

AMENDMENT NO. 3

33582

This Amendment No. 3 (“Amendment”), effective January 1, 2017, 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 renewal term commencing on January 1, 2017, and expiring on December 31, 2019 (“Renewal Term”), subject to earlier termination as hereinafter set forth.”

2. Section 9.2(d) of the Agreement is hereby amended by deleting such section in its entirety and inserting the following in its place:

“(d) After December 31, 2017, either party may terminate this Agreement for convenience, or without cause, and with no early termination penalty, upon 90-days prior written notice to the other party.”

3. 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:

RETAIL	Traditional
NETWORK	National
BRAND	AWP – 17.50%
GENERIC	Generic Effective Rate 01/01/2017 - 12/31/2017: AWP – 78.00% 01/01/2018 - 12/31/2018: AWP – 78.50% 01/01/2019 - 12/31/2019: AWP – 79.00% (MAC & Non-MAC Combined, including single-source generics)
NON-MAC GENERICS	AWP – 25.00%
DISPENSING FEE	Brand & Generic \$0.60 per Claim
ELECTRONIC CLAIM ADMINISTRATION FEE	\$0.00 per Claim
MANUAL CLAIMS ADMINISTRATION FEE	\$1.50 per Claim
MAIL/MAINTENANCE CHOICE	
BRAND	AWP - 24.00%

GENERIC	Generic Effective Rate 01/01/2017 - 12/31/2017: AWP – 81.25% 01/01/2018 - 12/31/2018: AWP – 81.75% 01/01/2019 - 12/31/2019: AWP – 82.25% (MAC & Non-MAC Combined, including single-source generics)
NON-MAC GENERICS	AWP - 30.00%
DISPENSING FEE	Brand & Generic \$0.00 per Claim
ELECTRONIC CLAIM ADMINISTRATION FEE	\$0.00 per Claim
MANUAL CLAIMS ADMINISTRATION FEE	\$1.50 per Claim
SPECIALTY MEDICATIONS	
EXCLUSIVE	See Specialty Drug Fee Schedule attached as Attachment 1 to Exhibit A. Electronic Claim Administration Fee: \$0.00 per Claim
REBATES¹	
2 Tier Qualifying	
MAIL / MAINTENANCE CHOICE	01/01/2017 - 12/31/2017: \$119.89 per brand Claim 01/01/2018 - 12/31/2018: \$131.39 per brand Claim 01/01/2019 - 12/31/2019: \$145.75 per brand Claim
RETAIL	01/01/2017 - 12/31/2017: \$52.25 per brand Claim 01/01/2018 - 12/31/2018: \$57.58 per brand Claim 01/01/2019 - 12/31/2019: \$64.23 per brand Claim
ADVANCED CONTROL SPECIALTY	01/01/2017 - 12/31/2017: \$785.30 per brand Claim 01/01/2018 - 12/31/2018: \$880.01 per brand Claim 01/01/2019 - 12/31/2019: \$969.31 per brand Claim
REBATES¹	
3 Tier Non Qualifying	
MAIL / MAINTENANCE CHOICE	01/01/2017 - 12/31/2017: \$133.21 per brand Claim 01/01/2018 - 12/31/2018: \$145.99 per brand Claim 01/01/2019 - 12/31/2019: \$161.94 per brand Claim
RETAIL	01/01/2017 - 12/31/2017: \$58.06 per brand Claim 01/01/2018 - 12/31/2018: \$63.98 per brand Claim 01/01/2019 - 12/31/2019: \$71.37 per brand Claim
ADVANCED CONTROL SPECIALTY	01/01/2017 - 12/31/2017: \$785.30 per brand Claim 01/01/2018 - 12/31/2018: \$880.01 per brand Claim 01/01/2019 - 12/31/2019: \$969.31 per brand Claim
REBATES¹	
3 Tier Qualifying	
MAIL / MAINTENANCE CHOICE	01/01/2017 - 12/31/2017: \$148.01 per brand Claim 01/01/2018 - 12/31/2018: \$162.21 per brand Claim 01/01/2019 - 12/31/2019: \$179.94 per brand Claim
RETAIL	01/01/2017 - 12/31/2017: \$64.51 per brand Claim 01/01/2018 - 12/31/2018: \$71.09 per brand Claim 01/01/2019 - 12/31/2019: \$79.30 per brand Claim
ADVANCED CONTROL SPECIALTY	01/01/2017 - 12/31/2017: \$785.30 per brand Claim 01/01/2018 - 12/31/2018: \$880.01 per brand Claim 01/01/2019 - 12/31/2019: \$969.31 per brand Claim
REBATE PAYOUTS	Client receives the greater of 100.00% of total Rebates, or the aggregate value of the minimum guarantees as described above.

¹ See Section 3.1 for Rebate conditions.

4. The first sentence of Section 1.a.(iv) of Exhibit A of the Agreement is hereby amended by deleting the dates of “January 1, 2014” and “December 31, 2016” and replacing them with “January 1, 2017” and “December 31, 2019”, respectively.

5. 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 and retail discount and dispensing fee guarantees:

- Specialty Drug Claims;
- 100% member-paid plans, including indemnification plans and/or health savings accounts and claims paid at 100% at the point of sale;
- Compound drug Claims;
- 340B Claims;
- Paper or Member submitted Claims;
- Coordination of Benefits (COB) or secondary payor Claims; and
- Vaccines, if covered by Client’s Plan design, in those cases where the purchase price includes both the ingredient cost and the cost to administer the vaccine.”

6. Effective January 1, 2016, Section 1.a.(xii) (Specialty Preferred Drug Plan Design Program) of Exhibit A of the Agreement is hereby deleted in its entirety.

7. Section 1.a. of Exhibit A of the Agreement is hereby amended by inserting the following new subsections at the end thereof:

- “(xii) The Caremark National Network includes all major chains and the majority of all walk-in retail pharmacies nationwide (~40K chain and 25K independents). Participation may vary from current National Network composition. A network directory and impact report are available upon request. Final composition of the National Network may vary from time to time, and may grow if additional retail pharmacies agree to participate in the National Network.
- (xiii) Specialty Drug Rebates assume alignment with Caremark’s Advanced Control Specialty Formulary; Any utilization management programs in the Hepatitis C class must align with the product label; Estimates assume utilization remains consistent through the Term of the Agreement.
- (xiv) New to market products in the Specialty Drug category Lipid Disorders-PCSK9 are excluded from Specialty Drug Rebate guarantees quoted herein. Instead, these products will be included in the retail brand Rebate guarantee.
- (xv) For compound drugs, Caremark applies the NCPDP D.0 standard. For each compound drug, the submitting pharmacy shall provide the following: (a) compound indicator; (b) eleven-digit NDC, quantity, and submitted ingredient cost for each component in the recipe; (c) Total quantity and total usual & customary price; and (d) level of effort value. Caremark shall determine the appropriate ingredient cost, or NDC, for each component using the lower of (1) the AWP discount; (2) MAC; or (3) the submitted ingredient cost. Caremark shall apply a level of effort charge to the compound drug in addition to the appropriate dispensing fee.”

8. Section 1.b (Incremental Generic Dispensing Rate) of Exhibit A of the Agreement is hereby deleted in its entirety.

9. Section 2.2 (Enhanced Clinical Programs and Services) of Exhibit A of the Agreement is hereby amended and restated in its entirety as follows:

2.2 Enhanced Clinical Programs and Services:

Enhanced Clinical Programs and Services Managing Bad Trend		Fee	Guaranteed Return on Investment (“ROI”)
(a)	Evidence Based Utilization		N/A
	i. Prior Authorization	\$30 per prior authorization	N/A
	ii. Appeals (as described in <u>Exhibit E</u>)	\$100 per review of benefit coverage \$500 per review of medical necessity	N/A
	iii. External Review (as described in <u>Exhibit E</u>)	\$500 per IRO external review requested	N/A
	iv. Specialty Guideline Management (Specialty)	No additional charge - Exclusive Specialty (Retail Lock)	N/A
(b)	Prescription Savings Guide	One annual report mailed to each Plan Participant with savings opportunities of \$50.00 or more is included in the fees paid by Client under this Exhibit A. Additional reports are available for \$1.50 per report mailed to each Plan Participant with savings opportunities of \$50.00 or more.	N/A
(c)	Formulary Exceptions/Non-clinical requests (includes formulary exceptions, DAW, mandatory mail, plan exclusions, and formulary edits for specific classes)	\$30 per request	N/A
Enhanced Clinical Programs and Services Managing Good Trend		Fee	Guaranteed Return on Investment (“ROI”)
(d)	Pharmacy Advisor Condition Alerts (Complete)	\$0.45 PMPM	200%
<p>Caremark guarantees that the aggregate savings realized from the Condition Alerts Program over the Clinical Program Term shall be 200% of the aggregate fees paid by Client for the Clinical Program Term. For the purpose of this guarantee, the term “Clinical Program Term” means the thirty-six (36) month period following implementation of the Condition Alerts Program. This ROI is contingent upon Client providing Caremark with sufficient and accurate eligibility information, which includes Plan Participant current telephone numbers. The ROI savings calculation shall be determined as follows:</p> <p>1. For each successful Care Consideration (i.e. closed gap, such as the first fill of recommended drug) client shall generate savings based on the Health Economic Model (“HEM”). The HEM calculates the avoided cost of clinical adverse events due to successful Care Considerations.</p>			

2. The parties acknowledge and agree the HEM model is adjusted annually by Caremark to incorporate the latest industry research. These annual adjustments shall not be considered a material change to the Condition Alerts Program.

Client acknowledges and agrees that the estimated health care savings described above in paragraph 1 and 2, reflect an estimate of the healthcare costs presumed to be avoided through the actions of Caremark to improve medication adherence and close gaps in care associated with certain chronic conditions that typically have high levels of medical costs. Client further acknowledges that savings will be calculated using a predetermined, literature based fixed dollar amount per condition. This predetermined amount will be an estimate of the healthcare costs avoided by the Plan because of the Plan Participant's adherence to evidence-based guidelines based on published literature.

Caremark reserves the right to revise the ROI in the event of changes to Plan design or Plan Participant population that materially impacts the effectiveness of the Pharmacy Advisor Counseling Program. Client acknowledges it shall not be eligible to receive an ROI savings guarantee under any other program, which includes adherence or closing gaps in therapy, with the exception of Pharmacy Advisor Condition Alerts, during any period that Client receives an ROI savings guarantee under the Pharmacy Advisor Counseling Program. In the event Caremark fails to meet the ROI guarantee, Caremark shall, within two hundred seventy (270) days after the close of the Clinical Program Term, credit Client for its portion of any ROI short-fall following the end of the applicable Clinical Program Term. Caremark's maximum obligation under the ROI shall be the amount of fees paid by Client during the Clinical Program Term.

10. Section 3.2 (Implementation Credit) of Exhibit A of the Agreement is hereby amended by deleting such section in its entirety and inserting the following in its place:

“3.2 Implementation Credit. Caremark shall provide Client with a one-time implementation credit up to \$5.00 per net new Member to defray certain transition costs associated with moving Client business to Caremark. This credit can be used to offset typical and/or mutually agreed upon implementation costs in transferring from the current provider to Caremark. Client shall be responsible for all transition and implementation expenses in excess of the implementation credit provided to Client as set forth above. Examples of transition and implementation expenses include costs of customized Member I.D. cards, postage expense for direct mail of I.D. cards and other communication materials to Members, and special programming required by Caremark or Client's prior prescription benefit manager to provide data to Caremark. Identification of the costs shall occur no later than six (6) months after January 1, 2017. Client shall provide Caremark with documentation of eligible expenses directly incurred by Client in the form of an invoice, an account statement, or other detailed documentation. For agreed upon implementation or transition services provided by Caremark towards this credit, Caremark shall provide expense detail for such items. If Client's Agreement with Caremark is terminated prior to the expiration of the Initial Term for any reason (other than Caremark's breach), or if Caremark terminates the Agreement as a result of Client's breach, Client will repay Caremark all implementation credits provided to Client by Caremark.”

11. Section 3.3 (Advisor Fee) of Exhibit A of the Agreement is hereby deleted in its entirety.

12. 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.

13. 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.

14. 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.

15. 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.

* * * * *

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

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER

Assistant City Manager

CAREMARKPCS HEALTH, L.L.C.

CITY OF LONG BEACH

By: Diane Galo

By: TBML

Name: Diane Galo

Name: Patrick H. West

Title: Vice President

Title: City Manager

Date: 10/26/16

Date: 11/8/16

LEGAL REVIEW

APPROVED AS TO FORM

11/2 2016
CHARLES PARKIN, City Attorney

By: [Signature]

LINDA T. VU
DEPUTY CITY ATTORNEY

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

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Acromegaly	OCTREOTIDE	27.00%	
Acromegaly	SANDOSTATIN	16.00%	
Acromegaly	SOMATULINE	16.00%	
Acromegaly	SOMAVERT	16.00%	
Alcohol Dependency	VIVITROL	16.00%	
Allergen Immunotherapy	ORALAIR	10.50%	
Allergic Asthma	XOLAIR	16.00%	
Alpha-1 Antitrypsin Deficiency	ARALAST NP	2.50%	***
Alpha-1 Antitrypsin Deficiency	GLASSIA	16.00%	***
Alpha-1 Antitrypsin Deficiency	ZEMAIRA	10.50%	***
Anemia	ARANESP	16.00%	
Anemia	EPOGEN	16.00%	
Anemia	PROCRIT	16.00%	
Botulinum Toxins	BOTOX	16.00%	
Botulinum Toxins	DYSPORE	16.00%	
Botulinum Toxins	MYOBLOC	16.00%	
Botulinum Toxins	XEOMIN	16.00%	
Cardiac Disorders	TIKOSYN	6.75%	
Coagulation Disorders	CEPROTIN	10.50%	
Contraceptives	IMPLANON	5.50%	
Contraceptives	MIRENA	5.50%	
Contraceptives	NEXPLANON	5.50%	
Contraceptives	SKYLA	10.50%	
Cryopyrin Associated Periodic Syndromes	ARCALYST	16.00%	
Cryopyrin Associated Periodic Syndromes	ILARIS	16.00%	
Cystic Fibrosis	BETHKIS	10.50%	
Cystic Fibrosis	KALYDECO	16.00%	
Cystic Fibrosis	PULMOZYME	16.00%	
Cystic Fibrosis	TOBI	16.00%	
Cystic Fibrosis	TOBI PODHALER	10.50%	
Cystic Fibrosis	TOBRAMYCIN	MAC	
Cystic Fibrosis	KITABIS PAK	10.50%	
Cystic Fibrosis	ORKAMBI	10.50%	
Dupuytren's Contracture	XIAFLEX	16.00%	
Electrolyte Disorders	SAMSCA	16.00%	
Gastrointestinal	GATTEX	10.50%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Gastrointestinal	SOLESTA	10.50%	
Gout	KRYSTEXXA	16.00%	
Growth Hormone	GENOTROPIN	16.00%	
Growth Hormone	HUMATROPE	16.00%	
Growth Hormone	INCRELEX	16.00%	
Growth Hormone	NORDITROPIN	16.00%	
Growth Hormone	NUTROPIN	16.00%	
Growth Hormone	OMNITROPE	16.00%	
Growth Hormone	SAIZEN	16.00%	
Growth Hormone	SEROSTIM	16.00%	
Growth Hormone	TEV-TROPIN	16.00%	
Growth Hormone	ZORBTIVE	16.00%	
Growth Hormone	ZOMACTON	16.00%	
Hematopoietics	MOZOBIL	16.00%	
Hematopoietics	NEUMEGA	16.00%	
Hemophilia	ADVATE	29.50%	
Hemophilia	ALPHANATE	17.50%	
Hemophilia	ALPHANINE SD	17.50%	
Hemophilia	ALPROLIX	16.00%	
Hemophilia	BEBULIN	17.50%	
Hemophilia	BENEFIX	2.50%	
Hemophilia	CORIFACT	17.50%	
Hemophilia	ELOCTATE	16.00%	
Hemophilia	FEIBA	33.50%	
Hemophilia	HELIXATE	17.50%	
Hemophilia	HEMOFIL M	33.50%	
Hemophilia	HUMATE-P	17.50%	
Hemophilia	KOATE	17.50%	
Hemophilia	KOGENATE	17.50%	
Hemophilia	MONOCLATE	17.50%	
Hemophilia	MONONINE	17.50%	
Hemophilia	NOVOSEVEN RT	17.50%	
Hemophilia	OBIZUR	10.50%	
Hemophilia	PROFILNINE SD	17.50%	
Hemophilia	RECOMBINATE	25.50%	
Hemophilia	REFACTO	17.50%	
Hemophilia	RIASTAP	17.50%	
Hemophilia	RIXUBIS	16.00%	
Hemophilia	STIMATE	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Hemophilia	TRETTEN	10.50%	
Hemophilia	WILATE	16.00%	
Hemophilia	XYNTHA	17.50%	
Hemophilia	IXINITY	16.00%	
Hemophilia	NOVOEIGHT	10.50%	
Hepatitis B	ADEFOVIR DIPIVOXIL	15.50%	
Hepatitis B	BARACLUDE	16.00%	
Hepatitis B	ENTECAVIR	MAC	
Hepatitis B	EPIVIR HBV	16.00%	
Hepatitis B	HEPSERA	16.00%	
Hepatitis B	LAMIVUDINE HEPB	MAC	
Hepatitis B	TYZEKA	16.00%	
Hepatitis C	COPEGUS	16.00%	
Hepatitis C	HARVONI	16.00%	
Hepatitis C	INCIVEK	16.00%	
Hepatitis C	INFERGEN	16.00%	
Hepatitis C	OLYSIO	16.00%	
Hepatitis C	PEGASYS	16.00%	
Hepatitis C	PEG-INTRON	16.00%	
Hepatitis C	REBETOL	16.00%	
Hepatitis C	RIBAPAK	16.00%	
Hepatitis C	RIBASPHERE	MAC	
Hepatitis C	RIBAVIRIN	MAC	
Hepatitis C	SOVALDI	16.00%	
Hepatitis C	VICTRELIS	16.00%	
Hepatitis C	VIEKIRA PAK	16.00%	
Hepatitis C	DAKLINZA	16.00%	
Hepatitis C	TECHNIVIE	16.00%	
Hereditary Angioedema	BERINERT	16.00%	
Hereditary Angioedema	CINRYZE	7.00%	
Hereditary Angioedema	FIRAZYR	16.00%	
Hereditary Angioedema	KALBITOR	10.50%	
Hereditary Angioedema	RUCONEST	10.50%	
HIV	ABACAVIR	MAC	
HIV	ABACAVIR SULFATE-LAMIVUDINE	15.50%	
HIV	APTIVUS	16.00%	
HIV	ATRIPLA	16.00%	
HIV	COMBIVIR	16.00%	
HIV	COMPLERA	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
HIV	CRIXIVAN	16.00%	
HIV	DIDANOSINE	MAC	
HIV	EDURANT	16.00%	
HIV	EGRIFTA	16.00%	
HIV	EMTRIVA	16.00%	
HIV	EPIVIR	16.00%	
HIV	EPZICOM	16.00%	
HIV	FUZEON	16.00%	
HIV	INTELENCE	16.00%	
HIV	INVIRASE	16.00%	
HIV	ISENTRESS	16.00%	
HIV	KALETRA	16.00%	
HIV	LAMIVUDINE/ZIDOVUDINE	MAC	
HIV	LAMIVUDINE_HIV	MAC	
HIV	LEXIVA	16.00%	
HIV	NEVIRAPINE	MAC	
HIV	NORVIR	16.00%	
HIV	PREZISTA	16.00%	
HIV	RESCRIPTOR	16.00%	
HIV	RETROVIR	16.00%	
HIV	REYATAZ	16.00%	
HIV	SELZENTRY	16.00%	
HIV	STAVUDINE	MAC	
HIV	STRIBILD	16.00%	
HIV	SUSTIVA	16.00%	
HIV	TIVICAY	16.00%	
HIV	TRIUMEQ	16.00%	
HIV	TRIZIVIR	16.00%	
HIV	TRUVADA	16.00%	
HIV	TYBOST	16.00%	
HIV	VIDEX	16.00%	
HIV	VIRACEPT	16.00%	
HIV	VIRAMUNE	16.00%	
HIV	VIRAMUNE XR	16.00%	
HIV	VIREAD	16.00%	
HIV	ZERIT	16.00%	
HIV	ZIAGEN	16.00%	
HIV	ZIDOVUDINE	MAC	
HIV	EVOTAZ	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
HIV	PREZCOBIX	16.00%	
HIV	VITEKTA	16.00%	
Hormonal Therapies	AVEED	10.50%	
Hormonal Therapies	ELIGARD	16.00%	
Hormonal Therapies	FIRMAGON	16.00%	
Hormonal Therapies	LEUPROLIDE ACETATE	MAC	
Hormonal Therapies	LUPANETA PACK	16.00%	
Hormonal Therapies	LUPRON DEPOT	16.00%	
Hormonal Therapies	SUPPRELIN	16.00%	
Hormonal Therapies	TRELSTAR	16.00%	
Hormonal Therapies	VANTAS	16.00%	
Hormonal Therapies	ZOLADEX	16.00%	
Hormonal Therapies	NATPARA	10.50%	
I.V.I.G.	BIVIGAM	10.50%	
I.V.I.G.	CARIMUNE	17.50%	
I.V.I.G.	CYTOGAM	17.50%	
I.V.I.G.	FLEBOGAMMA	17.50%	
I.V.I.G.	GAMASTAN S/D	17.50%	
I.V.I.G.	GAMMAGARD	16.00%	
I.V.I.G.	GAMMAGARD LIQUID	17.50%	
I.V.I.G.	GAMMAKED	16.00%	
I.V.I.G.	GAMMAPLEX	16.00%	
I.V.I.G.	GAMUNEX	17.50%	
I.V.I.G.	HEPAGAM B	0.50%	
I.V.I.G.	HIZENTRA	17.50%	
I.V.I.G.	HYPERHEP B	0.50%	
I.V.I.G.	HYPERRHO S/D	0.50%	
I.V.I.G.	HYQVIA	16.00%	
I.V.I.G.	MICRHOGAM	0.50%	
I.V.I.G.	NABI-HB	0.50%	
I.V.I.G.	OCTAGAM	17.50%	
I.V.I.G.	PRIVIGEN	17.50%	
I.V.I.G.	RHOGAM	0.50%	
I.V.I.G.	RHOPHYLAC	17.50%	
I.V.I.G.	VARIZIG	16.00%	
I.V.I.G.	WINRHO	17.50%	
Idiopathic Thrombocytopenic Purpura	NPLATE	16.00%	
Idiopathic Thrombocytopenic Purpura	PROMACTA	16.00%	
Infectious Disease	ACTIMMUNE	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Infectious Disease	ALFERON N	16.00%	
Infertility	BRAVELLE	16.00%	
Infertility	CETROTIDE	16.00%	
Infertility	CHORIONIC GONADOTROPIN	15.50%	
Infertility	FOLLISTIM AQ	16.00%	
Infertility	GANIRELIX ACETATE	16.00%	
Infertility	GONAL-F	16.00%	
Infertility	MENOPUR	16.00%	
Infertility	NOVAREL	15.50%	
Infertility	OVIDREL	16.00%	
Infertility	PREGNYL	15.50%	
Infertility	REPRONEX	16.00%	
Inflammatory Bowel Disease	CIMZIA	16.00%	
Inflammatory Bowel Disease	ENTYVIO	16.00%	
Iron Overload	DEFEROXAMINE	15.50%	
Iron Overload	DESFERAL	16.00%	
Iron Overload	EXJADE	16.00%	
Iron Overload	JADENU	10.50%	
Lipid Disorder	KYNAMRO	10.50%	
Lysosomal Storage Diseases	ALDURAZYME	16.00%	***
Lysosomal Storage Diseases	CERDELGA	10.50%	
Lysosomal Storage Diseases	CEREZYME	16.00%	***
Lysosomal Storage Diseases	CYSTAGON	16.00%	
Lysosomal Storage Diseases	ELAPRASE	16.00%	***
Lysosomal Storage Diseases	FABRAZYME	16.00%	***
Lysosomal Storage Diseases	LUMIZYME	16.00%	***
Lysosomal Storage Diseases	MYOZYME	16.00%	***
Lysosomal Storage Diseases	NAGLAZYME	16.00%	***
Lysosomal Storage Diseases	VIMIZIM	10.50%	***
Lysosomal Storage Diseases	VPRIV	16.00%	***
Movement Disorders	APOKYN	16.00%	
Movement Disorders	NORTHERA	10.50%	
Movement Disorders	XENAZINE	16.00%	
Multiple Sclerosis	AMPYRA	16.00%	
Multiple Sclerosis	AUBAGIO	10.50%	
Multiple Sclerosis	AVONEX	16.00%	
Multiple Sclerosis	BETASERON	16.00%	
Multiple Sclerosis	COPAXONE 20	16.00%	
Multiple Sclerosis	COPAXONE 40	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Multiple Sclerosis	EXTAVIA	16.00%	
Multiple Sclerosis	GILENYA	16.00%	
Multiple Sclerosis	GLATOPA	15.50%	
Multiple Sclerosis	LEMTRADA	10.50%	
Multiple Sclerosis	MITOXANTRONE	15.50%	
Multiple Sclerosis	PLEGRIDY	10.50%	
Multiple Sclerosis	REBIF	16.00%	
Multiple Sclerosis	TECFIDERA	10.50%	
Multiple Sclerosis	TYSABRI	16.00%	
Neutropenia	GRANIX	16.00%	
Neutropenia	LEUKINE	16.00%	
Neutropenia	NEULASTA	16.00%	
Neutropenia	NEUPOGEN	16.00%	
Oncology - Injectable	ADCETRIS	16.00%	
Oncology - Injectable	ARZERRA	16.00%	
Oncology - Injectable	AVASTIN	16.00%	
Oncology - Injectable	AZACITIDINE	15.50%	
Oncology - Injectable	DACOGEN	16.00%	
Oncology - Injectable	DECITABINE	15.50%	
Oncology - Injectable	ELSPAR	16.00%	
Oncology - Injectable	ERBITUX	16.00%	
Oncology - Injectable	FOLOTYN	16.00%	
Oncology - Injectable	FUSILEV	16.00%	
Oncology - Injectable	GAZYVA	10.50%	
Oncology - Injectable	HALAVEN	16.00%	
Oncology - Injectable	HERCEPTIN	16.00%	
Oncology - Injectable	INTRON A	16.00%	
Oncology - Injectable	ISTODAX	16.00%	
Oncology - Injectable	IXEMPRA	16.00%	
Oncology - Injectable	JEVTANA	16.00%	
Oncology - Injectable	KADCYLA	16.00%	
Oncology - Injectable	KEYTRUDA	10.50%	
Oncology - Injectable	KYPROLIS	10.50%	
Oncology - Injectable	ONCASPAR	16.00%	
Oncology - Injectable	PERJETA	10.50%	
Oncology - Injectable	PROLEUKIN	16.00%	
Oncology - Injectable	RITUXAN	16.00%	
Oncology - Injectable	SYLATRON	16.00%	
Oncology - Injectable	TEMODAR (Injectable)	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Oncology - Injectable	THYROGEN	16.00%	
Oncology - Injectable	TORISEL	16.00%	
Oncology - Injectable	TREANDA	16.00%	
Oncology - Injectable	VALSTAR	16.00%	
Oncology - Injectable	VECTIBIX	16.00%	
Oncology - Injectable	VELCADE	16.00%	
Oncology - Injectable	VIDAZA	16.00%	
Oncology - Injectable	XGEVA	16.00%	
Oncology - Injectable	YERVOY	16.00%	
Oncology - Injectable	ZALTRAP	10.50%	
Oncology - Injectable	ZOLEDRONIC ACID_ONC	15.50%	
Oncology - Injectable	ZOMETA	16.00%	
Oncology - Injectable	BELEODAQ	10.50%	
Oncology - Injectable	OPDIVO	10.50%	
Oncology - Oral	AFINITOR	16.00%	
Oncology - Oral	BOSULIF	16.00%	
Oncology - Oral	CAPECITABINE	MAC	
Oncology - Oral	ERIVEDGE	16.00%	
Oncology - Oral	GLEEVEC	16.00%	
Oncology - Oral	HYCAMTIN	16.00%	
Oncology - Oral	INLYTA	16.00%	
Oncology - Oral	JAKAFI	16.00%	
Oncology - Oral	MEKINIST	10.50%	
Oncology - Oral	MUGARD	16.00%	
Oncology - Oral	NEXAVAR	16.00%	
Oncology - Oral	POMALYST	10.50%	
Oncology - Oral	REVLIMID	16.00%	
Oncology - Oral	SPRYCEL	16.00%	
Oncology - Oral	STIVARGA	10.50%	
Oncology - Oral	SUTENT	16.00%	
Oncology - Oral	TAFINLAR	10.50%	
Oncology - Oral	TARCEVA	16.00%	
Oncology - Oral	TARGRETIN	16.00%	
Oncology - Oral	TASIGNA	16.00%	
Oncology - Oral	TEMODAR (Oral)	16.00%	
Oncology - Oral	TEMOZOLOMIDE	MAC	
Oncology - Oral	THALOMID	16.00%	
Oncology - Oral	TYKERB	16.00%	
Oncology - Oral	VOTRIENT	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Oncology - Oral	XALKORI	16.00%	
Oncology - Oral	XELODA	16.00%	
Oncology - Oral	XTANDI	10.50%	
Oncology - Oral	ZELBORAF	16.00%	
Oncology - Oral	ZOLINZA	16.00%	
Oncology - Oral	ZYKADIA	10.50%	
Oncology - Oral	ZYTIGA	16.00%	
Oncology - Oral	FARYDAK	10.50%	
Oncology - Oral	IBRANCE	10.50%	
Oncology - Oral	LONSURF	10.50%	
Oncology - Oral	ODOMZO	10.50%	
Osteoarthritis	EUFLEXXA	16.00%	
Osteoarthritis	GEL-ONE	16.00%	
Osteoarthritis	HYALGAN	16.00%	
Osteoarthritis	MONOVISC	16.00%	
Osteoarthritis	ORTHOVISC	16.00%	
Osteoarthritis	SUPARTZ	16.00%	
Osteoarthritis	SYNVISC	16.00%	
Osteoporosis	FORTEO	16.00%	
Osteoporosis	PROLIA	16.00%	
Osteoporosis	RECLAST	16.00%	
Osteoporosis	ZOLEDRONIC ACID OST	MAC	
Paroxysmal Nocturnal Hemoglobinuria	SOLIRIS	16.00%	
Phenylketonuria	KUVAN	16.00%	
Pre-Term Birth	MAKENA	16.00%	
Psoriasis	AMEVIVE	16.00%	
Psoriasis	OTEZLA	10.50%	
Psoriasis	STELARA	16.00%	
Psoriasis	COSENTYX	10.50%	
Pulmonary Arterial Hypertension	ADCIRCA	16.00%	
Pulmonary Arterial Hypertension	ADEMPAS	10.50%	
Pulmonary Arterial Hypertension	EPOPROSTENOL	15.50%	*
Pulmonary Arterial Hypertension	LETAIRIS	16.00%	
Pulmonary Arterial Hypertension	OPSUMIT	10.50%	
Pulmonary Arterial Hypertension	ORENITRAM	10.50%	
Pulmonary Arterial Hypertension	REMODULIN	4.50%	*
Pulmonary Arterial Hypertension	REVATIO	16.00%	
Pulmonary Arterial Hypertension	SILDENAFIL CITRATE	MAC	
Pulmonary Arterial Hypertension	TRACLEER	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Pulmonary Arterial Hypertension	TYVASO	1.50%	
Pulmonary Arterial Hypertension	VELETRI	10.50%	*
Pulmonary Arterial Hypertension	VENTAVIS	1.50%	**
Pulmonary Disorders	ESBRIET	10.50%	
Renal Disease	SENSIPAR	16.00%	
Retinal Disorders	EYLEA	16.00%	
Retinal Disorders	LUCENTIS	16.00%	
Retinal Disorders	MACUGEN	16.00%	
Retinal Disorders	OZURDEX	16.00%	
Retinal Disorders	RETISERT	16.00%	
Retinal Disorders	VISUDYNE	16.00%	
Rheumatoid Arthritis	ACTEMRA	16.00%	
Rheumatoid Arthritis	ENBREL	16.00%	
Rheumatoid Arthritis	HUMIRA	16.00%	
Rheumatoid Arthritis	ORENCIA	16.00%	
Rheumatoid Arthritis	OTREXUP	16.00%	
Rheumatoid Arthritis	RASUVO	16.00%	
Rheumatoid Arthritis	REMICADE	16.00%	
Rheumatoid Arthritis	SIMPONI	16.00%	
Rheumatoid Arthritis	XELJANZ	16.00%	
RSV	SYNAGIS	16.00%	
Seizure Disorders	HP ACTHAR GEL	16.00%	
Seizure Disorders	SABRIL	16.00%	
Systemic Lupus Erythematosus	BENLYSTA	16.00%	
Transplant	ASTAGRAF XL	16.00%	
Transplant	CELLCEPT	16.00%	
Transplant	CYCLOSPORINE	MAC	
Transplant	GENGRAF	MAC	
Transplant	MYCOPHENOLATE MOFETIL	MAC	
Transplant	MYCOPHENOLIC ACID	15.50%	
Transplant	MYFORTIC	16.00%	
Transplant	NEORAL	16.00%	
Transplant	NULOJIX	16.00%	
Transplant	PROGRAF	16.00%	
Transplant	RAPAMUNE	16.00%	
Transplant	SANDIMMUNE	16.00%	
Transplant	SIROLIMUS	15.50%	
Transplant	TACROLIMUS	MAC	
Transplant	ZORTRESS	16.00%	

Drug Therapy	Drug Name	Exclusive	
		Pricing	Notes
Urea Cycle Disorders	BUPHENYL	16.00%	
Urea Cycle Disorders	RAVICTI	10.50%	
Urea Cycle Disorders	SODIUM PHENYLBUTYRATE	15.50%	
Lipid Disorders - PCSK9 Inhibitors	PRALUENT	10.50%	
Lipid Disorders - PCSK9 Inhibitors	REPATHA	16.00%	
Migraine	ZECUITY	10.50%	
	Default Rate:	16.00%	
	Dispensing Fee:	\$0.00	

NOTES:

- New to market Specialty Brand Drugs will be priced at AWP -15.00% or MAC, if applicable.
- New to market Specialty Generic Drugs will be priced at AWP -15.00% or MAC, if applicable.
- New to market limited distribution drugs will be priced at AWP -10.00%.

MAC: A Specialty Drug on the MAC list may have a different price if dispensed through specialty pharmacies. Certain Specialty Drugs have different dosage forms and strengths that may not be included on the retail or mail MAC list. These Specialty Drugs will price at the specialty default rate.

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 Drug Fee Schedule, unless otherwise indicated on in this Specialty Drug 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.