2300 Main Street
Mail Stop: CA134
Irvine, CA 92614

SENT VIA EMAIL

Re: Solicitation of Medical Provider Enrollment - New Contracted Provider Enrollment for Medically Administered Specialty Infused/Injected Medications

Dear Provider,

Your organization was identified as having previously billed an identified infused/injected medication(s) for a health plan[s] for which the benefit may change from medical to pharmacy benefit coverage to be administered by OptumRx. The medications within the specified medication class (see attached list) may be covered under a patient's pharmacy benefit and no longer covered under a patient's medical benefit for those health plan[s] who select this change in coverage. As a result, this will require the identified infusion therapy administered at your organization site to be billed through the patient's pharmacy benefit. This change may require that the medication administered and associated ancillary supplies and professional service be billed to the pharmacy benefit.

> OptumRx is establishing a NEW network of medical providers who administer medical specialty medications. These providers will **continue to buy and bill medications**, however, will bill these medication(s) to OptumRx against the patient's pharmacy benefit.

In order to electronically submit the specified medications for the patient's pharmacy benefit plan, you must be an OptumRx network provider and submit the claim to OptumRx. In advance of this potential change we would like to work with your practice site to secure you as a contracted provider and prepare your organization for the ability to submit claims to the pharmacy benefit.

How to learn more about the MedicalRx Specialty Provider Network
OptumRx would like to be a partner and work with you to understand this new network. Some ways to better understand this new network and ask questions are detailed below:

- Attached is our Frequently Asked Questions (FAQs) which we plan to maintain and update in the future,
- OptumRx has planned "Connect" calls which will provide an open forum where OptumRx will give a high-level overview of the program and answer any questions the provider may have; look for invites in the future,
- As an interested Provider you can always send questions to our intake email and even request a callback – use the email address specialty.credentialing@optum.com.

How to become an in-network OptumRx Medical Specialty Provider
OptumRx requires all providers be credentialed and contracted with OptumRx. We would like to assist in making this process more efficient for offices which will need this provider status only for the purposes of submitting these infused/injected therapies. Below is a brief introduction to steps necessary to credential and contract allowing your office to be in-network for these infused/injected therapies in the future.

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1. Complete the OptumRx **Credentialing Application & Ownership Disclosure**
2. Execute the **Provider Agreement**

How to submit claims to OptumRx for payment
OptumRx does not require specific claims software. We recognize that many organizations do not maintain a pharmacy benefit claims-based software system today. OptumRx will be offering an alternative to submit claims directly through a portal. OptumRx will be providing more information on the portal in a future communication to credentialed and contracted providers; however, you can learn a bit more about the portal on our website link– Portal Information and Guide).

If you choose not to become credentialed and contracted as an OptumRx provider, the applicable health plan[s] claims that change their benefit will reject.

We appreciate your anticipated execution of the new Provider Agreement including the network Compensation Exhibits. If you have any questions, please do not hesitate to contact OptumRx Specialty Medical Management at specialty.credentialing@optum.com.

Thank you for your attention to this matter. OptumRx looks forward to your participation in this network.

Sincerely,

OptumRx

2300 Main Street
Mail Stop: CA134
Irvine, CA 92614

Impacted Medications

BRAND	Brand	BRAND	BRAND
ACTEMRA	ENTYVIO	ILARIS	ORENCIA CLCK
ADVATE	FABRAZYME	ILUMYA	PANZYGA
ADYNOVATE	FASENRA	INFLECTRA	PRIVIGEN
ALDURAZYME	FASENRA PEN	JIVI	PROFILNINE
ALPHANATE	FEIBA	KALBITOR	RECOMBINATE
ALPHANATE	FLEBOGAMMA	KOATE-DVI	REMICADE
ALPHANINE SD	GAMMAGARD	KOGENATE FS	RENFLEXIS
ALPROLIX	GAMMAGARD	LUMIZYME	RHOPHYLAC
BENLYSTA	GAMMAGARD SD	MONONINE	RUCONEST
CARIMUNE NF	GAMUNEX	NAGLAZYME	SIMPONI
CEREZYME	GAMUNEX-C	NOVOEIGHT	SIMPONI ARIA
CIMZIA	HEMLIBRA	NOVOSEVEN RT	SOLIRIS
CIMZIA PREFL	HEMOFIL M	NPLATE	STELARA
CUVITRU	HIZENTRA	NUCALA	VONVENDI
CYTOGAM	HUMATE-P	NUWIQ	VPRIV
ELELYSO	HUMATE-P	OCREVUS	XYNTHA
ELOCTATE	HYQVIA	OCTAGAM	XYNTHA SOLOF
	IDELVION	ORENCIA	

MedicalRx Specialty Provider Network (MSPN)
Frequently Asked Questions (FAQs)
Medical Providers / MedicalRx Specialty Network

External Document

Provider Connect Call

A Microsoft Teams conference call is scheduled every other Friday between 2pm - 3pm CST.
This call has been created to give the providers a high-level overview of the program and the opportunity for the providers to ask any questions or clarification

Phone Number: 952-222-7450 **Phone Conference ID:** 595692565#

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MedicalRx Specialty Provider Network (MSPN)
Frequently Asked Questions (FAQs)
Medical Providers / MedicalRx Specialty Network

External Document

Program Overview

Why is OptumRx building the MedicalRx Specialty Provider Network?

Payors and plan sponsors are looking for solutions to help manage their specialty drug spend. By changing the coverage from medical to the members pharmacy benefit several benefits can occur:

- Many drug-specific techniques are more easily / consistently applied on the pharmacy benefit.
- Existing and new control lever results improve with increased volume on pharmacy benefit
- Reimbursement amounts available real-time to provider
- Payment to provider averages days instead of weeks

Why would the Medical Provider want to contract and participate in a network agreement for these in-scope drugs?

- Participation in the MedicalRx Specialty Provider network allows the provider to service patients with this benefit. Patients will not have plan coverage for providers outside of the network.
    - A physician office may receive an equal or higher reimbursement rate and a narrower network than they experience with the medical benefit, giving them an opportunity to increase their current administration volume and revenue as a Medical Specialty Provider.
- This network promotes faster and more predictable reimbursement. Providers are reimbursed within 10-day cycles versus up to six weeks when submitting under the medical plan, and do not have to account for service time in detail.
- The network plans to continuously expand the in-scope drug list, which may further increase participating provider utilization and potential revenue growth in 2021. Non-participation could potentially decrease patient utilization over the long-term.

Why were only these in-scope drugs included in this benefit change and how does it work?

- The in-scope drugs are some of the most common, non-oncology, high-cost drugs covered under the medical benefit. These drugs are seen today infused in an infusion suite, a physician's office or through home infusion, ensuring broad access and support.
- The health plan[s] have selected to shift the in-scope drugs (e.g. Remicade) that are currently covered and processed under the patient's medical benefit, to be covered and processed under the patient's pharmacy benefit.
- For patients in participating plans, the in-scope drugs will no longer be covered and processed under their medical benefit. Patients will still be able to receive the selected drug, but the drug will now be covered and processed under the patient's pharmacy benefit.

What is the effective date of the planned benefit change and need to be contracted, enrolled and available to process claims to OptumRx?

It is expected that additional groups will be added to the program in 2021.

What are the in-scope drugs included in this contract and benefit change?
The contract includes drugs that are administered by the Medical Provider.

BRAND	Brand	BRAND	BRAND
ACTEMRA	ENTYVIO	ILARIS	ORENCIA CLCK
ADVATE	FABRAZYME	ILUMYA	PANZYGA
ADYNOVATE	FASENRA	INFLECTRA	PRIVIGEN
ALDURAZYME	FASENRA PEN	JIVI	PROFILNINE
ALPHANATE	FEIBA	KALBITOR	RECOMBINATE
ALPHANATE	FLEBOGAMMA	KOATE-DVI	REMICADE
ALPHANINE SD	GAMMAGARD	KOGENATE FS	RENFLEXIS
ALPROLIX	GAMMAGARD	LUMIZYME	RHOPHYLAC
BENLYSTA	GAMMAGARD SD	MONONINE	RUCONEST
CARIMUNE NF	GAMUNEX	NAGLAZYME	SIMPONI
CEREZYME	GAMUNEX-C	NOVOEIGHT	SIMPONI ARIA
CIMZIA	HEMLIBRA	NOVOSEVEN RT	SOLIRIS
CIMZIA PREFL	HEMOFIL M	NPLATE	STELARA
CUVITRU	HIZENTRA	NUCALA	VONVENDI
CYTOGAM	HUMATE-P	NUWIQ	VPRIV
ELELYSO	HUMATE-P	OCREVUS	XYNTHA
ELOCTATE	HYQVIA	OCTAGAM	XYNTHA SOLOF
	IDELVION	ORENCIA	

How will a Medical Provider know which health plan[s] have completed a benefit change?
As soon as OptumRx has details for which health plan[s] have selected this plan change we will openly communicate with those providers in our MedicalRx Specialty Provider Network. It is expected that providers may be in the network for a period of time before they begin to experience clients who have selected the network as clients will not be solicited until the network is nearly built.

How is the MedicalRx Specialty Provider Network different from when PBM's carve-out clinically administered drugs from the medical benefit today?
A common PBM drug cost management solution is to block the clinically administered drug from the medical benefit to the pharmacy benefit, utilizing only the PBM owned assets to provide and administer the drug (e.g. specialty pharmacy, home infusion, and infusion suites) where Medical Providers not directly part of the PBM can only obtain the drug from the PBM to administer. The proposed solution being contracted with the Specialty Provider network differs in that it offers a broader network of participating providers that is open to outpatient facilities, physician offices, home infusion and infusion suite providers that can meet network terms, conditions and rates to participate. As a result, members will have broader access and choice in network options with a consistent drug cost from any participating provider.

Will there be benefit or network preference/steerage to a provider under the pharmacy benefit?

(e.g. OptumRx Infusion Services)
All contracted MedicalRx Specialty Provider network participants will be considered equal. There are no incentives or preference to steer or direct members to one provider over another.

Will there be an expansion to additional drugs, markets and participating groups/lines of business?
The selected drug class is focused in scope to establish a product foundation for structuring benefit, network, operational, communication, and system protocols for future expansion. There is an expectation that the expansion will begin to move into other drug classes in the future.

Will a MSPN provider contracted for the in-scope drugs under the pharmacy benefit still be able to provide the in-scope drugs under the medical benefit for non-participating health plan[s] groups?
A contracted MedicalRx Specialty Provider in this network will not impact the current medical benefit provider contracts. A contracted MedicalRx Specialty Provider will continue to service members for non-participating health plan[s] groups per their medical benefit coverage.

Communications

Why did the Medical Provider receive a Network Change Letter and what does this mean?

- A Network Change Letter may have been received if a health plan(s) who have selected this network has requested or worked with OptumRx to notify Medical Providers of the network. If received, it is because Medical Provider has previously submitted claims for an in-scope infused/injected medication(s) to the health plan for a patient with new benefit coverage administered by OptumRx. For the patient(s) with this plan, the drug and administration will now be covered under the pharmacy benefit, instead of the medical benefit, using a network of Medical Specialty Providers contracted by OptumRx.

Contracting & Credentialing

Why do we need to credential with OptumRx?

- An “in-network” provider will be those contracted under the MedicalRx Specialty Provider Network agreement to administer medications, submit claims, and receive reimbursement for the in-scope drugs from ORx for patients with this benefit. This is not related to any prescriptions provided to patients and dispensed from a pharmacy.
- All OptumRx contracted providers must also be credentialed to [ensure appropriate licensure requirements are met, etc]

Why did the Medical Provider receive the contract documents from AdobeSign under the organization’s NPI and not the organization’s pharmacy NPI?

Dispensing pharmacies are not included in the Network.

The MedicalRx Specialty Provider Network is comprised of Medical Specialty Providers that administer medications and submit for reimbursement; this is done under the organization’s NPI. The organization was contacted as it’s NPI is shown to have previously submitted claims for in-scope infused/injected medication(s) to the health plan for a patient with new benefit coverage administered by OptumRx.

What is the contract term?
The term of the MedicalRx Specialty Provider Network agreement is evergreen. This means is will continue to remain is in effect until one or both parties terminate the agreement with or without cause pursuant to the terms and conditions of the agreement.

Why is the Medical Provider receiving a AdobeSign reminder email notification every day?
The email notifications are automatic and sent as a courteous reminder. The provider will continue to receive reminders until they sign or decline the agreement.

Can a Medical Provider make changes / redline the agreement and/or contract?
A change request can be submitted however, as of today no changes have been approved for the contract language or rates. This is important to maintain the integrity of consistent T&C (Terms & Conditions) across the network.

What if a non-solicited Medical Provider that does not have current patients on the in-scope drugs with the ORx benefit wants to contract and participate in the network?
The network is open to any Medical Provider (i.e. outpatient facility, physician office, and home infusion) willing to contract standard terms and rates.

What happens if the Medical Provider does not contract and submits a medical claim in the future for a patient with a pharmacy benefit coverage for the in-scope drugs?
It should be expected, that the Medical Provider will receive a rejection for any medical claims submitted for patients as the plan(s) will have blocked coverage on the medical benefit when selecting to have coverage for these products through OptumRx's MedicalRx Specialty Provider Network.

The Medical Provider should refer the patient to a MedicalRx Specialty Provider that is contracted with OptumRx to administer the medication and submit for reimbursement to the pharmacy benefit with OptumRx.

Claim Submission Requirements

What elements must be included on the claim?
Claims must comply with NCPDP D.0 standards. While this may be new to Medical Providers, OptumRx is committed to assisting and can answer additional questions related to claims submission with individual providers as they arise. There are some clear notable differences in the manner in which a Medical Provider would submit a pharmacy benefit claim, which include, but are not limited to:

- Pharmacy benefit claims are not submitted using J-Codes and will require the medication to be submitted for payment using the NDC - National Drug Code
- Pharmacy benefit claims must use a quantity that is an accurate reflection of the amount of product used and in a UOM (unit of measure) consistent with FDB (First Data Bank) or MediSpan
- Pharmacy benefit will expect Medical Provider to enter a U&C (Usual & Customary) which is the price the provider would charge a cash paying customer for that same service on that same date
- Pharmacy benefit claims require a DUR-PPS code for LOE (Level of Effort) to reimburse for professional service where applicable

Some of these terms are new to many Medical Providers and OptumRx is willing to work with providers to meet their needs in understanding how to bill the Pharmacy Benefit.

What NPI does the contracted MedicalRx Specialty Provider use to submit a claim to OptumRx?

The contracted MedicalRx Specialty Provider will bill the type 2 Organization NPI identified and listed on their Network Change Letter.

What Practice Management System or Software is Medical Provider required to Use?
Claims must comply with NCPDP D.0 standards, however Medical Provider can use any software they use that can comply with these requirements. It is not common for Practice Management Systems to bill claims to the pharmacy benefit, however OptumRx is continuing to have conversations with software systems for future solutioning. At this time OptumRx is providing a portal directly to our system which will a complete experience including eligibility verification, prior authorization and claims submission. OptumRx can provide additional details regarding -SMAP – Specialty Management Access Portal as needed.

What clearinghouse option does a contracted MedicalRx Specialty Provider have to send a drug claim electronically?
A contracted MedicalRx Specialty Provider cannot send a claim for the in-scope drugs through a traditional medical claims system and medical claims clearinghouse at this time. There are two options to submit the drug claim to the pharmacy benefit:

- First, providers may use their own pharmacy-based software (typically purchased through a pharmacy software vendor which submits claims in the NCPDP D.0 format to the PBM).
- Second, the provider has the option to utilize a portal provided by OptumRx to submit the drug claim. Training and ongoing support is provided for the portal.

Payment & Reimbursement

Is the Medical Provider expected to order the medication from a specialty pharmacy or buy and bill?
Contracted MedicalRx Specialty Providers are expected to buy and bill products they submit for reimbursement and must purchase in accordance with the OptumRx wholesaler/supplier requirements as discussed in our Provider Manual (http://learn.optumrx.com/pharmacymanual). This network does not require procurement from a specialty pharmacy (i.e. white bag).

Is the network pricing based on ASP (Average Sales Price)?
ASP is a published price and may be found at the CMS website and while it is commonly used as a source of truth for medical benefit claims payment, it is not used in pharmacy benefit pricing today. OptumRx has created this network with a price source consistent with the pharmacy benefit (AWP – Average Wholesale Price) however understands it will take time for Medical Providers to become comfortable with a new price source and therefore is providing details on how the contracted AWP price relates to ASP.

Where can the Medical Provider access ASP pricing that OptumRx is referring to in the contract regarding the fee schedule?
ASP is a published price and may be found at the CMS website and is a derived price from the published Medicare Part B fee schedule and multiplier that was used (e.g. CMS is provided ASP from manufacturers and then publishes the MedB fee schedule with is a percentage multiplier of the ASP – to derive ASP one would need to pull the MedB fee schedule and use the multiplier defined by CMS to back into the ASP. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index

What is included in the contracted payment from OptumRx?
Claims payment will be paid to the provider as a single claim with a bundled rate to cover three components of cost:

1. Medical Specialty Prescription/Medication Drug Contracted Rate by NDC
2. Dispensing/Incentive Fee as a flat fee for ancillary/consumble fixed costs (e.g. gloves, tubing)
3. Level of Effort ("LOE") Allowance as a variable rate based of 5 defined levels of professional effort associated with the infusion (Medical Provider must indicate on claim appropriate level for this reimbursement to occur)

How will the claims be paid by OptumRx?
The contracted MedicalRx Specialty Provider will initially receive a check and a paper remittance. The contracted MedicalRx Specialty Provider Welcome Letter will have an option to complete and submit a form to select 835 file or EFT for claim payments.

What is the change for a contracted MedicalRx Specialty Provider's drug reimbursement under the pharmacy benefit vs. medical benefit?
The reimbursement for a contracted MedicalRx Specialty Provider under the pharmacy benefit will be based on the rate schedule provided in the agreement.

Where does a contracted MedicalRx Specialty Provider send their completed 835 file or Trading Partner form?
Send the completed form in an email request to PharmacyOperations835Setup@Optum.com

Where does a contracted MedicalRx Specialty Provider send their completed EFT form?
Send the competed form in an ems ail request to PharmacyOperationsEFTsetup@optum.com

Who can the contracted MedicalRx Specialty Provider contact if they have questions about the required information for an 835 file and/or Third-Party Company (Trading Partner)?
The contracted MedicalRx Specialty Provider can send an email to PharmacyOperations835Setup@Optum.com to ask questions. Check and paper remittance is the default for all MedicalRx Specialty Providers submitting claims.

What if the contracted MedicalRx Specialty Provider continues to buy and bill these in-scope drugs, what is the reimbursement rate?
Contracted MedicalRx Specialty Providers are expected to continue to procure the in-scope drugs directly through their own buy and bill processes. Reimbursement is submitted to the pharmacy benefit and will be based on the rate schedule provided in the agreement.

Will the fee schedule for the in-scope drugs be updated? When?
There is not a set schedule for adjustments to the in-scope drugs fee schedule. Any changes will be communicated in advance.

Patient/Member Impact

Will patients have any change to their out-of-pocket drug costs with this network and plan design?
This will be determined based on each patient's previous medical benefit design and the new pharmacy plan selected by the plan sponsor. OptumRx will consult to minimize negative impacts to covered patients and limit increases to out-of-pocket costs.

How does a patient's prior authorization claim process change for a participating group with a pharmacy benefit change?

The Medical Providers drug claim will be subject to standard prior authorization criteria and approval under the pharmacy benefit and require a prior authorization handled through OptumRx instead of the prior medical coverage.

What are a patient's options if their current physician is not participating in the MedicalRx Specialty Provider Network?
To have the service and drug covered, the patient would need to identify a MedicalRx Specialty Provider that is contracted with OptumRx; this may include another provider office, in-network home infusion provider, or stand-alone infusion clinic.

Will a patient/member be informed of the change in medical to pharmacy benefit?
For Health Plans that confirm participation there will be advance communication to inform and notify utilizing patients of the change

What if a patient wants to continue to use their medical benefit provider and the current provider has not contracted to participate in the MedicalRx Specialty network pharmacy benefit?
If a patient continues to utilize a provider that is not participating in the MedicalRx Specialty Provider network, the medication will not be covered under the pharmacy benefit. The patient could potentially be responsible for the total cost of the drug, if a group does not have out-of-network pharmacy benefits.

How will patients in a participating group who are currently receiving an in-scope drug be impacted by this change?

- If the patient's current medical benefit provider is contracted in the MedicalRx Specialty Provider network, there will be no change to the patient's current experience for receiving the in-scope drugs.
- If the patient's current medical benefit provider is not participating in the MedicalRx Specialty Provider network, the patient will need to transition to a participating network provider for in-network coverage.
- Additionally, there is potential that the patient's out-of-pocket amount may change depending on their group's pharmacy and medical benefits. Patient's that have a negative change to out-of-pocket amount will be identified and we will pro-actively communicate with them via a letter.

How will a newly diagnosed patient be informed if their prescribing physician has selected an out-of-network provider and/or choose an in-network MedicalRx Specialty Provider for the in-scope drugs?
The prescribing physician or servicing provider will be notified during the prior authorization process if the Medical Benefit no longer covers the treatment and referred to OptumRx. The patient would need to be referred in-network within OptumRx's MedicalRx Specialty Provider Network.

Will there be a complete state/geographic network coverage for members to ensure there is an in-network MedicalRx Specialty Provider that can provide the in-scope drugs under the pharmacy benefit?
The intent will be for the MSPN network of physician offices, infusion suites, and outpatient facilities contracted to provide the in-scope drugs under the pharmacy benefit broadly across the continental United States. We will ensure solicitation of additional providers to meet client need.

SMAP – Specialty Medication Access Portal

What is the Specialty Management Access Portal (SMAP)?
The Specialty Management Access Portal is for contracted MedicalRx Specialty Providers to check patient eligibility, complete prior authorization, obtain real-time drug coverage, submit claims for reimbursement to the pharmacy benefit. Medical Providers can learn more by visiting the link below – however this is currently being edited to display additional content and may be moved to a new site soon. If the information leave you with additional questions OptumRx is committed to assisting providers navigate this new tool. https://professionals.optumrx.com/resources/manuals-guides/specialty-management-access-portal-homepage.html

** Watch a video guide for the Specialty Management Access Portal (SMAP) and see the key elements of a drug claim transaction for coverage and payment of the in-scope drugs **

What setup and/or training is necessary for a contracted MedicalRx Specialty Provider to be able to process a claim for the in-scope drugs under the pharmacy benefit?
The high-level process for utilizing the interface provided by OptumRx is below:

- Set up - OptumRx will register end users on the SMAP tool to ensure the right users are identified (provider, office staff and billing specialists who might support multiple NPI's)
  - Getting to those users will be needed to ensure access to the tool is secured.
  - The end user will need to register and create their login.
- Training - There will be training and support available as needed on the tool.
  - A training manual has been created for registered users to use for set up
  - Provider outreach to conduct training live as needed.
  - A series of web training sessions will be offered for end users to dial in when convenient.
- Support – A help desk for set-up and ongoing support.
- Please visit the link below for additional information and materials:

Who can the contracted MedicalRx Specialty Provider contact if they need additional instructions to access SMAP?
A Support Help Desk is available at 855-349-1375 to assist.

Where can the contracted MedicalRx Specialty Provider find and print the SMAP companion user guide?
Please visit: *https://mspn.linkplatform.com/*
** Scroll down the page and click on Specialty Management Access Portal use guide - Learn More **

Contact Us

Who can the contracted MedicalRx Specialty Provider contact to ask questions about the network?
Please call our toll-free number at 877-237-5299 and a MedicalRx Specialty Provider Network Representative can assist.

Who is the point of contact for potential network participation to seek a contract?
Network inquires can be sent to the following dedicated email to support:
specialty.credentialing@optum.com

Who can the contracted MedicalRx Specialty Provider contact if they need additional instructions to access SMAP?
A Support Help Desk is available at 855-349-1375 to assist.

This Network MedicalRx Specialty Provider Application is for use by Medical Providers with intention to administer Covered Specialty Medication Services to Members and participate in the OptumRx MedicalRx Specialty Provider Network.

Required Credentialing Checklist

Credentialing Application

Enclosed application.

State Medical License

Copy of current State Board of Medicine license.

DEA Controlled Substance Registration

Copy of current DEA Certificate.

Accreditation (if applicable, please provide a copy)

Accreditation Commission for Health Care (ACHC).

Joint Commission (TJC).

Community Health Accreditation Partner (CHAP).

Other:

Professional Malpractice Liability Insurance Certificate

$5 Million Occurrence and $5 Million Aggregate.

W-9 Taxpayer Identification Number Certification

Copy of Federal Tax ID Document.

Attention: OptumRx will send a notification when your application has been approved. Please ensure the application is complete, signed, dated and all supporting documentation. The credentialing and contracting process cannot be implemented without providing all requested documents and delay will occur from incomplete and/or missing documents. *Note: license and insurance must not expire within the next thirty (30) days.*

MedicalRx Specialty Provider Credentialing Application

MedicalRx Provider Information

NPI (Type) 2 - Organization:	NCPDP (if applicable):	Affiliation Code (if applicable):	
DBA Name:	Legal Name:		
Street Address:	City:		
County:	State:	Zip Code:	Website:
Phone Number:	Fax Number:	Email Address:	
Federal Tax Identification Number:	State Tax Identification Number:		
Medicare Number:	Medicaid Number:		
State Medical License Number:	DEA Number:		

Other than the name(s) listed above has the MedicalRx Specialty Provider operated under any other business or trade name? ☐ Yes ☐ No
If yes, please provide the name and date:

Primary Taxonomy Code:	Primary Specialty Taxonomy Description:
Second Taxonomy Code:	Second Specialty Taxonomy Description:

** Taxonomy code listed above should match what is registered under NPPES (NPI Registry) **

Accreditation

Entity Name:	
Accreditation Type:	Expiration Date:
Entity Name:	
Accreditation Type:	Expiration Date:

Ownership Information

Entity Type: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Non-Profit ☐ Partnership ☐ Sole Proprietorship			
Legal Name:	DBA Name:		
Street Address:	City:	State:	Zip Code:
Commencement Date of Ownership:	Owner Email Address:		
Please provide the name and title of Medical Provider with oversight for medically administered drug therapy.			
Name:	Title:	Phone Number:	
Fax Number:	Email Address:		

Does the Practice Owner(s) have any current or past (within the last seven years) ownership or control interest in any other healthcare entities? ☐ Yes ☐ No
If yes, please provide the following information.

Name of Owner:	Name of Other Entity:	NPI (if listing an entity):
Name of Owner:	Name of Other Entity:	NPI (if listing an entity):
Name of Owner:	Name of Other Entity:	NPI (if listing an entity):

OPTUMRx®

Ownership Information

Are any Practice Owner(s) related to each other? ☐ Yes ☐ No
If yes, please provide the relationship to each other (child, parent, relative, sibling, spouse).

First Name:	Middle Name:	Last Name:	Relationship:
First Name:	Middle Name:	Last Name:	Relationship:

** If necessary, please provide a separate document with additional related practice owners **

List all Medical Service Provider (MD, DO, PA, RN) Employees

First Name:	Middle Name:	Last Name:	Medical Credential:
Date of Birth:	State License Number:		Expiration Date:
First Name:	Middle Name:	Last Name:	Medical Credential:
Date of Birth:	State License Number:		Expiration Date:
First Name:	Middle Name:	Last Name:	Medical Credential:
Date of Birth:	State License Number:		Expiration Date:
First Name:	Middle Name:	Last Name:	Medical Credential:
Date of Birth:	State License Number:		Expiration Date:
First Name:	Middle Name:	Last Name:	Medical Credential:
Date of Birth:	State License Number:		Expiration Date:

How does the MedicalRx Specialty Provider employ and/or hire their medical professionals?
☐ Direct Hire ☐ External Staff Agency ☐ Both - (Direct Hire and External Staff Agency)
If External Staff Agency, please provide company name and phone number:

** MedicalRx Specialty Provider is responsible to verify the staffing agency understands and completes all required Federal and State training, including but not limited to; Fraud, Waste and Abuse and HIPAA **

Claim Payment Type

☐ 835 File ☐ EFT ☐ Check ** check and paper remittance are default for claims payment **
To set up 835 file please email PharmacyOperations835setup@optum.com
To set-up EFT please email PharmacyOperationsEFTsetup@optum.com

Practice Facility Type

☐ Home Infusion ☐ Hospital Outpatient Care ☐ Ambulatory/Infusion Suite ☐ Physician's Office

Infusion Therapeutic Class

☐ Ankylosing Spondylitis	☐ Antibiotic Therapy	☐ Antiemetic Therapy	☐ Antifungal Therapy
☐ Antiviral Therapy	☐ Arthritis & Skin	☐ Cardiac Therapy	☐ Catheter Care & Insertion Supplies
☐ Crohn's Disease	☐ Eternal Nutrition Therapy	☐ Hydration Therapy	☐ IVIG
☐ Pain Management	☐ Plaque Psoriasis	☐ Psoriatic Arthritis	☐ Rheumatoid Arthritis
☐ Ulcerative Colitis	☐ Total Parental Nutrition (TPN)	Other:	

OPTUMRx®

Specialized Care

☐ Adult ☐ Children ☐ Geriatric

Language(s) Spoken

Please mark all that apply. ☐ English ☐ Spanish ☐ Arabic ☐ Chinese ☐ German ☐ Korean
☐ Russian ☐ Vietnamese Other:

General Business Hours of Operation

Monday - Friday:	AM	PM	Saturday:	AM	PM	Sunday:	AM	PM

Call Center Hours of Operation

Monday - Friday:	AM	PM	Saturday:	AM	PM	Sunday:	AM	PM

Claims Software

Practice Management Software Vendor:	Claims Submission Software Vendor:
Does the MedicalRx Specialty Provider intend to use the Specialty Management Access Portal (SMAP)? ☐ Yes ☐ No ☐ Undecided	
Does the MedicalRx Specialty Provider currently use a third-party company for services? ☐ Yes ☐ No	
If yes, please provide the company name:	

** OptumRx does not require specific claim software and offers a web-based portal tool (SMAP) **

Practice Services and Protocols

Will the MedicalRx Specialty Provider accept e-Prescriptions from referring provider? ☐ Yes ☐ No
Does the MedicalRx Specialty Provider have a designated intake and/or Admission Coordinator or Registered Nurse in accordance to State laws for appropriateness of patients that receive home infusion services? ☐ Yes ☐ No
If yes, please provide the contact information:
If no, please explain:
Does the MedicalRx Specialty Provider have a detailed cold chain management procedure, including annual tracking requirements for Home Infusion? ☐ Yes ☐ No
If no, please explain:
USP Compliance and Standards: (check all that apply): ☐ 795 ☐ 797 ☐ 800 ☐ 825 ☐ None
If none, please explain:
Please check mark all practice services that apply for the MedicalRx Specialty Provider.
☐ Crash Cart ☐ Emergency Service After Hours ☐ Handicap Accessible ☐ Infusion Therapy Room
☐ Medication Literature ☐ Aftercare Protocol
Does the MedicalRx Specialty Provider have hospital privileges? ☐ Yes ☐ No
If yes, please provide hospital name and address:

MedicalRx Specialty Provider Professional Liability Insurance

Carrier:	Policy Number:
Agent Name:	Phone Number:
Minimum Requirement $*5* Million Amount per Occurrence:	**Minimum Requirement $*5* Million** Aggregate: Expiration Date:
Are all MedicalRx Specialty Provider employees covered under this policy? ☐ Yes ☐ No	

340B Certification

Is the MedicalRx Specialty Provider a 340B provider? ☐ Yes ☐ No		
If yes, does the MedicalRx Specialty Provider segregate inventory? ☐ Yes ☐ No		
340ID#:	Entity Type:	Start Date:
Is the MedicallRx Specialty Provider owned or operate as Federally Qualified Health Care Center (FQHC)? ☐ Yes ☐ No		

General Questions

Is the MedicalRx Specialty Provider able to participate in external audits and grievance procedures? ☐ Yes ☐ No
If no, please explain:
Is the MedicalRx Specialty Provider currently in good standing with the State Board of Medicine, State Board of Pharmacy and other Federal or State Licensing Authorities? ☐ Yes ☐ No
If no, please provide a letter of explanation and include date(s):
Has the MedicalRx Specialty Provider or Physician ever been denied a license, permit or had license or permit suspended, revoked, fined or other disciplinary action by the State Board of Medicine, State Board of Pharmacy and other Federal or State Regulatory Authorities? ☐ Yes ☐ No
Under current ownership has the MedicalRx Specialty Provider or any principals ever filed for bankruptcy or reorganization? ☐ Yes ☐ No
If yes, please provide letter of explanation and include date(s):
Will the MedicalRx Specialty Provider maintain patient profiles, medication administration records and assessment as required by applicable Federal, State and U.S. Territorial Laws? ☐ Yes ☐ No
Has the MedicalRx Specialty Provider or any present owners, officers or employees ever been convicted of any Federal or State law convictions? ☐ Yes ☐ No
Are any MedicalRx Specialty Providers under any restriction of practice imposed by any State Board of Medicine and/or State Board of Pharmacy? ☐ Yes ☐ No
If yes, please provide a letter of explanation and include date(s):
Does the MedicalRx Specialty Provider comply with all Federal, State and U.S. Territorial Regulations, including Centers for Medicare & Medicaid Services (CMS) regulations? ☐ Yes ☐ No
If no, please explain:
Does the MedicalRx Specialty Provider have a written policy to actively review business operations and finance to minimize potential Fraud, Waste and Abuse? ☐ Yes ☐ No
If no, please explain:
Does the MedicalRx Specialty Provider have any offshore activity (i.e. call center, claims reconciliation) that involves the use of Protected Health Information (PHI)? ☐ Yes ☐ No
If yes, please explain:

General Questions

Does the MedicalRx Specialty Provider comply with regulations to protect Protected Health Information (PHI)? ☐ Yes ☐ No
What is the MedicalRx Specialty Providers current policy for destruction of Protected Health Information (PHI)?
Please explain:
If destruction of PHI is provided through an outside vendor service, please provide the company name:
Has the MedicalRx Specialty Provider previously been suspended, terminated, or excluded from Administrator's Network within the past five (5) years for failing to adhere to Terms of the Agreement or any prior or subsequent agreements with Administrator or Administrators successor? ☐ Yes ☐ No
If yes, please explain:
Has the MedicalRx Specialty Provider previously been suspended, terminated or excluded from any payer network in the past five (5) years for cause? ☐ Yes ☐ No
If yes, please explain:
Have any malpractice suits, arbitration or other proceedings ever been brought against the MedicalRx Specialty Provider or organization regardless of outcome? ☐ Yes ☐ No
If yes, please explain:
Has the MedicalRx Specialty Provider or organization ever been investigated, reprimanded, censured, excluded, suspended or disqualified by Medicare or Medicaid? ☐ Yes ☐ No
If yes, please explain:
Does the MedicalRx Specialty Provider have and will continue to provide the necessary training to staff to comply with all Federal and State programs? ☐ Yes ☐ No
If no, please explain:
Does the MedicalRx Specialty Provider understand waiving patients and/or members copays is against the Provider Contract and/or Provider Manual? ☐ Yes ☐ No
Can the MedicalRx Specialty Provider assist members in finding financial assistance through a variety of patient assistance programs through pharmaceutical manufacturers or foundation programs? ☐ Yes ☐ No
Does the MedicalRx Specialty Provider give educational materials to members/patients in multiple mediums (i.e. brochure, internet, mail, pamphlet) and in compliance with Affordable Care Act (ACA) 1557? ☐ Yes ☐ No
Does the MedicalRx Specialty Provider timely acquire and remediate situations related to a manufacture recall? ☐ Yes ☐ No
Does the MedicalRx Specialty Provider have a policy to destroy and/or return expired medications on the shelf? ☐ Yes ☐ No

** If necessary, please provide additional information and General Questions information on a separate document **

To the best of MedicalRx Specialty Provider knowledge, has or will MedicalRx Specialty Provider, any MedicalRx Specialty Provider location (including MedicalRx Specialty Providers currently in the Network and new MedicalRx Specialty Providers included in the Network after Execution of this Agreement), Physicians or other personnel furnishing (or which will furnish)Covered Specialty Medication Services to Members, been or be (i) listed as debarred, excluded, or otherwise ineligible for participation in Federal Health Care Programs or (ii) convicted of a criminal felony (for North Carolina, Tennessee and Vermont Medical Providers, please include misdemeanor convictions). ☐ Yes ☐ No
If yes, please explain:

Please Indicate: What is the most recent date MedicalRx Specialty Provider was inspected by any State Board of Medicine or State Board of Pharmacy?

Month: Year: Not Applicable:

Medicare

Conflict of Interest:
The below initials confirm that the undersigned has policies and procedures in place to ensure all staff responsible for the administration or delivery of Part D Services has signed a Conflict of Interest Statement, Certification, or Attestation at the time of hire, and annually thereafter throughout the employment tenure.

Initials Here:

OIG and GSA Certification:
The below initials confirm that the undersigned has policies and procedures in place to review the Office of the Inspector General (OIG) and General Services Administration (GSA) exclusions material at the time of hire, and monthly thereafter throughout the employment tenure that all staff is not currently excluded from any Federal health care programs. Should a staff member be identified on the lists(s), the staff member will be immediately removed from any and/or all work relating to a Federal Health Care Program.

Initials Here:

The undersigned hereby authorizes OptumRx and designed agents to review any and/or all records that are reasonably believed necessary for credentialing purposes.

Signature of Authorized MedicalRx Specialty Provider Representative.
I certify, represent and warrant that any and all information provided to each of the items related to this credentialing application and in connection with the credentialing process, is true, accurate, complete and has not failed to state an facts or provide any documents that may be material to OptumRx in connection with the credentialing process. Failure to provide true, accurate, and complete information in this credentialing application may result in sanctions, up to and including denial to participate and/or termination from all OptumRx Networks.

Signature: Title:

Print Name: Date:

OPTUMRx®

Disclosure of Ownership and Control Interest Statement

Required information for participation in OptumRx Commercial, Medicaid and Medicare Part D Benefit Plans: (1) the identity of all owners with a control interest of 5% or greater, (2) certain business transactions and (3) the identity of any excluded individual with an ownership or control interest in the provider entity or who is an agent or managing employee of the MedicalRx Specialty Provider.

MedicalRx Specialty Provider Entity Information

Type of Disclosing Entity: ☐ **Corporation** ☐ **Limited Liability Company** ☐ **Dispensing Physician**
☐ **Government/Public Entity** ☐ **Partnership** ☐ **Non-Profit** ☐ **Sole Proprietorship**
Legal Name of individual or entity (MedicalRx Specialty Provider Entity):
DBA Name (if different from MedicalRx Specialty Provider Entity Legal Name):
If MedicalRx Specialty Provider Entity is a member of Pharmacy Services Administrative Organization (PSAO), please provide the name and full address.
Name: Full Address:

MedicalRx Specialty Provider NPI:	Federal Tax Identification Number:
Medicaid ID Number:	NCPDP:

Section I: Ownership and Control Interest Information in MedicalRx Specialty Provider

Are there any individuals or organizations with an ownership or control interest of 5% or more in the MedicalRx Specialty Provider Entity? ☐ **Yes** ☐ **No**			
List the name, title, address and date of birth (DOB) for each person having an ownership or control interest in the MedicalRx Specialty Provider Entity of 5% or greater. List the name, Tax Identification Number (TIN), business address of each organization, corporation or entity having an ownership or control interest of 5% or greater.			
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:

Section II: Other Entities

Does the MedicalRx Specialty Provider Entity owner(s) have an ownership or control interest in any other healthcare entities? ☐ **Yes** ☐ **No**		
List the name of any other healthcare entities in which a person with an ownership or controlling interest also has an ownership or controlling interest in another healthcare entity.		
Owner Section I:	Other Healthcare Entity:	TIN (if entity):
Owner Section I:	Other Healthcare Entity:	TIN (if entity):
Owner Section I:	Other Healthcare Entity:	TIN (if entity):

Section III: Relationship

Are any of the individuals identified in Sections I or II related to each other? ☐ **Yes** ☐ **No**		
If yes, list the individuals identified and relationship to each other (child, parent, relative, sibling, spouse).		
Name of Owner 1:	Name of Owner 2:	Relationship:
Name of Owner 1:	Name of Owner 2:	Relationship:

Section IV: Criminal Convictions

Has the MedicalRx Specialty Provider Entity or any person who has an ownership, controlling interest, Agent, Board of Director, Governing Board or Managing Employees ever been convicted of a crime related to that person's involvement in any program under Medicare, Medicaid or Commercial program? ☐ **Yes** ☐ **No** If yes, please list person(s) below. Verify exclusion status through the HHS-OIG List of Excluded Individuals/ Entities (LEIE) at http://exclusions.oig.hhs.gov/search.aspx and review any applicable state specific exclusion database.		
Name/Title:	DOB:	Full Address:
Name/Title:	DOB:	Full Address:

Section V: Business Transaction Information

Has MedicalRx Specialty Provider Entity had business transactions with a subcontractor or wholly owned supplier totaling more than $25,000 or 5% of operating expenses in the previous twelve (12) month period? ☐ **Yes** ☐ **No** If yes, list the name and ownership of subcontractor with whom the MedicalRx Specialty Provider Entity had business transactions totaling more than $25,000 during the previous twelve (12) month period and any wholly owned supplier or subcontractor with whom the MedicalRx Specialty Provider Entity had any significant business transactions exceeding the lesser of $25,000 or 5% of operating expensing during the past five (5) year period.			
Name of:	Address:	Owner:	Transaction Amount:
Name of:	Address:	Owner:	Transaction Amount:

Section VI: Agents, Board of Directors, Governing Board and Managing Employees

Does the MedicalRx Specialty Provider Entity have any Agents, Board of Directors, Governing Board or Managing Employees? ☐ **Yes** ☐ **No** If yes, list the name of each Agent, Board of Directors, Governing Board and Managing Employees.			
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:
Name/Title:	DOB:	Address:	% Interest:

I certify that the information provided herein, is true, accurate and complete. MedicalRx Specialty Provider Entity agrees to immediately provide any changes, additions or revisions to the information submitted herein. Additionally, I understand that misleading, inaccurate, or incomplete data or information submitted herein may result in a denial and/or termination of participation.

Signature: Title (indicate if authorized agent):

Print Name: Date:

MEDICALRx SPECIALTY PROVIDER NETWORK AGREEMENT

This MedicalRx Specialty Provider Network Agreement ("Agreement"), effective as of the noted date set forth by Administrator on the signature page hereto (the "Effective Date") is made and entered into by and between OptumRx, Inc., a California corporation, ("Administrator"), and _____ _____ *[INSERT COMPANY NAME]*, a _____ *[INSERT STATE & TYPE OF LEGAL ENTITY] (i.e. Delaware Corporation)]*, on behalf of itself and each of its Providers (collectively, "Company"). Administrator and Company may be referred to in this Agreement individually as a "party" and collectively as "parties."

RECITALS

A. Administrator has entered or in the future will enter into written agreements with Clients for certain consultative, administrative, network, and/or claims processing services in connection with the operation of Client's Benefit Plan.

B. Company owns, operates or manages one or more providers that are duly licensed and qualified to provide Covered Specialty Medication Services to Members of Clients.

C. Company seeks to provide particular Covered Specialty Prescription Medication Services to Members of Clients using its Providers in accordance with the terms and conditions of this Agreement.

NOW THEREFORE, in consideration of the foregoing premises, mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

1. Defined Terms. All capitalized terms contained in this Agreement will have the meanings as set forth herein or as defined in an addendum or exhibit to this Agreement.

   1.1 "Administrator's Proprietary Information" shall mean: (i) this Agreement and all documentation now and hereafter related to the performance of this Agreement, including, without limitation, the Formulary and MAC list; (ii) Administrator's methods of doing business, including the Administrator's utilization review and quality assurance procedures and programs; (iii) any and all symbols, logos, trademarks, trade names, service marks, patents, inventions, copyrights, copyrightable material, trade secrets, personnel information, operating manuals, memoranda, work papers, notes, reports, customer or client lists, business information, operational techniques, prospect information, marketing programs, plans, and strategies, operating agreements, financial information and strategies, and computer software and other computer-related materials developed or used in Administrator's business; and (iv) any documents, materials, or items not specifically listed above, which Administrator designates as its proprietary information.

   1.2 "Affiliate" shall mean with respect to any person or entity, any other person or entity which directly or indirectly controls, is controlled by or is under common control with such person or entity.

   1.3. "Average Sales Price" or "ASP" is defined as a manufacturer's average sales price of a drug for all purchasers in the United States in a calendar quarter net of all rebates, discounts, and other price concessions divided by the total number of units of the drug sold by the manufacturer in that same quarter. ASP is based on the CMS published Medicare Part B fee schedule and provided multiplier (e.g. ASP is 6% above Medicare Part B fee schedule as communicated by CMS)

   1.4 "Average Wholesale Price" or "AWP" shall mean and refer to the average wholesale price of a Covered Specialty Prescription Medication Service based on the Medi-Span Prescription Pricing Guide (with Supplements) or any other nationally recognized pricing source selected by Administrator (the "Pricing Source"), as updated at least monthly.

1.5 "Benefit Plan" shall mean the benefit provided to Members, including under Medicaid and/or a Prescription Medication Drug Plan. Benefit Plan coverage shall include, without limitation, any deductible or coverage gap provided for under such coverage, without regard to any subsidy by any third party of a Member's cost sharing obligations under the applicable Benefit Plan.

1.6 "Brand Name Drug" shall mean a drug marketed under a proprietary and trademark-protected name.

1.7 "Claim" shall mean a Provider's billing or invoice for a single Prescription for Covered Specialty Prescription Medication Services provided to a Member.

1.8 "Claims Processor" shall mean Administrator or a third party provider claims processor with which Administrator may contract.

1.9 "Clean Claim" shall mean a Claim, prepared in accordance with the standard formats promulgated by the National Council for Prescription Drug Programs, electronic, batch, and on paper, which contains all of the information necessary for processing (including, without limitation, the Member identification number, the Member's name and date of birth, Prescription Drug Product NDC number, drug quantity, days supply, health care provider DEA/NPI number, NCPDP/NPI number date of service, Submitted Cost Amount and the Usual and Customary Charge). Claims submitted in non-NCPDP standard format will not be considered a Clean Claim and will be subject to an additional claim processing charge. A Claim shall not be considered a "Clean Claim" if at Administrator's sole discretion it determines that such Claim is (i) discrepant, false and/or fraudulent, (ii) by an individual not authorized under applicable law or regulation to write or direct the related Prescription, or (iii) with respect to any Benefit Plan that is a "Federal health care program" as defined in 42 U.S.C. 1320a-7b, relates to a Prescription written or directed by an individual who is excluded from participation in any Federal health care program pursuant to applicable federal or state law (individually and collectively, a "Non-Clean Claim"). Administrator's Non-Clean Claim determination shall be applicable regardless of whether Administrator, Client, Member, Company, and/or Provider was aware of the same at the time such Prescription was processed by Provider. Any amounts paid by any Member, Administrator or Client for such Non-Clean Claim shall be subject to recoupment from Provider by Administrator.

1.10 "Client" or "Clients" shall mean an insurer, health plan and/or a plan sponsor which has entered into, or in the future enters into, a written agreement with Administrator pursuant to which Administrator provides certain consultative, administrative, and/or claims processing services in connection with the operation of one or more Benefit Plans sponsored, issued or administered by such person or entity and/or that person's or entity's customer.

1.11 "Client's Proprietary Information" shall mean the Client's Benefit Plans and the information contained therein, including without limitation (i) information related to Members, employer groups, and participating providers, (ii) the financial arrangements between Clients and their Members, employer groups, and participating providers (iii) any and all symbols, logos, trademarks, trade names, and service marks developed or used in Client's business, and (iv) any documents, materials, or items not specifically listed above, which Client designates as its proprietary information.

1.12 "Cost-Sharing" or "Cost-Sharing Amounts" shall mean the coinsurance, co-pays, or other amounts which Company is entitled to collect from a Member for Covered Specialty Prescription Medication Services in accordance with the terms and conditions of the Member's Benefit Plan.

1.13 "Contracted Specialty Medication Services" shall mean a Covered Specialty Prescription Medication Service for which the Company is eligible for payment under this Agreement.

1.14 "Covered Specialty Prescription Medication Services" shall mean those particular Specialty Drugs and other pharmaceutical products, services and supplies provided and / or administered by Company to a Member for which coverage is provided pursuant to the terms and conditions of the Benefit Plan.

1.15 "CMS" shall mean the Centers for Medicare and Medicaid Services, or any successor Government Authority.

1.16 "Drug Product" shall mean the Brand Name Drug or Generic Drug which is (i) required under applicable laws and regulations to be provided only pursuant to a Prescription and (ii) is approved by the FDA. For the purposes of this Agreement; "Drug Product", prescription(s), drug(s), medication(s) shall mean the same thing.

1.17 Formulary/Prescription Drug List "Formulary" means the entire list of Drug Products, products and/or supplies covered by the applicable Benefit Plan

1.18 "FDA" shall mean the Federal Food and Drug Administration, or any successor Government Authority.

1.19 "Generic Drug" shall mean and refer to a drug product, whether identified by its chemical, proprietary or non-proprietary name, which is accepted by the FDA as therapeutically equivalent to an originator Drug Product.

1.20 "GLB" means the Financial Modernization Act of 1999 also known as the Gramm-Leach-Bliley Act (codified at 15 USC § 6801 *et seq*.), together with any rules and regulations from time to time promulgated thereunder, as may be amended, modified, revised or replaced or interpreted by any Governmental Authority or court.

1.21 "Government Authority" shall mean and include, but not limited to the Federal government, any state, county, municipal, or local government or any governmental department, political subdivision, agency, bureau, commission, authority, body or instrumentality or court, that might regulate the activities or operations of either party or parties' Affiliate or Client.

1.22 "HIPAA" shall mean and refer to the Health Insurance Portability and Accountability Act of 1996, and the rules and regulations adopted by HHS pursuant to HIPAA, including the Standards for Privacy of Individually Identifiable Health Information and the Security Standards for the Protection of Electronic Protected Health Information, 45 CFR parts 160 and 164 (subparts A, C, and E) as each may be amended, modified, revised or replaced or interpreted by any Government Authority or court.

1.23 "HHS" means the United States Department of Health and Human Services or any successor Government Authority.

1.24 "Marks" shall mean the name(s), logo(s), and other proprietary symbols and phrases belonging to an entity.

1.25 "Maximum Allowable Cost" or "MAC" shall mean the lists developed by Administrator specifying the maximum unit ingredient cost payable to Company for dispensing any Drug Product included on such lists. Company acknowledges that MAC is subject to periodic review and modification by Administrator.

1.26 "Member" or "Beneficiary" shall mean an individual who is eligible and enrolled to receive coverage through a Benefit Plan from Client for Covered Specialty Prescription Medication Services.

1.27 "NCPDP" shall mean the National Council of Prescription Drug Programs.

1.28 "Non-Contracted Specialty Prescription Medication Services" shall mean a Covered Specialty Prescription Medication Services for which the Company is not eligible for payment under this Agreement even if a Specialty Drug is included in the Client's Benefit Plan.

1.29 "NPI" shall mean the National Provider Identifier.

1.30 "Provider" or "Providers" or "Medical Specialty Provider" shall be defined as a medical provider of a medical service which includes the administration of a Contracted Specialty Prescription Medication Service, including hospital outpatient clinics, infusion centers, physician/practitioner offices, and ambulatory care centers and mean each or all of Company's eligible Provider or Providers participating in Client's MedicalRx Specialty Provider Network in accordance with the Agreement, addenda, exhibits, subsequent amendments, etc. and as specified on Exhibit A. Provider shall not in any manner include any pharmacy or specialty pharmacy which dispenses medications to a medical provider.

1.31 "Provider Plan Specifications" shall mean information made available by Administrator to assist Company in submitting a claim for Covered Specialty Prescription Medication Services.

1.32 "Provider Manual" shall mean the rules, protocols, policies and administrative procedures including Client's administrative guide adopted by Administrator or Client to be adhered to by Company in providing Covered Specialty Prescription Medication Services and doing business with Administrator and Client(s) under this Agreement, which is hereby incorporated by reference into this Agreement.

1.33 "POS System" shall mean the online or real time (point-of-sale) telecommunication system used to communicate information including, but not limited to, Covered Specialty Prescription Medication Services.

1.34 "Prescription" shall mean and refer to a written or oral order to provide a Drug Product directed by an appropriately licensed and qualified health care professional in accordance with Federal and/or state law.

1.35 Prescription Medication Drug Compensation" shall mean the reimbursement, remuneration, compensation, or other payment, as set forth in Section 4.1 provided to Company by Administrator for the provision of Covered Specialty Prescription Medication Services to Members.

1.36 "Prescription Medication Drug Contracted Rate" shall have the meaning set forth in the applicable Compensation Exhibit[s] attached to one or more of the addenda to this Agreement.

1.37 **"**Specialty Drugs**"** shall mean and include biotechnology products, orphan drugs used to treat rare diseases, typically high-cost drugs, oral or injectable medications, including infusions in certain outpatient setting, drug requiring on-going frequent management/monitoring of the patient by clinician or drugs used to treat chronic and potentially life-threatening diseases.

1.38 "Submitted Cost Amount" shall mean the submitted ingredient costs, dispensing fees and all other submitted costs incurred by a Provider for dispensing of a Drug Product, product and/or supply.

1.39 "Therapeutic Category/ Primary Indication**"**: An individual drug or a group of similar drugs assigned to a category based on a therapeutic designation or a disease for the purpose of clinical management, benefit designation and operational efficiency.

1.40 "Usual and Customary Charge" shall mean the price, including all applicable customer discounts, such as special customer, senior citizen and frequent shopper discounts, that a cash paying customer pays Company for Drug Products, devices, products and/or supplies.

2. Duties and Obligations of Administrator.

2.1 Information and Provider Plan Specifications. As applicable, Administrator will provide or make available to Company (via POS System or available Administrator portal for claim submission) the information Company reasonably needs to provide Covered Specialty Prescription Medication Services and perform its other obligations under this Agreement, including the Provider Plan Specifications, benefit coverage information (such as Cost-Sharing Amounts, deductible limits, covered drugs, benefit exclusions, and days' supply), administrative and utilization review requirements, eligibility information, Formulary information and information regarding the policies and procedures for claims submission and payment, although limited when

using Administrator portal. Administrator may add such new information and Provider Plan Specifications or amend, revise, or terminate existing information or Provider Plan Specifications in its sole and absolute discretion upon ten (10) days prior written notice to Company.

2.2 Claims Processing. Administrator will arrange for the processing and payment of Company's claims for Covered Specialty Prescription Medication Services provided to Members in accordance with Members' Benefit Plan.

2.3 Use of Third Parties. Administrator may contract with third parties for claims processing, eligibility, or other duties or obligations Administrator is required to perform under this Agreement.

3. Duties and Obligations of Company.

3.1 Scope of Obligations. Company represents and warrants to Administrator that it has the legal authority to bind each Provider identified on Exhibit A, which will be utilized by Company, either directly or indirectly, whether through one or more Affiliates or otherwise, to provide Covered Specialty Prescription Medication Services to Members. Company represents, warrants, and covenants that all of the obligations of Company hereunder shall also be the obligations of such Provider locations. Company agrees that it shall ensure that all Provider locations which will be utilized by Company, either directly or indirectly, whether through one or more Affiliates or otherwise, to provide Covered Specialty Prescription Medication Services to Members, shall comply with all of the requirements of this Agreement, addenda, exhibits, Provider Manual and with all applicable laws and regulations relevant to performance under this Agreement and with Company's and Providers' operations in general.

3.2 Participation in Client's Benefit Plan Network. By executing this Agreement, Company is agreeing to participate in the network for Benefit Plans offered or administered by Client. Company will provide Covered Specialty Prescription Medication Services to Members in a safe, diligent, and professional manner, in accordance with applicable laws and regulations, this Agreement, Provider Plan Specifications, Provider Manual and any other applicable documents provided or made available by Administrator.

3.3 Provided Covered Specialty Prescription Medication Services. Company will provide Covered Specialty Prescription Medication Services to Members in accordance with the terms and conditions of this Agreement, including any exhibits, schedules and addenda attached hereto, and the Provider Plan Specifications.

3.3.1 Provision of Covered Specialty Prescription Medication Services. Once a Prescription has been transmitted to Company, Company shall promptly review such Prescription and, if appropriate, promptly provide the applicable Covered Specialty Prescription Medication Service in a safe, diligent, and professional manner. Company shall do and comply with each and all of the following, notwithstanding the receipt of any Prescription:

(a) Company shall not solicit a Member for mail delivery or deliver any Covered Specialty Prescription Medication Services by sending through the US mail, shipping via any common carrier (e.g. FedEx, UPS, DHL) or via delivery by any type of courier to Member, except upon the advance written approval of Administrator, which approval may be refused in Administrator's sole discretion;

(b) Company shall not provide any Covered Specialty Prescription Medication Services that the FDA prohibits from being provided through home delivery;

(c) Company shall not provide any Covered Specialty Prescription Medication Services in excess of a thirty (30) day supply unless authorized prior to dispensing and/or messaging at the time of submission to the POS system allows a supply in excess of a thirty (30) day supply.

(d) Company shall require a signature of receipt at time of delivery for any Schedule II Narcotic drug filled for a Member;

(e) Company shall use its best efforts to ensure that no Covered Specialty Prescription Medication Service has been tampered with, adulterated, stored or transported improperly, misbranded or mislabeled, contaminated, or counterfeited prior to or during the period between Company's taking legal title to such Covered Specialty Prescription Medication Service and the Member's acceptance of such Covered Specialty Prescription Medication Service. Company will maintain an adequate process in place to track and monitor the origin and safety of each Covered Specialty Medication Prescription Service provided and shipped to a Member under this Agreement and to ensure compliance with all of Company's obligations under this Section; and

(f) Company shall not provide any Covered Specialty Medication Prescription Services to Members who reside in a Long-Term Care Facility as defined under 42 C.F.R.§ 423.100, as amended from time to time.

(g) Company shall not provide, bill or collect payment from the Member, or seek to impose a lien for Covered Specialty Prescription Medication Services that are considered Non- Contracted Specialty Prescription Medication Services as defined under this Agreement.

3.3.2 Member's Eligibility Status. Prior to dispensing Covered Specialty Prescription Medication Services, Company shall verify whether the individual receiving such Covered Specialty Prescription Medication Services is an eligible Member. Such verifications shall be performed by Company using the POS System or such other process as identified by Administrator. If Company is unable to confirm a Member's eligibility, then Company shall call Administrator's Provider Help Desk or equivalent provider service department. In the event that Company fails to verify Member eligibility, neither Administrator nor Client shall have any obligation to compensate Company for any Covered Specialty Prescription Medication Services provided to persons who are not eligible Members at the time such drugs are provided.

3.3.3 Formulary and Generic Drug. In the provision of Covered Specialty Prescription Medication Services, Company and each Provider location shall use its best efforts, in accordance with all applicable state and federal law, to adhere to and promote the Formulary, except to the extent Company is: (i) prohibited by state law, or (ii) otherwise directed by Administrator through the POS System. If (i) neither the Prescription nor applicable state or federal law prohibit substitution of a generic drug equivalent for the Drug Product, and (ii) Company or the Provider location obtains consent from the Member and the Member's physician, when and if required by applicable state or federal law, then Company shall provide a generic drug equivalent for the Drug Product to the Member.

3.3.4 Cost-Sharing Amounts. Claims Processor shall communicate to Company (via the POS System) the Cost-Sharing Amounts applicable to Covered Specialty Prescription Medication Services. Unless otherwise required under this Agreement, Company shall collect the full Cost-Sharing Amounts (if any) that are applicable to Covered Specialty Prescription Medication Services being provided to Members. Company agrees that it shall not at any time seek reimbursement for Cost-Sharing Amounts from Administrator or Client. This Section
3.3.5 shall survive expiration or termination of the Agreement. In the event that the Cost-Sharing Amount is greater than the Prescription Medication Drug Compensation, the Client's liability for such Claim shall be $0.00.

3.3.5 Multiple Month Supply. Company shall implement each Benefit Plan as designated by Client and as provided to Company in the appropriate Provider Plan Specification documents. Under no circumstances shall either Administrator or Client require Company fill any Prescription in amounts not permitted under applicable state or federal laws or regulations.

3.3.6 Formulary and all Policies/Protocols. To the extent applicable as determined by the Administrator, Company shall comply with Administrator's Formulary strategy and decisions; including communication of lower co-pay options, use of manufacturer coupons, co-pay and/or discount cards (if applicable), and all drug policies.

3.3.7 Rebate Disclosure. Prior to executing this Agreement, Company must disclose to Administrator all manners in which Company receives money from pharmaceutical manufacturers and how it will pass through Rebates to which Administrator is entitled to based on Client's Member's usage.

3.3.8 Rebates. Company understands and agrees that the Administrator shall be entitled to all Rebates attributable to the Client's Members' under this Agreement. For purposes of this Agreement, Rebates include, but are not limited to, all rebates (whether access, base, Formulary incentive, market share, volume, or other), credits, submission fees, administrative fees, data fees, or other financial incentives, and any interest thereon. Rebates shall not include purchasing discounts or payment discounts obtained by Company for the acquisition of drugs for its own distribution in its Providers ("Own Use Purchase Discounts") or any other fees Company earns for compliance, services, or programs for which Company receives payments from pharmaceutical manufacturers as a Provider not specifically attributable to the Client's Members utilization.

3.3.9 Intentionally Omitted

3.3.10 Drug Product Availability.

Drug Product Shortage**:** In the event Company determines and notifies Administrator, in writing that there is an acute product shortage or limited availability with regard to a particular drug and the market price of the drug is equal to or exceeds the AWP, the Company shall be reimbursed the amounts set forth in the Specialty Compensation Exhibit with the option to request that the Company and Administrator meet to negotiate an applicable interim rate for that particular drug.

In the event the parties fail to reach an Agreement on the interim rate for that particular drug within 30 days of the date of written notice by Company to Administrator of an acute product shortage or limited availability with regard to that drug and where the market price of that drug exceeds the AWP, the Company shall be reimbursed the amounts set forth in the Specialty Compensation Exhibit. On a case-by-case basis, the Company may request a corrective adjustment in accordance with Section 4.4 of the Agreement.

Drug Product no longer available**:** The Company will notify Administrator in writing within 10 days when a drug is no longer available to the Company due to a change in sole source or limited distribution arrangement by the manufacturer. Administrator will meet with the Company within 30 days of Company giving notice to Administrator, to define the process for Member access specific to that drug.

3.4 Specific Provider Requirements.

3.4.1 Eligibility. In order to be eligible to participate as a Provider in Administrator's MedicalRx Specialty Provider Network, Provider shall not have previously been suspended, terminated or excluded from Administrator's network in the past five (5) years for failing to adhere to the terms of this Agreement or any prior or subsequent agreements with Administrator or Administrator's successor. If any Provider location owned or operated by Company was suspended, terminated or excluded from Administrator's network in the past five (5) years, such Provider location shall not be eligible to provide services under this Agreement, unless otherwise permitted by Administrator in its sole and absolute discretion.

3.4.2 Providers. Unless otherwise provided herein, Company shall provide Administrator with the information specified on Exhibit A attached hereto for each Provider utilized by

Company to provide Covered Specialty Prescription Medication Services. Company shall promptly notify Administrator in writing of any changes (except for additions or deletions of Providers, as noted below in section 3.4.3) to the information set forth on Exhibit A.

3.4.3 Additions or Deletions of Providers. Company shall provide Administrator with at least thirty (30) days written notice prior to adding a new Provider location for use in providing Covered Specialty Prescription Medication Services to Members, which new Provider location shall satisfy and comply with all terms and conditions of this Agreement and subject to Administrator's approval. In the event Company acquires or is acquired by, merges with, or otherwise becomes affiliated with another provider of Provider services that is already under contract with Administrator to participate in Administrator's MedicalRx Specialty Provider Network, this Agreement and the other agreement will each remain in effect and will continue to apply as they did prior to the acquisition, merger, or affiliation, unless otherwise agreed to in writing by all Parties to such agreements. Company shall promptly notify Administrator immediately of any actual or pending termination or suspension in the operation of any Provider location identified in Exhibit A.

3.4.4 Transfer of Assets. Provider will not transfer all or some of its assets to any other entity during the term of this Agreement, with the result that all or some of the Covered Specialty Prescription Medication Services subject to this Agreement will be rendered by the other entity rather than by Provider, without the express written agreement of Administrator. This subsection
3.4.4 applies to arrangements under which another provider leases space from Provider after the Effective Date of this Agreement, so that Covered Specialty Prescription Medication Services that were subject to this Agreement as of the Effective Date of this Agreement are rendered instead by another provider after the lease takes place.

3.4.5 Administrator's Approval Required. Administrator at the sole and absolute discretion shall have the right to immediately limit a Provider's participation in Administrator's MedicalRx Specialty Provider Network for such Client's Benefit Plan.

3.4.6 Credentialing. Company represents, warrants, and covenants that Company regularly monitors and provides oversight of the operations at each of its Providers and their medical service providers and maintains a credentialing program for itself and each of its Providers. Company agrees that Administrator has the right to monitor and oversee Company's credentialing program. Accordingly, upon reasonable advance notice, Company will provide Administrator with on-site access to all records maintained by Company relating to the credentialing of each Provider and all medical service providers which provide Covered Specialty Prescription Medication Services to Members or, at Administrator's election, Company shall provide Administrator with copies of such records (including then-current credentialing policies and procedures) and/or certifications of Company's compliance with this Section. Notwithstanding the foregoing, Company acknowledges that Administrator may independently verify licenses, insurance coverage, and any debarment or disciplinary action related to all medical service providers who provide Covered Specialty Prescription Medication Services to Members; as such verifications may be required of Client by state or federal laws or otherwise. In addition, Company shall submit the information specified in the credentialing requirements document, which was provided to the Company, to Administrator prior to the execution of the Agreement and, thereafter for each applicable license, no less than thirty (30) days prior to the renewal date for such license so that Administrator may determine whether Company has met Administrator's credentialing requirements.

3.4.7 Company's Compliance Program. Company represents, warrants, and covenants that Company does and shall maintain a compliance monitoring program pursuant to which the Company, on no less frequently than an annual basis, verifies the licenses, insurance coverage, and any disciplinary actions (including but not limited to any debarment, exclusion, ineligibility, or conviction described in Section 3.4.7 of this Agreement) related to all facilities and personnel utilized by Company to provide Covered Specialty Prescription Medication Services to Members. Company agrees to provide updated

information relating to such matters to Administrator upon request or within thirty (30) days following a change in any such information (including the addition of a new Provider location) and, in any event, no less frequently than annually.

3.4.8 Debarment. Company represents, warrants, and covenants that neither the Company nor, to the best of Company's knowledge, any Provider (including providers currently in the network and new providers included in the network after execution of this Agreement) location, medical service provider, subcontractor, or other personnel furnishing (or which will furnish) Covered Specialty Prescription Medication Services to Members have been or will be (i) listed as debarred, excluded, or otherwise ineligible for participation in federal health care programs or (ii) convicted of a criminal felony. If at any time Company becomes aware of any violation of this representation and warranty, Company shall notify Administrator immediately in writing and shall prevent such personnel or Provider location from providing Covered Specialty Prescription Medication Services to Members. If Company itself becomes debarred, excluded or otherwise ineligible or if Company has not taken the actions required of it in the preceding sentence, the Administrator may immediately terminate this Agreement upon written notice to Company without liability to Administrator or Administrator's Client or take such other corrective or remedial actions as Administrator reasonably believes is appropriate.

3.5 Drug Utilization Review. At all times during the term of this Agreement, Company shall cooperate with, support and remain in compliance with the utilization review, medication therapy and quality assurance programs of Administrator and/or Client.

3.6 Provider Independence. Company and Administrator acknowledge that the dispensing provider must use independent professional judgment when dispensing Covered Specialty Prescription Medication Services and may refuse to provide any Covered Specialty Prescription Medication Service based on the provider's professional judgment.

3.7 Health care**.** This Agreement and Member Benefit Plans do not dictate the health care provided by Provider or govern Provider's determination of what care to provide its patients, even if those patients are Members. The decision regarding what care is to be provided remains with Provider and with Members and their physicians, and not with Administrator or any payer.

3.8 Non-Discrimination. Company shall provide services to Members in the same manner and in accordance with the same standards as Company provides services to its other Members. Company shall not discriminate against any Member in its provision of Covered Specialty Prescription Medication Services for any reason, including, but not limited to, race, sex, color, religion, national origin, age, gender, marital status, physical or mental handicap, health status, health insurance coverage, sexual preference or status as a Member.

3.9 Member Claims and Grievances. Company shall promptly notify Administrator of receipt of any claims, including professional liability claims, filed or asserted by a Member against Company, subcontractor, agent and/or any medical service provider employed or contracted by Company. Company shall provide as soon as possible information regarding the claim as reasonably requested by Administrator and/or Client. In addition, Company shall cooperate with Members, Administrator and/or Client in identifying, processing, and resolving all Member complaints, grievances, and appeals.

3.10 No Unrequested Prescription Transfers. Company shall not transfer any Prescriptions to another company except upon the express request of a Member, Administrator, or Client.

3.11 No Solicitation to Transfer Prescriptions. To the fullest extent permitted by applicable laws and regulations, Company shall not solicit any Member to transfer any Prescriptions to any other provider, irrespective of provider type and irrespective of whether such provider is a Company Affiliate. Solicitation shall mean conduct engaged in by an officer, agent, or employee of Company or any Provider, their respective assignees or successors, or any other person during the term of the Agreement which may be reasonably interpreted as designed to persuade a Member to transfer a Prescription to any provider other than the Provider at which the Prescription

is located. This Section shall not apply if the transfer is due to an addition of a new Provider or the termination or closing of a Provider currently providing services to Members.

3.12 Compliance with Applicable Laws.

3.12.1 Licenses and Permits. Company shall obtain and maintain all federal, state and local approvals, licenses, accreditation, permits and certifications (collectively, "Licenses") required to operate as a provider at each location identified on Exhibit A. Company will notify Administrator within two (2) days of any suspension, revocation, condition, limitation, qualification or other restriction on any of its Licenses.

3.12.2 Provider and Employee Compliance. Company shall ensure that all providers who are employed or contracted by Company and who provide Covered Specialty Prescription Medication Services to Members are properly credentialed, accredited, licensed to practice and are insured in accordance with this Agreement. Company shall also ensure that all its employees and contractors, including physicians and medical service providers, perform their duties in accordance with the applicable standards of professional ethics and practice. Company will notify Administrator within two (2) days of any suspension, revocation, condition, limitation, qualification or other restriction on any medical service provider-in-charge's license.

3.12.3 Compliance with Regulatory Laws Applicable to Client. Company acknowledges and understands that Client may be licensed, authorized under, or subject to, state and federal laws or regulations. Company shall familiarize and train itself and each Provider location regarding any state or federal regulatory laws applicable to the provision of Covered Specialty Prescription Medication Services to Members and shall abide by all such applicable laws. Without limiting the generality of the foregoing, if a provision is required to be included in this Agreement by laws or regulations or related guidance applicable to Client whose Members are being serviced by the Company, then Administrator may unilaterally amend this Agreement upon no less than thirty (30) days prior written notice to Company to include such provision within this Agreement without any further action by the parties.

3.12.4 General Compliance with Applicable Laws and Regulations. Company shall be responsible for determining and complying with all laws and regulations applicable to the furnishing of the Covered Specialty Prescription Medication Services and its performance of this Agreement. If a party's performance as required under this Agreement is prohibited by or in conflict with any applicable laws and regulations, then the party whose performance is owed or required shall be required to perform, but only to the extent permitted by such applicable laws and regulations. Any provisions now or hereafter required to be included in this Agreement by applicable laws and regulations or by any other Government Authority of competent jurisdiction shall be binding upon and enforceable against the parties hereto and be deemed incorporated herein, irrespective of whether or not such laws and regulations are expressly provided for in this Agreement.

3.12.5 Meeting and Reports. Company shall provide Administrator with any report(s), data or other information, including but not limited to, coupon reporting, which Administrator may reasonably request in a format, via a medium, and at a frequency reasonably determined by Administrator or as otherwise required by applicable laws and regulations. Company shall be responsible for the integrity and accuracy of all data furnished or transmitted by Company to Administrator or Claims Processor and shall correct all errors in such data within ten (10) business days of being made aware thereof. To the extent such reports, data or other information is required for compliance with applicable laws and regulations, including but not limited to Medicare Laws and Regulations, Company shall certify as to the accuracy and validity of such report, data or other information prior to submission to Administrator. If Company fails to timely comply with providing Administrator with any reports, data or other information required by applicable laws or by any Government Authority, Company shall reimburse Administrator for any penalty, fine, etc. incurred by

Administrator or Client. In addition to report (s), data or other information, Company shall be available to meet upon the request of Administrator to review all requested reporting, data, or other information.

3.13. Delegation. Company shall not delegate any service, activity or other obligation required of it under the Agreement, as amended, (including the provision of Covered Specialty Prescription Medication Services by Company Providers to Plan Members), to an Affiliate or third party, without the prior written consent of Administrator, and when necessary, Client, as determined in the sole and absolute discretion of each of them, as may be communicated by Administrator. No consent may be obtained until Administrator has received a fully executed copy of each agreement between Company and a delegate that relates to the proposed delegation. Any such agreement must provide that it will terminate (i) completely if Administrator revokes an agreement on the delegation or (ii) as to Client, if the Client revokes the delegation. Any such delegation, if consented to (an "Approved Delegation"), shall be performed by the delegate in accordance with Clients' respective contractual obligations and in accordance with Company's contractual obligations hereunder. Company agrees that any agreements of Company or any Company Provider with respect to an Approved Delegation shall be in writing, signed by the parties to be bound thereby and in compliance with all applicable laws and regulations. In the event that a delegate of Company or a Company Provider fails or is unable (for any reason whatsoever) to perform in a satisfactory manner any services, activities or other obligations which have been sub-delegated pursuant to an Approved Delegation, then Administrator or Client shall have the right to suspend, revoke or terminate such Approved Delegation effective upon the date set forth in a written notice furnished to Company and Company shall continue to be responsible to perform such duties and obligations of the Agreement. Additionally, Client shall have the right to institute corrective action plans or seek other remedies or curative measures respecting the unsatisfactory Approved Delegation consistent with applicable laws and regulations. Any attempted sub-delegation by Company or a Company Provider which is not an Approved Delegation shall be null and void and of no force or effect.

3.14. Compliance with Provider Manual. Company shall comply with the Provider Manual. Any of the rules, policies, administrative procedures, and guidelines adopted by Administrator may be distributed in the form of a Provider Manual or in other communications, including, but not limited to a website identified by Administrator. The Provider Manual may change from time to time. Any such changes shall be binding on Company.

3.15 Member Transfers. Company will cooperate with the transfer of Client member files to successor Company. In the event Administrator provides notice of termination to Company pursuant to Section 5 Term and Termination, Company will cooperate with the transfer of Client Member files to successor Company in a timely manner. Company will make best efforts to meet all transition timelines established by Administrator. Administrator will work with Company to establish data requirements for transition. Company will coordinate with Administrator and successor Company regarding the data transfer requirements.

4. Compensation.

4.1 Prescription Medication Drug Compensation Amounts. Administrator acting on behalf of Client, will process the Prescription Medication Drug Compensation owed to Company for each Covered Specialty Prescription Medication Service provided to Members based on the rates and under the terms and conditions of the applicable attached Specialty Compensation Exhibit(s). The POS System transaction response pricing per Claim prevails, unless overpayment is made to Company. Company understands and agrees that Administrator is not responsible for the funding of Claims, is not a guarantor or insurer of the funding for Claims payment, and is not financially responsible or liable in any respect for the payment of Claims.

4.2 Claims Submission.

4.2.1 Covered Specialty Prescription Medication Services. Company/Provider shall ensure that each Provider (i) verify in real time, through the POS System or available Administrator portal

for claim submission, whether the original or refill Prescription provided by a Member is for Covered Specialty Prescription Medication Services, and (ii) follow any instructions, unless prohibited by state or federal law, communicated by Administrator to Company, including, but not limited to, what, if any, Cost-Sharing Amounts the Company shall collect from the Member.

4.2.2 Claims Submission. In order to receive payment, each Provider must submit a Clean Claim to Claims Processor for each Covered Specialty Prescription Medication Service provided via the POS system. Company is responsible for the payment of any and all transaction charges or fees associated with the transmission of claims or claim information to Administrator. A Clean Claim must be submitted to Claims Processor within thirty (30) days after the date of service. If any Claim is rejected or if additional information is required for further processing by Administrator or its Claims Processor, Company must resubmit the Claim within sixty (60) days of Company's receipt of such rejected Claim provided that the resubmitted Claim may only be processed and paid if it is a Clean Claim and subject to receipt of payment from the Client. Unless otherwise agreed to in writing by the Administrator, Claims submitted after the time periods set forth in this Section 4.2.2 will not be eligible for payment.

4.2.3 Prohibition on Repackaging and Re-importation. Company shall not submit, and Administrator and Clients are not responsible for payment for, (i) claims for Covered Specialty Prescription Medication Services that use a National Drug Code ("NDC") for a repackaged drug or (ii) claims for Covered Specialty Prescription Medication Services filled using drugs imported or re-imported into the United States.

4.3 Claims Processor Charges. Various Claims Processor Charges may be incurred by Company and/or Provider per each online transaction via the POS System. Company shall be responsible for paying each of the separate amounts charged by Claims Processor if and when applicable: (i) a per Claim communications charge for on-line electronic claims processing through the POS System; (ii) surcharges for cancelled or reversed Claims performed by Administrator; (iii) a charge if Company requests an evidence of benefit report in any format (electronic or paper); (iv) a charge if Company requests copies of endorsed checks(s); and (v) a per Claim charge for processing Claims that were submitted in a non-standard format (collectively items (i) through (v) shall be referred to as the "Claims Processor Charges"). Each of the Claims Processor Charges is subject to change by Claims Processor. Company agrees that any applicable Claims Processor Charges may be deducted and recouped from any Prescription Drug Compensation due to Company or Provider hereunder.

4.4 Adjustments. At Administrator's option, Administrator may obtain reimbursement for overpayments made to Company either by recouping such amounts against future payments due or by requiring reimbursement of such overpayments from Company, which Company will pay to Administrator within fifteen (15) days of notice thereof.

4.5 Payment in Full. The Prescription Drug Compensation together with any Cost-Sharing Amounts for which Member is responsible under the Benefit Plan is payment in full for any Covered Specialty Prescription Medication Service provided by Company to a Member. Company will not seek to recover, and will not accept any payment from Member, Administrator, Client, or any other person or entity, in excess of payment in full as provided in this Section 4.5, regardless of whether such amount is less than Provider's Usual and Customary Charge. The rates established by this Agreement for the Specialty Drugs are all inclusive and represent the entire payment for the provision of all Covered Specialty Services that are in a given therapeutic category. No additional payments shall be made for any services and/or items covered under the Member's Benefit Plan when billed for separately by Company.

4.6 Hold Harmless. Company agrees that, with the exception of (i) Cost-Sharing Amounts, (ii) reasonable returned check costs, and (iii) reasonable collection costs directly related to subparts (i) or (ii), Company shall not in any event, including, without limitation, non-payment by Administrator or a Client, insolvency of Administrator or Client, or breach of this Agreement, bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, hold

responsible, or otherwise have any recourse against any Member, or any other person (other than the Client) acting on behalf of any Member, or attempt to do any of the foregoing for any Covered Specialty Prescription Medication Services provided to any Member pursuant to the Agreement. This Section shall survive termination of the Agreement.

4.7 Changes to AWP. Company acknowledges that Administrator shall be entitled to rely on Medi-Span or the Publisher of any other nationally recognized Pricing Source selected by Administrator to determine AWP for purposes of establishing the pricing under this Agreement.
Company further acknowledges that Administrator does not establish AWP, and Administrator shall have no liability to Company arising from the use of the Medi-Span Pricing Guide or Information received from any other Pricing Source.

4.8 Changes to ASP. Company acknowledges that Administrator shall be entitled to rely on quarterly CMS website downloads and/or applicable calculations necessary to derive at ASP value, Medispan downloads or other nationally recognized pricing source (including values such as Medicare Part B fee schedule and published multiplier) as determined solely by Administrator to determine ASP for purposes of establishing the ASP pricing under this Agreement. Company further acknowledges that Administrator does not establish ASP and Administrator shall have no liability to Company arising from the use of the quarterly CMS website download and/or applicable calculations necessary to derive at ASP value.

4.9 Newly Approved Products. When newly approved specialty medications ("newly approved" shall mean a drug that is new to the market), are released to market as an addition identified in the applicable Specialty Compensation Exhibit, Administrator shall notify Company via notice amendment of any new drug which Administrator intends to add to the Specialty Compensation Exhibit(s).

4.10 Rates not listed in the Specialty Compensation Exhibit(s). When Company dispenses a medication that does not meet the criteria of being a newly approved product as referenced in Section 4.9 and does not have a rate established in the applicable Specialty Compensation Exhibit, Company will not receive any payment whatsoever. Such services will be considered Non-Contracted Specialty Prescription Medication Services. In the event that Company provides Member with such Non-Contracted Specialty Prescription Medication Services the Member Hold Harmless provision in Section 4.6 in the Agreement applies.

5. Term and Termination.

5.1 Term. The term of this Agreement shall commence on the Effective Date and shall continue uninterrupted thereafter, unless earlier terminated pursuant to the terms of this Agreement.

5.2 Termination.

5.2.1 Termination by Either Party Without Cause. The parties agree that this Agreement may be terminated, without cause and for a party's convenience: (i) upon thirty (30) days (or applicable state law if it requires a longer advance notice period) advance written notice to Company if this Agreement is terminated by Administrator; or (ii) upon one hundred eighty(180) days (or applicable state law if it requires a longer advance notice period) advance written notice to Administrator if this Agreement is terminated by Company.

5.2.2 Termination by Either Party For Cause. Except as otherwise provided in Section 5.2.3 below, Company or Administrator upon sixty (60) days written notice (or if applicable state law requires a longer advance notice period, such longer period) may terminate this Agreement for cause, including without limitation for a material breach.

5.2.3 Immediate Termination. Administrator may terminate, suspend or revoke this Agreement immediately upon written notice to Company if (i) Company's or Provider's license or permit necessary to perform services under this Agreement is suspended or revoked, (ii) Company or Provider violates any federal or state law regarding the compounding, sale, dispensation, storage, packaging or use of any Drug Product, products or supplies provided to Members, (iii) Administrator reasonably believes that Company or Provider is or has been engaged in fraudulent activity in violation of state or federal law; (iv) Company

or Provider provides substandard, inferior, contaminated, or adulterated drugs to any Member; (v) Company requires a Member to take unreasonable or unnecessary actions with regards to such Member's request to transfer his or her prescription to a retail setting; provided, however, that Company shall be given a ten (10) day opportunity to cure if such unreasonable inconvenience, hindrance or unnecessary action is the first such instance in which Company has acted in such manner with any Member; (vi) Administrator determines in its sole and absolute discretion that Company or Provider has violated Administrator's policies and procedures, including without limitation those included in the Provider Manual in the provision of Covered Specialty Prescription Medication Services; (vii) a Client or Governmental Authority directs Administrator to terminate its relationship with Company; (viii) Company is otherwise non-compliant with the Provider Manual; (ix) Company violates any law or regulation relevant to performance under this Agreement and with the Company's operations in general; (x) Company exceeds the scope of any license to use Administrator's or Client's intellectual property; or (xi) Company misuses Administrator's or Client's trade secrets.

5.2.4 Termination of Particular Provider. Administrator and/or Client shall be permitted without cause to suspend, revoke, or terminate any Provider location from participating in the MedicalRx Specialty Provider Network selected for the Client's Benefit Plans. Administrator, on its own initiative, or at the direction of a Client or Government Authority may require that any one or more Providers discontinue providing Covered Specialty Prescription Medication Services under the Agreement in its entirety, subject to any prior notice as may be required under applicable laws and regulations. The termination of this Agreement with respect to less than all Providers by Administrator shall not affect the performance of this Agreement by Company or the other non-terminated Providers. Also, the termination of this Agreement as to any particular Provider shall not prevent the subsequent termination of this Agreement as to any other Provider or of this Agreement in its entirety.

5.2.5 Termination If Either Party is Insolvent. Unless agreed to by the other party, this Agreement shall automatically terminate if a party is Insolvent. Insolvent shall mean, with respect to Company or Administrator, that such party: (A) is unable to pay its debts generally as they become due; (B) makes a voluntary assignment for the benefit of creditors; (C) is declared insolvent in any proceeding; (D) commences a voluntary case or other proceeding seeking liquidation, reorganization or other relief with respect to itself, any of its property, assets or debts under any bankruptcy, insolvency or other similar laws now or hereafter in effect or petitions or applies to any tribunal for the appointment of a receiver, liquidator, custodian or trustee for such party under any bankruptcy, reorganization, arrangement, insolvency, readjustment of debt, liquidation, or dissolution law of any jurisdiction now or hereafter in effect; (E) is named as a debtor or party in such petition, application, case or proceeding as described herein and it indicates its approval thereof, consents thereto, acquiesces therein or acts in furtherance thereof, or if such petition, application, case or proceeding is not dismissed or stayed for a period of sixty (60) days after it is commenced, or is the subject of any order appointing any such receiver, liquidator, custodian or trustee or approving the petition in any such case or proceeding; (F) ceases conducting substantially all of its operations or (G) the sum of such party's debts (including contingent obligations) exceeds the fair market value of such party's assets, exclusive of any property transferred, concealed, or removed with the intent to hinder, delay or defraud such party's creditors.

5.2.6 Termination and Appeal Process. Except for non-renewal of the Agreement at the end of a term thereof, Providers that are terminated in accordance with Section 5 of the Agreement will be provided a written notice describing the reason[s] for such termination and an opportunity to request a hearing to appeal such termination.

5.2.7 Termination of Particular Drug Product/Specialty Drug. Administrator and/or Client may terminate with ninety (90) days prior written notice to the Company a particular drug[s] listed under the Specialty Compensation Exhibit, including as located on the Provider Portal, without terminating the entire Agreement.

5.3 Effect of Termination. Termination of the Agreement for any reason pursuant to Section 5.2 shall not affect the rights and obligations of the parties arising out of any transactions occurring prior to the effective date of such termination.

5.3.1 Compensation After Termination. After the effective date of termination of this Agreement in its entirety, Administrator shall make an accounting of all monies due hereunder to Company and Administrator. Notwithstanding the foregoing, if Administrator reasonably believes that Company's cooperation is essential to preparation of the accounting and Company's cooperation is not reasonably satisfactory to Administrator, then Administrator shall be excused from this obligation.

5.3.2 Notification of Members. Company acknowledges the right of Client to inform Client's Members of Company's termination, suspension, or revocation and agrees to cooperate with Administrator and/or Client.

6. Indemnification.

6.1 Indemnification by Company. Company shall be solely responsible for and agrees to indemnify, defend and hold harmless Administrator, Client and their respective Affiliates, shareholders, directors, officers, employees and agents from and against any and all claims, causes of action, obligations, liability, judgments, liens, debts, damages (of every kind and nature), losses, costs, fees and expenses (including reasonable attorneys' fees) (collectively, "Losses") to the extent and proportion that such Losses relate to or arise from: (i) Company's or its officers, directors, partners, members, employees or agents breach or default of any term, condition, representation, warranty, promise or covenant in this Agreement, or (ii) Company's act, omission or performance of its obligations under this Agreement including, but not limited to, the sale, compounding, packaging, storage, dispensing, administration, manufacturing or use of Covered Specialty Prescription Medication Services provided and/or administered to Members pursuant to this Agreement or failure to timely provide required regulatory reports, data or other information to Administrator. This provision shall survive the expiration or termination of this Agreement.

6.2 Indemnification by Administrator. Administrator shall be solely responsible for and agrees to indemnify, defend and hold harmless Company and its Affiliates, Providers, shareholders, directors, officers, employees and agents from and against any and all Losses to the extent and proportion that such Losses relate to or arise from the breach or default of any term, condition, representation, warranty or covenant in this Agreement. Notwithstanding anything else in this Agreement, in no event shall Administrator be liable to Company, its officers, directors, employees, assigns or Affiliates for any incidental, consequential, punitive or special damages, damages for lost profits, lost data or lost business, cost for procurement of substitute goods, technology or services, or any other indirect damages, even if Administrator has been advised as to the possibility of such damages.

6.3 Notice. Each party shall provide prompt written notice to the other party upon learning of any occurrence or event that may result in an obligation of the other party under this Section 6, provided that the omission by a party to give notice of a claim as provided in this Section 6.3 shall not relieve the other party of its obligations under this Section 6 except to the extent that (i) the omission results in a failure of actual notice to the other party and (ii) the other party suffers damages as a result of the failure to give notice of the claim. The other party shall have the right to maintain control of the defense and all negotiations for settlement of any claims or demands under this Section 6; provided, however, the other party shall not settle any claims or demands without the prior written consent of the party giving notice (which shall not be unreasonably withheld). The party giving notice shall have the right to monitor and participate in any resolution or litigation of any such claim at its own expense, and, if requested, the party giving notice shall provide to the other party all reasonable documents and assistance relating to such claim. Notwithstanding the foregoing, neither party shall be required to take any action under this Section 6.3 (except for the initial giving of notice) that materially prejudices its rights.

7. Insurance.

7.1 Liability insurance. Provider will procure and maintain liability insurance. Except to the extent coverage is a state mandated placement, Provider's coverage must be placed with responsible, financially sound insurance carriers authorized or approved to write coverage in the state in which the Covered Specialty Prescription Medication Services are provided. Provider's liability insurance must be, at a minimum, of the types and in the amounts set forth below. Provider's medical malpractice insurance must be either occurrence or claims made with an extended period reporting option. Prior to the Effective Date of this Agreement and within 10 days of each policy renewal thereafter, Provider will submit to Administrator in writing evidence of insurance coverage.

TYPE OF INSURANCE	MINIMUM LIMITS
Medical malpractice and/or professional liability insurance	Five Million Dollars ($5,000,000.00) per occurrence and aggregate
Commercial general and/or umbrella liability insurance	Five Million Dollars ($5,000,000.00) per occurrence and aggregate

7.2 Self-Insurance. Company may self-insure for professional and general liability insurance upon approval by Administrator in its sole and absolute discretion. Company shall provide financial statements for the most recently completed fiscal year and any interim financial statements for the current fiscal year, a statement verified by an independent auditor or actuary that the reserves maintained by Company for its self-insurance is sufficient and adequate and any other information requested by Administrator to determine that Company has sufficient assets or reserves to cover any foreseeable risks or losses which may arise from Company's activities (collectively the "Required Information"). All Required Information provided by Company must be prepared in accordance with generally accepted accounting principles, unless otherwise agreed to in writing by Administrator. If Administrator agrees in its sole and absolute discretion to permit Company to self insure, Administrator shall provide a letter of authorization to Company ("Authorization Letter"). Administrator's authorization shall be subject to a material condition that there shall be no material adverse change to Company and that Company shall abide by any and all terms and conditions in the Authorization Letter. Company shall notify Administrator within ten (10) days of an occurrence of a material adverse change. As used in this paragraph, material adverse change shall include, without limitation: (i) any material adverse change in the business, results of operations, assets, liabilities, or financial condition of Company, as determined from the perspective of a reasonable person in Administrator's position; (ii) any decrease in current assets or increase in current liabilities of Company equal to or greater than five percent from the information relied upon by Administrator in agreeing to Company's decision to self insure; (iii) any decrease in total assets or increase in total liabilities of Company equal to or greater than ten percent from the information relied upon by Administrator in agreeing to Company's decision to self insure; (iv) Company being Insolvent as defined in Paragraph 5; or (v) the entry of any judgment or an aggregate of judgments against Company in excess of $100,000. Under no circumstances shall Administrator's authorization last for more than one year from the date of the Authorization Letter. If Company desires to renew its self insurance authorization, not later than sixty (60) days prior to expiration of current authorization, Company shall provide to Administrator the Required Information in this section 7.2. No such renewal shall be effective without a subsequent Authorization Letter. Administrator shall have the right to terminate this Agreement upon written notice to Company following the occurrence of any material adverse change. In addition to maintaining its self insurance, Company shall assure that all medical service providers and other health care professionals employed by or under contract with Company to render Covered Specialty Prescription Medication Services to Members procure and maintain adequate professional liability and malpractice insurance, unless they are also covered by Company's self-insurance.

8. Medical Records and Confidential Information.

8.1 Medical Records. For the purposes of this Section, "PHI" shall have the meaning ascribed to it at 45 CFR §160.103 as such section from time to time may be amended, modified, revised or replaced or interpreted by any Government Authority or court. Company agrees to comply with all applicable laws and regulations issued by any Government Authority pertaining to the confidentiality, privacy, data security, data accuracy and completeness and/or transmission of personal, health, enrollment, financial and consumer information and/or medical records (including prescription records) of actual or prospective Members. Company understands and agrees that any PHI or other personal information accessed by or disclosed to it or created by it during the course of performing this Agreement must be maintained in strictest confidence and safeguarded from disclosures which are unauthorized and impermissible under applicable laws and regulations. Company agrees not to disclose (except to Administrator, Client, the applicable Member), use or exploit any PHI, other personal information or Client Data for any purpose or under any circumstance, except (i) as absolutely necessary to perform its obligations under this Agreement or (ii) as is in compliance with all applicable laws and regulations regarding the confidentiality, privacy, data security and/or transmission of such information including, but not limited to HIPAA. Company further agrees to require all of its personnel and to contractually require all of its contractors to fully abide by the provisions of this Section 8.1

8.1.1 Member consent to release of medical record information**.** Provider will obtain any Member consent required in order to authorize Provider to provide access to requested information or records as contemplated in section 8.1 of this Agreement, including copies of the Provider's medical records relating to the care provided to Member.

8.2 Proprietary and Confidential Information. Company acknowledges that as a result of this Agreement, Company and its employees and agents may have access to Administrator's Proprietary Information and Client's Proprietary Information. Company shall, and shall ensure that its employees and agents, hold such confidential and proprietary information in confidence and not disclose such information to any person or entity, including an Affiliate, parent, or subsidiary of Company, without the prior written consent of Administrator or Client; provided, however, that the foregoing shall not apply to information which (i) is generally available to the public, (ii) becomes available on a non-confidential basis from a source other than Company or its affiliates or agents, which source was not itself bound by a confidentiality agreement, or (iii) is required to be disclosed by law or pursuant to court order. Company acknowledges and agrees that Administrator and/or Client shall be entitled to injunctive relief to prevent a breach or threatened breach of the provisions of this Section 8.2, in addition to all remedies that may be available. Administrator's and Client's Proprietary Information shall not be (a) used by Company or its personnel or contractors other than for the furtherance of providing Covered Specialty Prescription Medication Services or performing this Agreement; (b) sold, assigned, leased, or disclosed to third parties by the Company without Administrator's or Client's written consent; or (c) commercially exploited by or on behalf of Company or its employees, agents, or contractors. Upon the expiration or other termination of this Agreement, for any reason whatsoever, Company shall immediately return to Administrator or destroy with written certification of the same any and all of Administrator's Proprietary Information and any and all of Client's Proprietary Information in Company's possession, including all copies, duplications, and replicas thereof. This Section 8.2 shall survive expiration or termination of the Agreement.

8.3 Use of Names and Marks. For the purposes of this Agreement, "Marks" shall mean the name(s), logo(s), and other proprietary symbols and phrases belonging to or licensed by an entity. Company agrees that Administrator can use Company's name in a provider directory and may use the Company Marks currently existing or later established, and the name, address, and telephone number of Company in any promotional or advertising brochures, marketing information, or benefit information packages, and in media announcements, press releases, and other public announcements in connection with the services available to Members or in connection with this Agreement. Company may not list or reference Administrator or Client or use any Marks of Administrator or Client currently existing or later established in any promotional or advertising brochures, media announcements, or otherwise publicly identify Administrator or Client or refer to the existence or terms of this Agreement in any public announcement, press

release, promotional or other material without the prior written approval of Administrator or Client as appropriate.

9. Records and Audits.

9.1 Records and Data. Company shall keep and maintain in accordance with prudent business practices, accurate, complete and timely books, records and accounts of all transactions (including medical records and personal information), data, files (including medical records related to the administration of the drug), drug purchase invoices, patient payment and documentation (collectively, "Records") relating to the provision of Covered Specialty Prescription Medication Services to Members, in accordance with applicable state and federal law, provider board requirements, industry and Client standards, and this Agreement, including the Provider Manual. Company shall retain such Records for a period of up to six (6) years after the date the Covered Specialty Prescription Medication Service is provided or for the period required by applicable law or as required by an ongoing audit or investigation by Administrator, Client or Government Authority, whichever is longer. Company shall maintain reasonable safeguards against the destruction, loss, alteration, or unauthorized disclosure of data in possession, under the control of Company or its personnel or contractors, including, but not limited to Administrator's and Client's Proprietary Information and PHI.

9.2 Access to Records and Audits. During the term of the Agreement and for a period of six (6) years thereafter, Administrator or its designee shall have the right, upon reasonable notice and at reasonable times, to access, inspect, review, audit (including on-site and desktop audits) and make copies of the Records ("Administrator Audit"). In addition to the foregoing, Company shall honor and accommodate all audit requests by Government Authority ("Governmental Audit"). Company shall pay all costs incurred by Company in connection with its provision of information for purposes of a Governmental Audit.

9.3 Payment for Audit. Administrator shall pay for prescription reproduction/copying and applicable travel costs associated with an Administrator Audit or Client or an external auditor who is conducting the audit on Administrator's or Client's behalf. Company shall pay all reasonable out-of-pocket costs associated with its providing information necessary for any Governmental Audit and Administrator Audit. In the event that an audit discovers any error by Company or its Providers or discrepancy in the amount to be charged or paid to Administrator, Company shall reimburse Administrator the full amount of any amounts charged to Administrator in error. At Administrator's option, Administrator may obtain reimbursement for such discovered amounts either by recouping against future payments due Company or by requiring reimbursement of such overpayments from Company, which Company will pay to Administrator within fifteen (15) days notice thereof. Administrator shall reimburse Company the full amount of any amounts incurred and paid by Company to Administrator in error, as applicable. In the event that any error or discrepancy in the amount charged to Administrator is material, as determined by Administrator, in its sole and absolute discretion, Company shall pay Administrator all reasonable costs incurred in connection with the audit, including any out-of-pocket costs and expenses incurred by Administrator to uncover and correct the error or discrepancy. This Section 9 shall survive expiration or termination of the Agreement and if Company or its Providers cease conducting business.

10. Dispute Resolution.

10. 1 Other than with respect to issues giving rise to immediate termination hereof or non-renewal hereof, the parties will work in good faith as set forth below to resolve any and all issues, disputes, or controversies between them (hereinafter referred to as a "Dispute") including, but not limited to all questions of arbitrability or the formation, , validity, scope, and interpretation of this arbitration agreement, all disputes relating in any way to the parties relationship, the Agreement, or the PM or the breach of either agreement, and all disputes relating in any way to Provider's status as a participating Provider in the Administrator's network, shall be resolved exclusively by binding arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules and Mediation Procedures, as they may be amended from time-to-time.

10.2 In the event a Dispute arises, the party asserting the Dispute shall provide written notice to the other party identifying the nature and scope of the Dispute to the other party sufficient for a reasonable

person to be apprised thereof. If the parties are unable to resolve the Dispute within thirty (30) days after such notice is provided, then either party may request in writing a meeting or telephone conference to resolve the Dispute. At any such meeting or telephone conference, both parties shall have presented its President, Vice President, Chief Financial Officer or Chief Officer. Either party may commence an arbitration in accordance with the rest of this section only if a representative of the party seeking to commence such arbitration certifies in writing that one of the following is true: (i) the Dispute was not resolved after faithfully following the procedures set forth above in this section or (ii) the other Party to the dispute did not fully comply with the procedures set forth above in this section.

10.3 All arbitrations contemplated by this agreement shall be conducted by a panel of three (3) arbitrators all of whom must have at least ten (10) years of legal experience in the area of healthcare law. Within fourteen (14) days of the initiation of arbitration, each party shall select one person to act as an arbitrator and within fourteen days (14) from the date of the appointment of the last party-appointed arbitrator, the two appointed arbitrators shall then select the third arbitrator who shall act as chairperson of the panel. If the arbitrators selected by the parties are unable or fail to agree upon the third arbitrator, the third arbitrator shall be selected by the American Arbitration Association in accordance with its Commercial Arbitration Rules. All selected arbitrators shall be impartial and independent and shall act as neutrals.

10.4 Any arbitration proceeding under this Agreement shall be conducted in Los Angeles County or Orange County, California. Unless otherwise agreed to in writing by the parties, the party wishing to pursue the Dispute must initiate the arbitration within one (1) year after the date on which written notice of the Dispute was given or shall be deemed to have waived its right to pursue the Dispute in any forum.

10.5 The arbitrators may construe or interpret, but shall not vary or ignore the terms of this Agreement and shall be bound by controlling law. The arbitrator(s) will decide if any inconsistency exists between the rules of the applicable arbitral forum and the arbitration provisions contained herein. If such inconsistency exists, the arbitration provisions contained herein will control and supersede such rules.

10.6 Each party hereby consents to a documentary hearing for all arbitrations, by submitting to the arbitrators written briefs and affidavits, or declarations, expert opinion, along with documentary evidence. However, the arbitrators shall conduct an oral hearing, if requested in writing by a party, within forty (40) days after service of the initiating party's Demand.

10.7 Discovery permitted in any arbitration proceeding commenced hereunder is limited as follows:

No later than forty (40) days after the initiation of arbitration and service of the initiating party's Demand , the parties will exchange: (i) a detailed statement by the initiating party setting forth the facts supporting the claims asserted in its Demand and a detailed statement by the other party identifying all defenses it intends to raise to the Demand and setting forth the facts supporting the defenses; (ii) a list of all exhibits each party intends to introduce at the hearing; and (iii) a list of all witnesses whose testimony the party intends to introduce at the hearing. Each party is permitted to serve up to five (5) written interrogatories and up to Five (5) written document production requests upon the other party. In computing the total number of interrogatories, each subdivision of separate questions shall be counted as an interrogatory and in computing the total number of document requests, each subdivision of separate requests shall be counted as a document request. In the event any party requests an oral hearing, no later than twenty-one (21) days prior to the oral hearing, the parties will exchange a final list of all exhibits, a final list of all witnesses, including any designation of any expert witness(es) together with a summary of their testimony; and a copy of all documents to be introduced at the hearing.

10.8 Notwithstanding the foregoing, in the event of the designation of any expert witness(es), the following will occur:

(i) all information and documents relied upon by the expert witness(es) will be delivered to the opposing party simultaneously with the designation; (ii) the opposing party will be permitted to depose the expert witness(es); (iii) the opposing party will be permitted to designate rebuttal expert

witness(es) and if so designated, all information and documents relied upon by the rebuttal expert witness(es) will be delivered to the opposing party simultaneously with the designation; and (iv) the hearing will be continued to the earliest possible date that reasonably enables the foregoing limited expert discovery to be accomplished.

10.9 The Arbitrators may construe or interpret, but shall not vary or ignore the terms of the Agreement. The arbitrators will have no authority to award punitive, exemplary, indirect, special damages or any other damages not measured by the prevailing party's actual damages, except as required by law, and may not, in any event, make any ruling, finding or award that does not conform to the terms and conditions of the Agreement.

10.10 The award rendered by the arbitrators shall be in writing, shall be signed by all the arbitrators, and shall include a statement setting forth the reasons for the disposition of any claim. The award rendered by the arbitrators will be binding and judgment on the awards may be entered in any court having jurisdiction thereof.

10.11 Regardless of which party prevails in the arbitration, each party shall be responsible for its own fees and expenses in connection with the arbitration, including without limitation its own attorney's fees and fees of the arbitrator selected by that party, except that the parties shall be responsible in equal shares for payment of the third arbitrator that was selected by the two arbitrators.

10.12 The arbitration and the arbitrators' award shall be maintained by the parties as strictly confidential, except as is otherwise necessary to confirm, vacate, or enforce the award or as ordered by a court in connection with judicial proceedings to confirm, vacate or enforce the award. The parties shall take steps to preserve the confidential nature of the award even in judicial proceedings to confirm, vacate, or enforce the award, including by seeking to file the award under seal.

10.13 Notwithstanding judicial proceedings to confirm, vacate, or enforce an award, the parties acknowledge that neither will have the right to litigate a Dispute in court, and that neither will have a right to a trial by a judge or jury, and the right to discovery is limited. **The parties each waive all such rights by agreeing that all disputes must be resolved exclusively in arbitration.**

10.14 The parties expressly intend and agree that any Dispute be resolved exclusively on an individual basis and that no other dispute(s) with any third party(ies) may be consolidated or joined with the Dispute. The parties agree that the arbitrators lack any authority to resolve the Dispute as part of a class action, private attorney general, or other representative or consolidated action or proceeding, and that any ruling by the arbitrators to the contrary conflicts with their intent and would require immediate judicial review of such ruling. **The parties agree to arbitrate a Dispute solely on an individual basis and each waives the right to participate in a class action, private attorney general, or other representative or consolidated arbitration or proceeding in connection with any Dispute.**

10.15 In addition, if the Dispute pertains to a matter which is generally administered by certain Administrator procedures, such as a quality improvement plan, the policies and procedures set forth in that plan must be fully exhausted by Administrator before Administrator may initiate an arbitration under this section.

10.16 In the event that any portion of this section or any part of this Agreement is deemed to be unlawful, invalid, or unenforceable, such unlawfulness, invalidity or unenforceability shall not serve to invalidate any other part of this section or this Agreement.

10.17 For purposes of clarity, only the arbitration provisions in this section and not the provisions regarding pre-arbitration good faith settlement discussions shall apply to any Provider terminations or other determinations made as to a Provider's status as a participating Provider in the Administrator network, pursuant to the NPEC review process as stated in the PM. For avoidance of doubt, all termination disputes are still subject to arbitration.

10.18 The parties acknowledge that this arbitration agreement is part of a transaction involving interstate commerce and that the Federal Arbitration Act governs both substantive and procedural aspects of

this arbitration, including disputes about the interpretation, validity and effect of the Agreement, the PM and any addendums.

10.19 This section shall survive any termination of the Agreement and the conclusion of any business dealings between the parties.

11. General Terms.

11.1 Entire Agreement. This Agreement (including the Provider Manual, Provider Plan Specifications, the Commercial Addendum the Medicaid Addendum, and all other addenda, exhibits and schedules attached hereto) constitutes the final entire agreement between the parties with respect to the subject matter hereof and supersedes all prior or contemporaneous oral or written agreements, representations or understandings between the parties with respect to the subject matter hereof. The Provider Manual and all such addenda, exhibits and schedules, as the same may be amended from time to time, are incorporated herein by reference and made a part hereof.

11.2 Amendment. Except as otherwise provided elsewhere in the Agreement, this Agreement (including the addenda, exhibits and schedules attached hereto) may only be amended as follows:

(a) Administrator may unilaterally amend this Agreement for any reason, including without limitation in order to comply with changes in applicable law and/or regulatory requirements, by providing thirty (30) days prior written notice to Company, which shall become effective at the end of the thirty (30) day notice period or a shorter notice period if necessary to comply with changes in applicable law and/or regulation. Administrator may also amend the Provider Manual at any time, and such amendment shall become effective immediately upon publication.

(b) This Agreement also may be amended or modified pursuant to a dated written instrument executed by Administrator and Company.

(c) Administrator may also amend this agreement with ninety (90) days prior written notice to Company when a category, primary indication, and/or drug product has been terminated under Section 5.2.7 “Termination of Particular Therapeutic Category/Primary Indication and/or Drug Product/Specialty Drug”.

11.3 Waivers. The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

11.4 Notices. All notices, requests, consents, demands and other communications hereunder (collectively, “Notices”) shall be in writing, addressed to the receiving party’s address (or, at Administrator’s sole option and solely for Notices sent by Administrator, Company’s facsimile number or email address) as set forth below or to such other address (or, at Administrator’s sole option and solely for Notices sent by Administrator, facsimile number or email address) as a party may designate by providing notice pursuant to this section, and either (i) delivered by hand, (ii) sent by a nationally recognized overnight courier, (iii) sent by registered or certified mail, return receipt requested, postage prepaid, (iv) solely with respect to Notices sent by Administrator, sent by facsimile transmission, or (v) solely with respect to Notices sent by Administrator, sent by email:

If to Administrator:

OptumRx, Inc.
2300 Main Street
Irvine, CA 92614 Attention: Vice President, Provider Relations

With a copy to:

OptumRx, Inc.
Attn: Legal Department
2300 Main Street
Irvine, CA 92614

If to Company:

Company: _____

Street Address:_____

_____

City, State ZIP_____

Attention:_____

Phone: ( )_____

Fax: ( ) _____

Email:_____

All Notices shall be deemed to have been given either (i) if by hand, at the time of actual delivery thereof to the receiving party at such party's address, as provided above, (ii) if sent by overnight courier, on the next business day following the day such Notice is delivered to the courier service, (iii) if sent by registered or certified mail, on the fifth (5th) business day following the day such mailing is made, or (iv) solely with respect to Notices sent by Administrator, upon the date reflected on a facsimile confirmation from the transmitting facsimile machine (v) solely with respect to Notices sent by Administrator, on the date sent unless Administrator receives an auto-responder notice that the message was not delivered.

11.5 Assignment. This Agreement may not be assigned, delegated or transferred by either party without the prior written consent of the other party, except that this Agreement may be assigned by Administrator to any of Administrator's Affiliates upon thirty (30) days written notice to Company.

11.6 Relationship of the Parties. The sole relationship between the parties to this Agreement is that of independent contractors. This Agreement does not create a joint venture, partnership, agency, employment or other relationship between the parties.

11.7 Professional Provider Judgment. It is understood and agreed that the operation and maintenance of the Company Providers and their respective facilities, equipment and the provision of all Covered Specialty Prescription Medication Services shall be solely and exclusively under the control and supervision of Company. All decisions respecting the provision of Covered Specialty Prescription Medication Services are rendered solely by a Company Provider and their respective duly authorized personnel, and not by Administrator or Client. Company is solely responsible for all Covered Specialty Prescription Medication Services provided to Members by the Company Providers. It is expressly understood that the relationship between a Member and a Company Provider shall be subject to the rules, limitations, and privileges incident to the provider-patient relationship.

11.8 Utilization of Company Providers. Nothing in this Agreement shall be construed to require Administrator or Client to assign or refer any minimum or maximum number of Members to a

Company Provider.

11.9 Force Majeure. In the event that any party is prevented from performing or is unable to perform any of its obligations under this Agreement due to any act of God, fire, casualty, flood, earthquake, war, strike, lockout, epidemic, destruction of production facilities, riot, insurrection, material unavailability, or any other cause beyond the reasonable control of, but not the fault of the party invoking this section, and if such party has been unable to avoid or overcome its effects through the exercise of commercially reasonable efforts, such party shall give prompt written notice to the other party, its performance shall be excused, and the time for the performance shall be extended for the period of delay or inability to perform due to such occurrences.

11.10 Binding Effect; Third Party Beneficiaries. The statements, representations, warranties, covenants and agreements in this Agreement shall be binding on the parties hereto and their respective successors and assigns and shall inure to the benefit of the parties hereto and their respective successors and permitted assigns. Nothing in this Agreement shall be construed to create any rights or obligations except among the parties hereto; no person or entity shall be regarded as a third party beneficiary of this Agreement.

11.11 Governing Law. This Agreement and the rights and obligations of the parties hereunder shall be governed by and construed in accordance with the laws of California, without giving effect to the conflict of law principles thereof.

11.12 Severable Provisions; Headings. The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provision in any jurisdiction shall be construed and enforced as if it has been narrowly drawn so as not to be invalid, illegal, or unenforceable to the extent possible and shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in that jurisdiction. The headings of paragraphs in this Agreement are for convenience and reference only and are not intended to and shall not define or limit the scope of the provisions to which they relate.

11.13 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

11.14 Network Participation. Notwithstanding anything to the contrary in this Agreement, no Provider shall be entitled to participate in Administrator's MedicalRx Specialty Provider Network unless and until an applicable Specialty Compensation Exhibit has been signed both by Administrator and by Company on Provider's behalf.

11.15 Participation in Network. Company understands and agrees that the continued participation of each Provider in the MedicalRx Specialty Provider Network is conditioned upon compliance with Company's and Provider's obligations under this Agreement.

THE REMAINDER OF THIS PAGE IS LEFT BLANK INTENTIONALLY

☒ Commercial Addendum and MedicalRx Specialty Prescription Medication Drug Compensation Exhibit
☒ Exhibit A List of Company Service Providers
☒ State Exhibits (as applicable)

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their authorized representatives as of the executed dates written below.

Company:	Administrator: OptumRx, Inc.
_____ *[INSERT COMPANY NAME]*	
NPI#:_____(or list in Exhibit A)	
By: _____ (signature)	By: _____ (signature)
Name:_____ (print name)	Name: _____
Title:_____	Title: _____
Date:_____	Execution Date:_____
	Effective Date:_____

:

EXHIBIT A

LIST OF COMPANY SERVICE PROVIDERS

- Providers: Insert name and location of the Provider location (one location) performing services under this Agreement. (This is the Provider and NPI servicing and should be an organizational – Type 2 NPI.)
- Multiple Facility Providers: Insert name and location of each Company Provider (multiple locations) performing services under this Agreement or attach an excel file listing here. (This is the Provider and NPI servicing and should be an organizational – Type 2 NPI.)

	Provider Name	Provider Location	NPI
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

COMMERCIAL ADDENDUM

The MedicalRx Specialty Provider Network Agreement to which this Commercial Addendum ("Commercial Addendum") is attached is hereby supplemented through this Commercial Addendum to, among other things, ensure that Provider will provide Covered Specialty Prescription Medication Services to eligible enrollees of those Clients who offer commercial prescription drug Benefit Plans ("Commercial Plans") in accordance with the terms and conditions of the MedicalRx Specialty Provider Network Agreement and this Commercial Addendum.

1 Applicability to Covered Specialty Prescription Medication Services. This Commercial Addendum applies solely to the Covered Specialty Prescription Medication Services provided by Provider to eligible Members of Administrator's Clients' Commercial Plans.

2. MedicalRx Specialty Provider Network Agreement Conflicts. Except as specifically amended below, the terms and conditions of the MedicalRx Specialty Provider Network Agreement remain the same. If there is a conflict between the MedicalRx Specialty Provider Network Agreement and this Commercial Addendum, the terms and conditions of this Commercial Addendum will control. In the event of a conflict between the MedicalRx Specialty Provider Network Agreement and all amendments and addenda thereto and applicable laws and regulations, such laws and regulations shall prevail.

3. Definitions. Except as defined herein, all capitalized terms used in this Commercial Addendum will have the same meanings as set forth in the MedicalRx Specialty Provider Network Agreement.

4. Duties and Obligations of Company. Company agrees to and is bound by all Company obligations set forth in this Commercial Addendum. Company represents and warrants that it has the authority to enter into this Commercial Addendum as the agent for, and on behalf of, each Provider, Provider chain and/or Provider location identified on Exhibit A of the MedicalRx Specialty Provider Network Agreement. Company further represents and warrants that each Provider, Provider chain, and/or Provider location identified on Exhibit A of the MedicalRx Specialty Provider Network Agreement has agreed to be bound by and comply with all of the terms and conditions of this Commercial Addendum.

5. Compensation. In addition to the terms and conditions in Article 4 of the MedicalRx Specialty Provider Network Agreement, Company and each Provider shall accept the Prescription Medication Drug Compensation specified on the applicable Compensation Exhibit to this Commercial Addendum less any applicable Cost Sharing Amount as payment in full for the provision of all Covered Specialty Prescription Medication Services to Plan Members. One or more Compensation Exhibits may be added hereto at any time or from time to time upon the execution of such Compensation Exhibit(s) by Administrator and Company and the effectiveness thereof.

6. Incorporation of Other Legal Requirements. In addition to any State Exhibit attached hereto and only as applicable ("State Regulatory Requirements"), any provisions now or hereafter required to be included in this Commercial Addendum by applicable laws and regulations or any other Government Authority of competent jurisdiction over the subject matter hereof, any Client, Administrator, Company, the Providers or their respective operations, shall be binding upon and enforceable against the parties hereto and deemed incorporated herein, irrespective of whether or not such provisions are expressly set forth in this Commercial Addendum.

END OF COMMERCIAL ADDENDUM

OPTUMRx CONFIDENTIAL MATERIAL: CONTAINS HIGHLY SENSITIVE PROPRIETARY AND/OR TRADE SECRET INFORMATION; PUBLIC DISCLOSURE WILL CAUSE SIGNIFICANT COMPETITIVE INJURY AND DISRUPTION

MedicalRx Specialty Provider Network Compensation Exhibit

Medical Provider Office

1. **Drug Compensation**. Solely with respect to the particular Covered Specialty Medication Services drugs listed below provided to applicable Client Members by Company, Company will be paid the following Prescription Drug Compensation as payment in full.

   Medication Drug Compensation shall equal the lesser of (i) Company's Usual and Customary Charge or (ii) the Submitted Cost Amount plus dispensing fee and professional level of effort allowance (LOE) or (iii) Medical Specialty Medication Drug Contracted Rate plus a dispensing fee and a LOE allowance as defined in the chart below as "Medical Specialty Medication Drug Contracted Rate".

   2.1 Medical Specialty Medication Drug Contracted Rate

   Section 1: Dispensing fee

Items Covered in Dispensing Fee	Dispensing Fee Amount
Flat rate for all consumables used in medication administration process.	$65

   Section 2: LOE Allowance

DUR-PPS	Professional Time for Medical Service (e.g. nursing time)	Example (illustrative, not intended as a complete list)	Reimbursement Rate
11	Assisted injection with health care personnel	Recombinant	$65
12	Infusion less than 2 hours	Stelara, Cimzia	$120
13	2-3 hour infusion with **no** inflammatory drugs	Hyqvia	$170
14	2+ hours infusion with inflammatory drugs	Remicade	$225
15	3+ hours infusion with **no** inflammatory drugs	Gammagard	$245

   Section 3: Medical Specialty Medication Drug Contracted Rate by NDC

BRAND	GENERIC	LABEL NAME	NDC	Rate (AWP Discount)
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 162/0.9	50242013801	17.65%
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 200/10ML	50242013601	17.65%
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 400/20ML	50242013701	17.65%
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 80MG/4ML	50242013501	17.65%

ACTEMRA	TOCILIZUMAB	ACTEMRA INJ ACTPEN	50242014301	17.65%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944292302	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944294003	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944294310	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944296210	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944305302	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944292402	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944294004	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944294410	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944296310	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944305402	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944294010	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944294510	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944296410	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944304510	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944292102	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944294001	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944294110	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944296010	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944305102	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 3000UNIT	00944294610	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 3000UNIT	00944296510	35.35%

ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 3000UNIT	00944304610	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 4000UNIT	00944294810	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 4000UNIT	00944304710	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944292202	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944294002	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944294210	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944296110	35.35%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944305202	35.35%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1000UNIT	00944425602	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1000UNIT	00944462401	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1500UNIT	00944462701	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1500UNIT	00944462702	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 2000UNIT	00944425802	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 2000UNIT	00944462501	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 250UNIT	00944425202	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 250UNIT	00944462201	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 3000UNIT	00944462801	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 3000UNIT	00944462802	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 500UNIT	00944425402	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 500UNIT	00944462301	30.00%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 750UNIT	00944462601	30.00%

ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 750UNIT	00944462602	30.00%
ALDURAZYME	LARONIDASE	ALDURAZYME INJ 2.9MG/5M	58468007001	19.15%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ	68516460002	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 1500UNIT	49669460002	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 250-500	49669460001	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 250-500	68516460001	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 500-1500	49669450001	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 1000UNIT	68516461302	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 1500UNIT	68516461402	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 2000UNIT	68516461502	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 250 UNIT	68516461101	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 500 UNIT	68516461201	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460101	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460201	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460302	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460402	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460501	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460601	31.00%

ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460702	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460802	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460902	31.00%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516461002	31.00%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360005	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360202	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360502	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360802	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360006	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360302	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360602	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360902	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 250-1500	49669360002	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 250-1500	68516360002	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 250IU	49669360001	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500-1500	49669380001	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360004	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360102	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360402	37.25%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360702	37.25%

ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 1000UNIT	64406092201	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 1000UNIT	71104092201	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 2000UNIT	64406093301	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 2000UNIT	71104093301	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 250UNIT	64406096601	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 250UNIT	71104096601	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 3000UNIT	64406094401	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 3000UNIT	71104094401	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 4000UNIT	64406097701	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 4000UNIT	71104097701	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 500UNIT	64406091101	18.05%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 500UNIT	71104091101	18.05%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 120MG	49401010101	18.10%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008801	18.10%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008802	18.10%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008835	18.10%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008842	18.10%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008847	18.10%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 400MG	49401010201	18.10%
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 12GM	44206041812	(19.75%)
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 12GM	44206041892	(19.75%)
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 1GM	44206041501	(19.75%)

CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 3GM	44206041603	(19.75%)
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 6GM	44206041706	(19.75%)
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 6GM	44206041791	(19.75%)
CEREZYME	IMIGLUCERASE	CEREZYME INJ 200UNIT	58468198301	18.15%
CEREZYME	IMIGLUCERASE	CEREZYME INJ 400UNIT	58468466301	18.15%
CIMZIA	CERTOLIZUMAB PEGOL	CIMZIA KIT 200MG	50474070062	69.75%
CIMZIA PREFL	CERTOLIZUMAB PEGOL	CIMZIA PREFL KIT 200MG/ML	50474071079	69.75%
CIMZIA START	CERTOLIZUMAB PEGOL	CIMZIA START KIT 200MG/ML	50474071081	69.75%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 2GM/10ML	00944285003	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 2GM/10ML	00944285004	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 4GM/20ML	00944285005	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 4GM/20ML	00944285006	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 8GM/40ML	00944285007	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 8GM/40ML	00944285008	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 10GM/50M	00944285009	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 10GM/50M	00944285010	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 1GM/5ML	00944285001	27.85%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 1GM/5ML	00944285002	27.85%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206053211	20.70%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206053290	20.70%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206310101	20.70%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206310110	20.70%

CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	60574310101	20.70%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	60574310201	20.70%
ELELYSO	TALIGLUCERASE ALFA	ELELYSO INJ 200UNIT	00069010601	18.45%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	64406048608	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	64406080401	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	71104048608	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	71104080401	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	64406048708	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	64406080501	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	71104048708	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	71104080501	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	64406048808	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	64406080601	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	71104048808	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	71104080601	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	64406048308	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	64406080101	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	71104048308	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	71104080101	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	64406048908	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	64406080701	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	71104048908	24.10%

ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	71104080701	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 4000UNIT	64406080801	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 4000UNIT	71104049008	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 4000UNIT	71104080801	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 5000UNIT	64406080901	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 5000UNIT	71104049108	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 5000UNIT	71104080901	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	64406048408	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	64406080201	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	71104048408	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	71104080201	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 6000UNIT	64406081001	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 6000UNIT	71104049208	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 6000UNIT	71104081001	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	64406048508	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	64406080301	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	71104048508	24.10%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	71104080301	24.10%
ENTYVIO	VEDOLIZUMAB	ENTYVIO INJ 300MG	64764030020	26.55%
FABRAZYME	AGALSIDASE BETA	FABRAZYME INJ 35MG	58468004001	19.15%
FABRAZYME	AGALSIDASE BETA	FABRAZYME INJ 5MG	58468004101	19.15%
FASENRA	BENRALIZUMAB	FASENRA INJ 30MG/ML	00310173030	21.80%

FASENRA PEN	BENRALIZUMAB	FASENRA PEN INJ 30MG/ML	00310183030	21.80%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042302	26.75%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042402	26.75%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042502	26.75%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042602	26.75%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/100ML	61953000502	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/100ML	61953000505	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/200ML	61953000404	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/200ML	61953000409	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/200ML	61953000503	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/200ML	61953000506	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/400ML	61953000400	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/400ML	61953000405	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000301	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000302	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000303	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000304	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5GM/50ML	61953000501	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5GM/50ML	61953000504	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000401	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000402	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000403	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000406	37.45%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000407	37.45%

FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000408	37.45%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD INJ 10GM HU	00944280704	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD INJ 2.5GM HU	00944280702	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD INJ 5GM HU	00944280701	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 10GM/100	00944270005	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 10GM/100	00944270011	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 1GM/10ML	00944270002	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 1GM/10ML	00944270008	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 2.5GM/25	00944270003	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 2.5GM/25	00944270009	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 20GM/200	00944270006	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 20GM/200	00944270012	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 30GM/300	00944270007	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 30GM/300	00944270013	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 5GM/50ML	00944270004	46.90%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 5GM/50ML	00944270010	46.90%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 10GM HU	00944262004	38.15%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 10GM HU	00944265504	38.15%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 10GM HU	00944265804	38.15%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 2.5GM HU	00944262002	38.15%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 5GM HU	00944262003	38.15%

GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 5GM HU	00944265503	38.15%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 5GM HU	00944265603	38.15%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064512	11.35%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064515	11.35%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064520	11.35%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064524	11.35%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064571	11.35%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 10GM/100	13533080071	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 10GM/100	13533080072	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 1GM/10ML	13533080012	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 1GM/10ML	13533080013	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 2.5GM/25	13533080015	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 2.5GM/25	13533080016	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 20GM/200	13533080024	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 20GM/200	13533080025	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 40/400ML	13533080040	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 40/400ML	13533080041	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 5GM/50ML	13533080020	35.50%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 5GM/50ML	13533080021	35.50%
HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 105/0.7	50242092201	25.80%
HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 150/ML	50242092301	25.80%
HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 30MG/ML	50242092001	25.80%

HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 60/0.4	50242092101	25.80%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 1000UNIT	00944394402	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 1700UNIT	00944394602	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 220-400	00944293001	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 220-400	00944293501	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 250UNIT	00944394002	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 401-800	00944293101	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 401-800	00944293502	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 500UNIT	00944394202	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M SOL	00944293301	44.60%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M SOL 801-1500	00944293201	44.60%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 10/50ML	44206045510	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 10/50ML	44206045593	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045101	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045190	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045621	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045694	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045202	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045291	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045722	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045795	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 4GM/20ML	44206045404	44.80%

HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 4GM/20ML	44206045492	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA SOL 20%	44206045824	44.80%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA SOL 20%	44206045896	44.80%
HUMATE-P	ANTIHEMOPHILIC FACTOR (HUMAN)	HUMATE-P INJ 250IU HU	00053760501	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR (HUMAN)	HUMATE-P INJ 500IU HU	00053760502	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P INJ 1000UNIT	00053762010	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P INJ 2000UNIT	00053762020	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P INJ 500UNIT	00053762005	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 1200UNIT	00053761510	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 2400UNIT	00053761520	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 2400UNIT	63833061702	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 250-600	63833061502	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 500-1200	63833061602	27.40%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 600UNIT	00053761505	27.40%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 10-800	00944251202	31.15%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 2.5-200	00944251002	31.15%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 20-1600	00944251302	31.15%

HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 30-2400	00944251402	31.15%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 5-400	00944251102	31.15%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 1000UNIT	69911086602	21.10%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 2000UNIT	69911086702	21.10%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 250UNIT	69911086402	21.10%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 3500UNIT	69911086902	21.10%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 500UNIT	69911086502	21.10%
ILARIS	CANAKINUMAB	ILARIS INJ 150MG	00078058261	3.95%
ILARIS	CANAKINUMAB	ILARIS INJ 150MG/ML	00078073461	3.95%
ILUMYA	TILDRAKIZUMAB-ASMN	ILUMYA SOL 100MG/ML	47335017795	25.60%
ILUMYA	TILDRAKIZUMAB-ASMN	ILUMYA SOL 100MG/ML	47335017796	25.60%
INFLECTRA	INFLIXIMAB-DYYB	INFLECTRA INJ 100MG	00069080901	58.05%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 1000UNIT	00026394425	29.60%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 2000UNIT	00026394625	29.60%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 3000UNIT	00026394825	29.60%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 500 UNIT	00026394225	29.60%
KALBITOR	ECALLANTIDE	KALBITOR INJ 10MG/ML	47783010101	18.95%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	00026066550	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	13533066550	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	76125066750	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	76125067250	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	76125067351	18.10%

KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 250UNIT	00026066520	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 250UNIT	13533066520	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 250UNIT	76125025020	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	00026066530	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	13533066530	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	76125050030	18.10%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	76125066730	18.10%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000/BS	00026037950	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026037250	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026378550	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026378555	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026379550	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 2000UNIT	00026378660	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 2000UNIT	00026378665	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 2000UNIT	00026379660	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250/BS	00026037920	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026037220	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026378220	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026378225	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026379220	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 3000UNIT	00026378770	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 3000UNIT	00026378775	36.85%

KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 3000UNIT	00026379770	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500/BS	00026037930	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026037230	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026378330	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026378335	36.85%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026379330	36.85%
LUMIZYME	ALGLUCOSIDASE ALFA	LUMIZYME INJ 50MG	58468016001	18.45%
LUMIZYME	ALGLUCOSIDASE ALFA	LUMIZYME INJ 50MG	58468016002	18.45%
MONONINE	COAGULATION FACTOR IX	MONONINE INJ 1000UNIT	00053623302	32.70%
MONONINE	COAGULATION FACTOR IX	MONONINE INJ 1000UNIT	00053766804	32.70%
MONONINE	COAGULATION FACTOR IX	MONONINE INJ 250UNIT	00053766801	32.70%
MONONINE	COAGULATION FACTOR IX	MONONINE INJ 500UNIT	00053766802	32.70%
NAGLAZYME	GALSULFASE	NAGLAZYME INJ 1MG/ML	68135002001	18.80%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 1000UNIT	00169781001	46.30%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 1500UNIT	00169781501	46.30%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 2000UNIT	00169782001	46.30%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 250UNIT	00169782501	46.30%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 3000UNIT	00169783001	46.30%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 500UNIT	00169785001	46.30%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 1MG	00169701001	24.60%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 1MG	00169720101	24.60%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 2MG	00169702001	24.60%

NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 2MG	00169720201	24.60%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 5MG	00169705001	24.60%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 5MG	00169720501	24.60%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 8MG	00169704001	24.60%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 8MG	00169720801	24.60%
NPLATE	ROMIPLOSTIM	NPLATE INJ 125MCG	55513022301	15.40%
NPLATE	ROMIPLOSTIM	NPLATE INJ 250MCG	55513022101	15.40%
NPLATE	ROMIPLOSTIM	NPLATE INJ 500MCG	55513022201	15.40%
NUCALA	MEPOLIZUMAB	NUCALA INJ 100MG	00173088101	26.70%
NUCALA	MEPOLIZUMAB	NUCALA INJ 100MG/ML	00173089201	26.70%
NUCALA	MEPOLIZUMAB	NUCALA INJ 100MG/ML	00173089242	26.70%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 1000UNIT	68982014401	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 2000UNIT	68982014601	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 2500UNIT	68982014801	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 250UNIT	68982014001	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 3000UNIT	68982015001	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 4000UNIT	68982015201	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 500UNIT	68982014201	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 1000UNIT	68982014301	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 2000UNIT	68982014501	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 2500UNIT	68982014701	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 250UNIT	68982013901	42.25%

NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 3000UNIT	68982014901	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 4000UNIT	68982015101	42.25%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 500UNIT	68982014101	42.25%
OCREVUS	OCRELIZUMAB	OCREVUS INJ 300/10ML	50242015001	17.85%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10/100ML	68982085003	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10GM	67467084304	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10GM	68209084304	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10GM	68982084004	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 1GM	67467084301	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 1GM	68209084301	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 1GM	68982084001	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2.5GM	67467084302	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2.5GM	68209084302	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2.5GM	68982084002	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 20/200ML	68982085004	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 25GM	67467084305	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 25GM	68982084005	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2GM/20ML	68982085001	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 30/300ML	68982085005	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM	67467084303	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM	68209084303	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM	68982084003	52.45%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM/50ML	68982085002	52.45%

ORENCIA	ABATACEPT	ORENCIA INJ 125MG/ML	00003218811	5.75%
ORENCIA	ABATACEPT	ORENCIA INJ 125MG/ML	00003218831	5.75%
ORENCIA	ABATACEPT	ORENCIA INJ 250MG	00003218710	5.75%
ORENCIA	ABATACEPT	ORENCIA INJ 250MG	00003218713	5.75%
ORENCIA	ABATACEPT	ORENCIA INJ 50/0.4ML	00003281411	5.75%
ORENCIA	ABATACEPT	ORENCIA INJ 87.5/0.7	00003281811	5.75%
ORENCIA CLCK	ABATACEPT	ORENCIA CLCK INJ 125MG/ML	00003218851	50.25%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	00069131201	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	00069131202	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	68982082004	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	68982082084	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	00069101101	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	00069101102	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	68982082001	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	68982082081	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	00069110901	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	00069110902	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	68982082002	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	68982082082	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	00069141501	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	00069141502	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	68982082005	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	68982082085	33.00%

PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	00069155801	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	00069155802	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	68982082006	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	68982082086	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	00069122401	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	00069122402	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	68982082003	33.00%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	68982082083	33.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 10GRAMS	44206043710	46.90%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 10GRAMS	44206043791	46.90%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 20GRAMS	44206043820	46.90%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 20GRAMS	44206043892	46.90%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 40GRAMS	44206043940	46.90%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 40GRAMS	44206043993	46.90%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 5 GRAMS	44206043605	46.90%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 5 GRAMS	44206043690	46.90%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ	68516320003	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000U	49669370002	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	49669320003	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320004	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320202	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320502	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320802	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320005	11.60%

PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320302	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320602	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320902	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500U	49669370001	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	49669320002	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320002	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320101	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320401	11.60%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320701	11.60%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283401	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283410	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283501	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283510	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944284410	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944284510	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 220-400	00944283110	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 220-400	00944284110	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 220-400	00944293801	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 401-800	00944283210	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 401-800	00944284210	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 401-800	00944293802	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 801-1240	00944283310	35.35%

RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 801-1240	00944284310	35.35%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 801-1240	00944293803	35.35%
REMICADE	INFLIXIMAB	REMICADE INJ 100MG	57894003001	67.35%
RENFLEXIS	INFLIXIMAB-ABDA	RENFLEXIS INJ 100MG	00006430501	55.10%
RENFLEXIS	INFLIXIMAB-ABDA	RENFLEXIS INJ 100MG	00006430502	55.10%
RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN)	RHOPHYLAC INJ 1500/2ML	44206030001	62.95%
RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN)	RHOPHYLAC INJ 1500/2ML	44206030010	62.95%
RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN)	RHOPHYLAC INJ 1500/2ML	44206030090	62.95%
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	68012035001	23.45%
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	68012035002	23.45%
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	71274035001	23.45%
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	71274035002	23.45%
SIMPONI	GOLIMUMAB	SIMPONI INJ 100MG/ML	57894007101	84.70%
SIMPONI	GOLIMUMAB	SIMPONI INJ 100MG/ML	57894007102	84.70%
SIMPONI	GOLIMUMAB	SIMPONI INJ 50/0.5ML	57894007001	84.70%
SIMPONI	GOLIMUMAB	SIMPONI INJ 50/0.5ML	57894007002	84.70%
SIMPONI ARIA	GOLIMUMAB	SIMPONI ARIA SOL 50MG/4ML	57894035001	61.30%
SOLIRIS	ECULIZUMAB	SOLIRIS INJ 10MG/ML	25682000101	15.25%
STELARA	USTEKINUMAB	STELARA INJ 45MG/0.5	57894006002	37.65%
STELARA	USTEKINUMAB	STELARA INJ 45MG/0.5	57894006003	37.65%
STELARA	USTEKINUMAB	STELARA INJ 90MG/ML	57894006103	37.65%
STELARA	USTEKINUMAB (IV)	STELARA INJ 5MG/ML	57894005427	31.15%
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	VONVENDI INJ 1300UNIT	00944755302	23.95%

VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	VONVENDI INJ 650UNIT	00944755102	23.95%
VPRIV	VELAGLUCERASE ALFA	VPRIV INJ 400UNIT	54092070104	21.75%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 1000UNIT	58394001401	33.95%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 1000UNIT	58394001402	33.95%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 2000UNIT	58394001501	33.95%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 2000UNIT	58394001502	33.95%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 250UNIT	58394001201	33.95%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 250UNIT	58394001202	33.95%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 500UNIT	58394001301	33.95%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 500UNIT	58394001302	33.95%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 1000UNIT	58394002403	36.55%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 2000UNIT	58394002503	36.55%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 3000UNIT	58394001603	36.55%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 500UNIT	58394002303	36.55%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF KIT 250UNIT	58394002203	36.55%

Covered Specialty Medication Services Drug Updates. Administrator reserves the right, at its sole and absolute discretion to update the Covered Specialty Medication Services Drug list and/or the Prescription Drug Compensation upon notice to Company and as updated on the Provider Portal located at *https://mspn.linkplatform.com/* or as otherwise communicated in the notice amendment.

Medical Specialty Provider Network Compensation – Rate Comparison

Medical Provider Office

Claims processed and reimbursed against the pharmacy benefit by a Pharmacy Benefit Manager (PBM) use Average Wholesale Price (AWP) discounts as the drug rate. AWP is a pharmaceutical term that describes the average price paid by a retailer to buy a drug from the wholesaler. The AWP benchmark has been used for over four decades to determine pricing and reimbursement of prescription drugs to third parties such as the government and private payers.

To support a contracted Medical Provider's understanding of the contracted rate by NDC, the below table compares AWP discounts (read as "AWP minus X%") for each drug to the corresponding Average Sales Price (ASP) typically used by medical plans for reimbursement.

Medical Specialty Medication Drug Contracted Rate by NDC – AWP to ASP Rate Compare

BRAND	GENERIC	LABEL NAME	NDC	Rate (AWP Discount)	ASP Rate Compare
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 162/0.9	50242013801	17.65%	10.00%
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 200/10ML	50242013601	17.65%	10.00%
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 400/20ML	50242013701	17.65%	10.00%
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ 80MG/4ML	50242013501	17.65%	10.00%
ACTEMRA	TOCILIZUMAB	ACTEMRA INJ ACTPEN	50242014301	17.65%	10.00%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944292302	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944294003	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944294310	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944296210	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1000UNIT	00944305302	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944292402	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944294004	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944294410	35.35%	6.50%

ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944296310	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 1500UNIT	00944305402	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944294010	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944294510	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944296410	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 2000UNIT	00944304510	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944292102	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944294001	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944294110	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944296010	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 250UNIT	00944305102	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 3000UNIT	00944294610	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 3000UNIT	00944296510	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 3000UNIT	00944304610	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 4000UNIT	00944294810	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 4000UNIT	00944304710	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944292202	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944294002	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944294210	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944296110	35.35%	6.50%
ADVATE	ANTIHEMOPHILIC FACTOR (RCMB) PLASMA/ALBUMIN FREE (RAHF-PFM)	ADVATE INJ 500UNIT	00944305202	35.35%	6.50%

ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1000UNIT	00944425602	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1000UNIT	00944462401	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1500UNIT	00944462701	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 1500UNIT	00944462702	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 2000UNIT	00944425802	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 2000UNIT	00944462501	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 250UNIT	00944425202	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 250UNIT	00944462201	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 3000UNIT	00944462801	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 3000UNIT	00944462802	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 500UNIT	00944425402	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 500UNIT	00944462301	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 750UNIT	00944462601	30.00%	6.50%
ADYNOVATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE INJ 750UNIT	00944462602	30.00%	6.50%
ALDURAZYME	LARONIDASE	ALDURAZYME INJ 2.9MG/5M	58468007001	19.15%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ	68516460002	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 1500UNIT	49669460002	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 250-500	49669460001	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 250-500	68516460001	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR (HUMAN)	ALPHANATE INJ 500-1500	49669450001	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 1000UNIT	68516461302	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 1500UNIT	68516461402	31.00%	6.50%

ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 2000UNIT	68516461502	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 250 UNIT	68516461101	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ 500 UNIT	68516461201	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460101	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460201	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460302	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460402	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460501	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460601	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460702	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460802	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516460902	31.00%	6.50%
ALPHANATE	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE INJ VWF/HUM	68516461002	31.00%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360005	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360202	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360502	37.25%	6.50%

ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1000UNIT	68516360802	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360006	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360302	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360602	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 1500UNIT	68516360902	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 250-1500	49669360002	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 250-1500	68516360002	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 250IU	49669360001	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500-1500	49669380001	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360004	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360102	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360402	37.25%	6.50%
ALPHANINE SD	COAGULATION FACTOR IX	ALPHANINE SD INJ 500UNIT	68516360702	37.25%	6.50%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 1000UNIT	64406092201	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 1000UNIT	71104092201	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 2000UNIT	64406093301	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 2000UNIT	71104093301	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 250UNIT	64406096601	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 250UNIT	71104096601	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 3000UNIT	64406094401	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 3000UNIT	71104094401	18.05%	12.00%

ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 4000UNIT	64406097701	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 4000UNIT	71104097701	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 500UNIT	64406091101	18.05%	12.00%
ALPROLIX	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX INJ 500UNIT	71104091101	18.05%	12.00%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 120MG	49401010101	18.10%	6.50%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008801	18.10%	6.50%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008802	18.10%	6.50%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008835	18.10%	6.50%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008842	18.10%	6.50%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 200MG/ML	49401008847	18.10%	6.50%
BENLYSTA	BELIMUMAB	BENLYSTA INJ 400MG	49401010201	18.10%	6.50%
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 12GM	44206041812	(19.75%)	19.00%
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 12GM	44206041892	(19.75%)	19.00%
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 1GM	44206041501	(19.75%)	19.00%
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 3GM	44206041603	(19.75%)	19.00%
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 6GM	44206041706	(19.75%)	19.00%
CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV	CARIMUNE NF INJ 6GM	44206041791	(19.75%)	19.00%
CEREZYME	IMIGLUCERASE	CEREZYME INJ 200UNIT	58468198301	18.15%	6.50%
CEREZYME	IMIGLUCERASE	CEREZYME INJ 400UNIT	58468466301	18.15%	6.50%
CIMZIA	CERTOLIZUMAB PEGOL	CIMZIA KIT 200MG	50474070062	69.75%	15.00%
CIMZIA PREFL	CERTOLIZUMAB PEGOL	CIMZIA PREFL KIT 200MG/ML	50474071079	69.75%	15.00%
CIMZIA START	CERTOLIZUMAB PEGOL	CIMZIA START KIT 200MG/ML	50474071081	69.75%	15.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 2GM/10ML	00944285003	27.85%	25.00%

CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 2GM/10ML	00944285004	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 4GM/20ML	00944285005	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 4GM/20ML	00944285006	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 8GM/40ML	00944285007	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU INJ 8GM/40ML	00944285008	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 10GM/50M	00944285009	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 10GM/50M	00944285010	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 1GM/5ML	00944285001	27.85%	25.00%
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	CUVITRU SOL 1GM/5ML	00944285002	27.85%	25.00%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206053211	20.70%	6.50%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206053290	20.70%	6.50%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206310101	20.70%	6.50%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	44206310110	20.70%	6.50%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	60574310101	20.70%	6.50%
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN)	CYTOGAM INJ	60574310201	20.70%	6.50%
ELELYSO	TALIGLUCERASE ALFA	ELELYSO INJ 200UNIT	00069010601	18.45%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	64406048608	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	64406080401	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	71104048608	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1000UNIT	71104080401	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	64406048708	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	64406080501	24.10%	6.50%

ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	71104048708	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 1500UNIT	71104080501	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	64406048808	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	64406080601	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	71104048808	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 2000UNIT	71104080601	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	64406048308	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	64406080101	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	71104048308	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 250UNIT	71104080101	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	64406048908	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	64406080701	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	71104048908	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 3000UNIT	71104080701	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 4000UNIT	64406080801	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 4000UNIT	71104049008	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 4000UNIT	71104080801	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 5000UNIT	64406080901	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 5000UNIT	71104049108	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 5000UNIT	71104080901	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	64406048408	24.10%	6.50%

ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	64406080201	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	71104048408	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 500UNIT	71104080201	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 6000UNIT	64406081001	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 6000UNIT	71104049208	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 6000UNIT	71104081001	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	64406048508	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	64406080301	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	71104048508	24.10%	6.50%
ELOCTATE	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIIIFC	ELOCTATE INJ 750UNIT	71104080301	24.10%	6.50%
ENTYVIO	VEDOLIZUMAB	ENTYVIO INJ 300MG	64764030020	26.55%	10.00%
FABRAZYME	AGALSIDASE BETA	FABRAZYME INJ 35MG	58468004001	19.15%	6.50%
FABRAZYME	AGALSIDASE BETA	FABRAZYME INJ 5MG	58468004101	19.15%	6.50%
FASENRA	BENRALIZUMAB	FASENRA INJ 30MG/ML	00310173030	21.80%	6.50%
FASENRA PEN	BENRALIZUMAB	FASENRA PEN INJ 30MG/ML	00310183030	21.80%	6.50%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042302	26.75%	6.50%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042402	26.75%	6.50%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042502	26.75%	6.50%
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA INJ	64193042602	26.75%	6.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/100ML	61953000502	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/100ML	61953000505	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/200ML	61953000404	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 10/200ML	61953000409	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/200ML	61953000503	37.45%	10.50%

FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/200ML	61953000506	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/400ML	61953000400	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 20/400ML	61953000405	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000301	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000302	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000303	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5%	61953000304	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5GM/50ML	61953000501	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ 5GM/50ML	61953000504	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000401	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000402	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000403	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000406	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000407	37.45%	10.50%
FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV	FLEBOGAMMA INJ DIF 5%	61953000408	37.45%	10.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD INJ 10GM HU	00944280704	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD INJ 2.5GM HU	00944280702	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD INJ 5GM HU	00944280701	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 10GM/100	00944270005	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 10GM/100	00944270011	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 1GM/10ML	00944270002	46.90%	6.50%

GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 1GM/10ML	00944270008	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 2.5GM/25	00944270003	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 2.5GM/25	00944270009	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 20GM/200	00944270006	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 20GM/200	00944270012	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 30GM/300	00944270007	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 30GM/300	00944270013	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 5GM/50ML	00944270004	46.90%	6.50%
GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMMAGARD INJ 5GM/50ML	00944270010	46.90%	6.50%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 10GM HU	00944262004	38.15%	19.00%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 10GM HU	00944265504	38.15%	19.00%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 10GM HU	00944265804	38.15%	19.00%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 2.5GM HU	00944262002	38.15%	19.00%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 5GM HU	00944262003	38.15%	19.00%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 5GM HU	00944265503	38.15%	19.00%
GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV	GAMMAGARD SD INJ 5GM HU	00944265603	38.15%	19.00%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064512	11.35%	20.00%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064515	11.35%	20.00%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064520	11.35%	20.00%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064524	11.35%	20.00%
GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV	GAMUNEX INJ 10%	13533064571	11.35%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 10GM/100	13533080071	35.50%	20.00%

GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 10GM/100	13533080072	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 1GM/10ML	13533080012	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 1GM/10ML	13533080013	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 2.5GM/25	13533080015	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 2.5GM/25	13533080016	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 20GM/200	13533080024	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 20GM/200	13533080025	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 40/400ML	13533080040	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 40/400ML	13533080041	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 5GM/50ML	13533080020	35.50%	20.00%
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	GAMUNEX-C INJ 5GM/50ML	13533080021	35.50%	20.00%
HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 105/0.7	50242092201	25.80%	6.50%
HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 150/ML	50242092301	25.80%	6.50%
HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 30MG/ML	50242092001	25.80%	6.50%
HEMLIBRA	EMICIZUMAB-KXWH	HEMLIBRA INJ 60/0.4	50242092101	25.80%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 1000UNIT	00944394402	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 1700UNIT	00944394602	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 220-400	00944293001	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 220-400	00944293501	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 250UNIT	00944394002	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 401-800	00944293101	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 401-800	00944293502	44.60%	6.50%

HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M INJ 500UNIT	00944394202	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M SOL	00944293301	44.60%	6.50%
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M SOL 801-1500	00944293201	44.60%	6.50%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 10/50ML	44206045510	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 10/50ML	44206045593	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045101	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045190	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045621	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 1GM/5ML	44206045694	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045202	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045291	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045722	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 2GM/10ML	44206045795	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 4GM/20ML	44206045404	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA INJ 4GM/20ML	44206045492	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA SOL 20%	44206045824	44.80%	19.00%
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	HIZENTRA SOL 20%	44206045896	44.80%	19.00%
HUMATE-P	ANTIHEMOPHILIC FACTOR (HUMAN)	HUMATE-P INJ 250IU HU	00053760501	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR (HUMAN)	HUMATE-P INJ 500IU HU	00053760502	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P INJ 1000UNIT	00053762010	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P INJ 2000UNIT	00053762020	27.40%	6.50%

HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P INJ 500UNIT	00053762005	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 1200UNIT	00053761510	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 2400UNIT	00053761520	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 2400UNIT	63833061702	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 250-600	63833061502	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 500-1200	63833061602	27.40%	6.50%
HUMATE-P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HUMATE-P SOL 600UNIT	00053761505	27.40%	6.50%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 10-800	00944251202	31.15%	19.00%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 2.5-200	00944251002	31.15%	19.00%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 20-1600	00944251302	31.15%	19.00%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 30-2400	00944251402	31.15%	19.00%
HYQVIA	IMMUNE GLOBULIN (HUMAN)-HYALURONIDASE (HUMAN RECOMBINANT)	HYQVIA INJ 5-400	00944251102	31.15%	19.00%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 1000UNIT	69911086602	21.10%	6.50%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 2000UNIT	69911086702	21.10%	6.50%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 250UNIT	69911086402	21.10%	6.50%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 3500UNIT	69911086902	21.10%	6.50%
IDELVION	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP	IDELVION SOL 500UNIT	69911086502	21.10%	6.50%

ILARIS	CANAKINUMAB	ILARIS INJ 150MG	00078058261	3.95%	25.50%
ILARIS	CANAKINUMAB	ILARIS INJ 150MG/ML	00078073461	3.95%	25.50%
ILUMYA	TILDRAKIZUMAB-ASMN	ILUMYA SOL 100MG/ML	47335017795	25.60%	6.50%
ILUMYA	TILDRAKIZUMAB-ASMN	ILUMYA SOL 100MG/ML	47335017796	25.60%	6.50%
INFLECTRA	INFLIXIMAB-DYYB	INFLECTRA INJ 100MG	00069080901	58.05%	30.00%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 1000UNIT	00026394425	29.60%	6.50%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 2000UNIT	00026394625	29.60%	6.50%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 3000UNIT	00026394825	29.60%	6.50%
JIVI	ANTIHEMOPHIL FACT(RCMB) PEGYLATED-AUCL (BDD-RFVIII PEG-AUCL	JIVI INJ 500 UNIT	00026394225	29.60%	6.50%
KALBITOR	ECALLANTIDE	KALBITOR INJ 10MG/ML	47783010101	18.95%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	00026066550	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	13533066550	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	76125066750	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	76125067250	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 1000UNIT	76125067351	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 250UNIT	00026066520	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 250UNIT	13533066520	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 250UNIT	76125025020	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	00026066530	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	13533066530	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	76125050030	18.10%	6.50%
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	KOATE-DVI INJ 500UNIT	76125066730	18.10%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000/BS	00026037950	36.85%	6.50%

KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026037250	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026378550	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026378555	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 1000UNIT	00026379550	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 2000UNIT	00026378660	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 2000UNIT	00026378665	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 2000UNIT	00026379660	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250/BS	00026037920	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026037220	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026378220	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026378225	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 250UNIT	00026379220	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 3000UNIT	00026378770	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 3000UNIT	00026378775	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 3000UNIT	00026379770	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500/BS	00026037930	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026037230	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026378330	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026378335	36.85%	6.50%
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	KOGENATE FS INJ 500UNIT	00026379330	36.85%	6.50%
LUMIZYME	ALGLUCOSIDASE ALFA	LUMIZYME INJ 50MG	58468016001	18.45%	6.50%
LUMIZYME	ALGLUCOSIDASE ALFA	LUMIZYME INJ 50MG	58468016002	18.45%	6.50%

MONONINE	COAGULATION FACTOR IX	MONONINE INJ 1000UNIT	00053623302	32.70%	6.50%
MONONINE	COAGULATION FACTOR IX	MONONINE INJ 1000UNIT	00053766804	32.70%	6.50%
MONONINE	COAGULATION FACTOR IX	MONONINE INJ 250UNIT	00053766801	32.70%	6.50%
MONONINE	COAGULATION FACTOR IX	MONONINE INJ 500UNIT	00053766802	32.70%	6.50%
NAGLAZYME	GALSULFASE	NAGLAZYME INJ 1MG/ML	68135002001	18.80%	6.50%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 1000UNIT	00169781001	46.30%	6.50%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 1500UNIT	00169781501	46.30%	6.50%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 2000UNIT	00169782001	46.30%	6.50%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 250UNIT	00169782501	46.30%	6.50%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 3000UNIT	00169783001	46.30%	6.50%
NOVOEIGHT	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT INJ 500UNIT	00169785001	46.30%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 1MG	00169701001	24.60%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 1MG	00169720101	24.60%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 2MG	00169702001	24.60%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 2MG	00169720201	24.60%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 5MG	00169705001	24.60%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 5MG	00169720501	24.60%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 8MG	00169704001	24.60%	6.50%
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN RT INJ 8MG	00169720801	24.60%	6.50%
NPLATE	ROMIPLOSTIM	NPLATE INJ 125MCG	55513022301	15.40%	13.00%
NPLATE	ROMIPLOSTIM	NPLATE INJ 250MCG	55513022101	15.40%	13.00%
NPLATE	ROMIPLOSTIM	NPLATE INJ 500MCG	55513022201	15.40%	13.00%

NUCALA	MEPOLIZUMAB	NUCALA INJ 100MG	00173088101	26.70%	6.50%
NUCALA	MEPOLIZUMAB	NUCALA INJ 100MG/ML	00173089201	26.70%	6.50%
NUCALA	MEPOLIZUMAB	NUCALA INJ 100MG/ML	00173089242	26.70%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 1000UNIT	68982014401	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 2000UNIT	68982014601	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 2500UNIT	68982014801	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 250UNIT	68982014001	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 3000UNIT	68982015001	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 4000UNIT	68982015201	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ INJ 500UNIT	68982014201	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 1000UNIT	68982014301	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 2000UNIT	68982014501	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 2500UNIT	68982014701	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 250UNIT	68982013901	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 3000UNIT	68982014901	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 4000UNIT	68982015101	42.25%	6.50%
NUWIQ	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ KIT 500UNIT	68982014101	42.25%	6.50%
OCREVUS	OCRELIZUMAB	OCREVUS INJ 300/10ML	50242015001	17.85%	6.50%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10/100ML	68982085003	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10GM	67467084304	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10GM	68209084304	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 10GM	68982084004	52.45%	30.00%

OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 1GM	67467084301	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 1GM	68209084301	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 1GM	68982084001	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2.5GM	67467084302	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2.5GM	68209084302	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2.5GM	68982084002	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 20/200ML	68982085004	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 25GM	67467084305	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 25GM	68982084005	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 2GM/20ML	68982085001	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 30/300ML	68982085005	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM	67467084303	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM	68209084303	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM	68982084003	52.45%	30.00%
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	OCTAGAM INJ 5GM/50ML	68982085002	52.45%	30.00%
ORENCIA	ABATACEPT	ORENCIA INJ 125MG/ML	00003218811	5.75%	6.50%
ORENCIA	ABATACEPT	ORENCIA INJ 125MG/ML	00003218831	5.75%	6.50%
ORENCIA	ABATACEPT	ORENCIA INJ 250MG	00003218710	5.75%	6.50%
ORENCIA	ABATACEPT	ORENCIA INJ 250MG	00003218713	5.75%	6.50%
ORENCIA	ABATACEPT	ORENCIA INJ 50/0.4ML	00003281411	5.75%	6.50%
ORENCIA	ABATACEPT	ORENCIA INJ 87.5/0.7	00003281811	5.75%	6.50%
ORENCIA CLCK	ABATACEPT	ORENCIA CLCK INJ 125MG/ML	00003218851	50.25%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	00069131201	33.00%	6.50%

PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	00069131202	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	68982082004	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 10/100ML	68982082084	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	00069101101	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	00069101102	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	68982082001	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 1GM/10ML	68982082081	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	00069110901	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	00069110902	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	68982082002	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 2.5/25ML	68982082082	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	00069141501	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	00069141502	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	68982082005	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 20/200ML	68982082085	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	00069155801	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	00069155802	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	68982082006	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 30/300ML	68982082086	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	00069122401	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	00069122402	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	68982082003	33.00%	6.50%
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS	PANZYGA SOL 5GM/50ML	68982082083	33.00%	6.50%

PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 10GRAMS	44206043710	46.90%	19.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 10GRAMS	44206043791	46.90%	19.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 20GRAMS	44206043820	46.90%	19.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 20GRAMS	44206043892	46.90%	19.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 40GRAMS	44206043940	46.90%	19.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 40GRAMS	44206043993	46.90%	19.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 5 GRAMS	44206043605	46.90%	19.00%
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	PRIVIGEN INJ 5 GRAMS	44206043690	46.90%	19.00%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ	68516320003	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000U	49669370002	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	49669320003	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320004	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320202	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320502	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1000UNIT	68516320802	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320005	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320302	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320602	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 1500UNIT	68516320902	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500U	49669370001	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	49669320002	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320002	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320101	11.60%	6.50%
PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320401	11.60%	6.50%

PROFILNINE	FACTOR IX COMPLEX	PROFILNINE INJ 500UNIT	68516320701	11.60%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283401	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283410	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283501	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944283510	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944284410	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ	00944284510	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 220-400	00944283110	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 220-400	00944284110	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 220-400	00944293801	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 401-800	00944283210	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 401-800	00944284210	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 401-800	00944293802	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 801-1240	00944283310	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 801-1240	00944284310	35.35%	6.50%
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) (RFVIII)	RECOMBINATE INJ 801-1240	00944293803	35.35%	6.50%
REMICADE	INFLIXIMAB	REMICADE INJ 100MG	57894003001	67.35%	16.00%
RENFLEXIS	INFLIXIMAB-ABDA	RENFLEXIS INJ 100MG	00006430501	55.10%	10.00%
RENFLEXIS	INFLIXIMAB-ABDA	RENFLEXIS INJ 100MG	00006430502	55.10%	10.00%
RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN)	RHOPHYLAC INJ 1500/2ML	44206030001	62.95%	6.50%
RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN)	RHOPHYLAC INJ 1500/2ML	44206030010	62.95%	6.50%
RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN)	RHOPHYLAC INJ 1500/2ML	44206030090	62.95%	6.50%

RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	68012035001	23.45%	9.00%
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	68012035002	23.45%	9.00%
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	71274035001	23.45%	9.00%
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST INJ 2100UNIT	71274035002	23.45%	9.00%
SIMPONI	GOLIMUMAB	SIMPONI INJ 100MG/ML	57894007101	84.70%	20.00%
SIMPONI	GOLIMUMAB	SIMPONI INJ 100MG/ML	57894007102	84.70%	20.00%
SIMPONI	GOLIMUMAB	SIMPONI INJ 50/0.5ML	57894007001	84.70%	20.00%
SIMPONI	GOLIMUMAB	SIMPONI INJ 50/0.5ML	57894007002	84.70%	20.00%
SIMPONI ARIA	GOLIMUMAB	SIMPONI ARIA SOL 50MG/4ML	57894035001	61.30%	20.00%
SOLIRIS	ECULIZUMAB	SOLIRIS INJ 10MG/ML	25682000101	15.25%	6.50%
STELARA	USTEKINUMAB	STELARA INJ 45MG/0.5	57894006002	37.65%	25.00%
STELARA	USTEKINUMAB	STELARA INJ 45MG/0.5	57894006003	37.65%	25.00%
STELARA	USTEKINUMAB	STELARA INJ 90MG/ML	57894006103	37.65%	25.00%
STELARA	USTEKINUMAB (IV)	STELARA INJ 5MG/ML	57894005427	31.15%	6.50%
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	VONVENDI INJ 1300UNIT	00944755302	23.95%	6.50%
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	VONVENDI INJ 650UNIT	00944755102	23.95%	6.50%
VPRIV	VELAGLUCERASE ALFA	VPRIV INJ 400UNIT	54092070104	21.75%	6.50%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 1000UNIT	58394001401	33.95%	6.50%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 1000UNIT	58394001402	33.95%	6.50%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 2000UNIT	58394001501	33.95%	6.50%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 2000UNIT	58394001502	33.95%	6.50%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 250UNIT	58394001201	33.95%	6.50%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 250UNIT	58394001202	33.95%	6.50%

XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 500UNIT	58394001301	33.95%	6.50%
XYNTHA	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA INJ 500UNIT	58394001302	33.95%	6.50%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 1000UNIT	58394002403	36.55%	6.50%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 2000UNIT	58394002503	36.55%	6.50%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 3000UNIT	58394001603	36.55%	6.50%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF INJ 500UNIT	58394002303	36.55%	6.50%
XYNTHA SOLOF	ANTIHEMOPHILIC FACTOR (RCMB) MOROCTOCOG ALFA(BDD-RFVIII,MOR	XYNTHA SOLOF KIT 250UNIT	58394002203	36.55%	6.50%