.donnell@lifecarefs.org</p>	<p>Mental Health Cooperative Nashville, Dickson and Sumner Offices Contact: Front Desk 615-726-3340 ispears@mhc-tn.org</p>	<p>Midtown MH Center 427 Linden Ave. Memphis, TN 38126 Contact: Sandy Ricks 901-577-0200 sandyricks@midtownmentalhealthcenter.org</p>
<p>Park Center 948 Woodland St. Nashville, TN 37206 Contact: Phyllis Holt 615-650-5550 phyllis.holt@parkcenternashville.org</p>	<p>Pathways, Inc. 238 Summar Drive Jackson, TN 38301 Contact: Amy Williamson 731-935-8200 amy.williamson@wth.org</p>	<p>Professional Care Svcs. 1997 Hwy. 51 S. Covington, TN 38019 Contact: Marna Bentley 901-313-1116 marnam@bhilc.org</p>
<p>Quinco Community MHC 10710 Old Hwy. 64 Bolivar, TN 38008 Contact: Elaine Wilson 615-658-4926 800-532-6339 elaine.wilson@quincomhc.org</p>	<p>Ridgeview 240 W. Tyrone Rd. Oak Ridge, TN 37830 Contact: Jan Hooks 865-276-1216 jhooks@ridgevw.com</p>	<p>Southeast MH Center 2579 Douglass Ave. Memphis, TN 38114 Contact: Debra Dillon 901-369-1480 debra.dillon@semhcinc.com</p>
<p>Volunteer 413 Spring Street Chattanooga, TN 37405 877-567-6051 Contact: Phyllis Persinger 615.278.6274 ppersinger@vbhcs.org</p>	<p>Whitehaven-Southwest 1087 Alice Ave. Memphis, TN 38106 Contact: Angela Saulsberry - Ext.161 or Demetria King - Ext.324 901-259-1920 dking@wswmhc.org</p>	

Attachment F

Auto Enrollment Data Reconciliation Report

Data fields to be included in the Auto Enrollment Data Reconciliation Report, include but are not limited, to the following data fields.

- Community Mental Health Agencies (CMHAs)
- SSN
- Date of Birth
- Name
- Address
- Date of registration
- Income

Attachment G

HIPAA BUSINESS ASSOCIATE AGREEMENT TO COMPLY WITH PRIVACY AND SECURITY RULES

THIS BUSINESS ASSOCIATE AGREEMENT (hereinafter "Agreement") is between The State of Tennessee, Department of Finance and Administration, Division of Insurance Administration (hereinafter "Covered Entity") and Express Scripts, Inc. (hereinafter "Business Associate"). Covered Entity and Business Associate may be referred to herein individually as "Party" or collectively as "Parties."

BACKGROUND

Covered Entity acknowledges that it is subject to the Privacy and Security Rules (45 CFR Parts 160 and 164) promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 in certain aspects of its operations.

Business Associate provides services to Covered Entity pursuant to one or more contractual relationships detailed below and hereinafter referred to as "Service Contracts"

- [contract number(s)]

In the course of executing Service Contracts, Business Associate may come into contact with, use, or disclose Protected Health Information (defined in Section 1.8 below). Said Service Contracts are hereby incorporated by reference and shall be taken and considered as a part of this document the same as if fully set out herein.

In accordance with the federal privacy and security regulations set forth at 45 C.F.R. Part 160 and Part 164, Subparts A, C, and E, which require Covered Entity to have a written memorandum with each of its internal Business Associates, the Parties wish to establish satisfactory assurances that Business Associate will appropriately safeguard "Protected Health Information" and, therefore, make this Agreement.

DEFINITIONS

- 1.1 Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR §§ 160.103, 164.103, 164.304, 164.501 and 164.504.
- 1.2 "Designated Record Set" shall have the meaning set out in its definition at 45 C.F.R. § 164.501.
- 1.3 "Electronic Protected Health Care Information" shall have the meaning set out in its definition at 45 C.F.R. § 160.103.
- 1.4 "Health Care Operations" shall have the meaning set out in its definition at 45 C.F.R. § 164.501.
- 1.5 "Individual" shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- 1.6 "Privacy Official" shall have the meaning as set out in its definition at 45 C.F.R. § 164.530(a)(1).
- 1.7 "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, subparts A, and E.
- 1.8 "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- 1.9 "Required by Law" shall have the meaning set forth in 45 CFR § 164.512.

1.10 "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Parts 160 and 164, Subparts A and C.

2. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE (Privacy Rule)

- 2.1 Business Associate agrees to fully comply with the requirements under the Privacy Rule applicable to "business associates," as that term is defined in the Privacy Rule and not use or further disclose Protected Health Information other than as permitted or required by this Agreement, the Service Contracts, or as Required By Law. In case of any conflict between this Agreement and the Service Contracts, this Agreement shall govern.
- 2.2 Business Associate agrees to use appropriate procedural, physical, and electronic safeguards to prevent use or disclosure of Protected Health Information other than as provided for by this Agreement. Said safeguards shall include, but are not limited to, requiring employees to agree to use or disclose Protected Health Information only as permitted or required by this Agreement and taking related disciplinary actions for inappropriate use or disclosure as necessary.
- 2.3 Business Associate shall require any agent, including a subcontractor, to whom it provides Protected Health Information received from, created or received by, Business Associate on behalf of Covered Entity or that carries out any duties for the Business Associate involving the use, custody, disclosure, creation of, or access to Protected Health Information, to agree, by written contract with Business Associate, to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- 2.4 Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- 2.5 Business Associate agrees to require its employees, agents, and subcontractors to promptly report, to Business Associate, any use or disclosure of Protected Health information in violation of this Agreement. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement.
- 2.6 If Business Associate receives Protected Health Information from Covered Entity in a Designated Record Set, then Business Associate agrees to provide access, at the request of Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by covered Entity, to an individual in order to meet the requirements under 45 CFR § 164.524, provided that Business Associate shall have at least fifteen (15) business days from Covered Entity notice to provide access to, or deliver such information.
- 2.7 If Business Associate receives Protected Health Information from Covered Entity in a Designated Record Set, then Business Associate agrees to make any amendments to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to the 45 CFR § 164.526 at the request of Covered Entity or an individual, and in the time and manner designated by Covered Entity, provided that Business Associate shall have at least fifteen (15) business days from Covered Entity notice to make an amendment.
- 2.8 Business Associate agrees to make its internal practices, books, and records including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health information received from, created by or received by Business Associate on behalf of, Covered Entity available to the Secretary of the United States Department of Health in Human Services or the Secretary's designee, in a time and manner designated by the Secretary, for purposes of determining Covered Entity's or Business Associate's compliance with the Privacy Rule.
- 2.9 Business Associate agrees to document disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosure of Protected Health Information in accordance with 45 CFR § 164.528.

- 2.10 Business Associate agrees to provide Covered Entity or an Individual, in time and manner designated by Covered Entity, information collected in accordance with this Agreement, to permit Covered Entity to respond to a request by an Individual for and accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528, provided that Business Associate shall have at least fifteen (15) business days from Covered Entity notice to provide access to, or deliver such information which shall include, at minimum, (a) date of the disclosure; (b) name of the third party to whom the Protected Health Information was disclosed and, if known, the address of the third party; (c) brief description of the disclosed information; and (d) brief explanation of the purpose and basis for such disclosure.
- 2.11 Business Associate agrees it must limit any use, disclosure, or request for use or disclosure of Protected Health Information to the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request in accordance with the requirements of the Privacy Rule.
- 2.11.1 Business Associate represents to Covered Entity that all its uses and disclosures of, or requests for, Protected Health Information shall be the minimum necessary in accordance with the Privacy Rule requirements.
- 2.11.2 Covered Entity may, pursuant to the Privacy Rule, reasonably rely on any requested disclosure as the minimum necessary for the stated purpose when the information is requested by Business Associate.
- 2.11.3 Business Associate acknowledges that if Business Associate is also a covered entity, as defined by the Privacy Rule, Business Associate is required, independent of Business Associate's obligations under this Memorandum, to comply with the Privacy Rule's minimum necessary requirements when making any request for Protected Health Information from Covered Entity.
- 2.12 Business Associate agrees to adequately and properly maintain all Protected Health Information received from, or created or received on behalf of, Covered Entity
- 2.13 If Business Associate receives a request from an Individual for a copy of the individual's Protected Health Information, and the Protected Health Information is in the sole possession of the Business Associate, Business Associate will provide the requested copies to the Individual and notify the Covered Entity of such action. If Business Associate receives a request for Protected Health Information in the possession of the Covered Entity, or receives a request to exercise other individual rights as set forth in the Privacy Rule, Business Associate shall notify Covered Entity of such request and forward the request to Covered Entity. Business Associate shall then assist Covered Entity in responding to the request.
- 2.14 Business Associate agrees to fully cooperate in good faith with and to assist Covered Entity in complying with the requirements of the Privacy Rule.

3 OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE (Security Rule)

- 3.1 Business Associate agrees to fully comply with the requirements under the Security Rule applicable to "business associates," as that term is defined in the Security Rule. In case of any conflict between this Agreement and Service Agreements, this Agreement shall govern.
- 3.2 Business Associate agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the covered entity as required by the Security Rule.
- 3.3 Business Associate shall ensure that any agent, including a subcontractor, to whom it provides electronic protected health information received from or created for Covered Entity or that carries out any duties for the Business Associate involving the use, custody, disclosure, creation of, or access to Protected Health Information supplied by Covered Entity, to agree, by written contract (or the appropriate equivalent if the agent is a government entity) with Business Associate, to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- 3.4 Business Associate agrees to require its employees, agents, and subcontractors to report to Business Associate within five (5) business days, any Security Incident (as that term is defined in 45 CFR Section