FINANCIAL RENEWAL AND TERMS AMENDMENT

This Amendment ("Amendment") is made to the Administrative Services Agreement ("Agreement") by and between United HealthCare Services, Inc. ("United") and City of Burleson ("Customer"), Contract No. 906435, and is effective on January 1, 2023 unless otherwise specified.

Any capitalized terms used in this Amendment have the meanings shown in the Agreement. These terms may or may not have been capitalized in prior contractual documents between the parties but will have the same meaning as if capitalized.

The agreements that are being amended include any and all amendments, if any, that are effective prior to the effective date of this Amendment.

Nothing shown in this Amendment alters, varies or affects any of the terms, provisions or conditions of the agreements other than as stated herein.

The parties, by signing below, agree to amend the agreements as contained herein.

City of Burleson	United HealthCare Services, Inc.
ByAuthorized Signature	ByAuthorized Signature
Print Name	Print Name
Print Title	Print Title
Date	Date

Renewal 3Q 2022 Agreement No. 19277.6

The Administrative Services Agreement is amended on January 1, 2023 as noted below.

This Amendment will not affect any of the terms, provisions or conditions of the Agreement except as stated herein. Following the Effective Date and after Customer has provided one (1) months' worth of claims funding, this Amendment is deemed executed by the parties.

All references to out of network programs in the Agreement, each as applicable, are replaced in their entirety. As such, Section A1 Network in Exhibit A is amended to include the following sub-section:

Out of Network Programs. United offers out of network programs that strive to increase savings to Customer by accessing discounts or negotiating reductions on out of network claims. United offers a mix of out of network programs that offer varying degrees of discounts, consumer advocacy, and cost controls. Customers elected out of network programs are identified in Exhibit B – Fees. Programs are subject to change or termination at United's discretion.

EXHIBIT B - FEES

The Medical Fees ("Fees") are as stated below. Customer acknowledges that Fees paid for administrative services are reasonable. If authorized by Customer pursuant to this Agreement or by subsequent authorization, certain Fees will be paid through a withdrawal from the Bank Account. These Fees do not include state or Federal surcharges, assessments, or similar Taxes imposed by governmental entities or agencies on the Plan or United, including but not limited to those imposed pursuant to The Patient Protection and Affordable Care Act of 2010, as amended from time to time as these are the responsibility of the Plan.

Medical Fees

The following financial terms are effective for the period January 1, 2023 through December 31, 2024, unless otherwise specified.

Final Claims Fiduciary: United Prescription Drug List: Traditional

Effective January 1, 2023 through December 31, 2024:

Average Contract Size: 2.20

The Fees include a Pharmacy Administrative Fee credit in the amount of \$41.81 per Employee per month.

The Fees listed below are based upon an estimated minimum of 337 enrolled Employees.

\$4.56 per Employee per month.

Effective January 1, 2024 through December 31, 2024:

Average Contract Size: 2.21

The Fees include a Pharmacy Administrative Fee credit in the amount of \$43.00 per Employee per month.

The Fees listed below are based upon an estimated minimum of 353 enrolled Employees.

\$4.56 per Employee per month

Credits

Effective January 1, 2023 through December 31, 2023:

Communication Credit

United will provide a communication credit to help Customer mitigate costs associated with communications to Participants. The communication credit will be paid through a credit to Customer's fees after (a) the Agreement is executed and (b) the first month's fees have been received by United. If Customer terminates the Agreement prior to December 31, 2023, Customer will pay United a prorated portion of this credit.

\$10,000 Communication credit per year

Wellness Allowance

United will provide a wellness allowance so Customer may enhance Customer medical benefits during the term of the Agreement. The wellness allowance may be used at Customer's discretion as Customer utilizes wellness programming and services from United. If Customer terminates the Agreement prior to December 31, 2023, Customer will pay United a prorated portion of this credit.

\$30,000 Wellness allowance per year

Effective January 1, 2024 through December 31, 2024:

Communication Credit

United will provide a communication credit to help Customer mitigate costs associated with communications to Participants. The communication credit will be paid through a credit to Customer's fees after (a) the Agreement is executed and (b) the first month's fees have been received by United. If Customer terminates the Agreement prior to December 31, 2024, Customer will pay United a prorated portion of this credit.

\$15,000 Communication credit per year

Wellness Allowance

United will provide a wellness allowance so Customer may enhance Customer medical benefits during the term of the Agreement. The wellness allowance may be used at Customer's discretion as Customer utilizes wellness programming and services from United. If Customer terminates the Agreement prior to December 31, 2024, Customer will pay United a prorated portion of this credit.

\$35,000 Wellness allowance per year

Pharmacy Ongoing Auditing Reimbursement

United will provide reimbursement towards an ongoing audit, subject to United's standard requirements regarding prior notice, confidentiality, length, time and place and findings. Charges above this amount will be Customer's liability. The audit reimbursement will be paid to Customer after (a) the Agreement is executed, (b) the audit has been completed and (c) the total actual cost of the audit has been determined and documented by Customer. [If Customer terminates the Agreement prior to December 31, 2024, Customer will pay United a prorated portion of this credit.

\$25,000 audit reimbursement first year only

Payment Integrity Services

Service Description	Fee
Advanced Analytics and Recovery	24% of the gross recovery amount
United's large-scale analytics to identify additional	
recovery opportunities.	
• Claims re-examined every month for up to 12 months.	
Post-adjudicated claims.	
Coordination of Benefits ("COB")	No additional Fee.
Verify primary/secondary payer accuracy	
 Identify claims to be investigated using a layered 	
approach to identify other primary payers:	
Eligibility match to other commercial payers	
2. Eligibility match to Medicare	
[3. Eligibility match to newly enrolled Medicaid	
members	
4. Eligibility match to membership validation vendors	
using proprietary algorithms	

	Service Description	Fee
	5. Additional oversight and identification of primary	
	payers using United professional resources	
	6. Advanced analytics using COB-specific triggers to	
	identify primary payers]	
•	Correct pre-adjudicated claims prior to claim payment	
•	Update claims systems with other primary/secondary	
	payers' information	
•	COB indicators set to edit subsequent claims with	
	primary/secondary payers' information	
Cre	edit Balance Recovery	10% of the gross recovery amount.
•	Review, validate, and recover credit balances (dollars)	
	on existing patient accounts through a combination of	
	analysis and technology.	
•	On-site at hospitals and facilities.	
	Post-adjudicated claims.	
Foo	cused Claim Review	22% of the gross recovery amount.
•	Review of claims for inappropriate billing of services	
	not documented in clinical notes.	
•	Board certified, same-specialty medical directors.	
•	Pre-adjudicated claims or post-adjudicated claims.	
Fra	aud, Waste, and Abuse Management	22% of the gross recovery or prevented amount
•	Detection and recovery of wasteful, abusive, and/or	
	fraudulent claims.	
•	Search claims for patterns which indicate possible	
	waste or error by identifying specific claims for	
	additional review.	
•	Pre-adjudicated claims or post-adjudicated claims.	
Hos	spital Bill and Premium Audit Services	22% of the gross recovery amount
•	In-depth review of hospital medical records or other	
	related documentation compared to claimed amounts to	
	ensure billing accuracy.	
•	Post-adjudicated claims.	
Liti	igation and Arbitration Fees for Recoveries	Outside attorneys' fees and costs or administrative process
•	Litigation, arbitration, or other judicial process to	fees will be deducted from the gross recovery prior to the
	recover any Overpayments and other Plan recovery	assessment of any applicable United fees (as indicated in this
	opportunities.	Exhibit).
•	Outside attorneys' fees and costs or administrative	
	process fees directly incurred with litigation,	
	arbitration, or other judicial process.	
	Pre-adjudicated claims or post-adjudication claims.	22.220/ -f.4blibli
	ird Party Liability - Subrogation and Injury	33.33% of the applicable savings amount.
Co	verage Coordination Services to prevent the payment of Plan benefits, or	
•	recover Plan benefits, which should be paid by a third	
	party.	
	Does not include benefits paid in connection with	
1	coordination of benefits, Medicare, or other	
	Overpayments.	
	Pre-adjudicated claims or post-adjudicated. claims.	
	stomer will not engage any entity except United to	
	vide such services without prior United approval.	
pro	viue such services without prior United approval.	

Other Fees

Service Description	Fee
Maximum Non-Network Reimbursement Program	No additional Fee
Offers a reimbursement methodology for non-	
emergency non-network claims.	

Service Description	Fee
United's reasonable and customary charge guidelines	No additional Fee
Provides guidelines for out of network surgical,	
medical, lab, and x-ray claims.	
Shared Savings Program	29% of the Savings Obtained as a result of the program.
Provides savings on select non-Network facility and	Savings Obtained means the amount that would have been
physician claims that are not eligible for standard	payable to a health care provider if no discounts were
network discounts.	available, including amounts payable by both the Participant
	and the Plan, minus the amount that is payable to the health
Provides access to established or discounted	care provider after the discount is taken, including amounts
reimbursement amounts from health care providers	payable by both the Participant and the Plan.
who contract, accept, or negotiate with a United or	payable by both the ratherpant and the rian.
third party.	The servings used to coloulate the fee man individual claim
Does not include credentialing of providers or other	The savings used to calculate the fee per individual claim for the program shall not exceed \$50,000. Accordingly, the
Network services as set forth in the Agreement.	fee per individual claim will not exceed 29% of \$50,000
E-41D-2	
External Reviews	If and when applicable, for each subsequent external review
	beyond the limited number of free reviews based upon
	Customer's total enrollment, a fee of \$500 will apply per
Induced Date on Fig. 141 1 6 22 22 14	review.
Interest Rate on Fees and Underfunding Bank Account	Prime rate plus 4%
Run-out Claims Administration	As elected by Customer upon termination:
6 months of runout	6 months of run-out: 2 months of Administration Fees
Pharmacy Benefit Rebates - Termination	Pursuant to the termination section of this Agreement, if
	Customer terminates the Pharmacy Benefit Services portion
	of this Agreement only during the Term of the Agreement
	and termination is for any reason other than for cause, United
	may retain all Rebates that have not been remitted to
	Customer as of the effective date of such termination.
Consolidated Appropriations Act, 2021 ("CAA")	For the 2023 plan year, United will not charge separate
Support Services. United will support Customer's	services fees outside of base rates for the CAA Support
compliance with the requirements of the CAA, including	Services. United shall notify Customer of United's intent to
the No Surprises Act ("NSA"), by the respective	apply a charge for any support services or information
enforcement date as follows:	provided if additional regulatory guidance changes the final
	compliance requirements . Customer remains responsible
NSA medical billing and the independent dispute	for the government agency administration assessment and
resolution ("IDR"):	fees charged by the IDR arbitrator.
 United will determine if a claim is subject to the 	
NSA billing protections.	Fees for CAA Support Services for plan years after 2023
 If United and a provider are unable to come to 	will be provided at a future date once regulatory guidance is
an agreement within the prescribed negotiation	received and final compliance requirements are determined.
period for a claim subject to the NSA billing	
protections, United will manage, direct, and	
make decisions and submissions to support the	F 1 2024 1 11 11 11 11
IDR for Customer.	For the 2024 plan year, United will not charge separate
All qualifying payment amounts under the NSA	services fees outside of base rates for the CAA Support
will be calculated based on an insurance market	Services. United shall notify Customer of United's intent to
across all self-insured group health plans	apply a charge for any support services or information
administered by United.	provided if additional regulatory guidance changes the final
 United will not be using third party provider 	compliance requirements . Customer remains responsible
networks for services covered by the NSA.	for the government agency administration assessment and
o The fees for programs in which the parties share	fees charged by the IDR arbitrator.
in the savings achieved off a provider's billed	
charge will continue to apply to all services	Fees for CAA Support Services for plan years after 2024
covered under the NSA.	will be provided at a future date once regulatory guidance is
 Customer shall fund all settlement amounts and 	received and final compliance requirements are determined.
payments required as a result of any IDR process	
decision through the Bank Account.	
 Customer shall fund the IDR administration fee 	
and all IDR arbitrator fees through the Bank	
Account.	
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Service Description	Fee
Revised medical Plan ID cards (if United provides	
Plan Participants with ID cards currently).	
Provider directory enhancements.	
Continuity of care and external appeals support for	
surprise medical bills.	
Support related to Mental Health Parity Non-	
Quantified Treatment Limitations audits initiated by	
the U.S. Department of Labor, U.S. Department of	
Health and Human Services or the U.S. Department	
of Treasury.	
Provide language to support Customer's anti-gag	
clause attestation requirement.	
Prepare and file pharmacy benefits and drug cost	
reports.	
Prepare and file air ambulance claims reports.	
Provide and maintain price comparison information to Participants by telephone and online	
to Participants by telephone and online. Health Plan Transparency in Coverage Rule ("TiC")	For the 2023 plan year, United will not charge separate
Support Services. United will support Customer's	services fees outside of base rates for the TiC Support
compliance with the requirements of the TiC by the	Services.
respective enforcement date as follows:	Services.
Machine-readable files accessible via a publicly	
available website, which Customer will be able to	For the 2024 plan year, United will not charge separate
access and link to Customer's own website.	services fees outside of base rates for the TiC Support
A cost estimator tool available online for Plan	Services.
Participants for the items and services as required	
each year.	

Disclosure: A United affiliate provides payment services to the healthcare industry and offers medical providers with various payment methods and options, including electronic payments, virtual cards and checks. Some options are available to medical providers for a fee and may result in the receipt of transaction fees or other compensation (e.g., 1% to 3% of the total transaction amount) by a United affiliate. This has no impact on the Fees paid by Customer under this Agreement.

Dental Fees

The following financial terms are effective for the period January 1, 2023 through December 31, 2024, unless otherwise specified.

The Fees listed below are based upon an estimated minimum of 348 enrolled Employees.

\$4.15 per Employee per month.

Average Contract Size: 2.25

Run-out Claims Administration: 12 months of runout; additional months are available at an additional cost

The following financial terms are effective for the period January 1, 2024 through December 31, 2024, unless otherwise specified.

The Fees listed below are based upon an estimated minimum of 399 enrolled Employees.

\$4.15 per Employee per month.

Average Contract Size: 2.14

Run-out Claims Administration: 12 months of runout; additional months are available at an additional cost

EXHIBIT C -GUARANTEES

The Fees at risk do not include Customer-elected optional and non-standard programs Fees, all credits, Payment Integrity Programs Fees, Out-of-Network Programs Fees, Commission Funds, Consultant Funds, and ancillary product Fees.

The Fees payable by Customer under this Agreement will be adjusted through a credit to its fees in accordance with the guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees are effective for the period beginning January 1, 2023 through December 31, 2024 (each twelve month period is a "Guarantee Period"). With respect to the aspects of United's performance addressed in this exhibit, these fee adjustments are Customer's exclusive financial remedies.

United shall not be required to meet any of the guarantees provided for in this Agreement or amendments thereto to the extent United's failure is due to Customer's actions or inactions or if United fails to meet these standards due to fire, embargo, strike, war, accident, act of God, acts of terrorism or United's required compliance with any law, regulation, or governmental agency mandate or anything beyond United's reasonable control.

Prior to the end of the Guarantee Period, and provided that this Agreement remains in force, United may specify to Customer in writing new guarantees for the subsequent Guarantee Period. If United specifies new guarantees, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

Claim is defined as an initial and complete written request for payment of a Plan benefit made by an enrollee, physician, or other healthcare provider on an accepted format. Unless stated otherwise, the claims are limited to medical claims processed through the UNET claims systems. Claims processed and products administered through any other system, including claims for other products such as vision, dental, flexible spending accounts, health reimbursement accounts, health savings accounts, or pharmacy coverage, are not included in the calculation of the measurements. Also, services provided under capitated arrangements are not processed as a typical claim, therefore capitated payments are not included in the measurements.

In the event any of the terms herein are inconsistent with the requirements of any federal, state or other applicable law or regulation, then the inconsistent terms will be null and void and United will have the right to revise, reprice or revoke this arrangement.

The following guarantees are effective January 1, 2023 through December 31, 2023:

	Pharmacy Financials			
Definition	Contracted pharmacy rates that will be delivered to You.			
Measurement		01/01/2023		
and Criteria	Combined Discount Guarantee - Standard Select/CVS Netwo	rk		
	Retail Brand, Average Wholesale	20.0%		
-	Price (AWP) less Retail Brand 90 Day Supply,	24.0%		
	AWP less Retail Generic - 30 and 90 Day Supply, AWP less	82.0%		
	Mail Order Brand, AWP less	26.2%		
	Mail Order Generic, AWP less	84.0%		
	The Guaranteed Discount amount will be determined by multiplying the AWP by the off AWP by each component and adding the amounts together.	e guaranteed discount		
	Dispensing Fees - Standard Select/CVS Network			
	Retail Brand - 30 Day	\$0.55		
_	Retail Brand 90 Day Supply	\$0.30		
	Retail Generic - 30 Day	\$0.55		
	Retail Generic 90 Day Supply	\$0.30		
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by for that script type.	the contracted rate		

	Fixed Rebate Guarantee (Traditional PDL)					
_	Basis, per script Brand					
	Retail - 30 and 90 Day \$254.90					
	Mail Order \$563.30					
	Specialty Included In Retail Included In Retail Included In Retail					
	Credits and Allowances					
	Rebate Fee Credit (PEPM) \$41.81					
Level	Customer Specific					
Period	Annually					
Payment Period	Annually					
Payment Amount Discounts	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.					
Payment Amount Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.					
Payment Amount Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.					
Conditions	Discount & Dispense Fee Specific Conditions					
_	• Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component.					
	Does not apply to items covered under the Plan for which no AWP measure exists.					
	Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP.					
	• The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims.					
_	• The Arrangement excludes usual & customary claims, vaccines, long term care facility claims, over-the-counter claims.					
	The Arrangement includes veterans' affairs facility claims.					
-	• The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.					
-	The Mail Order guarantee includes drugs dispensed for 46 days or greater.					
-	• When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees.					
-	• Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees.					
-	• Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None. Rebate Specific Conditions					
	 Assumes implementation of United's Traditional PDL Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation. 					
	• Calculation of the guaranteed rebate amount will exclude ineligible claims including claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims), claims approved by formulary exception, claims not covered by Customer's benefit design or PDL, claims from 340B, long term care or federal government pharmacies, claims for non-FDA approved products, compound drugs, consumer card or discount card program claims and direct member reimbursement claims.					

- "Rebate Credit" is a credit towards the achievement of the guaranteed Rebate amount, and/or Rebate Fee Credit. The Rebate Credit is applied in the event of a change impacting the level of Rebates expected as a result of the availability of clinically comparable lower Rebate drugs. The Rebate Credit is calculated as the difference in pharmaceutical manufacturer revenue between what United would have invoiced pharmaceutical manufacturers if the Customer continued to prefer the originator brand product and the actual pharmaceutical manufacturer revenue received after favoring the new product (e.g. biosimilar, an authorized brand alternative, reduction of wholesale acquisition cost (WAC) on a Brand Drug subject to Rebates, launch of a lower cost non-Generic Drug alternative). The Rebate Credit does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection.
- United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:
- if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level
- in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates
- if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
- if Customer changes or does not elect an incented plan design
- United will pay Fixed Rebates consistent with the Agreement. To the extent Rebates paid to United exceed the Fixed Rebate amount, We will retain the excess, including any Rebates United may earn on prescription drug products in any tiers not included in this arrangement and any related interest.
- Specialty rebates are included in the guaranteed retail per-script rebates above.
- Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement.
- If Customer terminates pharmacy benefit services with United prior to the end of the Pharmacy Pricing Term, United will retain any and all pending or future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services.
- Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None.
- Vaccines are excluded from the claim counts.

Credits and Allowances

• Rebate Fee Credit: In addition to the guaranteed rebates, Customer will receive a rebate fee credit. Under this arrangement, rebates retained by United are used to lower the medical administration fee.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2023 through 12/31/2023 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period.
- Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.
- Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 are excluded from all guarantees.
- On mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.
- Pricing and guarantees assume enrollment of 337 Employees and 742 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.
- The lessor of three logic (non-ZBL) will apply to Participant payments. Participants pay the lessor of the discounted price, the usual and customary charge or the cost share amount.
- All pricing guarantees require the selection of United as the exclusive mail provider.

United will have no financial guarantee obligation under the Agreement for any partial Guarantee Period if Customer terminates prior to the end of the Pharmacy Pricing Term.

plicable law or regulation require modifications; b) there are material changes to the AWP as published the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit anges that impact the arrangements; d) there is a material industry change in pricing methodologies sulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our tial quote; f) if Customer changes their mail service benefit; g) Customer utilizes a vendor, that cilitates steering members to different drugs or pharmacies to the extent these services impact the lancial guarantees under this Agreement.
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TRRX (02/2022)

	Specialty Pharmacy				
	Specialty Pharmacy Discount Guarantee				
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network. United reserves the right to change the designation of a drug from specialty to non-specialty based on market conditions.				
Measurement	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below. Specialty drugs not included on the list below and dispensed through United's specialty Pharmacy Network will be guaranteed at a discount of 14.0%.				
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through our specialty Pharmacy Network will be multiplied against the discount targets for the individual drugs to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period. The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate 14.0% discount applies. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.				
Level	Customer Specific				
Period	Annual				
Payment Period	Annual				
Payment Amount	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.				
Conditions	• Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off AWP.				
	 Specialty drugs dispensed outside United's specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded. Listed drugs which cease to be defined as specialty drugs during the Guarantee Period will be reconciled outside of the Specialty Pharmacy guarantee in the channel in which they are dispensed (retail or mail order). Specialty drugs typically covered under the medical benefit (administered / handled by a provider, 				
	administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees. • United reserves the right to revise or revoke this guarantee if: a) changes in federal, state or other				
	applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark				
	• On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.				

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	14.5%	INFLAMMATORY CONDITIONS	ILUMYA	14.1%
ANEMIA	EPOGEN	13.3%	INFLAMMATORY CONDITIONS	KEVZARA	9.9%
ANEMIA	PROCRIT	13.6%	INFLAMMATORY CONDITIONS	KINERET	13.5%
ANEMIA	RETACRIT	14.1%	INFLAMMATORY CONDITIONS	OLUMIANT	12.5%
ANTICONVULS ANT ANTICONVULS	DIACOMIT	12.5%	INFLAMMATORY CONDITIONS INFLAMMATORY	ORENCIA	14.2%
ANT ANTICONVULS	EPIDIOLEX	12.5%	CONDITIONS INFLAMMATORY	OTEZLA	14.0%
ANT ANTIHYPERLIP	FINTEPLA	10.4%	CONDITIONS INFLAMMATORY	RIDAURA	14.1%
IDEMIC ANTI-	JUXTAPID	13.2%	CONDITIONS INFLAMMATORY	RINVOQ	14.1%
INFECTIVE ANTI-	ARIKAYCE	13.0%	CONDITIONS INFLAMMATORY	SILIQ	11.4%
INFECTIVE ANTI-	DARAPRIM PYRIMETHAMI	12.5%	CONDITIONS INFLAMMATORY	SIMPONI	14.1%
INFECTIVE	NE SEND 4	12.5%	CONDITIONS INFLAMMATORY	SKYRIZI	18.1%
ASTUMA	FASENRA	12.5%	CONDITIONS INFLAMMATORY CONDITIONS	STELARA	16.1%
ASTHMA ASTHMA	NUCALA XOLAIR	12.5%	INFLAMMATORY CONDITIONS	TALTZ TREMFYA	11.4%
CARDIOVASCU LAR	DROXIDOPA	33.1%	INFLAMMATORY CONDITIONS	XELJANZ	14.1%
CARDIOVASCU LAR	NORTHERA	14.0%	INFLAMMATORY CONDITIONS	XELJANZ XR	14.1%
CARDIOVASCU LAR	VYNDAMAX	15.2%	IRON OVERLOAD	DEFERASIROX	66.4%
CARDIOVASCU LAR	VYNDAQEL	12.5%	IRON OVERLOAD	EXJADE	12.1%
CNS AGENTS	AUSTEDO	13.5%	IRON OVERLOAD	FERRIPROX	12.5%
CNS AGENTS	ENSPRYNG	11.9%	IRON OVERLOAD	JADENU	13.5%
CNS AGENTS CNS AGENTS	FIRDAPSE HETLIOZ	10.4%	LIVER DISEASE MONOCLONAL ANTIBODY MISCELLANEOUS	OCALIVA BENLYSTA	15.0%
CNS AGENTS	INGREZZA	13.0%	MOOD DISORDER DRUGS	SPRAVATO	13.5%
CNS AGENTS	RILUTEK	13.5%	MULTIPLE SCLEROSIS	AMPYRA	11.7%
CNS AGENTS	RILUZOLE	92.6%	MULTIPLE SCLEROSIS MULTIPLE	AUBAGIO	12.5%
CNS AGENTS	RUZURGI	11.4%	SCLEROSIS MULTIPLE	AVONEX	14.0%
CNS AGENTS	SABRIL TETRABENAZI	16.1%	SCLEROSIS MULTIPLE	BAFIERTAM	14.0%
CNS AGENTS	NE NE	48.5%	SCLEROSIS MULTIPLE	BETASERON	14.1%
CNS AGENTS	TIGLUTIK	10.4%	SCLEROSIS	COPAXONE	14.7%

CNS AGENTS	VIGABATRIN	17.6%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	92.8%
CNS AGENTS	VIGADRONE	16.6%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	79.4%
			MULTIPLE		
CNS AGENTS	XENAZINE	15.5%	SCLEROSIS MULTIPLE	EXTAVIA	14.1%
CNS AGENTS	XYREM	6.3%	SCLEROSIS	GILENYA	14.0%
CNG A CENTE	3/3/33/ 4.3/	7.20/	MULTIPLE	CI ATID AND	70.40/
CNS AGENTS CYSTIC	XYWAV	7.3%	SCLEROSIS MULTIPLE	GLATIRAMER	79.4%
FIBROSIS	BETHKIS	11.4%	SCLEROSIS	GLATOPA	79.4%
CYSTIC FIBROSIS	CAYSTON	14.5%	MULTIPLE SCLEROSIS	KESIMPTA	14.0%
CYSTIC			MULTIPLE		
FIBROSIS CYSTIC	KALYDECO	13.5%	SCLEROSIS MULTIPLE	MAVENCLAD	14.0%
FIBROSIS	KITABIS PAK	12.5%	SCLEROSIS	MAYZENT	14.0%
CYSTIC			MULTIPLE		
FIBROSIS CYSTIC	ORKAMBI	13.5%	SCLEROSIS MULTIPLE	PLEGRIDY	13.5%
FIBROSIS	PULMOZYME	15.0%	SCLEROSIS	PONVORY	10.9%
CYSTIC			MULTIPLE		200,70
FIBROSIS	SYMDEKO	13.5%	SCLEROSIS	REBIF	14.0%
CYSTIC FIBROSIS	TOBI	13.8%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	14.0%
CYSTIC	TOBI		MULTIPLE		
FIBROSIS	PODHALER	13.8%	SCLEROSIS	TECFIDERA	14.0%
CYSTIC FIBROSIS	TOBRAMYCIN	69.1%	MULTIPLE SCLEROSIS	VUMERITY	12.5%
CYSTIC			MULTIPLE		
FIBROSIS	TRIKAFTA	13.5%	SCLEROSIS MUSCULOSKELET	ZEPOSIA	12.5%
ENDOCRINE	BUPHENYL	14.8%	AL AGENTS	EVRYSDI	7.3%
ENDOCRINE	BYNFEZIA	8.3%	NARCOLEPSY	WAKIX	13.5%
ENDOCRINE	CARBAGLU	7.3%	NEUTROPENIA	FULPHILA	13.8%
ENDOCRINE	CHENODAL	9.4%	NEUTROPENIA	GRANIX	13.8%
ENDOCRINE	CLOVIQUE	33.1%	NEUTROPENIA	LEUKINE	13.8%
ENDOCRINE	CUPRIMINE	14.1%	NEUTROPENIA	NEULASTA	13.8%
ENDOCRINE	CYSTADANE	10.4%	NEUTROPENIA	NEUPOGEN	13.8%
ENDOCRINE	CYSTADROPS	10.4%	NEUTROPENIA	NIVESTYM	13.8%
ENDOCRINE	CYSTARAN	13.0%	NEUTROPENIA	NYVEPRIA	11.4%
ENDOCRINE	DEPEN TITRATABS	14.0%	NEUTROPENIA	UDENYCA	13.8%
ENDOCRINE	D-PENAMINE	13.0%	NEUTROPENIA	ZARXIO	13.8%
ENDOCRINE	EGRIFTA	13.5%	NEUTROPENIA	ZIEXTENZO	13.5%
ENDOCRINE	FIRMAGON	13.5%	ONCOLOGY - INJECTABLE	ELIGARD	12.6%
ENDOCRINE	GATTEX	14.8%	ONCOLOGY - INJECTABLE	INTRON A	13.5%
			ONCOLOGY -		
ENDOCRINE	H.P. ACTHAR	13.5%	INJECTABLE	LEUPROLIDE	62.9%
ENDOCRINE	IMCIVREE	13.5%	ONCOLOGY - INJECTABLE	SYNRIBO	13.8%
ENDOCRINE	ISTURISA	10.4%	ONCOLOGY - ORAL	ABIRATERONE	82.5%
ENDOCRINE	JYNARQUE	12.5%	ONCOLOGY - ORAL	AFINITOR	14.1%

ENDOCRINE	KEVEYIS	13.0%	ONCOLOGY - ORAL	AFINITOR DISPERZ	14.1%
ENDOCRINE	KORLYM	11.4%	ONCOLOGY - ORAL	ALECENSA	14.1%
ENDOCRINE	KUVAN	12.7%	ONCOLOGY - ORAL	ALKERAN	15.4%
ENDOCRINE	MYALEPT	7.3%	ONCOLOGY - ORAL	ALUNBRIG	11.9%
ENDOCRINE	NATPARA	13.2%	ONCOLOGY - ORAL	AYVAKIT	14.5%
ENDOCRINE	NITYR	13.0%	ONCOLOGY - ORAL	BALVERSA	13.5%
ENDOCRINE	OCTREOTIDE ACETATE	56.8%	ONCOLOGY - ORAL	BEXAROTENE	33.5%
ENDOCRINE	PENICILLAMIN E	33.1%	ONCOLOGY - ORAL	BOSULIF	13.5%
ENDOCRINE	PROCYSBI	7.3%	ONCOLOGY - ORAL	BRAFTOVI	14.0%
ENDOCRINE	RAVICTI	15.0%	ONCOLOGY - ORAL	BRUKINSA	13.0%
ENDOCRINE	SAMSCA	13.5%	ONCOLOGY - ORAL	CABOMETYX	12.5%
ENDOCRINE	SANDOSTATIN	13.8%	ONCOLOGY - ORAL	CALQUENCE	13.5%
ENDOCRINE	SAPROPTERIN	41.3%	ONCOLOGY - ORAL	CAPECITABINE	82.5%
ENDOCRINE	SIGNIFOR	7.3%	ONCOLOGY - ORAL	CAPRELSA	9.4%
ENDOCRINE	SODIUM PHENYLBUTYR ATE	33.1%	ONCOLOGY - ORAL	COMETRIQ	13.0%
ENDOCRINE	SOMATULINE DEPOT	13.5%	ONCOLOGY - ORAL	COPIKTRA	14.5%
ENDOCRINE	SOMAVERT	10.6%	ONCOLOGY - ORAL	COTELLIC	12.5%
ENDOCRINE	SYPRINE	13.5%	ONCOLOGY - ORAL	DAURISMO	12.5%
ENDOCRINE	THIOLA	11.4%	ONCOLOGY - ORAL	ERIVEDGE	12.5%
ENDOCRINE	TOLVAPTAN	33.1%	ONCOLOGY - ORAL	ERLEADA	13.5%
ENDOCRINE	TRIENTINE	84.6%	ONCOLOGY - ORAL	ERLOTINIB	33.1%
ENDOCRINE	XERMELO	13.0%	ONCOLOGY - ORAL	ETOPOSIDE	33.1%
ENDOCRINE	XURIDEN	12.5%	ONCOLOGY - ORAL	EVEROLIMUS	45.4%
ENZYME DEFICIENCY	CHOLBAM	4.2%	ONCOLOGY - ORAL	FARYDAK	11.4%
ENZYME DEFICIENCY	CYSTAGON	10.9%	ONCOLOGY - ORAL	FOTIVDA	13.2%
ENZYME DEFICIENCY	GALAFOLD	14.0%	ONCOLOGY - ORAL	GILOTRIF	7.3%
ENZYME DEFICIENCY	MIGLUSTAT	33.1%	ONCOLOGY - ORAL	GLEEVEC	15.4%
ENZYME DEFICIENCY	NITISINONE	33.1%	ONCOLOGY - ORAL	GLEOSTINE	15.4%
ENZYME DEFICIENCY	ORFADIN	2.2%	ONCOLOGY - ORAL	HYCAMTIN	14.8%
ENZYME DEFICIENCY	PALYNZIQ	11.4%	ONCOLOGY - ORAL	IBRANCE	14.0%

DEFICIENCY STRENSIQ 11.3% ORAL ICLUSIG 12.7% ENZYME OROLOGY DEFICIENCY SUCRAID 12.2% ORAL IDHIFA 14.5% IDHIFA IDHIF	ENZYME	l I		ONCOLOGY -	1	ı ı
INJYME DEFICIENCY SUCRAID 12.2% ORAL IDHIFA 14.5%		STRENSIO	11.3%		ICLUSIG	12.7%
DEFICIENCY SUCRAID 12.2% ORAL IDHIFA 14.5%		BTREATING	11.570		ICECSIG	12.770
ENZYME		SUCRAID	12.2%		IDHIFA	14 5%
DEFICIENCY		SCCRID	12.270			14.570
INDEPTION DEPTION DE		TECSEDI	7 30%		· ·	02 3%
DEFICIENCY		TEGSEDI	7.5%		MESILATE	92.3%
GAUCHERS DISCASE CERDELGA 13.5% ONCOLOGY DISCASE CERDELGA 13.5% ORAL INLYTA 13.6% DISCASE CERDELGA 13.5% ORAL INLYTA 13.6% DISCASE		ZAMESCA	7.20/		IMPRIMICA	1.4.00/
DISEASE CERDELGA 13.5% ORAL INLYTA 13.6%		ZAVESCA	7.5%		IMBRUVICA	14.0%
GENETIC DISORDER DOJOLVI 15.0% ORAL INQOVI 10.4% ORAL ORCOLOGY - DISORDER ZOKINYY 13.5% ORAL ORAL INREBIC 12.5% ORAL		CEDDEL CA	12.50/		DH SZELA	12.60/
DISORDER DOJOLVI 15.0% ORAL INQOVI 10.4% GENETIC OROCOLOGY - ORAL INREBIC 12.5% ORAL INREBIC ORAL INREBIC ORAL INREBIC ORAL ORAL INREBIC ORAL		CERDELGA	13.5%		INLYIA	13.6%
DENCIDER CONCOLOGY - DINCE DISORDER CONCOLOGY - DEFICIENCY GENOTROPIN 14.1% ONCOLOGY - DEFICIENCY GENOTROPIN 14.7% ORAL JAKAFI 12.5% ONCOLOGY - DEFICIENCY HUMATROPE 14.5% ONCOLOGY - DEFICIENCY ORAL KISQALI DEFICIENCY ORAL FEMARA 15.0% ONCOLOGY - DEFICIENCY ORAL FEMARA DONCOLOGY - DEFICIENCY ONCOLOGY - DEFICIENCY ONCOLOGY - DEFICIENCY ONCOLOGY - DEFICIENCY ONCOLOGY - DEFICIENCY ONTITROPIN ONCOLOGY - DEFICIENCY ONTITROPIN ONCOLOGY - DEFICIENCY ONTITROPIN ONCOLOGY - DEFICIENCY ONTITROPIN ONCOLOGY - DEFICIENCY ONCO		DOIOLIU	15.00/		DIO OLI	10.40/
DISORDER		DOJOLVI	15.0%		INQOVI	10.4%
GROWTH						
HORMONE DEFICIENCY GENOTROPIN 14.1% ORAL IRESSA 14.5%		ZOKINVY	13.5%	ORAL	INREBIC	12.5%
DEFICIENCY GENOTROPIN 14.1% ORAL RESSA 14.5%						
GROWTH	HORMONE			ONCOLOGY -		
HORMONE	DEFICIENCY	GENOTROPIN	14.1%	ORAL	IRESSA	14.5%
DEFICIENCY	GROWTH					
GROWTH	HORMONE			ONCOLOGY -		
HORMONE	DEFICIENCY	HUMATROPE	14.7%	ORAL	JAKAFI	12.5%
DEFICIENCY	GROWTH					
DEFICIENCY	HORMONE			ONCOLOGY -		
GROWTH		INCRELEX	13.5%		KISOALI	14.5%
HORMONE		II (OTELLEI)	10.070	014.12	1110 & 1121	111070
DEFICIENCY NORDITROPIN 16.0% ORAL FEMARA 15.0%				ONCOLOGY -	KISOALI	
GROWTH		NORDITROPIN	16.0%		_	15.0%
HORMONE DEFICIENCY NUTROPIN AQ 14.2% ORAL KOSELUGO 13.7%		TORDITROTTY	10.070	ORTE	T ENT HOT	13.070
DEFICIENCY				ONCOLOGY		
GROWTH		NITTODIN AO	14 204		KOSELLICO	12 70/
HORMONE DEFICIENCY		NUTKOFIN AQ	14.2%	UKAL	KOSELUGO	13.7%
DEFICIENCY				ONCOLOCY		
GROWTH		OMNUTBORE	14.50/		LADATINID	22.10/
HORMONE DEFICIENCY SAIZEN 17.5% ORAL LENVIMA 14.5%		OMNTIKOPE	14.5%	UKAL	LAPATINIB	33.1%
DEFICIENCY				ONGOL OGW		
GROWTH		CATZEN	17.50/		I ENIXIDA A	1.4.50/
HORMONE DEFICIENCY SEROSTIM 13.5% ORAL LONSURF 12.5%		SAIZEN	17.5%	UKAL	LENVIMA	14.5%
DEFICIENCY				ONGOL OGN		
GROWTH						
HORMONE DEFICIENCY DEFICIENCY ZOMACTON 14.7% ORAL CONCOLOGY - ORAL CONCOLOGY - DEFICIENCY DEFICIENCY DOROLOGY - DEFICIENCY DOROLOGY - DEFICIENCY DOROLOGY - DEFICIENCY DOROLOGY - DO		SEROSTIM	13.5%	ORAL	LONSURF	12.5%
DEFICIENCY ZOMACTON 14.7% ORAL LORBRENA 11.4% GROWTH HORMONE DEFICIENCY ZORBTIVE 13.0% ORAL LUMAKRAS 12.5% HEMATOLOGIC BERINERT 12.5% ORAL LYNPARZA 12.2% HEMATOLOGIC CABLIVI 13.5% ORAL MATULANE 13.0% HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% HEMATOLOGIC DOPTELET 13.5% ORAL MEKINIST 11.4% HEMATOLOGIC FIRAZYR 14.3% ORAL MEKTOVI 14.0% HEMATOLOGIC FIRAZYR 14.3% ORAL MELPHALAN 33.1% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% ONCOLOGY - O						
GROWTH HORMONE DEFICIENCY ZORBTIVE 13.0% ORAL ONCOLOGY - HEMATOLOGIC CABLIVI 13.5% ORAL ONCOLOGY - ONCOLOGY - ONCOLOGY - ONCOLOGY - HEMATOLOGIC CINRYZE 14.5% ORAL ONCOLOGY - ORAL MEKINIST 11.4% ONCOLOGY - HEMATOLOGIC HEMATOLOGIC HAEGARDA 12.5% ORAL ONCOLOGY - ONCOL	HORMONE					
HORMONE DEFICIENCY ZORBTIVE 13.0% ORAL LUMAKRAS 12.5%	DEFICIENCY	ZOMACTON	14.7%	ORAL	LORBRENA	11.4%
DEFICIENCY ZORBTIVE 13.0% ORAL LUMAKRAS 12.5% HEMATOLOGIC BERINERT 12.5% ORAL LYNPARZA 12.2% HEMATOLOGIC CABLIVI 13.5% ORAL MATULANE 13.0% HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% HEMATOLOGIC FIRAZYR 14.3% ORAL MELPHALAN 33.1% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3%						
HEMATOLOGIC BERINERT 12.5% ORAL LYNPARZA 12.2% HEMATOLOGIC CABLIVI 13.5% ORAL MATULANE 13.0% HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKTOVI 14.0% HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% ONCOLOGY - ORAL MEKTOVI 14.0% ONCOLOGY - ORAL MELPHALAN 33.1% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%	HORMONE			ONCOLOGY -		
HEMATOLOGIC BERINERT 12.5% ORAL LYNPARZA 12.2% HEMATOLOGIC CABLIVI 13.5% ORAL MATULANE 13.0% HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKTOVI 14.0% HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% ONCOLOGY - ORAL MELPHALAN 33.1% HEMATOLOGIC FIRAZYR 14.3% ORAL MESNEX 14.0% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% ONCOLOGY - ORAL MESNEX 14.0% ONCOLOGY - ORAL MESNEX 14.0% ONCOLOGY - ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%	DEFICIENCY	ZORBTIVE	13.0%	ORAL	LUMAKRAS	12.5%
HEMATOLOGIC CABLIVI 13.5% ORAL MATULANE 13.0% HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKTOVI 14.0% HEMATOLOGIC FIRAZYR 14.3% ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MESNEX 14.0% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% ONCOLOGY - ORAL MESNEX 14.0% ONCOLOGY - ORAL MESNEX 14.3% ONCOLOGY - ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%						
HEMATOLOGIC CABLIVI 13.5% ORAL MATULANE 13.0% HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKTOVI 14.0% HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% ONCOLOGY - ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MESNEX 14.0% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%	HEMATOLOGIC	BERINERT	12.5%	ORAL	LYNPARZA	12.2%
HEMATOLOGIC CABLIVI 13.5% ORAL MATULANE 13.0% HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% ONCOLOGY - ORAL MEKTOVI 14.0% HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% ONCOLOGY - ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MESNEX 14.0% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%						
HEMATOLOGIC CINRYZE 14.5% ONCOLOGY - ORAL ONCOLOGY - ORAL HEMATOLOGIC DOPTELET 13.5% ORAL ONCOLOGY - ORAL ONCOLOGY - HEMATOLOGIC FIRAZYR 14.3% ONCOLOGY - ORAL ONCOLOGY - ORAL ONCOLOGY - HEMATOLOGIC HAEGARDA 12.5% ORAL ONCOLOGY - ORAL ONCOLOGY - ORAL ONCOLOGY - HEMATOLOGIC ICATIBANT 33.1% ONCOLOGY - ORAL ONCOLOGY - ORAL ONCOLOGY -	HEMATOLOGIC	CABLIVI	13.5%		MATULANE	13.0%
HEMATOLOGIC CINRYZE 14.5% ORAL MEKINIST 11.4% HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% ONCOLOGY - ORAL MELPHALAN 33.1% HEMATOLOGIC FIRAZYR 14.3% ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%						
HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% HEMATOLOGIC FIRAZYR 14.3% ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%	HEMATOLOGIC	CINRYZE	14.5%		MEKINIST	11.4%
HEMATOLOGIC DOPTELET 13.5% ORAL MEKTOVI 14.0% HEMATOLOGIC FIRAZYR 14.3% ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MESNEX 14.0% HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%	III.IIII OLOGIC	-11 (11 LLL	1		1,12,111,110,1	11.170
HEMATOLOGIC FIRAZYR 14.3% ORAL ONCOLOGY - ONCOLOGY - ONCOLOGY - ORAL HEMATOLOGIC HAEGARDA 12.5% ONCOLOGY -	HEMATOI OGIC	DOPTEI ET	13 5%		MEKTOVI	14 0%
HEMATOLOGIC FIRAZYR 14.3% ORAL MELPHALAN 33.1% ONCOLOGY - ORAL MESNEX 14.0% HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY - ORAL NERLYNX 14.3%	TILMITTOLOGIC	DOI ILLEII	13.3/0		MILICIO VI	17.070
HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% ONCOLOGY - ONCOLOGY - ORAL NERLYNX 14.3% ONCOLOGY - ONCOLOGY -	HEMATOI OCIC	FIR A 7 VD	1/1/20/		MEIDHALAM	22 10/
HEMATOLOGIC HAEGARDA 12.5% ORAL MESNEX 14.0% ONCOLOGY - HEMATOLOGIC ICATIBANT 33.1% ORAL NERLYNX 14.3% ONCOLOGY -	HEMIA FOLUGIC	TINALIK	14.5%		WELFHALAN	33.1%
HEMATOLOGIC ICATIBANT 33.1% ONCOLOGY - ORAL NERLYNX 14.3% ONCOLOGY -	HEMATOL OCIC	HAECARDA	10.50/		MEGNEY	1.4.00/
HEMATOLOGICICATIBANT33.1%ORALNERLYNX14.3%ONCOLOGY -ONCOLOGY -	HEMIA TOLOGIC	ПАЕСАКОА	12.5%		MESNEX	14.0%
ONCOLOGY -	THE ALTERY S ST.	ICATED AND	22.151		MEDIANN	1.4.204
	HEMATOLOGIC	ICATIBANT	33.1%		NEKLYNX	14.3%
HEMATOLOGIC MOZOBIL 13.5% ORAL NEXAVAR 12.5%		1107077				12.50
	HEMATOLOGIC	MOZORIT	13.5%	URAL	NEXAVAR	12.5%

	l I		ONCOLOGY -	1	1 1
HEMATOLOGIC	MULPLETA	13.5%	ORAL	NILANDRON	15.0%
TIENTI TO ECOTO	Weditein	13.370	ONCOLOGY -	THEFTITETT	13.070
HEMATOLOGIC	OXBRYTA	11.9%	ORAL	NILUTAMIDE	40.4%
			ONCOLOGY -		
HEMATOLOGIC	PROMACTA	13.5%	ORAL	NINLARO	13.5%
			ONCOLOGY -		
HEMATOLOGIC	RUCONEST	13.2%	ORAL	NUBEQA	13.5%
			ONCOLOGY -		
HEMATOLOGIC	SAJAZIR	22.8%	ORAL	ODOMZO	13.8%
			ONCOLOGY -		
HEMATOLOGIC	TAKHZYRO	13.5%	ORAL	ONUREG	11.9%
			ONCOLOGY -		
HEMATOLOGIC	TAVALISSE	13.5%	ORAL	ORGOVYX	14.3%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	ADVATE	43.2%	ORAL	PEMAZYRE	14.0%
HEMOPHILIA -	A DATA CALLA TITE	24.10/	ONCOLOGY -	DIOD AV	11.00/
INFUSED	ADYNOVATE	34.1%	ORAL	PIQRAY	11.9%
HEMOPHILIA -	A ECTEVIA	24.00/	ONCOLOGY -	DOMALNOT	12.00/
INFUSED	AFSTYLA	34.0%	ORAL	POMALYST	13.0%
HEMODIII IA	ALPHANATE/V		ONCOL OCY		
HEMOPHILIA -	ON	42.00/	ONCOLOGY -	DUDIVAN	12.5%
INFUSED	WILLEBRAND	42.0%	ORAL	PURIXAN	12.5%
HEMOPHILIA -	AT DITAMINE CD	40.20/	ONCOLOGY -	ODNI OCK	1.4.50/
INFUSED	ALPHANINE SD	49.3%	ORAL	QINLOCK	14.5%
HEMOPHILIA -	AT DDOLLY	12.50/	ONCOLOGY -	DETEVIMO	12.50/
INFUSED	ALPROLIX	13.5%	ORAL	RETEVMO	12.5%
HEMOPHILIA -	DENIEELV	14.50/	ONCOLOGY -	DEM IMID	1.4.00/
INFUSED	BENEFIX	14.5%	ORAL	REVLIMID	14.8%
HEMOPHILIA -	COACADEV	20.00/	ONCOLOGY -	DOZI VTDEV	15 40/
INFUSED HEMOPHILIA -	COAGADEX	30.0%	ORAL ONCOLOGY -	ROZLYTREK	15.4%
INFUSED	CORIFACT	27.9%	ORAL	RUBRACA	14.5%
HEMOPHILIA -	COKIFACT	21.970	ONCOLOGY -	KUDKACA	14.370
INFUSED	ELOCTATE	27.9%	ORAL	RYDAPT	15.4%
HEMOPHILIA -	ELOCIATE	21.7/0	ONCOLOGY -	KIDALI	13.470
INFUSED	ESPEROCT	22.8%	ORAL	SPRYCEL	15.4%
HEMOPHILIA -	LSI LKOC I	22.070	ONCOLOGY -	DI KTCLL	13.470
INFUSED	FEIBA	40.2%	ORAL	STIVARGA	11.9%
HEMOPHILIA -	TLIDIT	40.270	ONCOLOGY -	DIIVIIKOII	11.7/0
INFUSED	HEMOFIL M	44.4%	ORAL	SUNITINIB	33.1%
HEMOPHILIA -	TIENTOT IE IVI	77.770	ONCOLOGY -	BUNTIND	33.170
INFUSED	HUMATE-P	37.1%	ORAL	SUTENT	14.8%
HEMOPHILIA -	110111111111111111111111111111111111111	571170	ONCOLOGY -	SCIENT	111070
INFUSED	IDELVION	13.5%	ORAL	TABLOID	15.4%
HEMOPHILIA -			ONCOLOGY -		,
INFUSED	IXINITY	13.5%	ORAL	TABRECTA	12.5%
HEMOPHILIA -		, -	ONCOLOGY -	7	
INFUSED	JIVI	22.8%	ORAL	TAFINLAR	13.5%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	KOATE	42.3%	ORAL	TAGRISSO	13.5%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	KOATE-DVI	42.3%	ORAL	TALZENNA	13.5%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	KOGENATE FS	47.3%	ORAL	TARCEVA	15.3%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	KOVALTRY	45.7%	ORAL	TARGRETIN	14.0%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	MONONINE	31.4%	ORAL	TASIGNA	13.5%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	NOVOEIGHT	44.3%	ORAL	TAZVERIK	13.7%
-			•	•	

HEMOPHILIA -	NOVOSEVEN		ONCOLOGY -		
INFUSED	RT	38.3%	ORAL	TEMODAR	14.8%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	NUWIQ	48.2%	ORAL	TEMOZOLOMIDE	59.2%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	PROFILNINE	30.0%	ORAL	TEPMETKO	12.5%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	REBINYN	17.6%	ORAL	THALOMID	14.8%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	RECOMBINATE	41.3%	ORAL	TIBSOVO	13.5%
HEMOPHILIA -			ONCOLOGY -		
INFUSED	RIXUBIS	13.7%	ORAL	TRETINOIN	84.6%
HEMOPHILIA -	Turrebis	121,70	ONCOLOGY -	THETHYON	0.1070
INFUSED	SEVENFACT	22.8%	ORAL	TUKYSA	13.7%
HEMOPHILIA -	BE VEIVITIE I	22.070	ONCOLOGY -	10111571	13.770
INFUSED	TRETTEN	14.4%	ORAL	TURALIO	14.0%
HEMOPHILIA -	TRETTEN	14.470	ONCOLOGY -	TURALIO	14.070
INFUSED	VONVENDI	12.5%	ORAL	TYKERB	14.8%
HEMOPHILIA -	VONVENDI	12.5%	ONCOLOGY -	TIKEKB	14.6%
INFUSED	WILL A TE	42.3%	ORAL	TIKONIO	12.5%
HEMOPHILIA -	WILATE	42.3%	ONCOLOGY -	UKONIQ	12.5%
_	X/X/X/PLI A	20.40/		VENCLENTA	10.50/
INFUSED	XYNTHA	38.4%	ORAL	VENCLEXTA	12.5%
HEMOPHILIA -	THEN IT IND A	10.50/	ONCOLOGY -	TEDSENTO	15.00/
INJECTABLE	HEMLIBRA	12.5%	ORAL	VERZENIO	15.2%
	ADEFOVIR		ONCOLOGY -		
HEPATITIS B	DIPIVOXIL	33.1%	ORAL	VITRAKVI	14.5%
			ONCOLOGY -		
HEPATITIS B	BARACLUDE	13.8%	ORAL	VIZIMPRO	8.3%
			ONCOLOGY -		
HEPATITIS B	EMPAVELI	13.5%	ORAL	VOTRIENT	13.5%
			ONCOLOGY -		
HEPATITIS B	ENTECAVIR	83.5%	ORAL	XALKORI	11.9%
			ONCOLOGY -		
HEPATITIS B	EPIVIR HBV	14.3%	ORAL	XELODA	15.4%
			ONCOLOGY -		
HEPATITIS B	HEPSERA	13.7%	ORAL	XOSPATA	14.5%
	LAMIVUDINE		ONCOLOGY -		
HEPATITIS B	HBV	33.1%	ORAL	XPOVIO	14.3%
			ONCOLOGY -		
HEPATITIS B	VEMLIDY	13.3%	ORAL	XTANDI	13.5%
			ONCOLOGY -		
HEPATITIS C	EPCLUSA	14.0%	ORAL	YONSA	15.4%
			ONCOLOGY -		
HEPATITIS C	HARVONI	15.0%	ORAL	ZEJULA	13.7%
	LEDIPASVIR/SO		ONCOLOGY -		
HEPATITIS C	FOSBUVIR	15.0%	ORAL	ZELBORAF	13.0%
			ONCOLOGY -	<u> </u>	
HEPATITIS C	MAVYRET	14.0%	ORAL	ZOLINZA	14.8%
112111111111111111111111111111111111111	IIII T TILLI	1.1070	ONCOLOGY -	Zoba (Br	111070
HEPATITIS C	PEGASYS	16.5%	ORAL	ZYDELIG	14.5%
TILI TITTIS C	T EG/15/TS	10.570	ONCOLOGY -	ZIBEEG	14.570
HEPATITIS C	PEGINTRON	17.5%	ORAL	ZYKADIA	13.0%
1111/1111111111111111111111111111111111	SOFOSBUVIR/V	11.070	ONCOLOGY -	LIMIDIA	13.070
HEPATITIS C	ELPATASVIR	14.0%	ORAL	ZYTIGA	13.5%
HEI AIIIIS C	ELI ATAS VIK	14.070	ONCOLOGY -	LITIOA	13.370
HEDATITIC C	CONVIDI	1.4.00/		TADCDETIN	1.4.00/
HEPATITIS C	SOVALDI	14.0%	TOPICAL	TARGRETIN	14.0%
HEDATITIC C	MENDARA	12.50/	ONCOLOGY -	WALCIII OD	0.00/
HEPATITIS C	VIEKIRA PAK	13.5%	TOPICAL	VALCHLOR	9.9%
LIED ATITIC C	VOSEVI	14.0%	OPHTHALMIC	OXERVATE	12.5%
HEPATITIS C					

HEREDITARY					
ANGIODEMA	ORLADEYO	13.0%	OSTEOPOROSIS	TERIPARATIDE	13.5%
IMMUNE					
MODULATOR	ACTIMMUNE	14.3%	OSTEOPOROSIS	TYMLOS	13.3%
IMMUNE			PARKINSONS		
MODULATOR	ARCALYST	15.0%	DISEASE	APOKYN	11.5%
IMMUNOLOGIC			PARKINSONS		
AL AGENTS	LUPKYNIS	14.3%	DISEASE	INBRIJA	12.5%
IMMUNOLOGIC			PARKINSONS		
AL AGENTS	PALFORZIA	9.4%	DISEASE	KYNMOBI	9.4%
			PULMONARY		
INFERTILITY	CETROTIDE	17.2%	DISEASE	ESBRIET	13.5%
	CHORIONIC				
	GONADOTROPI		PULMONARY		
INFERTILITY	N	69.6%	DISEASE	OFEV	12.5%
			PULMONARY		
INFERTILITY	FOLLISTIM AQ	24.3%	HYPERTENSION	ADCIRCA	13.5%
	GANIRELIX		PULMONARY		
INFERTILITY	ACETATE	16.6%	HYPERTENSION	ADEMPAS	13.5%
·			PULMONARY		
INFERTILITY	GONAL-F	22.9%	HYPERTENSION	ALYO	58.8%
			PULMONARY	1	
INFERTILITY	GONAL-F RFF	22.9%	HYPERTENSION	AMBRISENTAN	58.8%
			PULMONARY		
INFERTILITY	MENOPUR	16.8%	HYPERTENSION	BOSENTAN	33.1%
11(121(112111	1,121,01,01	10.070	PULMONARY	DODLITIET	55.170
INFERTILITY	NOVAREL	33.1%	HYPERTENSION	LETAIRIS	12.7%
·			PULMONARY		
INFERTILITY	OVIDREL	17.2%	HYPERTENSION	OPSUMIT	13.7%
11 (1 21(112111	0 112102	17.270	PULMONARY	01501111	15.770
INFERTILITY	PREGNYL	33.1%	HYPERTENSION	ORENITRAM	13.5%
INFLAMMATOR	THEORYTE	55.170	PULMONARY	OTALI TITALINI	15.570
Y CONDITIONS	ACTEMRA	14.2%	HYPERTENSION	REVATIO	13.3%
INFLAMMATOR	1101211111	11.270	PULMONARY	TLE VIIIIO	15.570
Y CONDITIONS	CIMZIA	15.5%	HYPERTENSION	SILDENAFIL	95.7%
INFLAMMATOR	OIIVIDII I	10.070	PULMONARY	JIEDEL WILLE	20.170
Y CONDITIONS	COSENTYX	13.5%	HYPERTENSION	TADALAFIL	33.1%
	COBLITTI	13.570		THETHE	33.170
	DUPIXENT	14.1%		TRACLEER	13.5%
	2 CT III III (1	11.170		THICEBER	13.570
	EMFLAZA	10.9%		TYVASO	13.0%
	Entra Enterior	10.770		1171100	13.070
	FNBRFI	14 5%		IJPTRAVI	14 8%
	LINDICLL	17.3/0		OI IIVIVI	17.0/0
Y CONDITIONS	HUMIRA	16.1%	HYPERTENSION	VENTAVIS*	13.0%
INFLAMMATOR Y CONDITIONS INFLAMMATOR Y CONDITIONS INFLAMMATOR Y CONDITIONS INFLAMMATOR	DUPIXENT EMFLAZA ENBREL	14.1% 10.9% 14.5%	PULMONARY HYPERTENSION PULMONARY HYPERTENSION PULMONARY HYPERTENSION PULMONARY	TRACLEER TYVASO UPTRAVI	13.5% 13.0% 14.8%

*Includes Nebulizer 10/2021

The following guarantees are effective January 1, 2024 through December 31, 2024:

	Pharmacy Financials	
Definition	Pharmacy rate guarantees.	
Measurement		01/01/2024
and Criteria	Combined Discount Guarantee - Standard Select/CVS Network	

	Detail Decad Access Whele-de Dries (AWD) less			20.00%					
	Retail Brand, Average Wholesale Price (AWP) less			24.00%					
-	Retail Brand 90 Day Supply, AWP less			83.00%					
	Retail Generic - 30 and 90 Day Supply, AWP less Mail Order Brand, AWP less			26.70%					
				85.00%					
	Mail Order Generic, AWP less		AWD 1 d						
	The Guaranteed Discount amount will be determined by mul- off AWP by each component and adding the amounts together		AWP by the gua	ranteed discount					
	Dispensing Fees - Standard Select/CVS Network								
	Retail Brand - 30 Day			\$0.50					
-	Retail Brand 90 Day Supply			\$0.25					
	Retail Generic - 30 Day			\$0.50					
	Retail Generic 90 Day Supply			\$0.25					
	Dispensing fee totals are calculated by multiplying the actual for that script type.	scripts for ea	ach type by the	contracted rate					
	Fixed Rebate Guarantee (Traditional PDL)								
_	Basis, per script			Brand					
_	Retail - 30 and 90 Day			\$349.56					
-	Mail Order			\$785.19					
-	Specialty	Included In Retail	Included In Retail	Included In Retail					
	Credits and Allowa		Ttotair	recuir					
-	Administrative Fee Credit (PEPM)			\$43.00					
Level	Customer Specific								
Period	Annually								
Payment Period	Annually								
Payment Amount Discounts	The amount the actual discounts are less than the combined g discount amount.	guaranteed Ro	etail, Mail, and	Specialty					
Payment Amount	The amount the combined actual dispensing fee exceeds the	combined con	ntracted dispens	sing fee.					
Payment Amount Rebates	The amount the combined actual Rebate amount is less than	the combined	l guaranteed Re	bate amount.					
Conditions	Discount & Dispense Fee Specific Conditions								
_	• Discounts are based on actual Network Pharmacy brand and The guaranteed discount amount will be determined by multi rate off AWP by component.	plying the A	WP by the cont						
	• Does not apply to items covered under the Plan for which n			41					
	• Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP.								
	• The arrangement excludes generic medications launched as pending litigation, compound drugs, retail out of network cla arrangement) and Indian Health Service Claims.								
	• The Arrangement excludes usual & customary claims, vacc counter claims.	ines, long ter	m care facility	claims, over-the-					
_	• The Arrangement includes veterans' affairs facility claims.								
-	The 90 day supply Retail guarantee includes drugs dispense								
_	• The Mail Order guarantee includes drugs dispensed for 46 of	days or greate	er.						

- When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees.
- Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees.
- Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None.

Rebate Specific Conditions

- Assumes implementation of United's Traditional PDL
- Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation.
- Calculation of the guaranteed rebate amount will exclude ineligible claims including:
- claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims)
- claims approved by formulary exception
- claims not covered by Customer's benefit design or PDL
- claims receiving 340B pricing
- long term care pharmacy claims
- federal government pharmacy claims
- claims for non-FDA approved products
- compound drug claims
- consumer card or discount card program claims
- direct member reimbursement claims
- Vaccines are excluded from the claim counts.
- Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of Rebates due to the introduction of therapeutically equivalent, lower Rebate drugs (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of Wholesale Acquisition Cost on a Brand Drug subject to Rebates. In the event a payment or reconciliation adjustment is required, such adjustment will be based on the difference between a) pharmaceutical manufacturer revenue prior to the introduction of the lower Rebate drugs and b) the actual pharmaceutical manufacturer revenue received after the introduction of the lower Rebate drugs. Such adjustment does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection.

United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:

- if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level
- in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates
- if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
- United will pay Fixed Rebates consistent with the Agreement. To the extent Rebates paid to United exceed the Fixed Rebate amount, We will retain the excess, including any Rebates United may earn on prescription drug products in any tiers not included in this arrangement and any related interest.
- Specialty rebates are included in the guaranteed retail per-script rebates above.
- Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement.
- If Customer terminates pharmacy benefit services with United prior to the end of the Pharmacy Pricing Term, United will retain any and all pending or future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services.

• Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None.

Credits and Allowances

• Administrative Fee Credit: In addition to the guaranteed Rebates, Customer will receive an administrative fee credit. Under this arrangement, Rebates retained by United are used to lower the medical administration fee.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2024 through 12/31/2024 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period.
- Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.
- Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 are excluded from all guarantees.
- On mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.
- Pricing and guarantees assume enrollment of 353 Employees and 779 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.
- The lessor of three logic (non-ZBL) will apply to Participant payments. Participants pay the lessor of the discounted price, the usual and customary charge or the cost share amount.
- All pricing guarantees require the selection of United as the exclusive mail provider.

United will have no financial guarantee obligation under the Agreement for any partial Guarantee Period if Customer terminates with an effective date prior to the end of the Pharmacy Pricing Term.

• United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our quote; f) if Customer changes their mail service benefit; g) Customer utilizes a vendor, that facilitates steering members to different drugs or pharmacies to the extent these services impact the financial guarantees under this Agreement.

Brand / Generic Reconciliation Definition

- **Brand Drug**: An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, which is manufactured and distributed by an innovator drug company, or its licensee, set forth in Medi-Span's National Drug Data File as a brand drug identified by all of the products meeting at least one of the following criteria:
- Medi-Span Multi-Source Code ("MSC") is equal to M, O, or N.
- **Generic Drug**: An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, that is therapeutically equivalent to other pharmaceutically equivalent products, as set forth in Medi-Span's National Drug Data File as a generic drug identified by all products meeting at least one of the following criteria:
- Medi-Span Multi-Source Code ("MSC") is equal to Y.

TRRX (03/2023)

	Specialty Pharmacy
	Specialty Pharmacy Discount Guarantee
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network. United reserves the right to change the designation of a drug from specialty to non-specialty based on market conditions.
Measurement	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below. Specialty drugs not included on the list below and dispensed through United's specialty Pharmacy Network will be guaranteed at a discount of 14.0%.
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through our specialty Pharmacy Network will be multiplied against the discount targets for the individual drugs to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period. The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate 14.0% discount applies. This total will be compared to actual discounts achieved for these drugs
	during the Guarantee Period.
Level	Customer Specific
Period	Annual
Payment Period	Annual
Payment Amount	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.
Conditions	• Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP.
	 Specialty drugs dispensed outside United's specialty Pharmacy Network and drugs for which no AWP measure exists are excluded. Listed drugs which cease to be defined as specialty drugs during the Guarantee Period will be reconciled outside of the Specialty Pharmacy guarantee in the channel in which they are dispensed (retail or mail order).
	• Limited Distribution (LDD) status is subject to change based on manufacturer decision.
	• Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.
	United reserves the right to revise or revoke this guarantee if:
	a) material changes in federal, state or other applicable law or regulation require modifications;b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee;
	c) Customer makes benefit changes that impact the guarantee;
	d) there is a material industry change in pricing methodologies resulting in a new source or benchmark;
	• On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.

Specialty Drug Category	Drug Name	LDD Indic ator	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	LDD Indic ator	Guarantee Pricing (AWP-%)
				INFLAMMATORY			
ANEMIA	ARANESP	No	14.50%	CONDITIONS	HUMIRA	No	16.10%
				INFLAMMATORY			
ANEMIA	EPOGEN	No	13.30%	CONDITIONS	ILUMYA	No	14.10%
				INFLAMMATORY			
ANEMIA	PROCRIT	No	13.60%	CONDITIONS	KEVZARA	No	9.90%
				INFLAMMATORY			
ANEMIA	RETACRIT	No	14.10%	CONDITIONS	KINERET	Yes	13.50%
				INFLAMMATORY			
ANTICONVULSANT	DIACOMIT	Yes	12.50%	CONDITIONS	OLUMIANT	Yes	12.50%

ANTICONVULSANT	EPIDIOLEX	Yes	12.50%	INFLAMMATORY CONDITIONS	OPZELURA	No	10.90%
				INFLAMMATORY			
ANTICONVULSANT ANTIHYPERLIPIDE	FINTEPLA	Yes	10.40%	CONDITIONS INFLAMMATORY	ORENCIA	No	14.20%
MIC	JUXTAPID	Yes	13.20%	CONDITIONS	OTEZLA	No	14.00%
	VOITI III III	105	15.2070	INFLAMMATORY	O TELEST	1,0	11.0070
ANTI-INFECTIVE	ARIKAYCE	Yes	13.00%	CONDITIONS	RIDAURA	No	14.10%
				INFLAMMATORY			
ANTI-INFECTIVE	DARAPRIM	Yes	12.50%	CONDITIONS	RINVOQ	No	14.10%
ANTI-INFECTIVE	PYRIMETHA MINE	Yes	12.50%	INFLAMMATORY CONDITIONS	SILIO	Yes	11.40%
ANTI-INFECTIVE	MIINE	ies	12.30%	INFLAMMATORY	SILIQ	res	11.40%
ANTIVIRAL	LIVTENCITY	Yes	13.00%	CONDITIONS	SIMPONI	No	14.10%
				INFLAMMATORY			
ASTHMA	FASENRA	Yes	12.50%	CONDITIONS	SKYRIZI	No	18.10%
				INFLAMMATORY			
ASTHMA	NUCALA	Yes	12.50%	CONDITIONS	STELARA	No	16.10%
ACTIMA	VOLAID	Vac	12.500/	INFLAMMATORY	TALTZ	No	11 400/
ASTHMA	XOLAIR	Yes	12.50%	CONDITIONS INFLAMMATORY	TALTZ	No	11.40%
CARDIOVASCULAR	DROXIDOPA	Yes	33.00%	CONDITIONS	TREMFYA	No	14.10%
CIMBIO VI ISCOLI IIC	BROMBOTT	103	33.0070	INFLAMMATORY	TICENII TT	110	11.1070
CARDIOVASCULAR	NORTHERA	Yes	14.00%	CONDITIONS	XELJANZ	No	14.10%
				INFLAMMATORY			
CARDIOVASCULAR	VYNDAMAX	Yes	15.20%	CONDITIONS	XELJANZ XR	No	14.10%
CARDIOVASCULAR	VYNDAQEL	Yes	12.50%	IRON OVERLOAD	DEFERASIROX	Yes	66.40%
CNS AGENTS	AUSTEDO	No	13.50%	IRON OVERLOAD	EXJADE	Yes	12.10%
CNS AGENTS	ENSPRYNG	Yes	11.90%	IRON OVERLOAD	FERRIPROX	Yes	12.50%
CNS AGENTS	EXSERVAN	Yes	13.50%	IRON OVERLOAD	JADENU	No	13.50%
CNS AGENTS	FIRDAPSE	Yes	10.40%	LIVER DISEASE	OCALIVA	Yes	15.00%
				MONOCLONAL			
CNS AGENTS	HETLIOZ	Yes	1.4.000/	ANTIBODY	BENLYSTA	Yes	12 500/
			14.00%	MISCELLANEOUS MOOD DISORDER			13.50%
CNS AGENTS	INGREZZA	Yes	13.00%	DRUGS	SPRAVATO	No	13.50%
CI ID I I CEI I I D	II (OTELLE)	100	15.0070	MULTIPLE	DITUTTION OF THE PROPERTY OF T	1,0	10.0070
CNS AGENTS	RILUTEK	No	13.50%	SCLEROSIS	AMPYRA	Yes	11.70%
				MULTIPLE			
CNS AGENTS	RILUZOLE	No	92.60%	SCLEROSIS	AUBAGIO	Yes	12.50%
CNC ACENTS	DUZUDCI	No	11 400/	MULTIPLE SCLEROSIS	AVONEY	No	1.4.000/
CNS AGENTS	RUZURGI	NO	11.40%	MULTIPLE	AVONEX	NO	14.00%
CNS AGENTS	SABRIL	Yes	16.10%	SCLEROSIS	BAFIERTAM	Yes	14.00%
	TETRABENA			MULTIPLE			- 1100/1
CNS AGENTS	ZINE	No	48.50%	SCLEROSIS	BETASERON	No	14.10%
				MULTIPLE			
CNS AGENTS	TIGLUTIK	Yes	10.40%	SCLEROSIS	COPAXONE	No	14.70%
CNS AGENTS	MICADATRIN	No	17 600/	MULTIPLE	DALFAMPRIDI	Vac	02 800/
CNS AGENTS	VIGABATRIN	No	17.60%	SCLEROSIS MULTIPLE	N DIMETHYL	Yes	92.80%
CNS AGENTS	VIGADRONE	Yes	16.60%	SCLEROSIS	FUMARATE	Yes	79.40%
				MULTIPLE			,,,,,,
CNS AGENTS	XENAZINE	Yes	15.50%	SCLEROSIS	EXTAVIA	No	14.10%
				MULTIPLE			
CNS AGENTS	XYREM	Yes	6.30%	SCLEROSIS	GILENYA	No	14.00%
CNC ACENTS	VVWAV	Vac	7.200/	MULTIPLE	CLATIDAMED	No	70.400/
CNS AGENTS	XYWAV	Yes	7.30%	SCLEROSIS MULTIPLE	GLATIRAMER	No	79.40%
CYSTIC FIBROSIS	BETHKIS	No	11.40%	SCLEROSIS	GLATOPA	No	79.40%
222221210010		2,0	- 11.10/0	MULTIPLE		- 10	
CYSTIC FIBROSIS	CAYSTON	Yes	14.50%	SCLEROSIS	KESIMPTA	No	14.00%
				MULTIPLE			
CYSTIC FIBROSIS	KALYDECO	Yes	13.50%	SCLEROSIS	MAVENCLAD	Yes	14.00%
CYSTIC FIBROSIS	KITABIS PAK	No	12.50%	MULTIPLE SCI EROSIS	MAYZENT	Vac	14.00%
CISTIC LIDKOSIS	VITADIO LAK	No	12.30%	SCLEROSIS	IVIA I ZEN I	Yes	14.00%

CYSTIC FIBROSIS	ORKAMBI	Yes	13.50%	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	13.50%
CYSTIC FIBROSIS	PULMOZYME	Yes	15.00%	MULTIPLE SCLEROSIS	PONVORY	Yes	10.90%
	T CENTOETINE	100	1010070	MULTIPLE	TORYORI	100	10.5070
CYSTIC FIBROSIS	SYMDEKO	Yes	13.50%	SCLEROSIS	REBIF	No	14.00%
CYSTIC FIBROSIS	TOBI	No	13.80%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	14.00%
CYSTIC FIBROSIS	TOBI PODHALER	No	13.80%	MULTIPLE SCLEROSIS	TECFIDERA	Yes	14.00%
	TOBRAMYCI			MULTIPLE			
CYSTIC FIBROSIS	N	No	69.10%	SCLEROSIS	VUMERITY	Yes	12.50%
CYSTIC FIBROSIS	TRIKAFTA	Yes	13.50%	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	12.50%
ENDOCRINE	BUPHENYL	No	14.80%	MUSCULOSKELET AL AGENTS	EVRYSDI	Yes	7.30%
ENDOCRINE	BYNFEZIA	No	8.30%	MUSCULOSKELET AL AGENTS	VOXZOGO	Yes	11.40%
ENDOCRINE	CARBAGLU	Yes	7.30%	NARCOLEPSY	WAKIX	Yes	13.50%
ENDOCRINE	CHENODAL	Yes	9.40%	NEUTROPENIA	FULPHILA	No	13.80%
ENDOCRINE	CLOVIQUE	No	33.00%	NEUTROPENIA	GRANIX	No	13.80%
ENDOCRINE	CORTROPHIN	Yes	10.40%	NEUTROPENIA	LEUKINE	No	13.80%
ENDOCRINE	CUPRIMINE	No	14.10%	NEUTROPENIA	NEULASTA	No	13.80%
ENDOCRINE	CYSTADANE	Yes	10.40%	NEUTROPENIA	NEUPOGEN	No	13.80%
ENDOCRINE	CYSTADROPS	Yes	10.40%	NEUTROPENIA	NIVESTYM	No	13.80%
ENDOCRINE	CYSTARAN DEPEN	Yes	13.00%	NEUTROPENIA	NYVEPRIA	No	11.40%
ENDOCRINE	TITRATABS	No	14.00%	NEUTROPENIA	UDENYCA	No	13.80%
ENDOCRINE	D-PENAMINE	No	13.00%	NEUTROPENIA	ZARXIO	No	13.80%
ENDOCRINE	EGRIFTA	Yes	13.50%	NEUTROPENIA	ZIEXTENZO	No	13.50%
ENDOCRINE	FIRMAGON	No	13.50%	ONCOLOGY - INJECTABLE	ELIGARD	No	12.60%
ENDOCRINE	CATTEV	V	1.4.900/	ONCOLOGY -	INITEDONIA	V	12.500/
ENDOCRINE	GATTEX	Yes	14.80%	INJECTABLE ONCOLOGY -	INTRON A	Yes	13.50%
ENDOCRINE	H.P. ACTHAR	Yes	13.50%	INJECTABLE	LEUPROLIDE	No	62.90%
ENDOCRINE	IMCIVREE	Yes	13.50%	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	13.80%
ENDOCKINE	INICIVILL	103	13.3070	ONCOLOGY -	STIKE	103	13.8070
ENDOCRINE	ISTURISA	Yes	10.40%	ORAL	ABIRATERONE	No	82.50%
ENDOCRINE	JYNARQUE	Yes	12.50%	ONCOLOGY - ORAL	AFINITOR	No	14.10%
				ONCOLOGY -	AFINITOR	- 1.0	
ENDOCRINE	KEVEYIS	Yes	13.00%	ORAL ONCOLOGY -	DISPERZ	No	14.10%
ENDOCRINE	KORLYM	Yes	11.40%	ORAL	ALECENSA	Yes	14.10%
ENDOCRINE	TZTTSZANI	37	10.700/	ONCOLOGY -	AL IZED AN	NT	15 400/
ENDOCRINE	KUVAN	Yes	12.70%	ORAL ONCOLOGY -	ALKERAN	No	15.40%
ENDOCRINE	LANREOTIDE	Yes	10.40%	ORAL	ALUNBRIG	Yes	11.90%
ENDOCRINE	MYALEPT	Yes	7.30%	ONCOLOGY - ORAL	AYVAKIT	Yes	14.50%
				ONCOLOGY -			
ENDOCRINE	MYCAPSSA	Yes	11.40%	ORAL ONCOLOGY -	BALVERSA	Yes	13.50%
ENDOCRINE	NATPARA	Yes	13.20%	ORAL	BEXAROTENE	No	33.50%
ENDOCRINE	NITYR	Yes	13.00%	ONCOLOGY - ORAL	BOSULIF	Yes	13.50%
EMPOGRATI	OCTREOTIDE	,,	F = 00::	ONCOLOGY -	DD AFFORM	**	14.000
ENDOCRINE	ACETATE PENICILLAMI	No	56.80%	ORAL ONCOLOGY -	BRAFTOVI	Yes	14.00%
ENDOCRINE	NE NE	No	33.00%	ORAL	BRUKINSA	Yes	13.00%
ENDOCRINE	PROCYSBI	Yes	7.30%	ONCOLOGY - ORAL	CABOMETYX	Yes	12.50%

	1 1	1		ONCOLOGY -	1	1 1	
ENDOCRINE	RAVICTI	Yes	15.00%	ORAL	CALQUENCE	Yes	13.50%
ENDOCRINE	CAMCCA	V	12.500/	ONCOLOGY -	CAPECITABIN	NT-	92.500/
ENDOCRINE	SAMSCA SANDOSTATI	Yes	13.50%	ORAL ONCOLOGY -	E	No	82.50%
ENDOCRINE	N	No	13.80%	ORAL	CAPRELSA	Yes	9.40%
	SAPROPTERI			ONCOLOGY -			
ENDOCRINE	N	Yes	41.30%	ORAL	COMETRIQ	Yes	13.00%
ENDOCRINE	SIGNIFOR	Yes	7.30%	ONCOLOGY - ORAL	COPIKTRA	Yes	14.50%
LIVEOCKIVE	SODIUM	103	7.5070	ORTE	COLIKTRA	103	14.5070
	PHENYLBUT			ONCOLOGY -			
ENDOCRINE	YRATE	No	33.00%	ORAL	COTELLIC	Yes	12.50%
ENDOCRINE	SOMATULINE DEPOT	Yes	13.50%	ONCOLOGY - ORAL	DAURISMO	Yes	12.50%
ENDOCKINE	DEFOI	168	13.30%	ONCOLOGY -	DAURISMO	168	12.30%
ENDOCRINE	SOMAVERT	Yes	10.60%	ORAL	ERIVEDGE	Yes	12.50%
				ONCOLOGY -			
ENDOCRINE	SYPRINE	No	13.50%	ORAL	ERLEADA	No	13.50%
ENDOCRINE	THIOLA	Yes	11.40%	ONCOLOGY - ORAL	ERLOTINIB	Yes	33.00%
LIVDOCKINE	IIIIOLA	103	11.40/0	ONCOLOGY -	EKLOTIVIB	103	33.0070
ENDOCRINE	TOLVAPTAN	Yes	33.00%	ORAL	ETOPOSIDE	No	33.00%
				ONCOLOGY -			
ENDOCRINE	TRIENTINE	No	84.50%	ORAL ONCOLOGY -	EVEROLIMUS	No	45.40%
ENDOCRINE	XERMELO	Yes	13.00%	ORAL	EXKIVITY	Yes	13.00%
ENDOCKINE	TERRITEEO	103	13.0070	ONCOLOGY -	Exiti vii i	103	13.0070
ENDOCRINE	XURIDEN	Yes	12.50%	ORAL	FARYDAK	Yes	11.40%
ENZYME	GYYOY D 111		4.2007	ONCOLOGY -	TOWN IN		12.200/
DEFICIENCY ENZYME	CHOLBAM	Yes	4.20%	ORAL ONCOLOGY -	FOTIVDA	Yes	13.20%
DEFICIENCY	CYSTAGON	Yes	10.90%	ORAL	GAVRETO	Yes	12.50%
ENZYME				ONCOLOGY -			
DEFICIENCY	GALAFOLD	Yes	14.00%	ORAL	GILOTRIF	Yes	7.30%
ENZYME DEFICIENCY	MIGLUSTAT	No	33.00%	ONCOLOGY - ORAL	GLEEVEC	No	15.40%
ENZYME	MIGLOSTAT	NO	33.00%	ONCOLOGY -	GLEEVEC	NO	13.40%
DEFICIENCY	NITISINONE	Yes	33.00%	ORAL	GLEOSTINE	No	15.40%
ENZYME				ONCOLOGY -			
DEFICIENCY ENZYME	ORFADIN	Yes	2.20%	ORAL ONCOLOGY -	HYCAMTIN	No	14.80%
DEFICIENCY	PALYNZIO	Yes	11.40%	ORAL	IBRANCE	Yes	14.00%
ENZYME	111111111111111111111111111111111111111	100	111.1070	ONCOLOGY -	IDIU II (CD	100	11.0070
DEFICIENCY	STRENSIQ	Yes	11.30%	ORAL	ICLUSIG	Yes	12.70%
ENZYME	GLICD A ID	37	12 200/	ONCOLOGY -	IDITIE	N	1.4.500/
DEFICIENCY ENZYME	SUCRAID	Yes	12.20%	ORAL ONCOLOGY -	IDHIFA IMATINIB	No	14.50%
DEFICIENCY	TEGSEDI	Yes	7.30%	ORAL	MESYLATE	No	92.30%
ENZYME				ONCOLOGY -			
DEFICIENCY	ZAVESCA	Yes	7.30%	ORAL	IMBRUVICA	Yes	14.00%
GAUCHERS DISEASE	CERDELGA	Yes	13.50%	ONCOLOGY - ORAL	INLYTA	Yes	13.60%
GENETIC	CLKDLLUA	108	13.3070	ONCOLOGY -	INDIIA	103	13.0070
DISORDER	DOJOLVI	Yes	15.00%	ORAL	INQOVI	Yes	10.40%
GENETIC	ZOWDUWY		10.500	ONCOLOGY -	n in Final	,	10.500
DISORDER GROWTH	ZOKINVY	Yes	13.50%	ORAL	INREBIC	Yes	12.50%
HORMONE				ONCOLOGY -			
DEFICIENCY	GENOTROPIN	No	14.10%	ORAL	IRESSA	Yes	14.50%
GROWTH							
HORMONE	HHMATDODE	NI-	1.4.700/	ONCOLOGY -	IAKAEI	V	12.500/
DEFICIENCY GROWTH	HUMATROPE	No	14.70%	ORAL	JAKAFI	Yes	12.50%
HORMONE				ONCOLOGY -			
	INCRELEX	Yes	13.50%	ORAL	KISQALI	Yes	14.50%

GROWTH NORDITROP No	CDOWELL	i i	i		I	i	1 1	ı
DEFICIENCY N		NORDITROPI			ONCOLOGY -	KISOALI		
GROWTH HORMONE NO 14.20% ONCOLOGY - ORAL ROSELUGO Yes 13.70% GROWTH HORMONE DEFICIENCY OMNITROPE No 14.50% ONCOLOGY - ORAL LAPATINIB Yes 33.00% GROWTH GROWTH GROWTH GROWTH GROWTH GROWTH GROWTH GROWTH ONCOLOGY - ORAL LAPATINIB Yes 33.00% GROWTH G			No	16.00%		•	Yes	15.00%
DEFICIENCY AQ					-			
GROWTH HORMONE DEFICIENCY ONNITROPE No	HORMONE	NUTROPIN			ONCOLOGY -			
HORMONE DEFICIENCY ONNITROPE No	DEFICIENCY	AQ	No	14.20%	ORAL	KOSELUGO	Yes	13.70%
DEFICIENCY ONNITROPE No								
GROWTH HORMONE DEFICIENCY SAIZEN No		01017770077		4.4.500/				22.000
HORMONE DEFICIENCY		OMNITROPE	No	14.50%	ORAL	LAPATINIB	Yes	33.00%
DEFICIENCY SAIZEN No 17.50% ORAL E Yes 33.00%					ONCOLOCY	LENALIDOMID		
GROWTH HORMONE DEFICIENCY SEROSTIM Yes 13.50% ORCOLOGY DEFICIENCY GROWTH HORMONE DEFICIENCY SKYTROFA No 11.40% ORAL LONSURF Yes 12.50% GROWTH HORMONE DEFICIENCY SKYTROFA No 14.70% ORAL LONSURF Yes 12.50% GROWTH HORMONE DEFICIENCY ZOMACTON No 14.70% ORAL LONSURF Yes 12.50% OROLOGY DEFICIENCY ZOMACTON No 14.70% ORAL LUMAKRAS Yes 11.40% GROWTH HORMONE DEFICIENCY ZORBTIVE Yes 13.00% ORAL LUMAKRAS Yes 12.50% ORAL MATULANE Yes 13.00% ORAL MATULANE Yes 13.00% ORAL MEXINIST Yes 14.00% ORAL MEXINIST Yes 13.00% ORAL MEXINIST Yes 13.00% ORAL MEXINIST Yes 13.00% ORAL MEXINIST Yes 13.00% ORAL		SAIZEN	No	17 50%			Yes	33.00%
HORMONE DEFICIENCY SEROSTIM Yes 13.50% ORAL LENVIMA Yes 14.50% ORAL DEFICIENCY GROWTH HORMONE DEFICIENCY SKYTROFA No 11.40% ORAL LONSURF Yes 12.50% OROCOLOGY - ORAL LONSURF Yes 12.50% OROCOLOGY - ORAL LONSURF Yes 11.40% OROCOLOGY - ORAL LONSURF Yes 12.50% ORAL MATULANE Yes 13.00% ORAL MEKINIST Yes 13.00% ORAL MEKINIST Yes 14.00% OROCOLOGY - ORAL MEKINIST Yes 14.00% ORAL NICHOROGIC ORAL NICHOROGIC ORAL NICHOROGIC ORAL NICHOROGIC ORAL NICHOROGIC ORAL NICHOROGIC ORAL OROCOLOGY - ORAL OROCOLOGY - ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL		STREET	110	17.5070	ORTE	L	103	33.0070
GROWTH HORMONE DEFICIENCY SKYTROFA No 11.40% ORAL LONSURF Yes 12.50% ORAL ORAL LONSURF Yes 11.40% ORAL ORAL LONSURF Yes 11.40% ORAL ORAL ORAL LONSURF Yes 11.40% ORAL					ONCOLOGY -			
HORMONE DEFICIENCY SKYTROFA No	DEFICIENCY	SEROSTIM	Yes	13.50%	ORAL	LENVIMA	Yes	14.50%
DEFICIENCY SKYTROFA No 11.40% ORAL LONSURF Yes 12.50%	GROWTH							
GROWTH HORMONE DEFICIENCY ZOMACTON No 14.70% ONCOLOGY - ORAL LORBRENA Yes 11.40% OROLOGY - ORAL LUMAKRAS Yes 12.50% ORAL ORAL LUMAKRAS Yes 12.50% ORAL UMAKRAS Yes 12.20% ORAL ORAL UMAKRAS Yes 12.20% ORAL	HORMONE				ONCOLOGY -			
HORMONE DEFICIENCY ZOMACTON No 14.70% ORAL LORBRENA Yes 11.40% GROWTH HORMONE DEFICIENCY ZORBTIVE Yes 13.00% ORAL ULMAKRAS Yes 12.50% ORAL ULMAKRAS Yes 12.20% OROCLOGY - OROCLOGY - ORAL ULMAKRAS Yes 13.50% ORAL OROCLOGY - OROCLO		SKYTROFA	No	11.40%	ORAL	LONSURF	Yes	12.50%
DEFICIENCY								
GROWTH HORMONE DEPICIENCY		ZOMACTON	N	1.4.700/		LODDDENIA	3.7	11 400/
HORMONE DEFICIENCY		ZOMACTON	No	14.70%	ORAL	LORBRENA	Yes	11.40%
DEFICIENCY					ONCOLOGY -			
HEMATOLOGIC BERINERT Yes 12.50% ORAL CABLIVI Yes 13.50% ORAL MATULANE Yes 13.00% ORAL MEKINIST Yes 11.40% ORAL MEKINIST Yes 11.40% ORAL MEKINIST Yes 14.00% ORAL MILANDRON No 15.00% ORAL MEKANIST Yes 13.50% ORAL MILANDRON No 1		ZORBTIVE	Yes	13.00%		LUMAKRAS	Yes	12 50%
HEMATOLOGIC	DEI TEIEIVE I	ZORBITTE	105	13.0070		DOWN HART IS	103	12.5070
HEMATOLOGIC CABLIVI Yes 13.50% ORAL ONCOLOGY - ORAL	HEMATOLOGIC	BERINERT	Yes	12.50%		LYNPARZA	Yes	12.20%
HEMATOLOGIC CINRYZE Yes 14.50% ONCOLOGY - ORAL MEKINST Yes 11.40%					ONCOLOGY -			
HEMATOLOGIC	HEMATOLOGIC	CABLIVI	Yes	13.50%		MATULANE	Yes	13.00%
HEMATOLOGIC DOPTELET Yes 13.50% ONCOLOGY - ORAL MEKTOVI Yes 14.00%					ONCOLOGY -			
HEMATOLOGIC DOPTELET Yes 13.50% ORAL MEKTOVI Yes 14.00% HEMATOLOGIC FIRAZYR Yes 14.30% ONCOLOGY - ORAL MELPHALAN No 33.00% HEMATOLOGIC HAEGARDA Yes 12.50% ORAL ORAL MESNEX No 14.00% HEMATOLOGIC ICATIBANT Yes 33.00% ORAL ONCOLOGY - ORAL NERLYNX Yes 14.30% HEMATOLOGIC MOZOBIL No 13.50% ORAL ONCOLOGY - ORAL NEXAVAR Yes 12.50% HEMATOLOGIC MULPLETA No 13.50% ORAL ONCOLOGY - ORAL ONCOLOGY - ORAL NILANDRON No 15.00% HEMATOLOGIC OXBRYTA Yes 11.90% ORAL ONCOLOGY - ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORA	HEMATOLOGIC	CINRYZE	Yes	14.50%		MEKINIST	Yes	11.40%
HEMATOLOGIC								
HEMATOLOGIC	HEMATOLOGIC	DOPTELET	Yes	13.50%		MEKTOVI	Yes	14.00%
HEMATOLOGIC	HEMATOLOGIC	EID A ZVD	Vac	1.4.200/		MELDHALAN	No	22 000/
HEMATOLOGIC	HEMATOLOGIC	FIRALIK	res	14.30%		MELPHALAN	NO	33.00%
HEMATOLOGIC	HEMATOLOGIC	HAEGARDA	Yes	12 50%		MESNEX	No	14 00%
HEMATOLOGIC	TIEM TI GEO GIO	THE COLLECT	100	12.5070		1/12/01/12/1	1,0	11.0070
HEMATOLOGIC MOZOBIL No 13.50% ORAL NEXAVAR Yes 12.50% HEMATOLOGIC MULPLETA No 13.50% ORAL ONCOLOGY - ORAL ONCOLOGY - ORAL NILANDRON No 15.00% HEMATOLOGIC OXBRYTA Yes 11.90% ORAL ONCOLOGY - ORAL NILUTAMIDE No 40.40% HEMATOLOGIC PROMACTA Yes 13.50% ORAL ONCOLOGY - ORAL NINLARO No 13.50% HEMATOLOGIC REZUROCK Yes 13.20% ORAL ONCOLOGY - ORAL ORGOVYX Yes 14.30% HEMATOLOGIC TAKHZYRO Yes 13.50% ORAL ORAL ORGOVYX Yes 14.30% ORAL ONCOLOGY - ONCOLOGY - ORAL ONCOLOGY - ORAL ONCOLOGY - ONCOLOG	HEMATOLOGIC	ICATIBANT	Yes	33.00%		NERLYNX	Yes	14.30%
HEMATOLOGIC MULPLETA No 13.50% ONCOLOGY - ORAL NILANDRON No 15.00% HEMATOLOGIC OXBRYTA Yes 11.90% ORAL ONCOLOGY - ORAL NILUTAMIDE No 40.40% HEMATOLOGIC PROMACTA Yes 13.50% ORAL ONCOLOGY - ORAL NINLARO No 13.50% HEMATOLOGIC REZUROCK Yes 13.20% ORAL ONCOLOGY - ORAL NUBEQA Yes 13.50% HEMATOLOGIC RUCONEST Yes 13.20% ORAL ONCOLOGY - ORAL ORCOLOGY - ORCOLOGY - ORAL ORCOLOGY - ORCO					ONCOLOGY -			
HEMATOLOGIC MULPLETA No 13.50% ORAL NILANDRON No 15.00%	HEMATOLOGIC	MOZOBIL	No	13.50%	ORAL	NEXAVAR	Yes	12.50%
HEMATOLOGIC OXBRYTA Yes 11.90% ORAL ONCOLOGY - ORAL ORGOVYX Yes 13.50% ORAL ORGOVYX Yes 14.30% ORAL ORGOVYX Yes 14.30% ORAL ORGOVYX Yes 14.00% ORAL ORGOVYX Yes 14.00% ORAL ORGOVYX ORGOVY					ONCOLOGY -			
HEMATOLOGIC OXBRYTA Yes 11.90% ORAL NILUTAMIDE No 40.40%	HEMATOLOGIC	MULPLETA	No	13.50%		NILANDRON	No	15.00%
HEMATOLOGIC								40.40
HEMATOLOGIC	HEMATOLOGIC	OXBRYTA	Yes	11.90%		NILUTAMIDE	No	40.40%
HEMATOLOGIC REZUROCK Yes 13.20% ORAL ONCOLOGY - ORAL ODOMZO No 13.80%	HEMATOLOGIC	DDOMACTA	Vac	12.500/		NINI ADO	No	12.500/
HEMATOLOGIC REZUROCK Yes 13.20% ORAL NUBEQA Yes 13.50% HEMATOLOGIC RUCONEST Yes 13.20% ORAL ODOMZO No 13.80% HEMATOLOGIC SAJAZIR Yes 22.80% ORAL ONUREG No 11.90% HEMATOLOGIC TAKHZYRO Yes 13.50% ORAL ORGOVYX Yes 14.30% HEMATOLOGIC TAVALISSE Yes 13.50% ORAL ORGOVYX Yes 14.00% HEMATOLOGIC TAVALISSE Yes 13.50% ORAL PEMAZYRE Yes 14.00% HEMOPHILIA - INFUSED ADVATE No 43.20% ORAL PIQRAY No 11.90% HEMOPHILIA - INFUSED AFSTYLA No 34.10% ORAL POMALYST Yes 13.00% HEMOPHILIA - INFUSED AFSTYLA No 34.00% ORAL PURIXAN No 12.50% HEMOPHILIA - INFUSED D No 42.00% ORAL QINLOCK Yes 14.50% HEMOPHILIA - INFUSED D No 42.00% ORAL QINLOCK Yes 14.50% HEMOPHILIA - INFUSED ONCOLOGY - INFUSED ONCOLOGY - INFUSED ORAL QINLOCK Yes 14.50% HEMOPHILIA - INFUSED ONCOLOGY - INFUSED	HEMATOLOGIC	PROMACIA	res	13.30%		NINLARO	NO	13.30%
HEMATOLOGIC	HEMATOLOGIC	REZUROCK	Ves	13 20%		NURFOA	Ves	13 50%
HEMATOLOGIC RUCONEST Yes 13.20% ORAL ODOMZO No 13.80%	HEMITTOLOGIC	KLECKOCK	103	13.2070		NOBEQN	103	13.3070
HEMATOLOGIC SAJAZIR Yes 22.80% ORAL ONUREG No 11.90%	HEMATOLOGIC	RUCONEST	Yes	13.20%		ODOMZO	No	13.80%
HEMATOLOGIC TAKHZYRO Yes 13.50% ORAL ORGOVYX Yes 14.30%								
HEMATOLOGIC	HEMATOLOGIC	SAJAZIR	Yes	22.80%	ORAL	ONUREG	No	11.90%
HEMATOLOGIC					ONCOLOGY -			
HEMATOLOGIC	HEMATOLOGIC	TAKHZYRO	Yes	13.50%		ORGOVYX	Yes	14.30%
HEMOPHILIA -	**************************************			40.50		DED 4.5555		44000
No		TAVALISSE	Yes	13.50%		PEMAZYRE	Yes	14.00%
HEMOPHILIA -		ADVATE	NT.	42 2004		DIODAY	NT-	11.000/
NFUSED		ADVATE	NO	43.20%		PIQKAY	No	11.90%
HEMOPHILIA - INFUSED		ADYNOVATE	No	34 10%		POMAL VST	Vec	13.00%
No		ADINOVATE	110	J+.1U70		1 OMAL 131	108	13.00/0
ALPHANATE/ VON HEMOPHILIA - WILLEBRAN D No 42.00% ORAL QINLOCK Yes 14.50% HEMOPHILIA - ALPHANINE ONCOLOGY - ON		AESTYLA	No	34.00%		PURIXAN	No	12.50%
HEMOPHILIA - WILLEBRAN D No 42.00% ONCOLOGY - ORAL QINLOCK Yes 14.50% HEMOPHILIA - ALPHANINE ONCOLOGY -			110	J 1.00 /0	JILLI	1 (1111/1111	110	12.50/0
HEMOPHILIA - WILLEBRAN D No 42.00% ONCOLOGY - QINLOCK Yes 14.50% HEMOPHILIA - ALPHANINE ONCOLOGY -								
INFUSED D No 42.00% ORAL QINLOCK Yes 14.50% HEMOPHILIA - ALPHANINE ONCOLOGY -	HEMOPHILIA -				ONCOLOGY -			
		D	No	42.00%	ORAL	QINLOCK	Yes	14.50%
INFUSED SD No 49.30% ORAL RETEVMO Yes 12.50%								
	INFUSED	SD	No	49.30%	ORAL	RETEVMO	Yes	12.50%

HEMOPHILIA -	1	1		ONCOLOGY -	1	1 1	
INFUSED	ALPROLIX	No	13.50%	ORAL	REVLIMID	Yes	14.80%
HEMOPHILIA -				ONCOLOGY -			
INFUSED	BENEFIX	No	14.50%	ORAL	ROZLYTREK	No	15.40%
HEMOPHILIA - INFUSED	COAGADEX	Yes	30.00%	ONCOLOGY - ORAL	RUBRACA	Yes	14.50%
HEMOPHILIA -	COAGADEA	168	30.00%	ONCOLOGY -	KUBKACA	168	14.50%
INFUSED	CORIFACT	No	27.90%	ORAL	RYDAPT	No	15.40%
HEMOPHILIA -				ONCOLOGY -			
INFUSED	ELOCTATE	No	27.90%	ORAL	SCEMBLIX	No	11.40%
HEMOPHILIA - INFUSED	ESPEROCT	No	22.80%	ONCOLOGY - ORAL	SPRYCEL	No	15.40%
HEMOPHILIA -	ESPEROCI	No	22.80%	ONCOLOGY -	SPRICEL	No	13.40%
INFUSED	FEIBA	No	40.20%	ORAL	STIVARGA	Yes	11.90%
HEMOPHILIA -				ONCOLOGY -			
INFUSED	HEMOFIL M	No	44.40%	ORAL	SUNITINIB	Yes	33.00%
HEMOPHILIA -	IIIIMATE D	NI-	27 100/	ONCOLOGY -	SUTENT		1.4.900/
INFUSED HEMOPHILIA -	HUMATE-P	No	37.10%	ORAL ONCOLOGY -	SUIENI	Yes	14.80%
INFUSED	IDELVION	No	13.50%	ORAL	TABLOID	No	15.40%
HEMOPHILIA -				ONCOLOGY -			
INFUSED	IXINITY	No	13.50%	ORAL	TABRECTA	No	12.50%
HEMOPHILIA -	113/1	NI-	22 900/	ONCOLOGY -	TAFINLAR		12.500/
INFUSED HEMOPHILIA -	JIVI	No	22.80%	ORAL ONCOLOGY -	TAFINLAR	Yes	13.50%
INFUSED	KOATE	No	42.30%	ORAL	TAGRISSO	Yes	13.50%
HEMOPHILIA -	-			ONCOLOGY -			
INFUSED	KOATE-DVI	No	42.30%	ORAL	TALZENNA	Yes	13.50%
HEMOPHILIA -	KOGENATE	NT	47.200/	ONCOLOGY -	TARCENA	37	15 200/
INFUSED HEMOPHILIA -	FS	No	47.30%	ORAL ONCOLOGY -	TARCEVA	Yes	15.30%
INFUSED	KOVALTRY	No	45.70%	ORAL	TARGRETIN	No	14.00%
HEMOPHILIA -	IIO VIIDIRI	1,0	1017070	ONCOLOGY -	THORETHY	110	1110070
INFUSED	MONONINE	No	31.40%	ORAL	TASIGNA	Yes	13.50%
HEMOPHILIA -	NOT TO FROM		44.000	ONCOLOGY -	m . cu inn ur		12 500/
INFUSED HEMOPHILIA -	NOVOEIGHT NOVOSEVEN	No	44.30%	ORAL ONCOLOGY -	TAZVERIK	Yes	13.70%
INFUSED	RT	No	38.30%	ORAL	TEMODAR	No	14.80%
HEMOPHILIA -		- 1.0		ONCOLOGY -	TEMOZOLOMI		- 1100/1
INFUSED	NUWIQ	No	48.20%	ORAL	DE	No	59.20%
HEMOPHILIA -	DD OFW NUMBER		20.000	ONCOLOGY -	TEN CETT		12 700/
INFUSED HEMOPHILIA -	PROFILNINE	No	30.00%	ORAL ONCOLOGY -	TEPMETKO	Yes	12.50%
INFUSED	REBINYN	No	17.60%	ORAL	THALOMID	Yes	14.80%
HEMOPHILIA -	RECOMBINA	- 1.0		ONCOLOGY -			- 1100/1
INFUSED	TE	No	41.30%	ORAL	TIBSOVO	Yes	13.50%
HEMOPHILIA -	DIMIDIG		12.700/	ONCOLOGY -	TRETT ION I		0.4.500/
INFUSED HEMOPHILIA -	RIXUBIS	No	13.70%	ORAL ONCOLOGY -	TRETINOIN	No	84.50%
INFUSED	SEVENFACT	No	22.80%	ORAL	TRUSELTIQ	Yes	13.00%
HEMOPHILIA -				ONCOLOGY -			
INFUSED	TRETTEN	Yes	14.40%	ORAL	TUKYSA	Yes	13.70%
HEMOPHILIA -	HOMENDA	**	12.500/	ONCOLOGY -	THE ALTO	***	1.4.000/
INFUSED HEMOPHILIA -	VONVENDI	Yes	12.50%	ORAL ONCOLOGY -	TURALIO	Yes	14.00%
INFUSED	WILATE	No	42.30%	ORAL	TYKERB	Yes	14.80%
HEMOPHILIA -		- 1.0		ONCOLOGY -			- 1100/1
INFUSED	XYNTHA	No	38.40%	ORAL	UKONIQ	Yes	12.50%
HEMOPHILIA -	HEMI IDD 4	37	10.500/	ONCOLOGY -	VENCLENE.	37	10.500/
INJECTABLE	HEMLIBRA ADEFOVIR	Yes	12.50%	ORAL ONCOLOGY -	VENCLEXTA	Yes	12.50%
HEPATITIS B	DIPIVOXIL	No	33.00%	ORAL	VERZENIO	Yes	15.20%
		- 10	22.00/0	ONCOLOGY -		153	-5.2070
HEPATITIS B	BARACLUDE	No	13.80%	ORAL	VITRAKVI	Yes	14.50%
THED A PRIMITE S	EMBANETT	37	10.50**	ONCOLOGY -	VIIII IDD C	37	0.2001
HEPATITIS B	EMPAVELI	Yes	13.50%	ORAL ONCOLOGY -	VIZIMPRO	Yes	8.30%
HEPATITIS B	ENTECAVIR	No	83.50%	ORAL	VOTRIENT	Yes	13.50%
							2.2.270

1	1 1	ı		ONCOLOGY -	1	1 1	ı
HEPATITIS B	EPIVIR HBV	No	14.30%	ORAL	WELIREG	Yes	13.20%
				ONCOLOGY -			
HEPATITIS B	HEPSERA	No	13.70%	ORAL	XALKORI	Yes	11.90%
HEPATITIS B	LAMIVUDINE HBV	No	33.00%	ONCOLOGY - ORAL	XELODA	No	15.40%
TILI ATTIS B	TID V	110	33.0070	ONCOLOGY -	ALLODA	140	13.4070
HEPATITIS B	VEMLIDY	No	13.30%	ORAL	XOSPATA	Yes	14.50%
TYPE L MYMYG G	EDGI IIG		4.4.000	ONCOLOGY -	********		1.1.2007
HEPATITIS C	EPCLUSA	No	14.00%	ORAL ONCOLOGY -	XPOVIO	Yes	14.30%
HEPATITIS C	HARVONI	No	15.00%	ORAL	XTANDI	Yes	13.50%
	LEDIPASVIR/			ONCOLOGY -			
HEPATITIS C	SOFOSBUVIR	No	15.00%	ORAL	YONSA	No	15.40%
HEPATITIS C	MAVYRET	No	14.00%	ONCOLOGY - ORAL	ZEJULA	Yes	13.70%
HEIAIIISC	WAVIKEI	110	14.00%	ONCOLOGY -	ZEJULA	168	13.70%
HEPATITIS C	PEGASYS	No	16.50%	ORAL	ZELBORAF	Yes	13.00%
				ONCOLOGY -			
HEPATITIS C	PEGINTRON SOFOSBUVIR/	No	17.50%	ORAL	ZOLINZA	No	14.80%
	VELPATASVI			ONCOLOGY -			
HEPATITIS C	R	No	14.00%	ORAL	ZYDELIG	Yes	14.50%
				ONCOLOGY -			
HEPATITIS C	SOVALDI	No	14.00%	ORAL	ZYKADIA	Yes	13.00%
HEPATITIS C	VIEKIRA PAK	No	13.50%	ONCOLOGY - ORAL	ZYTIGA	No	13.50%
THE ATTES C	VILIKIICATAK	110	13.3070	ONCOLOGY -	ZITION	110	13.3070
HEPATITIS C	VOSEVI	No	14.00%	TOPICAL	TARGRETIN	No	14.00%
				ONCOLOGY -			
HEPATITIS C	ZEPATIER	No	13.90%	TOPICAL	VALCHLOR	Yes	9.90%
HEPATOLOGY	BYLVAY	Yes	11.40%	OPHTHALMIC	OXERVATE	Yes	12.50%
HEREDITARY ANGIODEMA	ORLADEYO	Yes	13.00%	OSTEOPOROSIS	FORTEO	No	13.90%
IMMUNE	OKEADETO	103	13.0070	OSTLOT OROSIS	TERIPARATID	140	13.7070
MODULATOR	ACTIMMUNE	Yes	14.30%	OSTEOPOROSIS	Е	No	13.50%
IMMUNE	A D C A L MCE	**	1.5.000/	OGETTODODOGIG	TVD II OG		12 200/
MODULATOR IMMUNOLOGICAL	ARCALYST	Yes	15.00%	OSTEOPOROSIS PARKINSONS	TYMLOS	No	13.30%
AGENTS	LUPKYNIS	Yes	14.30%	DISEASE	APOKYN	Yes	11.50%
IMMUNOLOGICAL				PARKINSONS			
AGENTS	PALFORZIA	Yes	9.40%	DISEASE	INBRIJA	Yes	12.50%
IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	14.10%	PARKINSONS DISEASE	KYNMOBI	Yes	9.40%
AGENTS	TAVNEOS	168	14.1070	PULMONARY	KTNWODI	168	9.4070
INFERTILITY	CETROTIDE	No	17.20%	DISEASE	ESBRIET	Yes	13.50%
	CHORIONIC						
INFERTILITY	GONADOTRO PIN	No	69.60%	PULMONARY DISEASE	OFEV	Yes	12.50%
INTERTILITI	FOLLISTIM	NO	09.00%	PULMONARY	OFEV	168	12.30%
INFERTILITY	AQ	No	24.30%	HYPERTENSION	ADCIRCA	No	13.50%
	GANIRELIX			PULMONARY			
INFERTILITY	ACETATE	No	16.60%	HYPERTENSION	ADEMPAS	Yes	13.50%
INFERTILITY	GONAL-F	No	22.90%	PULMONARY HYPERTENSION	ALYQ	No	58.80%
	331.11E1	110		PULMONARY	AMBRISENTA	110	2 3.00 /0
INFERTILITY	GONAL-F RFF	No	22.90%	HYPERTENSION	N	Yes	58.80%
Dicebon way	MENOBUS		16.000	PULMONARY	DOGENIE () Y	7.7	22.000
INFERTILITY	MENOPUR	No	16.80%	HYPERTENSION PULMONARY	BOSENTAN	Yes	33.00%
INFERTILITY	NOVAREL	No	33.00%	HYPERTENSION	LETAIRIS	Yes	12.70%
				PULMONARY			-
INFERTILITY	OVIDREL	No	17.20%	HYPERTENSION	OPSUMIT	Yes	13.70%
INFERTILITY	PREGNYL	No	33.00%	PULMONARY HYPERTENSION	ORENITRAM	Yes	13.50%
INFLAMMATORY	TREUNTE	No	33.00%	PULMONARY	OKENITKAW	168	13.30%
CONDITIONS	ACTEMRA	No	14.20%	HYPERTENSION	REVATIO	No	13.30%
				•	•		

INFLAMMATORY				PULMONARY			
CONDITIONS	ADBRY	Yes	10.40%	HYPERTENSION	SILDENAFIL	No	95.70%
INFLAMMATORY				PULMONARY			
CONDITIONS	CIBINQO	No	13.50%	HYPERTENSION	TADALAFIL	No	33.00%
INFLAMMATORY				PULMONARY			
CONDITIONS	CIMZIA	No	15.50%	HYPERTENSION	TRACLEER	Yes	13.50%
INFLAMMATORY				PULMONARY			
CONDITIONS	COSENTYX	No	13.50%	HYPERTENSION	TYVASO	Yes	13.00%
INFLAMMATORY				PULMONARY			
CONDITIONS	DUPIXENT	No	14.10%	HYPERTENSION	UPTRAVI	Yes	14.80%
INFLAMMATORY				PULMONARY			
CONDITIONS	EMFLAZA	Yes	10.90%	HYPERTENSION	VENTAVIS*	Yes	13.00%
INFLAMMATORY							
CONDITIONS	ENBREL	No	14.50%				

*Includes Nebulizer

6/2022