## Testimony before the Industry, Business & Labor Interim Committee

Tuesday, July 18, 2006

By Patricia Hill, Executive Vice President - North Dakota Pharmacists Association

Good afternoon, my name is Patricia Hill and I serve as the Executive Vice President for the North Dakota Pharmacists Association. On behalf of NDPhA, I want to thank you for inviting us to join you today and provide some information to inform your discussion and study of pharmacy benefit managers.

Many of you have participated in at least a dozen presentations about PBMs, and others were introduced to PBMs with the expert testimony provided at your November 2005 meeting. You may recall the presentations by Dr. Robert Garis, on the extensive PBM research done by Creighton University, Gunner Marich, CEO of a national PBM auditing firm and the results of their work, Gary Gustafson, pharmacy director for a PBM in Minneapolis, and Mike Saxl, a legislative colleague and former Speaker of the House in Maine at the time they passed the first PBM transparency legislation in the nation.

Since you have heard from these experts on the various aspects of the pharmacy benefit industry and the concerns about business processes that contribute to the rising cost of prescription drugs, it seemed appropriate at this time to simply provide "updates" for your consideration including:

- Status of litigation in Maine
- Examples of continued business practices in an unregulated market that contribute to rising costs, and (in some cases) put patients at risk
  - A \$163 million settlement by a PBM, paid to the Federal Employees Health Benefits Program over alleged activities related to mail order prescriptions
  - Media coverage on Caremark business practices in Texas
  - May 2006 example of spread pricing in mail order costing 450% more than the local pharmacy
  - July 2006 example of spread pricing that continues for plan sponsors in North Dakota & Minnesota
- American Medical Association, national study on impact of healthcare monopolies and patient access to care
  - Concern by MN AG over excessive profits at BCBS of MN, and related comments by Insurance Commissioner Poolman about historic profits at BCBS of ND
- National Council of Insurance Legislators PBM study and model legislation

LITIGATION: A ruling by the U.S. Supreme Court last month regarding the Maine PBM law. For North Dakota this is especially important because it was a primary concern among legislators during the 2005 session, and was referenced repeatedly as the main reason why our legislation was not comprehensive – policymakers wanted to avoid litigation like the state of Maine.

Last month the Supreme Court ruled in favor of the state of Maine, denying the PBM industry's request to appeal a decision by the First Circuit Court of Appeals which upheld Maine's PBM regulatory law. A summary of this is included in your packet under the red tab. Highlighted in that text is the savings being experienced in South Dakota - \$800,000 per year — as a direct result

of the PBM law they passed. You may recall that the bill introduced in North Dakota was modeled after the South Dakota legislation, but the final version was amended and several sections deleted.

BUSINESS PRACTICE EXAMPLES: \$163 million settlement by Medco. The U.S. Department of Justice and the PBM — Medco Health Solutions — reached agreement in June 2006 for a \$163 million settlement. According to the policy report provided under the green tab, this settlement removes a major cloud from Medco's future — without agreement the company faced a high-profile courtroom trial against the US government. Medco denies all wrongdoing, but is accused of cancelling prescriptions, switching medications without a doctor's consent, not filling prescriptions completely, failing to inform doctors of adverse medication interactions, and paying illegal kickbacks to large clients in exchange for their business.

Caremark in Texas: In June of last year the US Department of Justice joined Arkansas, Florida, Tennessee and Texas in a case against the PBM Caremark, alleging improper reimbursements to state Medicaid programs and other federal health insurance programs. Just a few months ago the Texas Cable News Network reported on a series of business practices at Caremark that are not in the best interest of plan sponsors and may even put patient's at risk. Here is a video clip of those reports, provided by the television station.

Is mail order truly less expensive? Under the green tab, number 2, you will find a letter to Insurance Commissioner Poolman dated May of this year describing concerns over excessive profits. The letter provides a real-life example of a mail order prescription through Prime Therapeutics – the PBM owned by BCBS of ND and several other state BCBS organizations – which generated a gross profit of \$360.98 on a 90-day supply of a medication that cost the pharmacy \$167.99. Had the patient simply paid cash for this prescription at the local community pharmacy the cost would have been about \$246.89. The mail order gross margin on this prescription was 457.5% higher than the local pharmacy.

PBM profits: If you turn to the green tab, number 3, you will see several pages of data on the pharmacy claims process for a plan sponsor who relies on the PBM Express Scripts to administer their benefits program. You can spend considerable time going through the pages, but to get to the bottomline you simply need to look at the lines highlighted in red and the totals on the final page. Each red line demonstrates the dollars involved in spread pricing – the difference between the amount reimbursed to the pharmacy for filling the prescription and the amount the PBM charges to the plan sponsor. You can see that the range spread is 25 cents to over \$19 per prescription, and the average spread is \$4.45 on the 545 prescriptions listed. Keep in mind, these are profits in addition to administration fees paid by the sponsor, a transaction claims fee paid on each prescription by the pharmacy, and a percentage of rebates retained by the PBM from drug manufacturers.

These examples serve to illustrate the ongoing concerns over business practices at PBMs that are focused on increasing profits, without regard for the increasing costs to employers and consumers. Those concerns include increasing numbers of patients with limited access to care, as well potential safety risks. It appears the lawsuits alone (and there are many) are not sufficient motivation to get the PBMs to change these practices, and many more states are considering legislation specifically to protect consumers.

The third update is the results of a national study by the American Medical Association on the impact of healthcare monopolies: The AMA conducted a national study which indicated that in each of 43 states, less than five large insurance companies have gained a controlling share of the markets and are often exceeding the thresholds that trigger anti-trust violations. Interestingly North Dakota is cited as the most disadvantaged market in the country because of 90% control by a single insurance company (cite, page two of the article – blue tab,

number 1). Under the guise of consolidation and efficiency, several mergers that created market control have not passed on savings to consumers. Rather, premium rates have continued to increase annually at a double-digit pace since 2001.

In the article, Insurance Commissioner Poolman says there is no incentive for competition in North Dakota because BlueCross Blue Shield dominance controls entrance into the market. Not only do they have the most enrollees, they're also the biggest purchaser of healthcare and can dictate prices and coverage terms. Yet, the rates in North Dakota continue to climb and plan sponsors are desperate to find alternative ways to assist employees with health insurance and access to care.

In a related news article from the Minneapolis Tribune (blue tab, number 2), Attorney General Mike Hatch criticizes the \$1 billion in reserves at BCBS of MN at a time when rates are rising. The AG said Blue Cross has a obligation to provide affordable health care — their statutory purpose is not to become the wealthiest nonprofit — and he recommended refunds to consumers to lower costs.

North Dakota's BCBS also posted record-breaking profits in 2005, which is a concern to North Dakota's Insurance Commissioner Poolman for similar reasons. When the costs of healthcare are increasing so dramatically and healthcare coverage is becoming more and more difficult for employers to provide, and many people are loosing access to care...., why are insurance company profits skyrocketing?

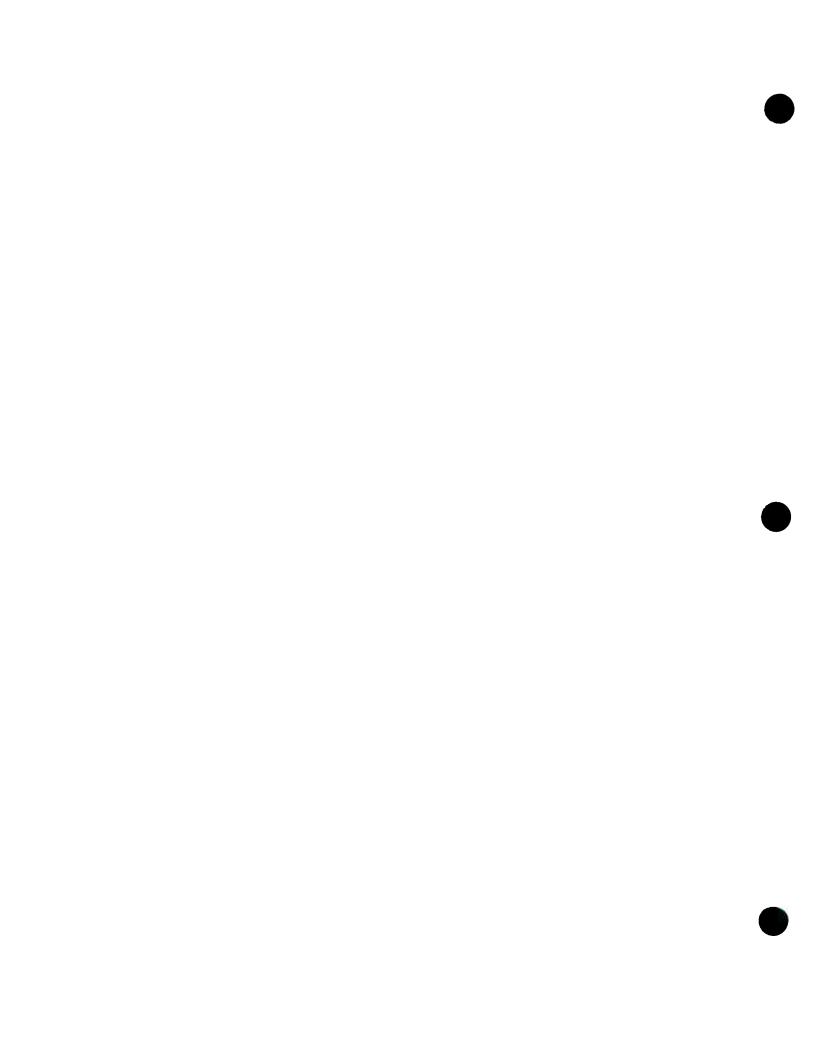
National Council of Insurance Legislators (NCOIL) studies PBMs: The final update, which you may be aware of, is that concerns over PBM business practices have become a national public policy issue and are also being investigated by the National Council of Insurance Legislators through their Healthcare Committee. That committee is meeting this Friday, and will consider some model legislation to address many of the concerns most states have with pharmacy benefit managers. The recommendations of the NCOIL may include some appropriate amendments for current statute in North Dakota. A media release from NCOIL is included under the yellow tab.

These updates have been provided to illustrate:

- a consistent behavior by PBMs that is focused on their best interest rather than patients, which will require state legislation to protect consumers
- a concern closer to home about business practices by the single insurance company that controls the North Dakota market, and whether growing profits, increasing consumer cost, and limited access to competitive choice is a disadvantage to North Dakota citizens
- a potential recommendation from colleagues at NCOIL for model PBM legislation to be consider by this committee for the 2007 legislative session.

If you have any questions, I would be happy to try an answer them at this time. And if any committee member has questions later I invite and encourage you to contact me. Thank you.

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For immediate release: June 5, 2006 Contact: Sharon Treat, 207-242-8558 (cell)

## SUPREME COURT DENIES PBM INDUSTRY'S REQUEST TO REVIEW MAINE PBM CASE SWEEPING COURT OF APPEALS DECISION UPHOLDING FIRST-IN-NATION PBM LAW STANDS

Today the U.S. Supreme Court denied certiorari in the case *Pharmaceutical Care Management Association (PCMA)* v. G. Steven Rowe, State of Maine. The court declined to consider the PBM industry's request to appeal a sweeping First Circuit Court of Appeals decision upholding Maine's first-in-Nation PBM regulatory law.

"I am gratified that the Supreme Court has decided to allow this law to stand," said Maine State Senator Arthur Mayo III, Chair of the board of the National Legislative Association on Prescription Drug Prices (NLARx). "It verifies what I felt all along, that this is a constitutional measure. By allowing the state to address pricing issues by middlemen, we can have a real impact on prescription drug prices. This is good news for Maine's consumers, and I hope it acts as a green light for other states who were awaiting this decision to enact similar laws."

Sharon Treat, Executive Director of NLARx and sponsor of the Maine statute when she served as Maine's Senate Majority Leader in 2003, applauded the denial. "In denying certiorari, the U.S. Supreme Court has left standing the sweeping Appeals Court decision upholding the Maine PBM law in all particulars. Other states can now be assured that they are on firm legal footing in regulating the business practices of pharmacy benefit managers to insure pricing transparency, ban kickbacks and enforce ethical standards," she said.

Treat added, "The Court's action is a win for consumers and a win for state legislators seeking to make medicines more affordable. Of particular note is the right of states to impose a fiduciary duty – a duty of due care and fair dealing that insures that PBMs will act to reduce costs for consumers instead of cutting deals that benefit the pharmaceutical manufacturers or the bottom line of the PBMs at the expense of consumer pocketbooks and health."

"Maine's PBM law has the potential to save millions of dollars statewide, for businesses, consumers, and state government," said Treat. "We are starting to have a track record demonstrating the fiscal benefits of greater transparency." In South Dakota, which has enacted a less comprehensive version of this legislation, Insurance Commissioner Deborah Bowen estimates that well over \$800,000 has been saved in state health insurance costs in a single year as the direct result of a more transparent business model required by their law. The University of Michigan, in an attempt to deal with skyrocketing drug costs, dropped the five benefit managers it had been working with, hired a single new manager that has less control over how the drug plan is administered, and imposed strict new rules. These changes enabled UM to hold its drug spending to \$43 million in 2003, or \$8.6 million less than it would have paid under the previous plans. Since implementation of the Maine law was held up by litigation by the PBMs

until recently, we do not yet have data on the impact of that law.

Some of the provisions of Maine's law include:

- Preventing conflicts of interest and requiring disclosure of activities such as drug switching
- Requiring that benefits of special drug pricing deals negotiated by PBM companies be passed through to health plans
- Protecting against unethical behavior by requiring duty of due care between PBMs and health plans (fiduciary duty)

In addition to South Dakota, North Dakota, the District of Columbia, and earlier this year, Mississippi, have followed Maine's lead and adopted PBM laws which require some level of pricing transparency and other standards. Legislation similar to Maine's law is currently pending in New Jersey, New York, Pennsylvania, and Rhode Island. Although other states' efforts this year to enact PBM laws have not been successful in the face of heavy industry lobbying, the Supreme Court's action is expected to provide a boost to states still considering such laws. The District of Columbia's law is currently in litigation. Although the initial court decision found against the District, the courts are now reviewing their decision in light of the First Circuit case upholding Maine's law.

"We are pleased to have finality in the Maine case," said Treat. "Although the industry trade group PCMA has issued a press release indicating that the law in this area is up in the air, the fact is that it is now settled law in the First Circuit that states may regulate PBMs and impose a fiduciary duty. Although a final decision has not been rendered in the D.C. case, we are hopeful that upon reconsideration the D.C. Circuit will follow the clear reasoning of the First Circuit. The Supreme Court's action makes that result more, not less, likely."

The National Legislative Association on Prescription Drug Prices is a nonpartisan, nonprofit organization founded and directed by state legislators who are working across state lines to make prescription drugs more affordable and accessible to people in the United States. The legislative appointments to the Association are expressly bipartisan. Currently ten state legislatures, plus the District of Columbia, officially participate as members, and another half dozen states participate at non-voting Associate Members. Since its founding six years ago, the Association has been on the cutting edge of the national debate about the cost of prescription drugs, and has pioneered important programs and innovative policies on prescription drugs access and prices which are now being replicated across the country.

National Legislative Association on Prescription Drugs Office

P.O. Box 492, Hallowell, ME 04347—Phone: 207-622-5597—Fax: 207-622-3302 Office Location: 226 Water Street, Hallowell, ME—Email: nlarx@gwi.net

## Medco to settle federal fraud suit for \$163M

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Saturday, May 6, 2006

By DUNSTAN PRIAL STAFF WRITER North Jersey News

Medco Health Solutions Inc. said Friday it has reached a tentative agreement to pay \$163 million to settle federal charges that it defrauded patients and clients and sought kickbacks from pharmaceutical companies to favor their drugs.

The money has been set aside pending a final settlement and was deducted from Franklin Lakes-based Medco's first-quarter earnings, dragging down profits from the same period a year ago.

But news of the proposed agreement pleased investors, and Medco's shares rose \$1.99, or 3.9 percent, to \$52.76.

The civil charges, filed in 2003 by the U.S. Attorney's Office in the Eastern District of Pennsylvania and spurred by two whistle-blower suits, are scheduled to go to trial in June if the settlement is not finalized.

Medco, the largest U.S. pharmacy benefits manager, was accused of a "systematic pattern of conduct" over eight years that involved destroying valid prescriptions, switching patients' prescriptions to different drugs without their consent and billing patients for drugs they never ordered.

Pharmacy benefit managers such as Medco serve as middlemen between health insurance plans and the drug manufacturers. By purchasing in bulk, these companies can negotiate lower prices for their clients and at the same time save them the cost and trouble of running an in-house prescription drug program.

The civil complaint also accuses Medco of receiving kickbacks to favor drugs made by Merck & Co. Medco was a unit of Whitehouse Station-based Merck until splitting off in 2003. Merck was not charged.

In addition to the \$163 million, Medco is also negotiating a corporate integrity agreement that would specify internal reforms, but the company did not release further details Friday.

The company made no admission of guilt.

"We have consistently said that we would settle only if it made good business sense. Averting further disruption, uncertainty and distraction for our company and our clients is the right decision," said David S. Machlowitz, Medco general counsel, who added that many of the allegations "are based on years-old issues, in the past. Simply put, it is time to move on."

U.S. Attorney for the Eastern District of Pennsylvania Patrick Meehan issued a statement saying that a final agreement must be approved by the Department of Justice.

Medco's first-quarter profits fell 66 percent, to \$44.8 million, or 15 cents per share, for the three months that ended April 1, down from \$131.2 million, or 47 cents per share, during the same period last year.

After taxes, the proposed settlement resulted in a one-time charge of \$100 million, or 32 cents per share. Excluding the charge and other items, profit was 56 cents per share. Wall Street analysts had predicted a profit of 55 cents per share.

Revenue rose 21 percent, to \$10.56 billion, up from \$8.74 billion a year ago, primarily due to \$1.3 billion in new revenues from its acquisition of Accredo Health Inc., a specialty pharmaceutical business, which Medco bought in August.

The company stood by its 2006 guidance of \$2.23 to \$2.30 per share, excluding the 32-cent legal settlement charge.

In 2004, Medco agreed to pay \$29 million to settle charges of deceptive trade practices filed by 20 state attorneys general. In December, an Ohio jury ordered Medco to pay \$7.8 million in damages for allegedly overcharging the state's teachers pension system.





## **Daily Health Policy Report**

Prescription Drugs | Pharmacy Benefit Manager Medco Agrees to Settlement With Justice Department Over Mail-Order Fraud Allegations [May 08, 2006]

Officials for Medco Health Solutions have said that the pharmacy benefit manager has agreed in principle with the <u>Department of Justice</u> to settle fraud allegations, although the agreement is not final and nonfinancial terms remain undetermined, the Wall Street Journal reports. Medco officials said that the company would take a pretax charge of \$163 million to cover the settlement and related legal costs. The allegations, which involve mail-order prescriptions provided to members of the Federal Employees Health Benefits Program, include most of a complaint filed by two former company employees under the False Claims Act. According to the complaint, Medco canceled prescriptions, switched prescriptions without physician consent, did not fill prescriptions completely and failed to inform physicians about adverse medication interactions. In addition, DOJ alleges that Medco paid illegal kickbacks to large clients in exchange for their business. Medco, which has denied any wrongdoing, said that "we have every expectation that the final agreement will include no admission of liability or wrongdoing," adding that a settlement makes "good business sense" and that "it is time to move on." According to the Journal, a settlement would "remove a major cloud from Medco's future" because, without an agreement, the company faces a "high-profile courtroom trial against the government in June" (Martinez, Wall Street Journal, 5/6).



COMMUNITIES WE SERVE.

Thrifty 6901 East Fish Lake Road, #118
White Maple Grove, MN 55369
Phone: 763 / 513-4300

Fax: 763 / 513-4380

May 31, 2005

Jim Poolman ND Insurance Commissioner 600 East Broadway Bismarck, ND 58505-0320

### **Dear Commissioner Poolman:**

To begin this letter, I would like to thank you personally for your comments during the recent state pharmacy convention in Jamestown. It was refreshing to hear what you had to say, and in speaking with you after the noon luncheon, with your support and information we can provide to your office, PBM transparency can become a reality in North Dakota. The shell games played by the PBMs do nothing but create higher costs for plan recipients and plan sponsors while CEOs of these PBMs take home millions of dollars annually.

PBMs are increasingly aware of the scrutiny being placed upon rebates by plan sponsors, and as a result, are having to "come clean" at least to some degree. However, they have resorted to spread pricing, a system now widely used by them where the plan sponsor is charged more for a prescription than the pharmacy provider is reimbursed by the PBM. This "spread" is then pocketed by the PBM. While numbers can't be proven, it is universally believed that PBMs average \$18.00 or more on each prescription that is processed. The spread pricing takes many forms:

- 1. Using multiple MAC lists. Some PBMs utilize up to 50 MAC lists, so what the pharmacy provider is being paid from for generics may be entirely different from what the plan sponsor is being billed from (i.e., a higher cost MAC list).
- 2. Paying a pharmacy provider from a MAC list, but billing the plan sponsor a discounted AWP for the same drug.
- 3. Using multiple AWPs for brand name drugs. PBMs that operate or have an agreement with mail order facilities, oftentimes use different labeler codes when they repackage bulk drugs and artificially raise the AWP on those drugs billed to the plan sponsor. So again, the pharmacy provider is paid from the standard packaging the drug manufacturer provides, but the PBM bills the plan sponsor from these "artificially and inflated" AWPs from repackaged product.
- 4. MAC lists may be abbreviated from what is normally used. For example, Prime Therapeutics' regular MAC list contains about 1,150 items. For their PRIMEMAIL MAC list, that number is decreased to 163 items and those MAC prices are significantly higher than the lengthier MAC list.

Page 2 Jim Poolman

I am sending you an example of this extreme pricing that occurred in one of our stores this past week and shows the extent to which PBMs rip off plan sponsors with their pricing schemes. All protected health information (PHI) has been blacked out to avoid any HIPAA violations.

In this prescription, a patient received a prescription for 450 fluvoxamine 50 mg. representing a 90 day mail order supply. As you can see from the paperwork provided, our cost for those tablets was \$167.99, but through this mail order plan, reimbursement was \$528.97, resulting in a gross profit of \$360.98!

It is reasonable to expect a profit when filling a prescription, but when mail order allows a profit this exorbitant, it is an example that needs to be made public and make plan sponsors aware of many of the behind the scenes dealings by PBM owned mail order facilities. That same prescription filled by a cash customer in one of our retail sites would have been around \$246.89 (pricing may vary between MN and ND because of the 2% provider tax in MN as well as some variances in markets based on competition).

Based on the differences in profitability, the mail order plan grossed \$360.98; the cash plan grossed \$78.90. That difference is \$282.08 or 457.5% higher by using the mail order plan that touts saving the plan sponsors money. Note: the cash profit would ordinarily not even be \$78.90, but the cost shown in the attached examples represents a one time opportunity buy on that drug.

This is just one example of how mail order plans take advantage of plan sponsors. It goes back to what I have been saying for a long time: "when plan sponsors' premiums keep going up, plan recipients' copays keep rising, reimbursements to pharmacy providers keep declining, and PBMs show record earnings, it doesn't take a rocket scientist to figure out where the money is going. Follow the money trail." This is just one good example.

As I find more examples I will forward them to your attention. I appreciate your willingness to listen and help. Please be in touch with any questions.

Singerely,

Gary W. Boehler, R.Ph. Executive V.P. of Pharmacy

Thrifty White Drug Stores.

Attachments

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Fortical 200IU Nasal Spray	37		$\rightarrow$	-		-	73.20	\$ 7.86	86
Miacalcin 2001U Nasai Spray	-	\$ 94.73	69	75.95 \$		8	93.90	\$ (0.83)	83)
Miscalcin 200IU Nasai Spray	330	\$ 94.73	w	75.95 \$		-	93.90	\$ (0.83)	83)
- 61	-	\$ 404.36	69	318.47 \$		-	429.45	\$ 25.09	09 Avg. Spread/Rx for Willard is \$2.51
	-		$\neg$	4.29 \$		9	18.15	\$ 8.63	83
Isosorbide DN 20 mg. tablet			69				18.15	\$ 8.63	33
Actos 45 mg.	0		*			$\rightarrow$	177.55	\$ (1.31)	31)
Actos 45 mg.	100	\$ 178.86	w	143.35 \$		·	177.55	\$ (1.31)	31)
Gypunde 5 mg. tablet	120		-	15.33	6.42	2	32.10	\$ 10.35	35 Copay rose, so based on 20% copay of plan price.
Cytouroe 5 mg. tablet			-		6.04	-	30.20	\$ 8.45	\$5 your cost for this Rx rose by \$2.28.
Cylpurde 5 mg. tablet	120	`	-	15.71		-	30.20	\$ 8.45	15
nyarodnovniazide 25 mg.			$\rightarrow$	-	0.67	-	3.35	\$ 0.17	21
יופ	-		69			-	3.30	\$ 0.12	12
hydrodiocolinazioe 25 mg.			+	2.52		9	3.30	\$ 0.12	12
Metoproto su mg.	000		-		0.98	-	4.90	\$ 0.75	75 Another example of where copay increases, so
Metaphonol 50 mg.			-	-		-	4.75	\$ 0.80	30 does cost to plan sponsor,
Factorial 20 IIIg.			-	3.20		9	4.75	\$ 0.60	30
Elegani zo mg.	9		-			-	12.10	\$ 5.36	36 Another example of where copay increases, so
Elemaphi zu mg.	100		-	4.49		9	11.25	\$ 4.51	51 does cost to plan sponsor.
Everaphi zu mg.		\$ 6.74	-	-		9	11.25	\$ 4.51	51
Full agrilled 40 mg.			-	-		89	3.90	\$ 0.22	22
Sunametroxazoe/SMP US			-	4.78		2	7.60	\$ 1.30	30
NITOTION MICHO TOO MG.	20	\$ 20.09	$\rightarrow$	15.53	4.56	9	22.80	\$ 2.71	
nyorochiormazioe 25 mg.	- 1		69	2.52	0.88	8	3.30	\$ 0.12	12
H-U insulin synnge 0.5 ml.	90	\$ 25.01	us .	20.09	4.92	2	24.80	\$ (0.4	(0.41) OTC item but requires a prescription
Hydrochiocontagoe 25 mg.			$\rightarrow$	2.52	0.66	-	3.30	\$ 0.12	12
DS/O/ UNDUDU	0	\$ 34.72	G	27.87	6.85	9	34.25	\$ (0.4	(0.47) Mfgr. Price Increase
	-			-				The second secon	



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00 120 6 100 8 80 8 80 8 80 8 30 8 30 8 4.8 8	-	-		<del></del>	17. 43.0 196. 18.	35 50 50 50 50 50 50 50 50 50 50 50 50 50	5.4	
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paule 30 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	90.781	28 78	,		9 60 K	S	#   P	
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0000 4. 1. 000 000 000 000 000 000 000 000 000	$\rightarrow$		3.	+		9	8.72	
30 93 93 93 93 93 93 93 93 93 93 93 93 93	3.70		9	- †		3.85	0.15	13
4.8 \$	3.70	2.93	\$ 0.77	-+	3.	3.85	0.15	15
4.8 \$	3.70	2.83	\$ 0.77	77	3.	3.85 \$	0.15	15
15	324.09	55	\$ 64.39	38	321.95	\$ 26	(2.14)	(*1
66	8.01	4.23	.1	1.78 \$	86	8.90	2.89	68
	4.17	3.17	1.	1.00	5.0	5.00	0.83	83
9	11.89		3	3.40	17.8	8	5.11	11 Another example of where copey increases
8	-		\$	-	16.05	90	4.16	
8	11.89	8.68	3.	21 \$	16.05	90	4.18	
	11.89	8.68	3.	3.21	16.05	90	4.18	18
	15.15	11.07	8	4.08	20.40	40	5.25	25
Mirtazapine 15 mg. tablet 30 \$	15.15			4.08	20.40	40	5.25	25
	56.71	44.69	\$ 11.02	١.	55.10	10 \$	(0.61)	(81)
	25.87		9	₩	43.80	80	17.93	83
	3.70	2.83	0		3.0	3.85	0.15	15
PEG 3350/Electrolyte Sol'n. 4000 \$	13.87 \$	10.81	3.	₽-	15.30	30	1.43	43
tablet	12.17	9.50	\$ 2.	2.67 \$	13.35	36	1.18	82
tablet	┰		\$ 2(	╌	13.35	36	1 18	18
Atenolol 100 mg. tablet 60 \$	$\leftarrow$		\$ 2.0	2.67 \$	13.35	35	1.18	189
tablet	12.17	9.50	\$	2.67 \$	13.35	35 \$	1.18	18
ablet 30 \$	8.94		\$ 2.35	35 \$	11.75	75 \$	2.81	81
Syringe 8 \$	538.79 \$	43	\$ 107.	80	535.40	40	(3.39)	(36)
tablet	12.17	9.50	\$ 2.	2.67 \$	13.35	35	1.18	18
mg. tablet 30	5.96		\$ 2.	2.50 \$	12.50	80	8.54	25
ng. tablet 30	$\rightarrow$		\$ 2.	<b>\$</b>	12.	20	6.54	75
Isosorbide DN 20 mg. tablet 30 \$	2.96	3.48	\$ 2.	20	12.50	20	6.54	3
ng. tablet 30	5.98	3.48	\$ 2.	\$00	12.50	+-	8.54	24

	w w w	Han	\$ 2.50	9	Flan	ESTIMATE	
Tables (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	w w w				-		Note: all patients on these spread sheets
### ### ##############################	w w		l	4	-+		3
### ### ### #### #####################	so so	\$ 6.91	\$ 2.1		-+	5 1.81	
94 94 94 95,500 17,500 17,500 14	100	\$ 6.91	\$ 2.1	89	10.90	1.81	
24		\$ 8.91	\$ 2.18	80	-	\$ 1.81	H
34 3/500 3/500 3/500 3/500 1 t	90.8 8.08	\$ 6,91	\$ 2.18	60	10.90	\$ 1.81	Н
5/600 5/600 5/600 5/600 1/600	80.6 \$ 01	\$ 6.91	\$ 2.18	8	10.90	1.81	14
5/500 5/500 5/500 1/500 1/500	00 \$ 8.60	\$ 3.32	\$ 5.28	8	_	\$ 17.80	0.
5/500 5/500 5/500 1		\$ 3.32		80	26.40	\$ 17.80	0.
5/500 7/500 t	w	\$ 3.32	\$ 5.28	-	-		Q
6/500	0 \$ 8.60	\$ 3.32	\$ 5.28	60	28.40	\$ 17.80	Q
	0 \$ 8.60	3.32	\$ 5.28	60	28.40	\$ 17.80	Q
	U)	\$ 5.18	\$ 1.79	⊢			82
	26.9 \$ 0	\$ 5.18	\$ 1.79	s	8.95	\$ 1.98	82
	\$ 10	8 87.58	\$ 21.68	<b>\$</b>	108.30	<b>\$</b>	3
	w	\$ 87.58	\$ 21.88	<b>├</b>	-	\$ (0.94)	<b>3</b>
	6/9		\$ 21.88	+-	+-	ĺ	<b>(4)</b>
	4/9		\$ 21.86	+	+-		( <del>t</del> )
	647	١.	\$ 21.88	┥	┿	(0.94)	(2)
	49		\$ 21.86	₩	+		(2)
tablet	w		\$ 5.14		+-		18 This is a perfect example of how when the phcy
Metformin 1000 mg. tablet 80	1/1	\$ 10.11	\$ 4.91	₩	24.55		
Metformin 1000 mg. tablet 60	69	\$ 12.95	\$ 4.92	2	24.60	\$ 6.73	
Metformin 1000 mg. tablet 60	w	\$ 12.95	\$ 4.92	$\vdash$	-		-
Metformin 1000 mg. tablet 60	17.87	\$ 12.95	\$ 4.92	2		\$ 6.73	6.
et	0 \$ 17.87	\$ 12.95	\$ 4.92	2	24.60	\$ 6.73	6.
	8	\$ 9.63	\$ 3.27	-	-	\$ 3.45	9
	80	\$ 9.63	\$ 3.27	2 \$		\$ 3.45	9
Jantoven 2.5 mg. tablet 30	6/3	- 1	\$ 2.89	ø	14.45	\$ 5.27	
	\$ 2,3	\$ 1,791.95	\$ 518.67	s	2,593.35	\$ 282.73	'3 Avg. Spread/Rx for Ruth is \$4.71
g. tablet	•	\$ 8.29	3.00	-		\$ 3.71	Į.
tablet	•	\$ 6.80	\$ 2.29	\$	11.45	\$ 2.36	9
tablet	•	8.80	\$ 2.2		-+	\$ 2.36	9
Furosemide 40 mg. 30	•	\$ 2.88	0.80	$\neg$	8	\$ 0.32	Z)
Furosemide 40 mg. 30	3.68	\$ 2.88	\$ 0.80	$\rightarrow$	8.4	\$ 0.32	27
		\$ 43.63	\$ 10.78	-	+	\$ (0.59	(6)
Lipitor 20 mg. tablet	\$ 109.24		21.08	-	_		3
	\$ 109.24	87.58	21.66	-	-	(0.9g)	9
Lipitor 20 mg, tablet		87.58	\$ 21.66	-	-+		क्र
Lipitor 20 mg. dables	108.24	87.38		-	-		<b>3</b>
		80.70	20.17	-	-+	200	( <del>)</del>
Firmsemide 40 mg	•	8.7	0.70	-	-+		
		8 6	0.70	+	3 8		7.0
	•	20.43	0.70	-	+	77.0	7
	•	2 43	0.0	9 0	-		
	u	8 43	200	+	+	0.0	
		8 43	2 88	+	3 2		- 5
	•	8.43	2.9	+	-		
	•	\$ 2.90	\$ 0.78	₩-	3.80	\$ 0.2	2
Lisinopril 20 mg. tablet 30	0 \$ 6.91	\$ 2.18	\$ 4.73	8	23.65	\$ 16.74	7
Lisinopril 20 mg. tablet 30	•	\$ 2.18	\$ 4.73	3	23.65	\$ 18.74	7
	•	\$ 2.18	\$ 4.73	8	┝	\$ 16.74	7
Listnopril 20 mg. tablet 30	•	\$ 2.18	\$ 4.73	3	23.65	\$ 16.74	7
Lipitor 20 mg. tablet 30	0 \$ 109.24	\$ 87.58	\$ 21.66	8	108.30	\$ (0.94)	(F

					2006	L	Dien	Fetimete		the sale of the sa
	Strength			FRAITMEC	5	2		ì	1	Note: all patients on these spread sheets
				\$ 659.23	S	$\dashv$	931.20	69		Avg. Spread/Rx for Donald is \$3.43
	Diltiazem HCI 180 mg. SA	\$ 06	28.62	\$ 20.98	•		38.20	s	9.58	
	Evista 60 mg. tablet		89.43	\$ 71.70	•		88.65	S	(0.78)	
	Evista 60 mg. tablet		89.43	\$ 71.70	•		88.65	•	(0.78)	
		<b>\$</b>	æ 2	<b>8</b> 6.59	•		11.75	•	2.81	
	Jantoven 5 mg. tablet		26.	\$ 6.59	•	-+	11.75	•	2.81	
			28.62	\$ 20.98	•	7.84	38.20	•	9.58	
	Diltiazem HCI 180 mg. SA	30 \$	28.62	\$ 20.98	s	-	38.20	s	9.58	
	Diltiazem ER 120 mg. SA	<b>\$</b> 000	14.59	\$ 8.90	s	4.69	23.45	•	8.86	
	Diltiazem ER 120 mg. SA	30	14.59	\$ 9.90	•	4.69	23.45	•	8.86	
	Dilitazem ER 120 mg. SA		14.59	8 9.90	"	4.69	23.45	•	8.86	
	Jantoven 5 mg. tablet	<b>\$</b>	8.94	\$ 6.59	*	2.35 \$	11.75	••	2.81	
	Jantovan 5 mo tablet		26.8	\$ 6.59	9	2.35	11.75	s	2.81	
	introduction 5 mo tablet		20.00	6.59	61	+	11.75	s	2.81	
	Control of the capter	200	80.43	71 70			88.85	•	(0.78)	
	Evisia of right		80.43	71 70		+	AR AS	•	(0.78)	
	Evisia of right	8 8	BO 43	71.70		-	S A A A		(0.78)	
	Evisia ov mg. labiet	_1.	27.00	2	•	+	2000	•		C 50 00 00 00 00 00 00 00 00 00 00 00 00
		2	027.48	\$ 484.09	9	37.39	080.83	9	00.47 AVG S	AVG. Spreadorex for Dorothy is \$4.09
	Metoprolol 50 mg.		4.15	3.20	,	0.80	4.73	,	0.60	
	Furosemide 20 mg. tablet		3.58	\$ 2.81	9	0.75	3.75	<b>10</b>	0.19	
	Doxycycline 100 mg. tablet	14.5	4.32	3.35	•	0.87	4.85	~	0.53	
	Doxycycline 100 mg. tablet	28 \$	8.62	2.08	•	1.56	7.80	•	1.18	
	Lipitor 10 mg. tablet	<b>\$</b>	77.18	\$ 61.89	s	15.29 \$	78.45	•	(0.73)	
	Lipitor 10 mg. tablet	<b>\$</b> 06	77.18	\$ 61.89	••	15.29 \$	78.45	•	(0.73)	
	Libitor 10 mg. tablet			\$ 61.89	4	15.29	78.45	s	0.73)	
	Levothyroxine 100 mcg.	30.8		\$ 6.23	•	171	8.55	s		Notice when copey does up \$0.02, plan sponsor
	Levothyroxine 100 mcg			\$ 6.25	4	1 89 \$	8.45	67	_	cost rises \$0.12!
	Levothyrovine 100 mcg.	308	7.94	5 6.25	•	1.69	8.45	•		
	Levothymorine 100 mcc	308		8 8 25	4	1 89 5	8 45		0.51	
	I evolutionaria 100 mon	8		A 25		4 80	8 AF		0.51	
	I exotherwise 100 mos	3 8		20.00	•	900	44.0	•	200	
	Levoury CAIR TOURS			0.50	•	8 6	9 6	•	0.0	
	Tydrodilgodilgod 25 mg.			2.02	•	8 6	3.30		21.0	
	Hydrochioromazioe 25 mg.		3.18	2.52	,	90.0	3.30	2	0.12	
	Hydrochigromiazide 25 mg.	30	3.18	\$ 2.52		99.0	3.30	8	0.12	
	Hydrochlorothiazide 25 mg.	30		\$ 2.52		99.0	3.30	<b>S</b>	0.12	
	Hydrochlorothlezide 25 mg.			\$ 2.52		98. 98.	3.30	9	0.12	
	Metoprolol 50 mg.	<b>9</b>	4.15	3.20	•	0.95	4.75	\$	0.60	
	Metoproloi 50 mg.	30	4.15	\$ 3.20	•	0.95	4.75	••	0.60	
	Metoprofol 50 mg.	30	4.15	\$ 3.20	s	0.95	4.75	s	0.60	
	Metoprolol 50 mg.	30	4.15	\$ 3.20	•	0.95	4.75	\$	0.60	
1		S	330.33	\$ 262.97	S	67.36 \$	336.80	65	6.47 Avg. S	Ava. Spread/Rx for Ervin is \$0.26
	Klor-Con M20	\$ 06	11.13	\$ 8.42	•	2.71	13.55	•		Note higher copey & plan price widetes below.
	Hydrochlorothiazide 12.5 mg.	300	8.38	80.9	s	2.29	11.45	s	3.07 Note d	Note difference in coper, & someof w/ 5-18 fill date
	Synthroid 50 mog. Tablet	30		\$ 6.56	•	8.18	30.90	65	_	
	Hydrochlorothiazida 12.5 mg	308		8 20	41	2 18 5	5		2.52	
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	Hydrochlorothiazide 12.5 ma.	30		\$ 11.13	91	2 75/ \$	(13.75)	•	2 13)	
	Klor-Con M20	30		8.54	•	2 59 \$	12.95		182	
	Klor-Con M20	308		8 54	•	2 50 6	12.05		1 82	
	Potassium CL 20mEn	308		25.8	4	2 50	12.05		282	
	Synthroid 50 mcd Tablet	308	i	848		8 28	34.65	•	18 86	
	Synthroid 50 mon Tablet	88	3	34	•	8 20 A	2 5		10.00	
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Terazosin 2 mg. capsule		88.6		٠.	+-	1		Note higher copay & plan prices on dates
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Hydrochlorothlazida 25 mg		261		+	┿		•	The state of the s
Hydrochlorothlazide 25 ma.	15			+-	+	2.85	•	
Atanolol 100 mg. tablet				┿	+			Service of the servic
Atenolol 100 mg. tablet			•	+	1.53	7 80		
Atenoloi 100 mg. tablet	30		91	<b>.</b>	+	7.80	9	
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Enalapril 20 mg	93		\$ 4.49	<b>61</b>	+		• •	_
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Terazosin 2 mg. capsule	8		8 6.49	-			•	
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Atenolol 100 mg. tablet	\$ 06	:	•>	•	⇤	\$ 7.60	\$ 0.50	
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		1,5	\$ 135.90	69	1	2		Ava Comed/Py for William is C3 62
Ibuprofen 800 mg. tablet	8	3.91	3.03	.,	0.88		\$ 0.49	
Hydrocodone/APAP 5/500			3.97					
Ciprofloxcin 250 mg. tablet		\$ 7.37	\$ 5.33	+	+		Ì	
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Altace 10 mg. capşule		\$ 56.39	•	9	<b>├</b>	\$ 55.80	_	()
Hydrochlorothiazide 25 mg.		\$ 3.18	•	s	+		•	
Synthroid 75 mcg. Tablet	၉	13.96	\$ 7.00	+	H		\$ 20.84	
Estradiol 0.5 mg.tablet			•	+	+		\$ 2.80	
Clotrimazone/Beatmeth. Cr.		\$ 17.73	\$ 11.67	69	┿		•	
Altace 10 mg. capsule	30	\$ 56.39	\$	s	11.18	55.80	•	6
Attace 10 mg. capsule		\$ 56.39	\$ 45.23	\$	11.16		••	6
Hydrochlorothiazide 25 mg.		\$ 3.18	\$ 2.52	s	0.88	3.30	s	
Hydrochlorothlazide 25 mg.		\$ 3.18	\$ 2.52	s	0.66		50	
Humulin 70/30 Pen		\$ 97.01	\$ 77.78	•	19.23 \$	\$ 96.15	\$ (0.86)	
Lipitor 40 mg. tablet	8	\$ 109.24	89'28 \$	*	21.66 \$		s	
Lipitor 40 mg. tablet		\$ 109.24	•	s	21.86	108.30	5	
			•	*	21.66		50	
Acyclovír 800 mg. tablet	35	\$ 18.56	*	s	6.49		\$ 13.89	
Hydrochlorothiazide 25 mg.				•	0.88	3.30	\$ 0.12	
Clotrimazone/Beatmeth. Cr.		\$ 17.73	•	\$	8.08	(7)	\$ 12.57	
Hydrocodone/APAP 7.5/500	8	\$ 5.58	\$ 4.14	\$	1.	7.20	\$ 1.82	
Synthroid 75 mog. Tablet			•	s	7.14	35.70	\$ 21.74	
Synthroid 75 mcg. Tablet			\$ 6.82	*	7.14 \$		\$ 21.74	
Symmood 75 mog. Tablet			\$ 6.82	s	7.14	35.70	\$ 21.74	
Synthroid 75 mcg. Tablet		\$ 13.96	\$ 6.82	•	7.14	35.70	\$ 21.74	
Lipitor 40 mg. tablet		Ì	\$ 87.58	•	21.66	108.30	\$ (0.94)	
Lipitor 40 mg. tablet	8	\$ 109.24	\$ 87.58	*	21.66	108.30	\$ (0.94)	
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30   8 66.26   8 6.267   8 13.06   8 66.26   8 (0.67)           30   8 66.27   8 6.277   8 13.06   8 66.26   8 (0.67)           30   8 66.28   8 6.277   8 13.06   8 66.27   8 (0.67)           30   8 66.27   8 13.06   8 66.27   8 (0.67)           30   8 46.26   8 38.08   8 61.0   8 46.06   8 (0.67)           30   8 11.20   8 2.26   8 6.17   8 3.66         8 14.75   8 3.66           30   8 11.20   8 2.26   8 2.26   14.75   8 3.66         9 0.12           30   8 11.20   8 2.26   8 2.26   14.75   8 3.66         9 0.12           30   8 11.20   8 2.26   8 2.26   14.75   8 3.66         9 0.12           30   8 11.20   8 2.26   8 2.26   14.75   8 3.66         9 0.12           30   8 11.20   8 2.26   0.06   8 3.30   0.12         9 0.12           30   8 11.20   8 2.26   0.06   8 3.30   0.12         9 0.12           30   8 11.20   8 2.27   8 13.00   0.12         9 0.12         9 0.12           30   8 11.20   8 2.26   0.06   8 3.30   0.12         9 0.12         9 0.12           30   8 2.10   8 2.27   0.06   8 3.30   0.12         9 0.12         9 0.12           30   8 2.10   8 2.27   0.06   8 3.30   0.12         9 0.12         9 0.12         9 0.12           30   8 0.10   8 0.20   8 0.00   8 0.00   0.12         9 0.12         9 0.12         9 0.12           40   8 0.10   8 0.00   8 0.00   0.12         1 0.00   0.12         1 0.00   0.12         1 0.00   0.12	Norvasc 10 mg. tablet		-		•	-+	J	$\rightarrow$	(0.67	7
30   8 66.26   8 6.267   8 13.06   8 66.26   8 (0.67)           30   8 66.27   8 6.267   8 13.06   8 66.26   8 (0.67)           30   8 66.27   8 6.267   8 13.06   8 66.26   8 (0.67)           30   8 46.30   8 38.80   8 61.0   8 46.06   8 (0.64)           30   8 46.30   8 38.80   8 61.0   8 46.06   8 (0.64)           30   8 11.20   8 6.26   8 2.26   8 14.75   8 3.66           30   8 11.20   8 6.26   8 2.26   8 14.75   8 3.66           30   8 11.20   8 6.26   8 2.26   8 14.75   8 3.66           30   8 11.20   8 6.26   8 2.26   8 14.75   8 3.66           30   8 11.20   8 6.26   8 2.26   8 14.75   8 3.66           30   8 11.20   8 6.26   8 2.27   8 13.30   9 0.12           30   8 11.20   8 6.26   8 2.70   8 13.20   8 0.12           30   8 11.20   8 6.26   8 2.70   8 13.20   8 0.12           30   8 11.20   8 6.26   8 2.70   8 13.20   8 0.12           30   8 11.20   8 6.26   8 2.70   8 13.20   8 0.12           30   8 2.00   8 2.00   8 2.70   8 13.20   8 0.12           30   8 2.00   8 6.00   8 2.70   8 13.20   8 0.12           40   8 2.00   8 6.00   8 2.70   8 13.20   8 0.10           5 20.44   8 7.22   8 10.00   8 2.00   8 3.00         8 0.12           5 20.44   8 7.22   8 10.00   8 2.00   8 3.00         8 0.10           6 20   8 2.00   8 2.00   8 2.00   8 2.00   8 2.00           7 7 8 8 8 8 8 8 2 2 1 8 10.00   8 2.00   8 2.00           8 8 8 8 8 8 2 2 1 8 10.00   8 2.00   8 2.00	Norvasc 10 mg. tablet				•	-+			(0.67	7
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30         8         48.90         8         96.1         8         46.0         8         (15.4)           30         8         48.90         8         39.80         8         61.0         8         10.6	Norvasc 10 mg. tablet				•				(0.67	
30 8         41.20 8         8.26 9         9.40 6         9.40 6         9.30 6           30 8         11.20 8         8.22 9         9.41.70 8         3.06         9.30 6           30 8         11.20 9         8.22 9         9.41.70 8         3.06         9.30 6           30 8         11.20 1         8.62 1         2.26 6         9.44.70 8         3.36 6           30 8         11.20 1         8.62 2         8.06 6         9.47 7         8.30 6         9.32 6           30 8         11.20 1         8.22 2         8.06 6         9.47 7         8.30 6         0.12           30 8         9.16 8         2.26 8         1.47 8         3.36 6         0.02           30 8         9.06 8         9.06 8         3.20 8         1.12 0         8.30 8         9.01 8           30 8         9.06 8         8.06 8         8.27 0         8.13 0         8.36 6         9.02 8           40 8         8.06 8         8.02 8         8.20 8         9.43 0         8.34 0         9.04 0           50 8         9.06 8         9.06 8         9.43 0         8.34 0         9.04 0         9.04 0           50 8         9.06 8         9.07 8         9.30 8         9.02 0<	Norvasc 5 mg. tablet				\$	-		_	0.54	
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30 \$ 1120 \$ 8 25 \$ 2.26 \$ 14.75 \$ 3.56           30 \$ 1120 \$ 8.25 \$ 2.26 \$ 14.75 \$ 3.56           30 \$ 1120 \$ 8.25 \$ 2.26 \$ 14.75 \$ 3.56           30 \$ 11.20 \$ 8.25 \$ 2.26 \$ 14.75 \$ 3.36           30 \$ 11.20 \$ 8.25 \$ 2.60 \$ 14.75 \$ 3.36           30 \$ 11.20 \$ 8.26 \$ 14.75 \$ 3.36           30 \$ 11.20 \$ 8.26 \$ 14.75 \$ 3.36           30 \$ 11.20 \$ 8.26 \$ 14.75 \$ 3.36           30 \$ 11.20 \$ 8.26 \$ 1.27 \$ 1.30 \$ 3.01           30 \$ 3.16 \$ 2.26 \$ 0.08 \$ 3.30 \$ 0.12           30 \$ 3.16 \$ 2.26 \$ 0.08 \$ 3.30 \$ 0.12           30 \$ 3.16 \$ 2.26 \$ 0.08 \$ 3.30 \$ 0.12           30 \$ 3.16 \$ 2.26 \$ 0.08 \$ 3.30 \$ 0.12           30 \$ 3.16 \$ 2.26 \$ 0.08 \$ 3.30 \$ 0.12           30 \$ 3.16 \$ 2.26 \$ 0.08 \$ 3.30 \$ 0.12           30 \$ 2.16 \$ 2.27 \$ 1.30 \$ 3.34           40 \$ 2.26 \$ 0.08 \$ 2.70 \$ 1.30 \$ 3.34           40 \$ 2.26 \$ 0.08 \$ 2.70 \$ 1.30 \$ 3.34           5 8.66 \$ 2.20 \$ 0.80 \$ 2.70 \$ 1.30 \$ 3.34           6 9.86 \$ 6.86 \$ 2.70 \$ 1.30 \$ 3.34           8 9.81 \$ 6.22 \$ 3.20 \$ 1.80 \$ 3.34           9 8 8 6 6 8 \$ 2.70 \$ 1.30 \$ 3.34           10 8 8 6 1 \$ 2.20 \$ 2.70 \$ 1.30 \$ 3.34           10 8 8 8 6 1 \$ 2.20 \$ 1.30 \$ 3.34           10 8 8 8 6 2 \$ 2.70 \$ 1.30 \$ 3.34           10 8 8 8 1 \$ 2.20 \$ 2.20 \$ 1.30 \$ 3.34           10 8 8 8 1 \$ 2.20 \$ 2.20 \$ 2.20 \$ 2.20 \$ 2.20           10 8 8 8 1 \$ 2.20 \$ 2.20 \$ 2.20 \$ 2.20	Lisinopril 40 mg. tablet				*	-		-	3.55	
30   5   11.20   8   8.26   8   14.75   8   3.65     30   8   11.20   8   8.26   8   14.75   8   3.65     30   8   11.20   8   8.26   8   2.66   8   14.75   8   3.66     30   8   11.20   8   8.26   8   2.66   8   14.75   8   3.66     30   8   3.16   8   2.62   8   0.06   8   3.30   8   0.12     30   8   3.16   8   2.62   8   0.06   8   3.30   8   0.12     30   8   3.16   8   2.62   8   0.06   8   3.30   8   0.12     30   8   3.16   8   2.62   8   0.06   8   3.30   8   0.12     30   8   3.16   8   2.62   8   0.06   8   3.30   8   0.12     30   8   3.16   8   2.62   8   0.06   8   3.30   8   0.12     30   8   3.16   8   2.62   8   0.06   8   3.30   8   0.12     30   8   9.06   8   6.06   8   2.70   8   13.80   8   3.64     40   8   9.06   8   6.06   8   2.70   8   13.80   8   3.64     50   9.06   8   6.06   8   2.70   8   13.80   8   3.64     60   9.06   8   6.06   8   2.70   8   13.80   8   3.64     60   9.06   8   6.06   8   2.70   8   13.80   8   4.20     60   9.06   8   6.06   8   2.70   8   13.80   8   4.20     60   9.06   8   6.06   8   2.70   8   13.80   8   4.20     60   9.06   8   6.06   8   2.70   8   13.80   8   4.20     7.75   8   8   8   8   8   8   8   8   8     8   8	Lisinopril 40 mg. tablet				s	٠-		╁	3.55	
30         \$ 11,20         \$ 6,25         \$ 2,96         \$ 14,75         \$ 3,56           30         \$ 11,20         \$ 6,22         \$ 2,06         \$ 14,75         \$ 3,56           30         \$ 11,20         \$ 6,22         \$ 0.06         \$ 3,30         \$ 0.12           30         \$ 11,20         \$ 2,22         \$ 0.06         \$ 3,30         \$ 0.12           30         \$ 3,16         \$ 2,22         \$ 0.06         \$ 3,30         \$ 0.12           30         \$ 3,16         \$ 2,22         \$ 0.06         \$ 3,30         \$ 0.12           40         \$ 9,60         \$ 2,27         \$ 13,30         \$ 0.12           50         \$ 0.66         \$ 2,70         \$ 13,50         \$ 0.12           60         \$ 0.66         \$ 2,70         \$ 13,50         \$ 3,64           60         \$ 0.66         \$ 2,70         \$ 13,50         \$ 3,64           60         \$ 0.66         \$ 2,70         \$ 13,50         \$ 3,64           60         \$ 0.66         \$ 2,70         \$ 13,50         \$ 3,64           7         \$ 0.66         \$ 2,70         \$ 13,50         \$ 3,64           8         \$ 0.62         \$ 2,70         \$ 13,50         \$ 0.12 <td>Lisinoprii 40 ma. tablet</td> <td>8</td> <td></td> <td></td> <td>•</td> <td>+-</td> <td></td> <td>+-</td> <td>3.55</td> <td></td>	Lisinoprii 40 ma. tablet	8			•	+-		+-	3.55	
30         \$ 11,20         8 6,26         \$ 2,96         \$ 14,75         \$ 3,56           30         \$ 3,18         \$ 2,52         \$ 0.06         \$ 3,30         \$ 0.12           30         \$ 3,18         \$ 2,52         \$ 0.06         \$ 3,30         \$ 0.12           30         \$ 3,18         \$ 2,52         \$ 0.06         \$ 3,30         \$ 0.12           30         \$ 3,18         \$ 2,52         \$ 0.06         \$ 3,30         \$ 0.12           40         \$ 3,18         \$ 2,27         \$ 13,50         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 13,50         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 13,50         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 13,60         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 13,00         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 13,00         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 13,00         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 13,00         \$ 3,64           60         \$ 0.06         \$ 2,70         \$ 10,00         \$ 3,64           60	Lisinoprii 40 ma. tablet	8	ł			-		+	3.55	
30         8         3.16         8         2.52         8         0.06         5         3.00         6         0.12           30         8         3.16         8         2.52         8         0.06         8         3.30         6         0.12           30         8         3.16         8         2.52         8         0.06         8         3.30         8         0.12           90         8         3.16         8         2.27         8         1.30         8         0.12           90         8         9.66         8         2.70         8         1.30         8         0.12           90         8         9.66         8         2.70         8         1.360         8         3.64           90         8         9.66         8         2.70         8         1.360         8         3.64           90         8         9.66         8         2.70         8         1.360         8         3.64           90         8         9.66         8         2.70         8         1.80         8         0.22           90         8         9.66         8	Lisingorii 40 mo tabiet				9	-		+	3.55	
30         3         31         8         2.52         8         0.06         8         3.30         8         0.12           30         8         3.16         8         2.52         8         0.06         8         3.30         8         0.12           30         8         3.16         8         2.57         8         1.30         8         0.012           30         8         3.16         8         2.70         8         1.30         8         0.012           40         8         9.66         8         2.70         8         1.30         8         0.012           40         8         9.66         8         2.70         8         1.30         8         0.012           40         8         9.66         8         2.70         8         1.30         8         0.012           40         8         9.66         8         2.70         8         1.30         8         0.012           40         8         9.66         8         2.70         8         1.30         8         0.018           40         8         9.66         8         9.43         8	Hydrochlomehieride 25 mo					-		-	5	
20   2   21   2   22   2   2   20   2   20   2   20   2   2	the descriptions the second se				•	_		+	2 5	
30   8 - 3.18   8 - 2.24   8 - 0.05   8 - 3.30   8 - 0.12     20   8 - 0.18   8 - 2.24   8 - 0.05   8 - 0.30   8 - 0.12     20   8 - 0.06   8 - 0.06   8 - 0.30   8 - 0.12     20   8 - 0.06   8 - 0.06   8 - 0.30   8 - 0.12     20   8 - 0.06   8 - 0.06   8 - 0.30   8 - 0.30     20   8 - 0.06   8 - 0.06   8 - 0.30   8 - 0.30     20   8 - 0.06   8 - 0.06   8 - 0.30   8 - 0.30     20   8 - 0.06   8 - 0.06   8 - 0.70   8 - 0.30   8 - 0.30     20   8 - 0.06   8 - 0.06   8 - 0.70   8 - 0.30   8 - 0.30     20   8 - 0.06   8 - 0.06   8 - 0.70   8 - 0.30   8 - 0.30     20   8 - 0.06   8 - 0.06   8 - 0.70   8 - 0.30   8 - 0.30     20   8 - 0.06   9 - 0.06   9 - 0.30   8 - 0.30     20   8 - 0.06   9 - 0.06   9 - 0.70   9 - 0.30     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.30     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.30     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.30     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.30     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.30     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.70   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9 - 0.06     20   9 - 0.06   9 - 0.06   9 - 0.06   9	Hydrochiologilazioe 25 mg.				0	-		-	21.0	
10	Hydrochioromistace 25 mg.				,	-		-+	21.0	
60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.60         8         2.01           60         8         6.96         8         2.70         8         13.80         8         2.02         8         13.80         8         10.80         9         10.80         9         10.80         9         10.80         9         10.80         9         10.80         9         10.80         9         10.80         9         10.80	nydrochlorouniazioe zo mg.				2	-		-+-	21.0	
60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.50         8         3.84           60         8         6.96         8         2.70         8         13.60         8         3.84           60         8         6.96         8         2.70         8         13.60         8         3.84           60         8         6.66         8         2.70         8         13.60         8         3.84           60         8         6.66         8         2.70         8         18.30         8         3.84         3.84           90         8         9.88         9         2.70         8         18.30         8         0.89         18.80         8         0.29         18.80         8         0.29         18.80         8         0.29         18.80         8         0.29         18.80         8         0.29         18.80         8         0.29         18.80         8         0.29         18.80         8         0.29         18.80         0.29         18.80         0.29	Metoprotol 100 mg.				2	-		-+	20	
60         \$ 80.86         \$ 2.70         \$ 13.50         \$ 3.84           60         \$ 6.96         \$ 2.70         \$ 13.50         \$ 3.84           60         \$ 6.96         \$ 2.70         \$ 13.50         \$ 3.84           60         \$ 6.96         \$ 2.70         \$ 13.60         \$ 3.84           60         \$ 6.96         \$ 2.70         \$ 13.60         \$ 3.64           50         \$ 6.96         \$ 12.70         \$ 13.60         \$ 3.64           50         \$ 6.86         \$ 6.20         \$ 10.90         \$ 0.90           30         \$ 6.86         \$ 2.36         \$ 18.86         \$ 0.40           30         \$ 6.87         \$ 2.81         \$ 0.75         \$ 10.90           30         \$ 6.89         \$ 2.81         \$ 0.75         \$ 10.90         \$ 2.86           30         \$ 6.80         \$ 2.81         \$ 0.75         \$ 10.60         \$ 2.86           30         \$ 6.80         \$ 2.81         \$ 0.75         \$ 10.60         \$ 2.86           46         \$ 7.76         \$ 6.23         \$ 2.12         \$ 10.60         \$ 2.86           47         \$ 6.83         \$ 6.26         \$ 3.26         \$ 6.42         \$ 6.20 <t< td=""><td>Metoproiol 100 mg.</td><td></td><td></td><td>88.0</td><td><b>10</b></td><td><math>\rightarrow</math></td><td></td><td></td><td>3.84</td><td></td></t<>	Metoproiol 100 mg.			88.0	<b>10</b>	$\rightarrow$			3.84	
60 \$ 966 \$ 6.06         \$ 270         \$ 1360         \$ 384           61 \$ 966 \$ 6.06         \$ 470         \$ 1350         \$ 384           62 \$ 966 \$ 6.06         \$ 4815         \$ 384         \$ 384           63 \$ 500.46         \$ 406.76         \$ 173.72         \$ 568.60         \$ 48.12         \$ 184           60 \$ 96.16         \$ 742.72         \$ 1886         \$ 2430         \$ (0.86)         \$ 124         \$ (0.86)           30 \$ 96.81         \$ 6.22         \$ 3.39         \$ 16.86         \$ 7.34         \$ (0.86)           30 \$ 96.82         \$ 2.77         \$ 0.77         \$ 3.76         \$ 0.19         \$ 0.29           30 \$ 96.82         \$ 2.78         \$ 0.77         \$ 3.76         \$ 0.19         \$ 0.29           30 \$ 96.82         \$ 2.81         \$ 0.77         \$ 3.76         \$ 0.19         \$ 0.29           46 \$ 7.75         \$ 6.47         \$ 2.29         \$ 11.40         \$ 3.66         \$ 0.29           46 \$ 7.76         \$ 7.75         \$ 6.47         \$ 2.29         \$ 14.30         \$ (0.86)           46 \$ 7.76         \$ 7.75         \$ 6.47         \$ 2.29         \$ 16.30         \$ 0.42           40 \$ 7.76         \$ 7.75         \$ 6.22         \$ 10.90         \$ 2.86	Metoproiol 100 mg.	_	9.88		•	$\rightarrow$			3.84	
60   \$ 9.06   \$ 6.00   \$ 2.70   \$ 13.50   \$ 3.84	Metoprolol 100 mg.		99.6		•				3.84	
\$ 520.48         \$ 406.76         \$ 113.72         \$ 568.60         \$ 481.2         Avg. Sprined/Rit for Entine is \$2.01           30         \$ 96.16         \$ 76.29         \$ 113.72         \$ 568.60         \$ 40.55         \$ 40.50           30         \$ 96.16         \$ 7.24         \$ 16.30         \$ 6.20         \$ 16.30         \$ 6.20         \$ 16.90         \$ 7.34         Copay up; sprined price up (Phryp paymen)           30         \$ 9.88         \$ 6.22         \$ 3.96         \$ 1.60         \$ 7.34         Copay up; sprined price up (Phryp paymen)           30         \$ 3.66         \$ 2.81         \$ 0.77         \$ 3.76         \$ 0.19         Copay up; sprined price up (Phryp paymen)           30         \$ 3.69         \$ 2.81         \$ 0.77         \$ 3.76         \$ 0.19         Copay up; sprined price up (Phryp paymen)           46         \$ 7.75         \$ 2.81         \$ 0.75         \$ 10.60         \$ 2.86         Copay up; sprined price up (Phryp paymen)           46         \$ 7.75         \$ 6.42         \$ 10.00         \$ 2.86         \$ 6.42         \$ 10.60         \$ 2.86         \$ 6.42         \$ 10.60         \$ 2.86         \$ 6.42         \$ 10.60         \$ 2.86         \$ 6.42         \$ 10.60         \$ 2.86         \$ 6.42         \$ 6.42         \$ 10.6	Metoprolol 100 mg.			\$ 6.96	*				3.84	
60 \$ 66 16 \$ 78.20 \$ 18.80 \$ 94.30 \$ (0.85)           30 \$ 6.88 \$ 6.22 \$ 3.30 \$ 16.80 \$ 7.34         8.42 Copay up; spread price up! Phry payment           30 \$ 5.80 \$ 2.70 \$ 0.77 \$ 3.30 \$ 7.00         8.72 \$ 3.30 \$ 16.80           30 \$ 3.60 \$ 2.81 \$ 0.77 \$ 3.30 \$ 0.19           30 \$ 3.60 \$ 2.81 \$ 0.75 \$ 3.76 \$ 0.19           46 \$ 7.75 \$ 2.81 \$ 0.75 \$ 3.76 \$ 0.19           46 \$ 7.75 \$ 5.63 \$ 2.12 \$ 11.40 \$ 3.65 Copay up so, 10; spread price up \$0.50;           46 \$ 7.75 \$ 5.63 \$ 2.12 \$ 10.00 \$ 2.86 copay up \$0.10; spread price up \$0.50;           46 \$ 7.75 \$ 5.63 \$ 2.12 \$ 10.00 \$ 2.86 copay up \$0.10; spread price up \$0.50;           46 \$ 7.75 \$ 5.63 \$ 2.12 \$ 10.00 \$ 2.86 copay up \$0.10; spread price up \$0.50;           47 \$ 7.75 \$ 5.63 \$ 2.12 \$ 10.00 \$ 2.86 copay up \$0.10; spread price up \$0.50;           48 \$ 7.75 \$ 5.63 \$ 2.12 \$ 10.00 \$ 2.86 copay up \$0.10; spread price up \$0.50;           49 \$ 8.61 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           50 \$ 8.88 \$ 6.22 \$ 3.20 \$ 16.30 \$ 6.42           60 \$ 8.89 \$ 6.20 \$ 3.20 \$ 16.30 \$ 6.42					\$ 1			_	48.12	Avg. Spread/Rx for Edne is \$2.
30   \$ 0.88   \$ 0.22   \$ 3.96   \$ 18.30   \$ 8.42   Copey up; spread price up! Phrcy payme   2.08   \$ 0.22   \$ 0.39   \$ 17.34   \$ 0.19   Copey up; solide upl Phrcy payme   2.08   \$ 0.26   \$ 0.28   \$ 0.19   Copey up Solide spread price up \$0.90;   2.08   2.08   \$ 0.10   Copey up Solide spread price up \$0.90;   2.08   2.08   \$ 0.10   Copey up Solide spread price up \$0.90;   2.08	Norvasc 5 mg. tablet			_	ø			L.	(0.85)	
30         \$ 9.88         \$ 6.22         \$ 3.39         \$ 16.96         \$ 7.34           30         \$ 3.66         \$ 2.79         \$ 0.75         \$ 3.66         \$ 0.19           30         \$ 3.66         \$ 2.81         \$ 0.75         \$ 3.76         \$ 0.19           46         \$ 7.75         \$ 6.47         \$ 2.28         \$ 11.40         \$ 3.66         Copey up 80.16. apmaed price up 80.90.40           46         \$ 7.75         \$ 6.43         \$ 2.12         \$ 10.60         \$ 2.86         reimbursement down 80.16I           46         \$ 7.75         \$ 6.63         \$ 2.12         \$ 10.60         \$ 2.86         reimbursement down 80.16I           60         \$ 96.15         \$ 76.29         \$ 16.30         \$ 0.89         \$ 6.42         \$ 6.42           60         \$ 96.15         \$ 76.29         \$ 18.86         \$ 6.30         \$ 0.89         \$ 6.42           90         \$ 96.16         \$ 76.29         \$ 18.86         \$ 6.30         \$ 0.89         \$ 6.42           30         \$ 98.8         \$ 6.62         \$ 3.26         \$ 16.30         \$ 0.42         \$ 6.42           30         \$ 98.8         \$ 6.62         \$ 3.26         \$ 16.30         \$ 0.42         \$ 6.42	Terazosin 2 mg. capsule			\$ 6.22	s	<del>-</del>		ــــ	8.42	Copey up; spread price up!
30         \$ 3.56         \$ 2.79         \$ 0.77         \$ 3.66         \$ 0.29           30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.76         \$ 0.19           40         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.76         \$ 0.19           46         \$ 7.75         \$ 5.63         \$ 2.12         \$ 10.60         \$ 2.86         reinfouraement down \$0.16!           46         \$ 7.75         \$ 5.63         \$ 2.12         \$ 10.60         \$ 2.86         reinfouraement down \$0.16!           46         \$ 7.75         \$ 5.63         \$ 2.12         \$ 10.60         \$ 2.86         reinfouraement down \$0.16!           60         \$ 96.15         \$ 7.72.9         \$ 18.86         \$ 6.43         \$ 2.86         reinfouraement down \$0.16!           60         \$ 96.16         \$ 7.72.9         \$ 18.86         \$ 6.43         \$ 2.86         reinfouraement down \$0.16!           60         \$ 96.16         \$ 7.62.9         \$ 18.86         \$ 6.42         \$ 6.42         \$ 6.42         \$ 6.42           30         \$ 98.8         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42         \$ 6.42           30         \$ 98.8         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42 </td <td>Terazosin 2 mg. capsule</td> <td></td> <td></td> <td></td> <td>s</td> <td>-</td> <td></td> <td>⊢</td> <td>7.3</td> <td></td>	Terazosin 2 mg. capsule				s	-		⊢	7.3	
30         \$ 3.66         \$ 2.81         \$ 0.75         \$ 3.76         \$ 0.19           46         \$ 7.75         \$ 5.47         \$ 2.28         \$ 11.40         \$ 3.66         Copay up 80.16; spread price up 80.96;           46         \$ 7.75         \$ 5.63         \$ 2.12         \$ 11.40         \$ 2.86         Instrumentario down 50.16;           46         \$ 7.75         \$ 5.63         \$ 2.12         \$ 10.60         \$ 2.86         Instrumentario down 50.16;           46         \$ 7.75         \$ 5.63         \$ 2.12         \$ 10.60         \$ 2.86         Instrumentario down 50.16;           60         \$ 6.15         \$ 76.29         \$ 18.86         \$ 6.30         \$ 0.86         \$ 2.86           80         \$ 6.61         \$ 76.29         \$ 18.86         \$ 6.42         \$ 2.86         \$ 6.42           90         \$ 6.61         \$ 76.29         \$ 18.86         \$ 6.42         \$ 6.42         \$ 6.42           30         \$ 6.82         \$ 3.26         \$ 16.30         \$ 6.42         \$ 6.42         \$ 6.20         \$ 6.42           30         \$ 6.82         \$ 3.26         \$ 16.30         \$ 6.42         \$ 6.42         \$ 6.20         \$ 6.42           30         \$ 6.88         \$ 6.62         <	Furosemide 20 mg. tablet				9	-		┿	0.29	
30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.76         \$ 0.10           46         \$ 7.75         \$ 5.47         \$ 2.28         \$ 11.40         \$ 3.66         Copey up \$0.16; spraid price up \$10.90;           46         \$ 7.75         \$ 5.63         \$ 2.12         \$ 10.60         \$ 2.86         remburaement down \$10.16!           60         \$ 96.16         \$ 76.29         \$ 18.86         \$ 94.30         \$ (0.86)           60         \$ 96.16         \$ 76.29         \$ 18.86         \$ 94.30         \$ (0.86)           60         \$ 96.16         \$ 76.29         \$ 18.86         \$ 94.30         \$ (0.86)           60         \$ 96.16         \$ 76.29         \$ 18.86         \$ 94.30         \$ (0.86)           30         \$ 988         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 988         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 988         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 988         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 988         \$ 6.62         \$ 3.26         \$ 16.30         \$ 0.16	Furosemide 20 mg. tablet			١.	69	+-		+	0.19	
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30         \$ 9.88         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 3.66         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 9.86         \$ 6.22         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 96.15         \$ 76.29         \$ 18.86         \$ 94.30         \$ 6.42           60         \$ 96.15         \$ 76.29         \$ 122.31         \$ 61.56         \$ 78.15           60         \$ 10.63         \$ 6.42         \$ 6.42         \$ 6.42           60         \$ 96.15         \$ 76.29         \$ 18.86         \$ 94.30         \$ 6.42           60         \$ 10.63         \$ 6.62         \$ 21.92         \$ 10.80         \$ 6.42           60         \$ 10.63         \$ 6.42         \$ 6.42         \$ 6.42           60         \$ 10.63         \$ 6.42         \$ 6.42         \$ 6.42           60 <td>Terazosin 1 mg. capsule</td> <td></td> <td></td> <td></td> <td>4</td> <td>+-</td> <td></td> <td>-</td> <td>A 42</td> <td></td>	Terazosin 1 mg. capsule				4	+-		-	A 42	
60         \$ 9.66         \$ 2.70         \$ 13.60         \$ 3.84           30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 9.88         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 9.86         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 9.615         \$ 76.29         \$ 12.31         \$ 61.55         \$ 0.19           60         \$ 110.62         \$ 88.60         \$ 21.92         \$ 108.60         \$ (0.82)           60         \$ 110.62         \$ 88.60         \$ 21.09         \$ 106.45         \$ (0.89)           60         \$ 10.63         \$ 6.25         \$ 21.09         \$ 10.82         \$ (0.89)           60         \$ 10.63         \$ 86.25         \$ 21.09         \$ 10.82         \$ (0.89)           60         \$ 10.63         \$ 86.25         \$ 21.09         \$ 10.82         \$ (0.89)           60         \$ 10.63         \$ 86.25         \$ 21.09         \$ 10.82         \$ (0.89)           60         \$ 10.33         \$ 86.25         \$ 21.09 <td< td=""><td>Terazosin 1 mg. capsule</td><td></td><td></td><td></td><td></td><td>+</td><td></td><td>+</td><td>A 45</td><td></td></td<>	Terazosin 1 mg. capsule					+		+	A 45	
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30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 3.56         \$ 2.81         \$ 0.75         \$ 3.75         \$ 0.19           30         \$ 9.88         \$ 6.62         \$ 3.26         \$ 16.30         \$ 6.42           30         \$ 9.816         \$ 76.29         \$ 16.30         \$ 6.42           60         \$ 110.52         \$ 417.09         \$ 122.31         \$ 617.55         \$ 78.16         Avg. Spread/Rx for Maynard is \$3.26           60         \$ 110.52         \$ 88.60         \$ 21.92         \$ 108.60         \$ (0.85)         Mvg. Phos Increase           60         \$ 110.52         \$ 88.60         \$ 21.92         \$ 106.60         \$ (0.89)         Mvg. Phos Increase           60         \$ 106.34         \$ 86.25         \$ 21.09         \$ 105.45         \$ (0.89)         Mvg. Phos Increase           60         \$ 108.34         \$ 86.25         \$ 21.09         \$ 105.45         \$ (0.89)         Mvg. Phos Increase           45         \$ 12.38         \$ 86.25         \$ 21.09         \$ 105.45         \$ 6.32         Payment to pharmery down; copary up;           45         \$ 12.38         \$ 9.04         \$ 33.45         \$ 10.70         \$ 4.32         price to plan	Furosemide 20 mg. tablet				5	+		+-	0 19	
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60 \$ 108.34 \$ 85.25 \$ 21.09 \$ 105.45 \$ (0.89) 45 \$ 12.38 \$ 8.84 \$ 3.54 \$ 17.70 \$ 5.32 Payment to prisumecy down; copay up; 45 \$ 12.38 \$ 9.04 \$ 3.34 \$ 16.70 \$ 4.32 price to plan sponsor up! 45 \$ 12.38 \$ 9.04 \$ 3.34 \$ 16.70 \$ 4.32 price to plan sponsor up! 60 \$ 106.34 \$ 85.25 \$ 21.09 \$ 105.45 \$ (0.89)	Coreg 25 mg. tablet				•	<b></b>		-	(0.89	
45 \$ 12.38 \$ 8.84 \$ 3.54 \$ 17.70 \$ 5.32 Payment to priarmed down; copey up; 45 \$ 12.38 \$ 9.04 \$ 3.34 \$ 16.70 \$ 4.32 price to plan sponsor up! 45 \$ 12.38 \$ 9.04 \$ 3.34 \$ 16.70 \$ 4.32 60 \$ 106.34 \$ 85.25 \$ 21.09 \$ 105.45 \$ (0.89)	Coreg 25 rhg. tablet				•	├		+	(0.89	
45 \$ 12.38 \$ 9.04 \$ 3.34 \$ 16.70 \$ 4.32 price to plan apomed: upl 45 \$ 12.38 \$ 9.04 \$ 3.34 \$ 16.70 \$ 4.32 60 \$ 106.34 \$ 85.25 \$ 21.09 \$ 105.45 \$ (0.89)	Jantoven 5 mg. tablet			8.84	s	╂		+	5.32	Payment to pharmacy down:
45 \$ 12.38 \$ 9.04 \$ 3.34 \$ 16.70 \$ 4.32 60 \$ 106.34 \$ 85.25 \$ 21.09 \$ 105.45 \$ (0.89)	Jantoven 5 mg. tablet			9.04	67	+-		202	4.32	price to plan soonsor uni
60 \$ 106.34 \$ 85.25 \$ 21.09 \$ 105.45 \$	Jantoven 5 mg. tablet			\$ 9.04	•			+	4.32	
	Coreg 25 mg. tablet	09	106.34	\$ 85.25	9	+		+-	000	

## 7/17/2008

Strangard Strangth	}		Dharmad Dharmad	Se Andos	╁	Criarge 10	Designation of the second	Mode: of sedlends
inflation of refer !	• 00	100 24	C OT ED	- 1	•	5		16
landoven 5 ms tablet			8 8	3.5	2 3	+		
landwan & mg tablet				ŀ	-	┿		
Viente forma tablet			F 42		-	83.45 45.10	10.67	• 6
Macro 60 ms tables		24.45			-	+-	600	
Vacua So ma tablet	_		51.43		-	+		
Visors 50 mg tablet	_		51 43		_	63.45	S (0.67)	
Visora 50 mg tablet				İ	_	63.45	\$ (0.67)	
Vlacra 50 mg. tablet	_			\$ 12.69	_	63.45	\$ (0.67)	
Viscos 50 mg tablet		R4 12			-	83.45	S (0.87)	
Lishood! 20 mg tablet	_			\$ 2.18		10.90	181	7
Cores 25 mon tehlor	3 8	7	_	27.00	-	+-	080	
Coner 25 mo tablet	8 8			Ì		-		
TOWNS THE CONTROL	٠.	1		250 30	•	206.40	47.04	
	_	-	40.82.89	١,	9 0	20.00	9.00	AVG. Spread/Ax for INCROSES S SU. 63
Cosopt Eye Urops				ZC.01 &	-	-+		
Cosopt Eye Drops			\$ 42.69	\$ 10.52	-	-+		0
	5.5		\$ 42.69	\$ 10.52	2		\$ (0.61)	0)
Lexapro 10 mg. tablet	900	75.02	\$ 60.16	14.86	8	74.30	\$ (0.72)	ଇ
	30		\$ 60.16	\$ 14.86	8	74.30	\$ (0.72)	G
	300		\$ 60.16	\$ 14.86	8	74.30	\$ (0.72)	(2) Mfgr. Price Increase
			\$ 55.83	\$ 13.79		68.95	\$ (0.67)	
			55 A3	43.70		AR OF	S (0.87)	
			20.00	2 4		00.00	0.0	
Circuita S III. Bore.		0.87	9.0	0.0		-		Pricy remoursement down; copey up; pien sponsor
Organica o mg. albret	3 8	-	0.0	-	2	+	28.	buos nb.
Cryounds 5 mg. With	3		0 0		-	+		
			91.0	2	2	-	28.1	
Gyounde 5 mg. tablet			5.18	\$ 1.79	-+	8.82	1.98	
Lisinopril-HC1Z 20-12.5 tablet			\$ 22.24	\$ 8.01	2	40.05	8 80	Phcy reimbursement down; copay up; plan sponsor
Lisinopril-HCTZ 20-12.5 tablet	<b>\$</b>		\$ 23.12	\$ 7.13	3	35.65	\$ 5.40	price up.
Lisinopril-HCTZ 20-12.5 tablet	80	30.25	\$ 23.12	\$ 7.13	3	35.85	\$ 5.40	
Lisinopril-HCTZ 20-12.5 tablet	80		\$ 23.12	\$ 7.13		35.65	\$ 5.40	
	\$ 09	30.25	\$ 23.12	\$ 7.13	3 8	35.65	\$ 5.40	
Lipitor 40 mg. tablet	300	109.24	89'28 \$	\$ 21.88	8	108.30	9.0	(1)
Lipitor 40 mg. tablet	<b>\$</b> 06	109.24	82.78	\$ 21.88	*	108.30	\$ 0.9£	
Lipitor 40 mg. tablet	\$ 06		\$ 87.58	\$ 21.88	8	108.30	(0.94)	
Lipitor 40 mg. tablet	300	109.24	\$ 87.58	\$ 21.88	8	+	(0.94)	
	30 \$	109.24	\$ 87.58	\$ 21.88	9	╁╌		
	5	-	\$ 998.63	\$ 257.60	8	00 880	21 77	Ava Someod/Dy for 1 me to \$1.30
Carbidooa/Levodooa 25/100	06	1	17.80	200	+	┿	A7 00	
Carbidoos/Levodona 25/100	1		19.59	S 10.57	+-	-		
Carbidoos/Levodopa 25/100	28		\$ 18.72	8 000	┿	45 10	10.28	
Carbidoos/Levodona 25/100			1833	20.0	<del></del>			
Cvanocobalamin 1000mvs/mi			796		+		17.07	
Connochalamin 1000montal				9	-	38	(0.14)	
Cyen Condition I Condition III.			4C.7	0.00	-	3.00	\$ (0.14)	(4
Aggrenox Capsule SA		۱	\$ 104.24	\$ 25.80	•	129.00	(1.04)	G
Aggrenox Capsule SA	62 \$		\$ 104.24	\$ 25.8	*	┝	(1.04)	6
Aggrenox Capsule SA	62 \$	134.30	\$ 107.65	\$ 26.65	<b>1</b> 9	133.25	(1.05)	6
Aggrenox Capsule SA	\$ 99		04.740	\$ 24.1	<b>99</b>	120.50	(1.00)	
Aggrenox Capsule SA	82	_	\$ 104.58	\$ 25.88	89	129.40	(1.08)	
	5		\$ 595.63	\$ 168.71	┰	843.55	\$ 79.21	Avg Somed/Rx for Fictors is \$7.20
Accu-Chek Test Strips	100		\$ 70.28	\$ 17.37	+-	86.85	(0.80)	
Lisinopril-HCTZ 20-12.5 tablet		ļ	\$ 22.24	8 01	+	40.04	OB O	Dhar raimburanced dame.
Lisinondi-HCT7 20-12 & tablet	S	30 OF	29 43	7 7.0	• •	20.00	00.0	6.00 miley remindratem down, copary up; plan sponsor



				-						
	Strength	1		4	_	3	1	FIEL		1
	Atendici 50 mg. tablet	8		-	-+		-+	5.40	•	0.45 price up.
	Atenolol 50 mg. tablet	ຂ		<del>ده</del>	-	\$	4.08	5.40	8	0.45
	Metformin 1000 mg. tablet	8	\$ 15.02	\$ 2	88.8	\$	14 \$	25.70	•	10.68 Phoy reimbursement down; copay
	Metformin 1000 mg. tablet	8	\$ 15.02	2	10.11		4.91	24.55	•	
	Metformin 1000 mg. tablet	8		2	12.95		4.92	24.60	•	
	Atenolol 50 mg. tablet	30		20	3.87		+-	5.40	9	0.45
		98		2	١.	7	4 92 \$	24 80	4	6.73
	Travatan 0 004% Eva Drope	4	1	q	+-		24.40	122 00		(000)
	Accil Chair Test Strine	200		S it	+		47 27 6	PR 95		000
	Acci Chat Test Chine	8 2		2 4	20.02		47.97	20.00	•	100 00
	ACC-CIEN LESS CUIDS	3 5		2	70.20		7	90.00	•	.00)
	Accil-Criek i del outpe	3		2	70.28	2	17.37	90.63		(0.80)
	Norvasc 10 mg. tablet	15 \$	Ì	90 90	27.28	8	6.70	33.50	•	(0.48)
	Norvaec 10 mg. tablet	15	1	<b>\$</b>	27.28	8	8.70	33.50	•	(0.48)
	Norvasc 10 mg. tablet	15		<b>%</b>	27.28	<b>89</b>	6.70	33.50	= *	(0.48)
	Norvasc 10 mg. tablet	15 \$	\$ 33.98	<b>9</b>	├	8	8.70	33.50	*	.48)
	Norvaec 10 mg. tablet	15		<b>%</b>	27.28	8	8.70	33.50	8	(0.48)
	Synthroid 100 mag.	300		20	7.20	\$ 7.	7.15 \$	35.75	\$ 2.	.40
	Synthroid 100 mag.	300		10	7.10	2	7.25 \$	36.25	93	21.90
	Synthroid 100 map.	8		45	-		7.25 \$	36.25	s	21 90
	Synthroid 100 mca	900		91	+		7 25 5	38.25	•	21.00
	Synthmid 100 mm	9		4	+		7.25	36.25	•	24.00
	Synthroid 100 mea	308		4	7 10	1	7.25	30.85		8
	Avendia 2 mo tablet	3 8		2 0	+	•	3 60 64	94.65		Ve.13
	Avended and tablet	3 8		2 0	-4-		3 8	6.60	2	(U.DD) Migr. Price increase
+	Average Ing. table:	3	80 50	9	51.88	12.	2.00	8	2	(0.68)
	Avande 2 mg. tablet	8	-	9	51.88	12	12.80 \$	64.00	•	(0.68)
	Avandia 2 mg. tablet	စ္က	-	<b>∞</b>	51.88	12.	<b>%</b>	64.00	*) *	(0.68)
	Avandia 2 mg. tablet	<b>\$</b>	<b>64</b> .68	<b>\$</b>	51.88	\$ 12.	12.80 \$	64.00	) \$	(0.68)
	Avandla 2 mg. tablet	8		<b>\$</b>	$\neg$	\$ 12.	80	64.00	) \$	(0.68)
	Lipitor 10 mg. tablet	15 (	\$ 39.61	*	31.79	5 7	7.82	39.10	\$	(0.51)
	Lipitor 10 mg. taiblet	15		*	-	.7	7.82	39.10	<b>5</b>	(0.51)
	Upitor 10 mg. tablet	15	\$ 39.61	*	31.79	.7	7.82 \$	39.10	8	(0.51)
	Lipitor 10 mg. tablet	15 \$	\$ 39.61	<b>\$</b>	31.79	.7	7.82 \$	39.10	8	(0.51)
	Lipitor 10 mg. tablet		\$ 39.6	<b>\$</b>	31.79	2	82	39.10	<b>S</b>	(151)
	Lipitor 10 mg. tablet	15 1		*	31.79	5	7.82 \$	39.10	9	(0.51)
	Metformin 1000 mg. tablet	80		7		4	4.92	24.60	•	6.73
	Metformin 1000 mg. tablet	\$ 09	li	\$ 2	12.95	4	4.92	24.60	•	6.73
	Lisinopril-HCTZ 20-12.5 tablet	8	\$ 30.25	\$ 9	_	\$ 7.	7.13 \$	35.65	•	5.40
	Lisinopril-HCTZ 20-12.5 tablet	8		<b>\$</b>	_	\$ 7.	7.13 \$	35.65	•	5.40
		\$ 09		*	⊢	2 2	7.13 \$	35.65	s	5.40
	Lisinopril-HCTZ 20-12.5 tablet	\$ 09		9	23.12	\$ 7	7.13 \$	35.65	•	5.40
	Alphagan P 0.15% Eye drops	10	ľ	*	-		┿	85.40	2	0.77
	Atendial 50 mg, tablet	\$ 06	\$ 4.95	\$	3.87	\$	1.08 \$	5.40	9	0.45
		\$ 00		\$	3.87	-	1.08	5.40	95	0.45
	Norvasc 10 mg. tablet	15 \$		80	╌	\$	8.70 \$	33.50	3	(0.48)
	Accu-Chek Test Strips	100		2	70.28	\$ 17.37	37 \$	86.85	8	(0.80)
			\$ 1,876.46	8	1,460.72	\$ 415.74	+-	2.078.70	\$ 20%	202 24 Avn Spread/Ry for Many Jourie CA
	Folic Acid 1 mg.	30	3.70	•	2.88	0	+	3.70	9	0.00
		30	\$ 2.88	<b>8</b>	2.31	0	0.57	2.85	2	(0.03)
		\$ 06		<b>69</b>	2.31	\$ 0.57	57 \$	2.85	9	(0.03)
	Fosamax 70 mg. tablet	4 \$		*	80.22	\$ 14.88	88	74.40	9	(0.70)
	Fosamax 70 mg. tablet	4 \$	-	\$ 0	60.22	14.88	88	74.40	8	(0.70)
	Hydrocodone-APAP 5/500	30	5 4.51	1 \$	3.36	5 1.	1.15 \$	5.75	•	1.24 Amt. paid to pharmacy want down but patient
	Hudrocodona, ADAD 5/500	* ***				ļ				
	cools in a cooperation	3	4.51	<b>~</b>	3.40	~	1.11	5.55	4	Old Amen & rises anoneous amount

## 7/17/2008

Drug and	ά	Price	Pald to	Copay @	Ö	2	Spread	Comments
Strength			E E	8	<b>•</b>	ڇ	Estimate	Note: all petients on these apread sheets
Methotrexate 2.5 mg. tablet	32			•	9	-+		copay & plan aponaor amount went up:
Methotrexate 2.5 mg. tablet	32	\$ 26.72	*	\$ 8.00	\$	45.00		
Methotrexate 2.5 mg. tablet	32		•	8.00	s	45.00 \$	18.28	
Methotrexate 2.5 mg. tablet	32	•	•	8.00	45	45.00 \$	18.28	
Methotrexate 2.5 mg. tablet				s	•	45.00	18.28	
Prednisons 5 mo tablet	•	•		•5	s	3.80	90.0	
Prachisona 5 mo tahlet	00		•	•	4	3.80	0.08	
			4	u	65	3.80	0.08	
			•	5	9	3.70	00.0	
Folic Acid 1 mg	30		+	•	s	+		
Folic Acid 1 mg	30	Ì		•	•	₩		
Folio Acid 1 mo	308		•		•	+		
Hodmondone ADAD 6/600	3 4		•		9	3 70 8		
Evenue 70 mo tablet					• 61	+-		
Every 70 ms tablet			•		•	+-		
Contract 70 mg, tabled	•		•			74.40	02.0	(0.70) May Price increase
Freemay 70 mg tablet	•		•		•	71 00 5	(0.70)	
The second second				\$ 153.50	63	767.50	112.27	Avg. Spread/Rx for Rosemary is \$4.49
Furnaemide 40 mg tablet	S	3.68		u		3 90	0.22	
Oncordone 5 mg capacile		۲		9		169.75	60.11	
Pulimont 200mon Turbinhaler				•	s	154.60	(1.16)	
Eth-Oxydose 20mo/ml. Soin	90		•	8	s	59.55	14.16	
Fth-Owdose 20mo/ml Softn	S	9	9			59.55	14.16	
Fith-Oxydose 20mo/ml Sofin		u	u	11 91	9	59 55	14.18	
Overschop 5 mg canalla	200		4		9	53.55	18.40	
Amov TR-IK CI V 500-125 tah	3					3 2 2	18.69	
Oversions 5 mg capacide	2007					101 25	31 24	
Mayair Authbalar 0 mo	2					SA AS	(0.78)	
Maxair Authhalar 0.2 mg	41		•			88.85	6 78	
Mayair Authhalac 0.2 mg	71			-		88.85	0 78	
Oversion & managed and control	720	•	•	•	•	20.00	34.54	
Manager 2001 Need Service	37,	•		•	•	0 6	70.00	
MARCHICA ZOOI NESSEE SONEY	200	2 6	•	•	•	30.50	(0.65)	
MARCHICA ZUUIO NASSE SONSY	3.7	3	•	•		3	0.83	
Macacin 20010 Nasa Spray	3.7		10			93.90	(0.83)	
Metoproof 20 mg.tablet	2		•	0.7		3.50	0.27	
Metoproto 25 mg.tablet	C :	,			•	3.55	0.21	
Metoproiol 25 mg.taiblet	15	3.34			<b>10</b>	3.55	0.21	
Metoprool 25 mg.tablet	15	<b>1</b>		9	•	3.55	0.21	
Protontx 40 mg. tablet		•	•	\$ 22.20	•	11.8	(0.92	(0.92) Mfgr. Price incresse
Protonix 40 mg. tablet	၉		•	•	9	107.45	(0.90)	
Protonix 40 mg. tablet	စ္က		•	•	•	107.45	(0.90)	
Protonix 40 mg. tablet	8		<b>10</b>	,		7.45	(0.90)	
Beconase AQ 0.042% Spray	25			•	8	83.65	(0.76)	
Beconase AQ 0.042% Spray	25		•	•	•	83.65	6 (0.78	
Beconase AQ 0.042% Spray	25	•	•	•	\$	83.65	(0.76)	
Furosemide 40 mg. tablet	12	\$ 2.69	•	\$ 0.54	•	2.70	\$ 0.01	
Furosemide 40 mg. tablet	12		•	*	\$	2.70	\$ 0.01	
Furosemide 40 mg. tablet	12	•	••	•	\$	2.70	0.0	
Furosemide 40 mg. tablet	12	•	•	•	s	2.70	\$ 0.01	
Furosemide 40 mg. tablet	12	\$ 2.69	9 \$ 2.15	\$	\$	2.70	0.01	
Nabumetone 500 mg. tablet	8	•	••	•	•	58.60	\$ 21.82	
Nabumetone 500 mg. tablet	8	\$ 38.78	••	•	\$	58.60	\$ 21.82	
Nabumetone 500 mg. tablet	8	•	•	1 \$ 11.72	s	58.60	\$ 21.82	
Nabumetone 500 mg. tablet	80	•	8 \$ 25.08	11.72	s	58.60	21.82	

Brug	ng and	ģ	Price	Pa	Paid to	Cop	Copay @	Charge to	4	Spread	Comments
Stren				Phar	Pharmacy	20%	%	Plan	w	Estimate	Note: all patients on these spread sheets
Fosinopril 40 mg	ng. tablet	30	\$ 16.64	s	12.13	60	4.51	\$ 22.55	653	5.91	
Fosinopril 40 mg	ng. tablet	30	\$ 16.64	w	12.13	w	4.51	\$ 22.55	55 \$	5.91	Note reimbursement to pharmacy went down \$4.09
Fosinopril 40 mg	ng. tablet	30	\$ 21.64	63	16.22	69	5.42	\$ 27.10	20	5.48	
Quinine Sulfate 2	e 260 mg. tab	30	\$ 17.32	69	13.51	69	3.81	\$ 19,05	\$ 90	1.73	
Quinine Sulfate 2	e 260 mg. tab	30	\$ 17.32	v	13.51	w	3.81	\$ 19.05	\$ 90	1.73	
Quinine Sulfate 260 mg. tab	e 260 mg. tab	30	\$ 17.32	49	13.51	w	3.81		1	1.73	
Quinine Sulfate 260 mg. tab	e 260 mg. tab	30	\$ 17.32	60	13.51	w	3.81	\$ 19.05	\$ 35	1.73	
Lipitor 10 mg. tablet	tablet	30	\$ 77.18	43	61.89	69	15.29	\$ 78.45	5	(0.73)	
Lipitor 10 mg. tablet	tablet	30	\$ 77.18	49	61.89	69	15.29	\$ 78.45	\$ 9	(0.73)	
Lipitor 10 mg. ta	tablet	30	\$ 77.18	43	81.89	*	15.29	\$ 78.45	\$	(0.73)	
Lipitor 10 mg. tablet	tablet	30	\$ 77.18	w	61,89	5	15.29	\$ 78.45	49	(0.73)	
Accolate 20 mg.	g. tablet		\$ 81.61	49	65,44	50	18.17	\$ 80.85	\$ \$	(0.76)	
Accolate 20 mg.	g. tablet	90	\$ 81.61	69	85.44	49	18.17	\$ 80.85	\$2	(0.78)	
Accolate 20 mg.	g. tablet	90	\$ 81.61	so	65.44	4	16.17	\$ 80.85	35	(0.78)	
Accolate 20 mg.	g. tablet	9	\$ 81.61	69	85.44	69	16.17	\$ 80.85	\$ \$	(0.76)	
Triamcinolone Cr	Cream 0.1%		3.80	59	3.07	e)	0.73	\$ 3.85	55	(0.15)	
Zofran 4 mg. tablet	ablet	10	\$ 220.92	69	188.13	8	32.79	\$ 163.95	\$ 2	(56.97)	56.97) Patient met maximum out of pocket.
			\$ 3,207.82	\$ 2.5	2,518.30	\$ 68	689.52	\$ 3,447.60	\$ 00	239.78	239.78 Avg. Spread/Rx for Gladys is \$4.52
Advair Diskus 25	250/50	90	\$ 162.53	8	130.27	es es	32.26	\$ 161.30	00	(1.23)	
Albuterol 90mcg.	zg. Inhaler	17	13.45	s	9.82	s	3.63	\$ 18.15	49	4.70	
Albuterol 90mg	g. Inhaler	17	\$ 11.86	49	8.52	67	3.34	\$ 16.70	0	4.84	
Albuterol 90mcg. I	g. Inhaler	17	98.8	69	7.00	w	2.96	\$ 14.80	00	4.84	
Prednisone 20 i	mg. tablet	10	\$ 2,83	69	2.26	49	0.57	\$ 2.85	10	0.02	
Doxycycline 100	0 mg. tablet	20	5.30	w	4.08	63	1.22	\$ 6.10	0	0.80	
			\$ 205.93	5	161.95	8	43.98	\$ 219.90	00	57.95	Avg Spread/Rx for Ellen is \$9.65
			A CONTRACTOR CONTRACTOR								
			\$ 20,053.41 \$ 15,566.01	\$ 15,5	66.01	\$4,48	7.13	\$ 22,435.6	40	2,426,49	\$ 4,487.13 \$ 22,435.65 \$ 2,426.49 Avg. Spread/Rx on 546 Rxe is \$4.46

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By Russ Britt

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health insurer consolidation is

creating near-

monopolies in

reaches of the

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most dominant

firms grabbing

more market

virtually all

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Ken Fisher Makes The Call!

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Stock Market Outlook

Forbes columnist & money manager,

The study also shows that in 166 of 294 metropolitan areas, or 56%, a single insurer controls more than half the business in health maintenance organization (HMO) and preferred provider networks

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(PPO) underwriting.

"This problem is widespread across the country and it needs to be looked at," said Dr. Jim Rohack, an AMA trustee and physician in Temple, Texas. "The choices that patients have now are more difficult."

The AMA study cited a Justice Department benchmark in citing antitrust concerns, the Herfindahl-Hirschman Index, or HHI. A score above 1,000 shows "moderate" concentration. Those scoring above 1,800 yield a "high" concentration.

Figures show that 95% of the 294 HMO/PPO metropolitan markets studied were above 1,800. Raise that HHI bar even higher to 3,000 and yet more than half, or 67%, rise above it.

The AMA study is the latest piece of evidence -- and most comprehensive to date -- showing the market power of a few companies, and a large number of regional non-profit Blue Cross operations, is formidable and growing. And it comes at a time when premiums continue to grow at near double-digit rates.

Critics say that carriers are not only creating monopolies and oligopolies in many regions, they also control the other side of the equation in what is known as monopsony power. That means in addition to having the most enrollees, they're also the biggest purchasers of health care and can dictate prices and coverage terms.

It also makes it harder for new carriers to emerge as pricing already has been set by the dominant carrier.

That's particularly true in North Dakota, where the state's Blue Cross Blue Shield provider has, by various estimates, a roughly 90% share of the market, said Insurance Commissioner Jim Poolman. New carriers would have to pay more to health-care providers and charge less to policyholders to gain a foothold.

In North Dakota, there isn't much incentive for that, he added.

"It's difficult in a market of 640,000 people to write new insurance policies," Poolman said.

### 400 mergers

The AMA says there have been more than 400 mergers among health-care insurers in the past decade. As they've consolidated and presumably eliminated duplicative functions, they're not passing the savings in personnel and administrative costs on to consumers. Rate increases, though slowing, are higher than ever and growing at a near double-digit pace.

See related story on consumer impact of health-care mergers.

Studies by the Kaiser Family Foundation show double-digit premium hikes from 2001 to 2004 -- peaking with a 13.9% jump in 2003 -- have soared well above inflation and wages. Those categories have risen at rates less than a half to less than one-fifth that of insurance premiums, Kaiser says.

Last year, the string of double-digit jumps was broken but was close to that level with a 9.2% increase, the Kaiser study said. The foundation is not affiliated with the non-profit HMO of the same

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Some health insurance analysts have said the recent uptick in premiums is part of an "underwriting cycle" in which carriers go through a period of boosting profits, and then ease up on premium increases for several years. See related story.

But Gary Claxton, vice president at the Kaiser Family Foundation, contends fewer insurers mean the need for underwriting cycles has diminished. And it's likely that carriers will settle on the high side when it comes to premium increases.

"They won't get down to cost," he said. "They see it as their collective right not to cut prices too much."

David Colby, chief financial officer for WellPoint Inc. (WLP), the nation's largest carrier, disagreed. He said medical cost increases have forced his company to hike premiums, adding the percentage his company spends on actual medical care has remained constant in recent years.

"Our premiums are pretty much tracking what medical costs are doing," he said.

See interactive charts on the AMA study data.

### Regulators uninterested?

The AMA says it has taken up this antitrust issue with the U.S. Department of Justice but says it has run into roadblocks with regulators. AMA officials say regulators seem uninterested, even though government officials are more than willing to target doctors' groups and hospitals on antitrust matters.

Justice Department officials did not respond to requests for comment.

A former Justice official says, however, that the health insurance market doesn't operate by normal rules. Constance K. Robinson, the department's former director of operations, says there are a number of issues to consider when deciding if competition is hampered in a particular market.

A single carrier may have naturally accumulated huge market share as more consumers became less enchanted with rivals or a dominant carrier could be keeping medical costs down. Managed care plans have fallen into disfavor in many cases as well.

So if numbers show a high concentration of market power, there may be more to the story, she said.

"The answer any antitrust lawyer should tell you is, it depends," said Robinson, who left the department in late 2003 to become an antitrust lawyer in the private sector. "Health care is not a so-called normal market. You have different drivers."

WellPoint's Colby disputes the numbers in the AMA study, but acknowledges that the market shares of the largest companies have grown tremendously. WellPoint and UnitedHealth Group Inc. (UNH) are the two biggest carriers and are expected to dominate the forprofit landscape.

He expects other health-care mergers with any number of companies possible targets, including such giants as Cigna Corp. (CI), Aetna Inc.

(AET) and Humana Inc. (HUM)

Still, he says that in some cases, health mergers create economies of scale. Some insurers are able to initiate new medical programs off the savings from combining operations. WellPoint's recent merger with Anthem created direct savings of \$250 million alone, Colby said.

The Justice Department has looked into health-care mergers sporadically in the past. It forced Aetna to divest some of its holdings in Dallas and Houston when it acquired Prudential Insurance's health care business in 1999.

It also seeks divestiture of some properties in Boulder, Colo., and Tucson, Ariz., before UnitedHealth completes its buyout of Pacificare Health Systems. (PHS)

Other key mergers have gone through unscathed, though. Regulators deemed that the 2004 marriage of Blue Cross giants WellPoint (WLP) and Anthem posed no antitrust threat. Regulators found there were few overlapping markets between the two.

### Others following the issue

The AMA has studied the issue of growing health insurer monopolies for several years, and has a vested interest in the subject. It's trying to protect its doctors, who are concerned about declining reimbursements from carriers.

Yet other independent studies have shown similar findings in other health insurance circles.

The Government Accountability Office twice looked at the issue this decade, in 2000 and 2004, examining small-group insurers in roughly 41 states that submitted data. Small-group insurers cover companies with two to 50 employees.

The GAO found that heavy consolidation among small-group insurers has increased the average market share of each state's largest firm from 36.9% to 43.3%. That represents a 17.7% increase.

At the same time, the collective market share of the five largest small-group insurers in each state went up an average 12.5%. And findings show that in the four-year period, the number of carriers has dropped by 17.6% on average per state.

There's more. James Robinson, a health economics professor at the University of California at Berkeley, examined in late 2004 how many states had a high concentration of market share in the hands of a few.

Citing figures from Goldman Sachs Global Equity Research and insurer consultant InterStudy, Robinson found that in 42 states and the District of Columbia, antitrust concern was "high." Eleven more states triggered a "moderate" antitrust concern, under the HHI index used by the AMA.

"Further consolidation, and a further increase in entry barriers, is to be expected, as small local plans continue to sell out to the dominant carriers," he wrote in the industry journal Health Affairs in late 2004.

### States try to act

Some states are trying to take matters into their own hands.

Poolman, the North Dakota insurance commissioner, says he faces challenges "every day" when it comes to contending with the vast 90% market share of Blue Cross Blue Shield.

Although the local Blue Cross plan is operated by a not-for-profit firm, Noridian Mutual Insurance Co., it still often flexes its muscles, Poolman said. And it still can make money; it's just that such operations reinvest profits back into the business instead of paying shareholders.

"Their reserve rate is growing astronomically," Poolman said. The company's reserves now stand at 600% of its risk-based capital, triple what is needed to remain solvent, he said.

Noridian's huge market share appears to be a sore subject with the company. When asked to discuss the subject, spokesman Larry Gauper asked: "What advantage would that provide us, talking to you?" He then declined to comment.

Poolman said Noridian last fall proposed cutting reimbursements to a group of pharmacies by 40% to 80%. The company's powerful market position put pharmacies in a bind, forcing many to close. That would have cut services to roughly 4% of the state's residents.

"In many of these rural areas, the pharmacy is the only health care provider in that community," Poolman said. So the state intervened and cuts were limited to 20% to 40%, he said.

The state doesn't intervene in private business negotiations since it has no regulatory authority. But Poolman said in this case, with an insurer that had that kind of market clout, it was necessary.

"We used the bully pulpit of my office," he said. "We had a mild revolt on our hands. So I led the mutiny."

Poolman said Noridian hasn't been timid about throwing its weight around, but added the company's premium hikes have been less than the national average, roughly 6% to 6.5% a year.

### Maine's experience

For some states, the experience of having a dominant carrier hasn't been so grueling.

In Maine, WellPoint came to the rescue of the not-for-profit Blue Cross in the state several years ago, said Alessandro Iuppa, superintendent of insurance.

The AMA study maintains WellPoint controls two-thirds of the HMO/PPO market in Maine, but Iuppa said that could be close to three-fourths. The company's Colby believes that it's less than half.

In any case, Iuppa said the non-profit Blue Cross was in danger of insolvency. Then known as Anthem prior to its merger with WellPoint, the company took over. Since then, the insurer has been a fairly good corporate citizen, he added.

"It's not like they came in and picked off business," he said. Like North Dakota, the state's market is small and it would be tough to encourage more carriers to come in, he added.

But he says he is trying. Trouble is, not only are there market hurdles

to overcome, but regulatory difficulties. Maine forces carriers to insure prospective policyholders if they're able to pay; resulting in many not taking out policies until they're ill.

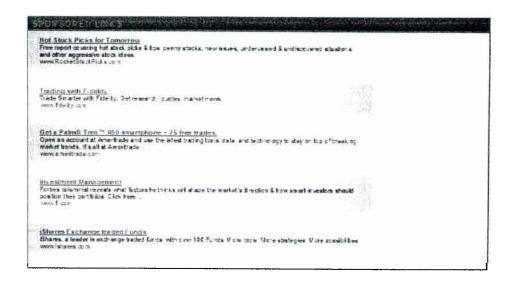
"I'm not particularly optimistic we're going to be able to do that," he said.

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### Blue Cross reserves: \$1 billion Glenn Howatt, Star Tribune - April 17, 2006

Blue Cross and Blue Shield of Minnesota has amassed more than \$1 billion in financial reserves but continues to raise health care premiums and shift costs to consumers, according to an investigation by Minnesota Attorney General Mike Hatch.

In a seven-volume report to be released today, the attorney general's office credited Blue Cross for trimming travel and entertainment expenses, but faulted the Eagan company for generous executive pay packages, high spending on consultants and accumulating \$1.1 billion in reserves, an amount 12 times greater than state law requires.

"The obligation of Blue Cross is to provide affordable health care," Hatch said. "Their statutory purpose is not to become the wealthiest nonprofit."

Officials in at least 12 other states have raised concerns about growing surpluses at local Blue Cross plans Some have called for customer rebates or funding health care for the uninsured.

A Minnesota Blue Cross official defended the reserves Wednesday, saying Hatch's office had overstated the company's financial position.

"We actually don't agree with the calculations that the attorney general has in his report," said President Colleen Reitan. "Our reserve levels are absolutely in keeping with both regulatory and auditing requirements."

Blue Cross acknowledged that it has \$693 million in surplus funds, which is about three to four times above state-required minimums. Reitan said it would be too risky to reduce the company's surplus to the mandatory minimum.

She added that its financial strength gives the company the ability to serve state residents with a variety of health plans.

Reitan said Blue Cross, which received a copy of the report Wednesday, will review Hatch's recommendations on consulting, compensation and expenses. But she said the company stands behind several health improvement initiatives criticized by Hatch, including its \$9 million "do" advertising campaign, which promotes physical fitness.

"[Hatch] really views health plans as playing a very narrow role," Reitan said. "We have an eye towards the long-term determinants of health care costs. We think it is central to the mission of the organization."

### Series of criticisms made

With 2.7 million members, Blue Cross is also a much more complex organization than when it became Minnesota's first health plan in 1933 and offered hospital insurance for a dime.

The Minnesota Blues have become a national player, selling health insurance to national companies through an agreement with the Blue Cross and Blue Shield Association, which coordinates with other Blues organizations. About one-third of its members don't live in the state.

They are also involved in multicompany partnerships that control prescription drug costs and market Medicare drug plans.

Hatch's Blue Cross review, which began 15 months ago, is the fourth his office has conducted of a nonprofit health care company. The first review, of Allina Health System, which at that time included Medica health plans, uncovered lavish spending on travel, executive perks, entertainment, gifts and consultants.

That review, released in 2001, triggered management and board changes at Allina and Medica. The health plan remained under Hatch's purview until Medica won its independence last year after a long court battle.

He called on Blue Cross, which had already made changes in response to the audits of Medica and HealthPartners, to tighten its spending policies on compensation, travel and consultants.

But his primary criticism was the size of the Blue Cross reserves.

"They ought to refund this money back to policyholders," Hatch said. He also criticized the Minnesota Commerce Department, which regulates insurers, for letting the Blues set aside the money, which appears on company financial statements but is not counted as part of its surplus.

"We have as many complaints about the regulator here as we do about the company," he said.

### Concerns raised elsewhere

The report said Blue Cross has used accounting gimmicks to inappropriately set aside \$174 million. Another \$50 million was moved to the Blue Cross Foundation, which has been giving away an average of \$1.7 million a year and "stockpiling" the rest, according to the report.

And \$190 million that Blue Cross has in three HMO subsidiaries aren't included in the surplus, contrary to national insurance standards.

"We have a very complacent regulator," said Hatch, who was commerce commissioner under Gov. Rudy Perpich. Commerce Department spokesman Pet Sexton said agency officials had not seen Hatch's report. But Assistant Commissioner Jackie Gardner said the national standard doesn't apply to Minnesota in this case because HMOs here are nonprofit, meaning that they have no corporate owners and that Blue Cross can't claim the assets.

The issue of Blue Cross subsidiaries has been raised in other states, said Laurie Sobel, senior staff attorney at Consumers Union, which is monitoring developments across the country.

"A lot of this is just a hide-the-money game," Sobel said. "We feel like there should be more transparency, and the surpluses don't need to so high."

Under a deal reached with Pennsylvania's governor, the Blue Cross plans serving that state agreed to spend \$1 billion of surplus funds over six years for community health activities, including basic health coverage for the uninsured.

Consumers Union found that the 38 nonprofit Blue Cross plans had a combined surplus of \$20 billion at the end of 2003, an increase of 30 percent from the previous year. Health care researchers are now analyzing 2005 financial statements, which were filed in most states a month ago, to see if competition has forced those surpluses to shrink.

Large reserves are of concern to health-care policy officials because they indicate that premiums could be too high. They also give an insurer the financial cushion to underbid competitors.

### School plans were questioned

Concerns about Blue Cross' market powers were raised last year in Minnesota after State Auditor Pat Anderson released a report criticizing the relationship between Blue Cross and several regional state cooperatives that buy health insurance for school districts and local governments.

The audit discovered that Blue Cross had employed a consultant who was also working for the cooperatives. It also said Blue Cross was not providing enough information to school districts, and questioned payments that Blue Cross was making to the cooperatives.

The Commerce Department said it would investigate Anderson's findings. Blue Cross said its arrangements with the cooperatives were appropriate and beneficial to schools and local governments.

Reitan said Hatch's misstatement of its reserves was one of the factual errors in the report. But she said the company will work with his office to make required changes.

Glenn Howatt I 612-673-7192



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## NCOIL TO EXPLORE CONTROVERSIAL PHARMACY BENEFIT MANAGER REGULATION

<u>Troy, New York, July 7, 2006</u> – Should a pharmacy benefit manager (PBM) be required to disclose confidential financial information? Are patients and physicians consulted when a drug is substituted for a prescribed treatment? Would a fiduciary duty requirement for PBMs increase the cost of prescription drugs?

The Health, Long-Term Care, and Health Retirement Issues Committee of the National Conference of Insurance Legislators (NCOIL) will investigate answers to these questions and will determine whether to proceed with controversial model legislation on Friday, July 21, during the July 20 through 23 NCOIL Summer Meeting in Boston, Massachusetts.

A special roundtable discussion, scheduled for 9:15 a.m. to 10:15 a.m., will provide a forum for legislators to ask questions of expert panelists representing interests ranging from health plans and PBMs to state agencies and pharmacists.

Scheduled to participate in the roundtable are Reginia Benjamin of the National Community Pharmacists Association (NCPA), David Czekanski of the Massachusetts Group Insurance Commission (GIC), Barbara Levy of the Pharmaceutical Care Management Association (PCMA), and Randi Reichel, who will represent America's Health Insurance Plans (AHIP).

Preliminary consideration of a proposed *Model Act Regarding Pharmacy Benefit Managers*, scheduled earlier from 8:00 a.m. to 9:15 a.m., will address key public policy

concerns. The model bill, sponsored by Delegate Harvey Morgan (VA), would, among other things, require that a PBM owe a fiduciary duty to a covered entity, provide transparency regarding financial and utilization information, disclose any conflict of interest presented by PBM activity, and follow drug substitution guidelines.

The Committee also will discuss current state PBM laws, as well as the status of bills introduced in state houses during the 2005-2006 legislative session.

NCOIL has considered PBM public policy issues for more than a year, including a special general session and a Committee hearing that featured debate on PBM practices.

The NCOIL Summer Meeting will be held at the Boston Park Plaza Hotel and Towers.

NCOIL is an organization of state legislators whose primary focus is insurance legislation and regulation. Many legislators active in NCOIL either chair or are members of the committees responsible for insurance legislation in their respective state houses across the Country. More information is available at <a href="https://www.ncoil.org">www.ncoil.org</a>.

For further details, please contact the NCOIL National Office at 518-687-0178 or at info@ncoil.org.

# # #

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