

33582

AMENDMENT NO. 4

This Amendment No. 4 ("Amendment"), effective January 1, 2020, amends the Prescription Benefit Services Agreement between CaremarkPCS Health, L.L.C., ("Caremark") and City of Long Beach ("Client") dated as of January 1, 2014, as amended, (the "Agreement").

The parties agree to amend the Agreement as set forth in this Amendment.

1. The first sentence of Section 9.1 (Term) of the Agreement is hereby amended by deleting such sentence in its entirety and inserting the following in its place:

"The initial term of this Agreement shall commence on the Effective Date and expire on December 31, 2016 ("Initial Term"), with a first renewal term commencing on January 1, 2017, and expiring on December 31, 2019, and a second renewal term commencing on January 1, 2020, and expiring on December 31, 2022 ("Renewal Term"), subject to earlier termination as hereinafter set forth."

2. Section 1.12 (Maximum Allowable Cost) of the Agreement is hereby amended by deleting such section in its entirety and inserting the following in its place:

"1.12 **"Maximum Allowable Cost" or "MAC"** means the unit price that has been established by CVS/caremark for a drug with more than two sources included on the MAC drug list applicable to Client, which list may be amended from time to time by CVS/caremark in maintaining its generic pricing program. CVS/caremark shall update MAC pricing at least once every seven (7) days and shall, in a timely manner, eliminate Covered Drugs from the MAC drug list or modify MAC pricing based on changes in product availability and pricing data utilized by CVS/caremark in establishing the MAC unit prices. Client acknowledges that the MAC list applicable to Client is not the same as the MAC list published by the Centers for Medicare and Medicaid Services (formerly known as the Health Care Financing Administration, or "HCFA MAC"). A copy of such MAC drug list shall be provided to Client prior to execution of this Agreement and thereafter upon Client's reasonable request."

3. Section 2.3 (Retail Pharmacy Network) of the Agreement is hereby amended by inserting the following as a new subsection (i):

"(i) As required by applicable federal, state or local law, CVS/caremark shall not limit a Participating Pharmacy's ability to disclose to a Member whether their Cost Share exceeds the retail price for a Covered Drug, or the availability of a more affordable alternative drug."

4. The pricing grid of Section 1 (Mail, Retail, Rebates and Specialty) of Exhibit A (Financial Terms) of the Agreement is hereby amended by deleting such pricing grid in its entirety and inserting the following in its place:

<b>RETAIL NETWORK</b>	<b>Traditional</b>
	National Network
<b>BRAND</b>	01/01/2020 - 12/31/2020: AWP -18.00% 01/01/2021 - 12/31/2021: AWP -18.25% 01/01/2022 - 12/31/2022: AWP -18.50%
<b>GENERIC</b>	Generic Effective Rate 01/01/2020 - 12/31/2020: AWP -81.00% 01/01/2021 - 12/31/2021: AWP -81.25% 01/01/2022 - 12/31/2022: AWP -81.50%  (MAC & Non-MAC Combined)
<b>NON-MAC GENERICS</b>	AWP - 25.00%
<b>DISPENSING FEE</b>	Brand & Generic 01/01/2020 - 12/31/2020: \$0.45 per Claim 01/01/2021 - 12/31/2021: \$0.40 per Claim 01/01/2022 - 12/31/2022: \$0.40 per Claim

<b>MAIL/MAINTENANCE CHOICE</b>	
<b>BRAND</b>	AWP -24.25%
<b>GENERIC</b>	Generic Effective Rate 01/01/2020 - 12/31/2020: AWP -85.50% 01/01/2021 - 12/31/2021: AWP -85.75% 01/01/2022 - 12/31/2022: AWP -86.00%  (MAC & Non-MAC Combined)
<b>NON-MAC GENERICS</b>	AWP -30.00%
<b>DISPENSING FEE</b>	Brand & Generic \$0.00 per Claim

<b>SPECIALTY MEDICATIONS</b>	<b>EXCLUSIVE</b>
<b>SPECIALTY AT CVS SPECIALTY MAIL, INCLUDING SPECIALTY CONNECT</b>	See Specialty Fee Schedule

<b>ADMINISTRATIVE FEES</b>	
<b>ELECTRONIC CLAIM ADMINISTRATION FEE</b>	\$0.00 per Claim
<b>MANUAL CLAIMS ADMINISTRATION FEE</b>	\$1.50 per Claim

<b>REBATES</b>	<b>2 Tier Qualifying and 3 Tier Non-Qualifying</b>
<b>MAIL/MAINTENANCE CHOICE</b>	01/01/2020 - 12/31/2020: \$388.97 per Brand Drug Claim 01/01/2021 - 12/31/2021: \$442.40 per Brand Drug Claim 01/01/2022 - 12/31/2022: \$508.05 per Brand Drug Claim

<b>RETAIL</b>	01/01/2020 - 12/31/2020: \$148.04 per Brand Drug Claim 01/01/2021 - 12/31/2021: \$169.33 per Brand Drug Claim 01/01/2022 - 12/31/2022: \$194.05 per Brand Drug Claim
<b>SPECIALTY</b>	01/01/2020 - 12/31/2020: \$1,861.37 per Brand Drug Claim 01/01/2021 - 12/31/2021: \$2,266.13 per Brand Drug Claim 01/01/2022 - 12/31/2022: \$2,550.66 per Brand Drug Claim
<b>REBATES</b>	<b>3 Tier Qualifying</b>
<b>MAIL/MAINTENANCE CHOICE</b>	01/01/2020 - 12/31/2020: \$483.69 per Brand Drug Claim 01/01/2021 - 12/31/2021: \$547.91 per Brand Drug Claim 01/01/2022 - 12/31/2022: \$623.35 per Brand Drug Claim
<b>RETAIL</b>	01/01/2020 - 12/31/2020: \$170.00 per Brand Drug Claim 01/01/2021 - 12/31/2021: \$194.26 per Brand Drug Claim 01/01/2022 - 12/31/2022: \$221.64 per Brand Drug Claim
<b>SPECIALTY</b>	01/01/2020 - 12/31/2020: \$1,861.37 per Brand Drug Claim 01/01/2021 - 12/31/2021: \$2,266.13 per Brand Drug Claim 01/01/2022 - 12/31/2022: \$2,550.66 per Brand Drug Claim

<sup>1</sup> See Section 3.1 for Rebate conditions.

4. Section 1.a.(vii) of Exhibit A of the Agreement is hereby amended by deleting such section in its entirety and inserting the following in its place:

- “(vii) Caremark will exclude the following from mail, retail, specialty and Rebate guarantees:
- Limited distribution and exclusive distribution drugs;
  - 340B Claims;
  - Compound drug Claims;
  - Paper or member submitted Claims;
  - Coordination of Benefits (COB) or secondary Claims;
  - Vaccine and vaccine administration Claims.”

5. Section 1 (Mail, Retail, Rebates and Specialty) of Exhibit A of the Agreement is hereby amended by adding a new subsection 1.d at the end of such section:

“d. Rebate guarantees assume alignment with CVS Caremark Performance Drug List – Standard Control with PA option, CVS/caremark’s standard prior authorization/utilization management criteria, and alignment with CVS Health Advance Control Specialty Formulary. [Rebate guarantees are based on an average 90 days’ supply for mail and specialty, and the Claims utilization mix and volume available at the time of pricing negotiations remaining consistent through the term of the Agreement. Rebate guarantees are paid quarterly for each channel and reconciled annually in the aggregate. Rebate guarantees will exclude the Claims noted below; however, any Rebates collected by CVS/caremark for such Claims will be passed to Client in accordance with the rebate terms described herein. In addition to the exclusions noted in Section 1.a.(vii) above, the following exclusions shall also apply to the Rebate guarantees:

- Biosimilar Claims
- Over the Counter (OTC) products
- Claims approved by formulary exception”

6. Section 2.1(c)(i) (Comprehensive Generic Solutions) of Exhibit A (Financial Terms) of the Agreement is hereby amended by deleting such section in its entirety and inserting the following in its place:

i.	Comprehensive Generics Solutions a. DAW Solution 1 and or 2 b. Value Drug Savings Tool c. DAW Penalty	No additional charge
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7. Section 2.2(b) (Prescription Savings Guide) of Exhibit A (Financial Terms) of the Agreement is hereby amended by deleting such section in its entirety and inserting the following in its place:

“Intentionally Omitted”

8. The 3 and 4 paragraphs of Section 3.1 (Drug Rebates) of Exhibit A (Financial Terms) of the Agreement are hereby deleted such paragraphs in their entirety and inserting the following in its place:

“To qualify for three-tier non-qualifying Rebates, the Plan Participants under this Agreement must be covered under a three-tier non-qualifying plan design. A three-tier non-qualifying plan design consists of a plan design with less than a \$15.00 co-payment differential between tier 2 and tier 3 (the highest Cost Share tier) Covered Drug Claims.

To qualify for three tier qualifying Rebates, the Plan Participants under this Agreement must be covered under a three-tier qualifying plan design. A three-tier qualifying plan design consists of a plan design with at least a \$15.00 co-payment differential between tier 2 and tier 3 (the highest Cost Share tier) Covered Drug Claims, at least a \$15.00 differential in the minimum co-payment for coinsurance, or a differential of coinsurance 1.5 times, or 50 percentage points, between the tier 2 and tier 3 (the highest Cost Share tier) Covered Drug Claims (for example, if tier 2 Covered Drug coinsurance was 20%, tier 3 Covered Drug coinsurance would need to be 30% to qualify).”

9. Attachment 1 of Exhibit A (Specialty Drug Fee Schedule) of the Agreement is hereby amended by deleting such attachment in its entirety and replacing it with the attached Attachment 1 to Exhibit A.

10. The terms and conditions of the Agreement remain in effect except as otherwise stated herein. With respect to the subject matter hereof, this Amendment constitutes the entire agreement between the parties, superseding all similar terms in any prior understandings, agreements, contracts or arrangements between the parties, whether oral or written.

11. All capitalized terms used in this Amendment and not otherwise defined shall have the meanings set forth in the Agreement. In the event that any provision of this Amendment conflicts with any of the provisions set forth in the Agreement, the provisions of this Amendment shall govern and control.

12. If any provision of this Amendment is held to be void or unenforceable, the remaining provisions are considered to be severable and their enforceability is not affected or impaired in any way by reason of such law or holding.

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IN WITNESS WHEREOF, the undersigned have duly executed this Amendment as of the date first written above.

**CAREMARKPCS HEALTH, L.L.C.**

By: Diane Galo

Name: Diane Galo

Title: Group Head, Employer Sales

Date: 3/20/2020

**CITY OF LONG BEACH**

By: Linda F. Tatum

Name: LINDA F. TATUM

Title: ASST CITY MANAGER

Date: 7-16-2020

EXECUTED PURSUANT  
TO SECTION 301 OF  
THE CITY CHARTER

APPROVED AS TO FORM  
July 7, 2020  
CHARLES PARKIN, City Attorney  
By: Gary J. Anderson  
GARY J. ANDERSON  
PRINCIPAL DEPUTY CITY ATTORNEY

**ATTACHMENT 1 TO EXHIBIT A  
SPECIALTY DRUG FEE SCHEDULE**

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Acromegaly	octreotide	44.50%	
Acromegaly	SANDOSTATIN	16.75%	
Acromegaly	SOMATULINE	17.00%	
Acromegaly	SOMAVERT	15.75%	
Allergic Asthma	CINQAIR	14.00%	
Allergic Asthma	FASENRA	15.50%	
Allergic Asthma	NUCALA	16.25%	
Allergic Asthma	XOLAIR	15.50%	
Alpha-1 Antitrypsin Deficiency	ARALAST NP	14.00%	***
Alpha-1 Antitrypsin Deficiency	GLASSIA	14.00%	***
Alpha-1 Antitrypsin Deficiency	ZEMAIRA	14.00%	***
Anemia	ARANESP	14.00%	
Anemia	EPOGEN	11.00%	
Anemia	PROCRIT	14.25%	
Cardiac Disorders	dofetilide	40.00%	
Cardiac Disorders	TIKOSYN	13.25%	
Coagulation Disorders	CEPROTIN	16.25%	
Cryopyrin Associated Periodic Syndromes	ARCALYST	16.50%	
Cryopyrin Associated Periodic Syndromes	ILARIS	17.25%	
Cystic Fibrosis	BETHKIS	16.50%	
Cystic Fibrosis	KITABIS PAK	16.50%	
Cystic Fibrosis	PULMOZYME	16.00%	
Cystic Fibrosis	TOBI	16.75%	
Cystic Fibrosis	TOBI PODHALER	16.75%	
Cystic Fibrosis	tobramycin	MAC	
Electrolyte Disorders	SAMSCA	17.00%	
Gastrointestinal	GATTEX	15.75%	
Gastrointestinal	OCALIVA	14.50%	
Gastrointestinal	SOLESTA	14.25%	
Gout	KRYSTEXXA	17.00%	
Growth Hormone	GENOTROPIN	16.00%	
Growth Hormone	HUMATROPE	18.25%	
Growth Hormone	INCRELEX	17.25%	
Growth Hormone	NORDITROPIN	18.50%	
Growth Hormone	NUTROPIN	15.50%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Growth Hormone	OMNITROPE	15.25%	
Growth Hormone	SAIZEN	16.25%	
Growth Hormone	SEROSTIM	16.50%	
Growth Hormone	ZOMACTON	13.25%	
Growth Hormone	ZORBTIVE	17.25%	
Hematopoietics	MOZOBIL	17.00%	
Hemophilia	ADVATE	33.75%	
Hemophilia	ADYNOVATE	25.75%	
Hemophilia	AFSTYLA	30.50%	
Hemophilia	ALPHANATE	33.75%	
Hemophilia	ALPHANINE SD	31.25%	
Hemophilia	ALPROLIX	17.00%	
Hemophilia	BEBULIN	16.50%	
Hemophilia	BENEFIX	10.75%	
Hemophilia	CORIFACT	24.00%	
Hemophilia	ELOCTATE	17.75%	
Hemophilia	FEIBA	20.25%	
Hemophilia	FIBRYGA	13.00%	
Hemophilia	HELIXATE	32.75%	
Hemophilia	HEMLIBRA	18.00%	
Hemophilia	HEMOFIL M	33.25%	
Hemophilia	HUMATE-P	25.75%	
Hemophilia	IDELVION	13.00%	
Hemophilia	IXINITY	24.00%	
Hemophilia	KOATE	36.25%	
Hemophilia	KOGENATE	34.75%	
Hemophilia	KOVALTRY	34.75%	
Hemophilia	MONOCLATE	27.00%	
Hemophilia	MONONINE	17.75%	
Hemophilia	NOVOEIGHT	31.75%	
Hemophilia	NOVOSEVEN RT	23.00%	
Hemophilia	NUWIQ	27.75%	
Hemophilia	OBIZUR	9.00%	
Hemophilia	PROFILNINE SD	20.00%	
Hemophilia	REBINYN	18.50%	
Hemophilia	RECOMBINATE	31.25%	
Hemophilia	RIASTAP	17.25%	
Hemophilia	RIXUBIS	21.25%	
Hemophilia	STIMATE	14.50%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Hemophilia	TRETTEN	15.00%	
Hemophilia	VONVENDI	9.00%	
Hemophilia	WILATE	34.75%	
Hemophilia	XYNTHA	31.25%	
Hepatitis B	adefovir dipivoxil	43.00%	
Hepatitis B	BARACLUDE	15.75%	
Hepatitis B	entecavir	MAC	
Hepatitis B	EPIVIR HBV	10.50%	
Hepatitis B	HEPSERA	15.50%	
Hepatitis B	lamivudine_hepb	MAC	
Hepatitis B	TYZEKA	15.50%	
Hepatitis B	VEMLIDY	13.00%	
Hepatitis C	COPEGUS	16.00%	
Hepatitis C	DAKLINZA	17.00%	
Hepatitis C	EPCLUSA	17.00%	
Hepatitis C	HARVONI	17.00%	
Hepatitis C	MAVYRET	17.00%	
Hepatitis C	MODERIBA	30.00%	
Hepatitis C	PEGASYS	15.75%	
Hepatitis C	PEG-INTRON	17.00%	
Hepatitis C	REBETOL	0.00%	
Hepatitis C	RIBAPAK	11.75%	
Hepatitis C	ribasphere	MAC	
Hepatitis C	ribavirin	MAC	
Hepatitis C	SOVALDI	17.00%	
Hepatitis C	TECHNIVIE	16.50%	
Hepatitis C	VIEKIRA PAK	16.00%	
Hepatitis C	VOSEVI	17.00%	
Hepatitis C	ZEPATIER	17.00%	
Hereditary Angioedema	BERINERT	17.00%	
Hereditary Angioedema	CINRYZE	10.00%	
Hereditary Angioedema	FIRAZYR	15.50%	
Hereditary Angioedema	HAEGARDA	10.00%	
Hereditary Angioedema	KALBITOR	10.00%	
Hereditary Angioedema	RUCONEST	16.00%	
HIV	abacavir	MAC	
HIV	abacavir sulfate-lamivudine	28.00%	
HIV	abacavir sulfate-lamivudine-zidovudine	35.00%	



Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
HIV	APTIVUS	16.00%	
HIV	atazanavir sulfate	28.00%	
HIV	ATRIPLA	16.50%	
HIV	BIKTARVY	16.00%	
HIV	CIMDUO	11.25%	
HIV	COMBIVIR	15.00%	
HIV	COMPLERA	16.50%	
HIV	CRIXIVAN	13.00%	
HIV	DESCOVY	16.00%	
HIV	didanosine	MAC	
HIV	EDURANT	15.00%	
HIV	efavirenz	MAC	
HIV	EGRIFTA	16.50%	
HIV	EMTRIVA	13.50%	
HIV	EPIVIR	8.50%	
HIV	EPZICOM	15.75%	
HIV	EVOTAZ	16.00%	
HIV	fosamprenavir	28.00%	
HIV	FUZEON	16.50%	
HIV	GENVOYA	16.50%	
HIV	INTELENCE	15.50%	
HIV	INVIRASE	15.25%	
HIV	ISENTRESS	15.75%	
HIV	JULUCA	16.00%	
HIV	KALETRA	15.25%	
HIV	lamivudine/zidovudine	MAC	
HIV	lamivudine_hiv	MAC	
HIV	LEXIVA	16.00%	
HIV	lopinavir/ritonavir	15.25%	
HIV	nevirapine	MAC	
HIV	NORVIR	11.25%	
HIV	ODEFSEY	16.50%	
HIV	PREZCOBIX	16.00%	
HIV	PREZISTA	15.75%	
HIV	RESCRIPTOR	10.75%	
HIV	RETROVIR	11.00%	
HIV	REYATAZ	16.00%	
HIV	ritonavir	28.00%	
HIV	SELZENTRY	16.00%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
HIV	stavudine	MAC	
HIV	STRIBILD	16.50%	
HIV	SUSTIVA	15.25%	
HIV	SYMFI	15.25%	
HIV	tenofovir disoproxil fuma	MAC	
HIV	TIVICAY	16.00%	
HIV	TRIUMEQ	16.50%	
HIV	TRIZIVIR	16.25%	
HIV	TRUVADA	16.00%	
HIV	TYBOST	8.75%	
HIV	VIDEX	10.75%	
HIV	VIRACEPT	15.50%	
HIV	VIRAMUNE	15.25%	
HIV	VIRAMUNE XR	14.75%	
HIV	VIREAD	15.50%	
HIV	ZERIT	13.00%	
HIV	ZIAGEN	12.50%	
HIV	zidovudine	MAC	
Hormonal Therapies	AVEED	12.50%	
Hormonal Therapies	ELIGARD	15.00%	
Hormonal Therapies	FIRMAGON	12.25%	
Hormonal Therapies	leuprolide acetate	38.00%	
Hormonal Therapies	LUPANETA PACK	15.75%	
Hormonal Therapies	LUPRON DEPOT	16.25%	
Hormonal Therapies	NATPARA	15.50%	
Hormonal Therapies	SUPPRELIN	17.50%	
Hormonal Therapies	TRELSTAR	15.75%	
Hormonal Therapies	VANTAS	16.25%	
Hormonal Therapies	ZOLADEX	13.00%	
I.V.I.G.	BIVIGAM	27.00%	
I.V.I.G.	CARIMUNE	27.00%	
I.V.I.G.	CUVITRU	18.00%	
I.V.I.G.	CYTOGAM	8.50%	
I.V.I.G.	FLEBOGAMMA	17.75%	
I.V.I.G.	GAMASTAN S/D	0.00%	
I.V.I.G.	GAMMAGARD	24.00%	
I.V.I.G.	GAMMAGARD LIQUID	29.00%	
I.V.I.G.	GAMMAKED	24.00%	
I.V.I.G.	GAMMAPLEX	27.00%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
I.V.I.G.	GAMUNEX	25.00%	
I.V.I.G.	HEPAGAM B	0.00%	
I.V.I.G.	HIZENTRA	32.00%	
I.V.I.G.	HYPERHEP B	0.00%	
I.V.I.G.	HYPERRHO S/D	0.00%	
I.V.I.G.	HYQVIA	24.00%	
I.V.I.G.	MICRHOGAM	0.00%	
I.V.I.G.	NABI-HB	15.00%	
I.V.I.G.	OCTAGAM	28.00%	
I.V.I.G.	PRIVIGEN	28.00%	
I.V.I.G.	RHOGAM	0.00%	
I.V.I.G.	RHOPHYLAC	0.00%	
I.V.I.G.	VARIZIG	0.00%	
I.V.I.G.	WINRHO	15.00%	
Infectious Disease	ACTIMMUNE	17.50%	
Infectious Disease	ALFERON N	10.00%	
Infertility	BRAVELLE	16.00%	
Infertility	CETROTIDE	12.00%	
Infertility	CHORIONIC GONADOTROPIN	0.00%	
Infertility	FOLLISTIM AQ	16.00%	
Infertility	GANIRELIX ACETATE	14.00%	
Infertility	GONAL-F	16.00%	
Infertility	MENOPUR	15.50%	
Infertility	NOVAREL	0.00%	
Infertility	OVIDREL	0.00%	
Infertility	PREGNYL	0.00%	
Inflammatory Bowel Disease	CIMZIA	17.75%	
Inflammatory Bowel Disease	ENTYVIO	16.25%	
Iron Overload	deferoxamine	0.00%	
Iron Overload	DESFERAL	15.75%	
Iron Overload	EXJADE	16.75%	
Iron Overload	JADENU	16.75%	
Lysosomal Storage Diseases	ALDURAZYME	16.50%	***
Lysosomal Storage Diseases	CERDELGA	14.75%	
Lysosomal Storage Diseases	CEREZYME	16.50%	***
Lysosomal Storage Diseases	CYSTAGON	0.00%	
Lysosomal Storage Diseases	ELAPRASE	15.25%	***
Lysosomal Storage Diseases	ELELYSO	16.00%	***

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Lysosomal Storage Diseases	FABRAZYME	15.75%	***
Lysosomal Storage Diseases	KANUMA	16.50%	***
Lysosomal Storage Diseases	LUMIZYME	16.75%	***
Lysosomal Storage Diseases	miglustat	40.00%	
Lysosomal Storage Diseases	NAGLAZYME	15.25%	***
Lysosomal Storage Diseases	VIMIZIM	15.25%	***
Lysosomal Storage Diseases	VPRIV	15.00%	***
Movement Disorders	APOKYN	18.50%	
Movement Disorders	AUSTEDO	16.25%	
Movement Disorders	NORTHERA	16.25%	
Movement Disorders	NUPLAZID	17.50%	
Movement Disorders	tetrabenazine	MAC	
Movement Disorders	XENAZINE	16.50%	
Multiple Sclerosis	AMPYRA	14.00%	
Multiple Sclerosis	AUBAGIO	18.00%	
Multiple Sclerosis	AVONEX	18.00%	
Multiple Sclerosis	BETASERON	18.00%	
Multiple Sclerosis	COPAXONE 20	17.25%	
Multiple Sclerosis	COPAXONE 40	17.25%	
Multiple Sclerosis	dalfampridine	45.00%	
Multiple Sclerosis	EXTAVIA	17.25%	
Multiple Sclerosis	GILENYA	17.25%	
Multiple Sclerosis	glatiramer acetate 20	25.00%	
Multiple Sclerosis	glatiramer acetate 40	25.00%	
Multiple Sclerosis	glatopa 20	25.00%	
Multiple Sclerosis	glatopa 40	25.00%	
Multiple Sclerosis	LEMTRADA	17.25%	
Multiple Sclerosis	mitoxantrone	0.00%	
Multiple Sclerosis	OCREVUS	16.50%	
Multiple Sclerosis	PLEGRIDY	18.00%	
Multiple Sclerosis	REBIF	17.00%	
Multiple Sclerosis	TECFIDERA	18.00%	
Multiple Sclerosis	TYSABRI	16.50%	
Neutropenia	GRANIX	15.50%	
Neutropenia	LEUKINE	16.25%	
Neutropenia	NEULASTA	16.50%	
Neutropenia	NEUPOGEN	16.00%	
Neutropenia	ZARXIO	15.00%	
Oncology - Injectable	ADCETRIS	17.25%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Oncology - Injectable	ARZERRA	16.50%	
Oncology - Injectable	AVASTIN	16.00%	
Oncology - Injectable	azacitidine	40.00%	
Oncology - Injectable	BAVENCIO	0.00%	
Oncology - Injectable	BELEODAQ	16.75%	
Oncology - Injectable	BENDEKA	17.00%	
Oncology - Injectable	BLINCYTO	0.00%	***
Oncology - Injectable	CYRAMZA	16.50%	
Oncology - Injectable	DACOGEN	16.75%	
Oncology - Injectable	DARZALEX	17.00%	
Oncology - Injectable	decitabine	21.00%	
Oncology - Injectable	EMPLICITI	17.00%	
Oncology - Injectable	ERBITUX	16.75%	
Oncology - Injectable	EVOMELA	16.50%	
Oncology - Injectable	FOLOTYN	17.00%	
Oncology - Injectable	FUSILEV	15.50%	
Oncology - Injectable	GAZYVA	17.00%	
Oncology - Injectable	HALAVEN	16.50%	
Oncology - Injectable	HERCEPTIN	16.50%	
Oncology - Injectable	IMFINZI	16.50%	
Oncology - Injectable	INTRON A	18.00%	
Oncology - Injectable	ISTODAX	17.00%	
Oncology - Injectable	IXEMPRA	16.50%	
Oncology - Injectable	JEVTANA	16.50%	
Oncology - Injectable	KADCYLA	16.50%	
Oncology - Injectable	KEYTRUDA	16.75%	
Oncology - Injectable	KYPROLIS	17.00%	
Oncology - Injectable	LEVOLEUCOVORIN CALCIUM	12.50%	
Oncology - Injectable	ONCASPAR	17.00%	
Oncology - Injectable	OPDIVO	16.75%	
Oncology - Injectable	PERJETA	16.50%	
Oncology - Injectable	PORTRAZZA	16.75%	
Oncology - Injectable	PROLEUKIN	17.00%	
Oncology - Injectable	RITUXAN	17.00%	
Oncology - Injectable	SYLATRON	18.25%	
Oncology - Injectable	SYLVANT	16.00%	
Oncology - Injectable	TECENTRIQ	16.50%	
Oncology - Injectable	TEMODAR (INJECTABLE)	16.50%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Oncology - Injectable	TEPADINA	0.00%	
Oncology - Injectable	THYROGEN	15.75%	
Oncology - Injectable	TORISEL	16.75%	
Oncology - Injectable	TREANDA	16.50%	
Oncology - Injectable	VALSTAR	16.50%	
Oncology - Injectable	VECTIBIX	16.50%	
Oncology - Injectable	VELCADE	16.50%	
Oncology - Injectable	VIDAZA	12.50%	
Oncology - Injectable	XGEVA	15.25%	
Oncology - Injectable	YERVOY	17.00%	
Oncology - Injectable	YONDELIS	16.75%	
Oncology - Injectable	ZALTRAP	16.75%	
Oncology - Injectable	zoledronic acid_onc	40.50%	
Oncology - Injectable	ZOMETA	12.50%	
Oncology - Oral	AFINITOR	16.75%	
Oncology - Oral	ALECENSA	16.75%	
Oncology - Oral	ALUNBRIG	15.50%	
Oncology - Oral	bexarotene cap	35.00%	
Oncology - Oral	BOSULIF	16.75%	
Oncology - Oral	CABOMETYX	15.50%	
Oncology - Oral	capecitabine	MAC	
Oncology - Oral	COTELLIC	16.25%	
Oncology - Oral	ERIVEDGE	16.75%	
Oncology - Oral	ERLEADA	17.00%	
Oncology - Oral	FARYDAK	16.50%	
Oncology - Oral	GLEEVEC	17.00%	
Oncology - Oral	HYCANTIN	16.50%	
Oncology - Oral	IBRANCE	17.25%	
Oncology - Oral	IDHIFA	14.50%	
Oncology - Oral	imatinib mesylate	MAC	
Oncology - Oral	INLYTA	17.00%	
Oncology - Oral	IRESSA	16.50%	
Oncology - Oral	JAKAFI	15.50%	
Oncology - Oral	KISQALI	17.00%	
Oncology - Oral	LONSURF	15.50%	
Oncology - Oral	MEKINIST	16.75%	
Oncology - Oral	MUGARD	16.50%	
Oncology - Oral	NERLYNX	14.50%	
Oncology - Oral	NEXAVAR	15.50%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Oncology - Oral	NINLARO	15.50%	
Oncology - Oral	ODOMZO	16.75%	
Oncology - Oral	POMALYST	15.50%	
Oncology - Oral	PURIXAN	13.50%	
Oncology - Oral	REVLIMID	15.50%	
Oncology - Oral	RUBRACA	15.75%	
Oncology - Oral	RYDAPT	13.50%	
Oncology - Oral	SPRYCEL	18.25%	
Oncology - Oral	STIVARGA	15.50%	
Oncology - Oral	SUTENT	16.75%	
Oncology - Oral	TAFINLAR	16.75%	
Oncology - Oral	TAGRISSO	16.50%	
Oncology - Oral	TARCEVA	16.50%	
Oncology - Oral	TARGRETIN	17.00%	
Oncology - Oral	TASIGNA	16.75%	
Oncology - Oral	TEMODAR (ORAL)	17.25%	
Oncology - Oral	temozolomide	MAC	
Oncology - Oral	THALOMID	15.25%	
Oncology - Oral	TYKERB	16.50%	
Oncology - Oral	VERZENIO	16.75%	
Oncology - Oral	VOTRIENT	16.75%	
Oncology - Oral	XALKORI	16.75%	
Oncology - Oral	XELODA	16.00%	
Oncology - Oral	XTANDI	16.75%	
Oncology - Oral	ZELBORAF	16.75%	
Oncology - Oral	ZOLINZA	16.75%	
Oncology - Oral	ZYDELIG	13.50%	
Oncology - Oral	ZYKADIA	16.75%	
Oncology - Oral	ZYTIGA	17.50%	
Osteoporosis	FORTEO	15.50%	
Osteoporosis	PROLIA	12.25%	
Osteoporosis	RECLAST	9.50%	
Osteoporosis	TYMLOS	15.50%	
Osteoporosis	zoledronic acid_ost	MAC	
Paroxysmal Nocturnal Hemoglobinuria	SOLIRIS	17.00%	
Phenylketonuria	KUVAN	15.50%	
Pre-Term Birth	hydroxyprogesterone capro	40.00%	
Pre-Term Birth	MAKENA	15.00%	
Psoriasis	COSENTYX	16.75%	

Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Psoriasis	OTEZLA	14.25%	
Psoriasis	SILIQ	15.00%	
Psoriasis	STELARA	17.50%	
Psoriasis	TALTZ	13.75%	
Psoriasis	TREMFYA	17.50%	
Pulmonary Arterial Hypertension	ADCIRCA	15.00%	
Pulmonary Arterial Hypertension	ADEMPAS	15.00%	
Pulmonary Arterial Hypertension	epoprostenol	15.00%	*
Pulmonary Arterial Hypertension	FLOLAN	13.50%	*
Pulmonary Arterial Hypertension	LETAIRIS	15.75%	
Pulmonary Arterial Hypertension	OPSUMIT	15.25%	
Pulmonary Arterial Hypertension	ORENITRAM	15.00%	
Pulmonary Arterial Hypertension	REMODULIN	12.00%	*
Pulmonary Arterial Hypertension	REVATIO	16.00%	
Pulmonary Arterial Hypertension	sildenafil citrate	MAC	
Pulmonary Arterial Hypertension	TRACLEER	15.75%	
Pulmonary Arterial Hypertension	TYVASO	11.00%	
Pulmonary Arterial Hypertension	UPTRAVI	15.50%	
Pulmonary Arterial Hypertension	VELETRI	11.00%	*
Pulmonary Arterial Hypertension	VENTAVIS	10.00%	**
Pulmonary Disorders	ESBRIET	16.25%	
Pulmonary Disorders	OFEV	15.50%	
Renal Disease	PARSABIV	15.00%	
Renal Disease	SENSIPAR	15.25%	
Retinal Disorders	EYLEA	16.75%	
Retinal Disorders	ILUVIEN	16.75%	
Retinal Disorders	LUCENTIS	16.50%	
Retinal Disorders	MACUGEN	14.50%	
Retinal Disorders	OZURDEX	15.25%	
Retinal Disorders	RETISERT	16.75%	
Retinal Disorders	VISUDYNE	12.25%	
Rheumatoid Arthritis	ACTEMRA	15.75%	
Rheumatoid Arthritis	ENBREL	17.50%	
Rheumatoid Arthritis	HUMIRA	17.50%	
Rheumatoid Arthritis	INFLECTRA	15.25%	
Rheumatoid Arthritis	KEVZARA	15.25%	
Rheumatoid Arthritis	OLUMIANT	16.25%	
Rheumatoid Arthritis	ORENCIA	17.50%	
Rheumatoid Arthritis	OTREXUP	11.00%	



Drug Therapy	Drug Name	Exclusive	
		AWP Discount	Notes
Rheumatoid Arthritis	RASUVO	10.00%	
Rheumatoid Arthritis	REMICADE	16.50%	
Rheumatoid Arthritis	SIMPONI	17.00%	
Rheumatoid Arthritis	XELJANZ	16.25%	
RSV	SYNAGIS	17.00%	
Seizure Disorders	HP ACTHAR GEL	15.75%	
Seizure Disorders	SABRIL	16.50%	
Seizure Disorders	vigabatrin	25.00%	
Systemic Lupus Erythematosus	BENLYSTA	16.00%	
Thrombocytopenia	DOPTELET	15.50%	
Thrombocytopenia	NPLATE	17.00%	
Thrombocytopenia	PROMACTA	17.00%	
Transplant	ASTAGRAF XL	13.00%	
Transplant	CELLCEPT	15.75%	
Transplant	cyclosporine	MAC	
Transplant	ENVARUSUS XR	11.00%	
Transplant	engraf	MAC	
Transplant	mycophenolate mofetil	MAC	
Transplant	mycophenolic acid	28.00%	
Transplant	MYFORTIC	15.00%	
Transplant	NEORAL	13.00%	
Transplant	NULOJIX	15.75%	
Transplant	PROGRAF	14.00%	
Transplant	RAPAMUNE	16.00%	
Transplant	SANDIMMUNE	14.25%	
Transplant	sirolimus	40.00%	
Transplant	tacrolimus	MAC	
Transplant	ZORTRESS	16.50%	
Urea Cycle Disorders	BUPHENYL	15.25%	
Urea Cycle Disorders	RAVICTI	15.75%	
Urea Cycle Disorders	sodium phenylbutyrate	30.00%	
Default Rate:		17.00%	
Overall Effective Discount (OED):		19.50%	
Dispensing Fee:		\$0.00	

**NOTES:**

The Overall Effective Discount ("OED") offer is conditioned on (i) Caremark being the exclusive provider of Specialty Services; and (ii) Client implements and maintains a generics first plan design for specialty. Caremark may amend the individual Specialty Drug discounts from time to time to manage the OED commitment. The OED is

measured and reconciled annually across all Specialty Drugs dispensed from a Caremark specialty owned or affiliated pharmacy. Specific to the specialty OED, the following claims are excluded:

- New to market Specialty Brand Drugs
- Limited Distribution and exclusive distribution drugs;
- Biosimilar Claims.

The following are priced as stated below:

- New to market Specialty Drugs will be priced at AWP - 15% or MAC, if applicable
- New to market Limited Distribution drugs will be priced at AWP - 10%.

The exclusive specialty offer includes the provision by Caremark of nurse-based rare condition care management services for Engaged Members (defined below) with the following rare conditions pursuant to the AccordantCare Specialty program established by Caremark, as may be amended by Caremark from time to time: Crohn's Disease, Cystic Fibrosis, Gauchers Disease, Hemophilia, Lupus, Multiple Sclerosis, Rheumatoid Arthritis, and Ulcerative Colitis (the "AccordantCare Specialty Program"). Pursuant to the AccordantCare Specialty Program, Client acknowledges that Caremark will utilize those Specialty Drug Claims that are filled by Caremark's specialty pharmacy to identify and outreach to Members that Caremark determines are likely to have one of the above listed rare conditions (each an "Eligible Member"), and Caremark may communicate with medical and other healthcare providers and any health plans providing benefits to Engaged Members. Client acknowledges that the AccordantCare Specialty Program is intended solely to provide education of, and support to, Engaged Members in the diagnosis and treatment provided by their healthcare providers. "Engaged Member" means an Eligible Member who elects to receive and receives AccordantCare Specialty Program services.

**PER DIEMS, NURSING & EQUIPMENT:**

\* Remodulin, Veletri & Epoprostenol Sodium for Injection: \$60 per day

\*\*Ventavis: Client acknowledges and agrees an I-Neb is necessary for the administration of Ventavis. For each I-Neb provided to Member, upon the initiation of therapy or in the event a replacement I-Neb is necessary, Client shall reimburse Caremark \$1,811 for each I-Neb.

\*\*\* Unless otherwise stated above: \$75 per dose

Nursing Charges: \$225.00 per visit up to 2 hours, \$110.00 for each hour thereafter. Alternatively, Caremark can refer any medically necessary nursing services to the Client's contracted nursing agency, in which case nursing services will be billed separately by those agencies.

In further consideration of the fees and charges to be paid to Caremark under the Agreement, Caremark will bill any applicable nursing and equipment charges and per diems to the Member's medical benefit. In the event it is not possible to bill such nursing and equipment charges and per diems to the member's medical benefit or it is determined there is no coverage, Caremark shall bill Client directly for any nursing and equipment charges and per diem associated with Specialty Drugs.

Routine ancillary supplies (e.g., syringes, alcohol swabs, cotton balls) are included in the Specialty Drug prices set forth in this Specialty Fee Schedule, unless otherwise indicated on in this Specialty Fee Schedule as being charged separately as part of an equipment fee or per diem.

**PRODUCT SHORTAGE:**

In the event of an industry-wide product shortage, Caremark reserves the right to adjust pricing upon notice to the Client.