



October 17, 2024

City of Burleson
141 W Renfro Street
Burleson, TX 76028

RE: **January 1, 2025** Financial Renewal under the Administrative Services Agreement (“Agreement”) between United HealthCare Services, Inc. (“**United**”) and City of Burleson

This letter is confirmation of your Financial Renewal per the attached exhibit(s).

Nothing shown in this Financial Renewal Letter alters, varies, or affects any of the terms, provisions, or conditions of the Agreement other than as stated herein.

Please feel free to contact your Sales Executive (indicated below) with any questions regarding the attachment(s).

Please file this letter and its attachment(s) with your ASA.

Thank you,

A handwritten signature in blue ink that reads "Charlene Mancini".

Charlene Mancini
Regional Contract Manager

CC: Jessica Kimbrell, Sales Executive;

Attachment(s): Exhibit B, Exhibit C

Renewal 3Q 2024
Agreement No.

Exhibit B – Fees

These are the Fees Customer agrees to pay to United in exchange for the Services.

Medical Fees

The following financial terms are effective for the period January 1, 2025 through December 31, 2025, unless otherwise specified.

Final Claims Fiduciary: United

Customer acknowledges that UHC Hub products and services are offered and provided by third-party vendors that are not affiliated with United. Customer agrees that United is not responsible or liable in any way for such performance or financial return guarantees. Certain UHC Hub products are subject to state sales Tax. United will invoice and Customer agrees to pay United for any required Taxes. A third-party vendor’s participation in UHC Hub may terminate in the middle of the Initial Term or Renewal Term of this Agreement. In that instance, the product or service will no longer be provided from that vendor and no further Fees will be charged for that product or service. Fees for UHC Hub products and services will be paid through a withdrawal from the Bank Account.

ASO MEDICAL FEES

Fees assume an Average Contract Size of 2.19

ASO Fees (PEPM)	Current	Year 1
Plan Year	01/01/2024 through 12/31/2024	1/1/2025 through 12/31/2025
EPO	\$47.56	\$48.51
Rx Rebate Credit	-\$43.00	-\$43.00
Credits		
Audit Credit	\$25,000	N/A
Communication Credit	\$15,000	\$15,000
Wellness Credit	\$35,000	\$45,000

The following services may require an additional cost as noted below:

Additional Disease Management, Specialty and Wellness Programs (Fees are on a PEPM basis unless specifically noted)	Current	Year 1
	1/1/2024 through 12/31/2024	1/1/2025 through 12/31/2025
Disease Management Programs:		
-		
Congestive Heart Failure (VOM)	Included in Personal Health Support	Included in Personal Health Support
Chronic Obstructive Pulmonary Disease (VOM)		
Coronary Artery Disease (VOM)		
Diabetes Program (VOM)		
Asthma Program (VOM)		
Medical Management Programs		
Core Medical Necessity	Included	Included
Physical Health Solutions:		

Chiropractic Network	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included
Other Programs/Services:		
Behavioral Health Solutions	Included	Included
Claim Fiduciary	Included	Included
Third Party Stop Loss Reporting	Included	Included

The following are not included in the above ASO Fees:

Additional Services	Fee
Naviguard	\$4.75 PEPM
Transplant Resource Services Transplant Cost Negotiation Program	\$8,333 per negotiation
Payment Integrity (Fees collected through Bank Account):	
Enhanced Abuse and Fraud Management Program	22% of recoveries
Advanced Analytics and Recovery Services (AARS)	24% of recoveries
Credit Balance Recovery Program	not to exceed 10% of recoveries
Hospital Bill Audit Program	not to exceed 22% of savings
Subrogation Services	33.3% of recoveries
Injury Coordination Coverage	33.3% of recoveries
Focused Claim Review	22% of savings

**Naviguard will increase annually by \$1.00 PEPM.*

The following are included in the ASO Fees (applies to Active and Pre-65 Retiree population only):

- UnitedHealthcare Pharmacy. If the pharmacy is carved out to another vendor, the ASO fees and Credits are subject to change.
- eServices Reporting - (interactive fully Web-based reporting)
- Federal External Review Program (third level appeals) - our Medical ASO fee includes a maximum of 5 reviews. Reviews in excess of this limit will be charged at \$500 per review.
- Advocate4Me Customer Service Model that provides participants with access to a one-stop advocacy resource for an unprecedented range of needs, including support and access to services across medical benefits, claims, pharmacy, clinical, incentives, and more.
- Customer Service, our quoted customer service model offers members a high-touch, personal guide who provides support in navigating benefits, understanding payment options, resolving claim issues and working through the health care system. In addition to acting as a one-stop shop where members can be directed to the most appropriate existing services, representatives can provide additional information relevant to personal needs and take ownership of inquires end-to-end. For those not resolved during the initial call, customer service representatives take ownership until resolution including call back to the member.
- Employer Internet Solution – www.employereservices.com
- Our quote includes the management of over 100 disease states/conditions, as part of our Personal Health Support (PHS) program. We believe this approach will adequately address the clinical conditions present within the population - though we are open to discussing and proposing alternative programs, should clinical prevalence indicate an appropriate ROI.
- Consumer Activation, including basic navigation guide, health statements with individualized messaging, advanced concierge call services, and access to member portal with consumer activation messaging
- UnitedHealthcare will duplicate requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all Medical plan design specifics. Our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

Pricing Assumptions

- The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA Transitional Reinsurance fee and the PCORI fee which are remitted to the government (federal and/or state).
- The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; and (iii) as otherwise permitted in the Administrative Services Agreement.
- The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.
- UnitedHealthcare reserves the right to revise this quotation under the following circumstances:
 - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 390
 - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 2.19.
 - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
 - In the event of any changes in federal, state or other applicable legislation or regulation that require changes to this quotation.
 - In the event of any changes in plan design required by the applicable regulatory authority or by the Plan sponsor.
 - In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
 - As otherwise permitted in our Administrative Services Agreement
- Our quotation excludes the processing of runout claims upon the termination of our contract.
- If pharmacy benefits are carved out the ASO fees quoted above may be revised.
- Customer will only receive Rebates to the extent that Rebates are actually received by United. For example, if a government action or a major change in pharmaceutical industry practices eliminates or materially reduces manufacturer Rebate programs, Customer's payment amount may be reduced or eliminated. In such event, United shall promptly notify Customer and revise or eliminate such payment effective with the date of the reduction or elimination in Rebate payments. In addition, reduction or elimination of Rebates in this event shall constitute a change in the Agreement as described in the Fees Section such that United has the right to increase the fees for the Pharmacy Benefits Management services or increase the percentage of Rebate dollars retained by United.
- We reserve the right to adjust our rebate guarantee if changes made to our prescription drug list (PDL) for the purpose of achieving lower net drug cost for CITY OF BURLESON and our other ASO customers result in significant reductions to the rebate level.
- Quoted fees include UHC retention of all medical benefit Rx rebates
- Commissions are excluded.
- This quotation assumes UnitedHealthcare will retain claim fiduciary responsibility
- United will provide a Communication Credit, Wellness Credit, Audit Credit to help CITY OF BURLESON mitigate costs associated with communication to Participants, additional wellness services from United, Audit

These credits are available as follows:

- The parties must have an executed Agreement.
- The first month of service fees under the Agreement has been received by United.
- CITY OF BURLESON's enrollment with United must always exceed 339 Employees.
- Credits must be used between 01/01/2025 and 01/01/2026. Any Credits not used during this time period are forfeit.
- Upon request from CITY OF BURLESON, a credit will be issued in United's fee billing system.
- Upon presentation of receipts for costs, a credit will be issued in United's fee billing system in the amount of the receipted expenses, total amount not to exceed the full credit.

- If CITY OF BURLESON terminates the Agreement prior to 12/31/2025, CITY OF BURLESON will repay United a prorated portion of the credit paid in the year of termination based on the termination date. Credits in prior years are not subject to repayment. All unpaid credits are forfeit.
- If enrollment with United falls below the enrollment threshold, CITY OF BURLESON will repay United an amount proportional to the enrollment reduction based on the amount of the credit paid at the time enrollment falls below the threshold.
- The amount of the credit not yet paid is reduced proportional to the enrollment reduction.
- If during the course of the first year unforeseen or additional expense items arise related to the CITY OF BURLESON implementation, UHC reserves the right to use a portion of this credit to offset such expenses.

Service Description
<p>Advanced Analytics and Recovery</p> <ul style="list-style-type: none"> • United’s large-scale analytics to identify additional recovery opportunities. • Claims re-examined every month for up to 12 months. • Post-adjudicated claims.
<p>Coordination of Benefits (“COB”)</p> <ul style="list-style-type: none"> • Verify primary/secondary payer accuracy. • Identify claims to be investigated using a layered approach to identify other primary payers: <ol style="list-style-type: none"> 1. Eligibility match to other commercial payers. 2. Eligibility match to Medicare. • 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.
<p>Credit Balance Recovery</p> <ul style="list-style-type: none"> • 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.
<p>Focused Claim Review</p> <ul style="list-style-type: none"> • 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.
<p>Fraud, Waste, and Abuse Management</p> <ul style="list-style-type: none"> • 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. • Evaluate claims to identify inappropriate levels of care, coding, and/or resource utilization. • Management can include pre-adjudicated claims or post-adjudicated claims.
<p>Hospital Bill and Premium Audit</p> <ul style="list-style-type: none"> • In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy. • Post-adjudicated claims.
<p>Third-Party Liability – Subrogation and Injury Coverage Coordination</p> <ul style="list-style-type: none"> • 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 coordination of benefits, Medicare, or other Overpayments. • Pre-adjudicated claims or post-adjudicated claims. • Customer will not engage any entity except United to provide such services without prior United approval.
<p>Litigation and Arbitration Fees for Recoveries</p> <ul style="list-style-type: none"> • Litigation or arbitration to recover Overpayments and other Plan recovery opportunities. • Outside attorneys’ fees and costs directly incurred with litigation or arbitration. • Pre-adjudicated claims or post-adjudicated claims.
<p>Naviguard Program</p> <ul style="list-style-type: none"> • Offers reimbursement methodologies for emergent and non-emergent out of network claims which calculates allowed amounts based on what a healthcare provider generally accepts for the same or similar service. • Includes an advocacy component where Participants can access resources, and on-line tools and materials to help Participants stay in network and where assistance is provided in explaining reimbursement methodologies.

- For claims above a threshold established by United, the advocacy component includes United negotiating with a provider on behalf of a Participant with respect to Participant's balance billed amount (e.g., non-emergent, choice claim).
- If the provider objects to what it was paid from the application of the allowed amount, or member contacts United for support with resolving a balance bill, United will increase compensation for a particular claim if: (a) United reasonably concludes that the particular facts and circumstances related to a claim provide justification for reimbursement greater than that which would result from the application of the allowed amount, and (b) United believes that it would serve the best interests of the Plan and its Participants (including interests in avoiding costs and expenses of disputes over payment of claims).
- Fees are based on the Savings Obtained, which is the amount billed by a health care provider minus the final amount paid to the health care provider pursuant to the out-of-network program selected by the Plan which includes amounts payable by the Participant.

The interest rate on unpaid Fees and underfunding the Bank Account is the Prime rate plus 4%.

For clinical support, if applicable, Customer will pay a Fee for United's services, equal to 2.5% of chiropractic allowed expenses, whether in or out of network.

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, or at the election of the provider a per transaction fee of up to \$10) 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, 2025 through December 31, 2025, unless otherwise specified.

Contract Basis: ASO

\$4.15 per Employee per month.

Dental Assumptions

Rates listed above assume the plan designs quoted. Rates may change, if plan design changes.

Our contract covers only those procedures performed in the United States.

Please contact your sales representative for more details on the network quoted in your proposal.

Run-In Claims are not Paid.

Fees include 12 months of run out claims. Additional months are available at an additional cost.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.

* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Quote is based on total group Average Contract Size (ACS) of 2.13 Quote

is based on total group of 425 Employees and 874 Members.

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

This quote assumes UnitedHealthcare will retain claim fiduciary responsibility.

Digital ID cards will be available on-line, upon initial enrollment, for employees enrolled in PPO, INO and Indemnity plans. Plastic ID cards will be issued, upon initial enrollment, for employees enrolled in Direct Compensation, Select Managed Care and DHMO plans.

Exhibit E – Guarantees

The Fees payable by Customer under this Agreement will be adjusted through a credit to Customer’s 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, 2025 through December 31, 2025 (“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 on the condition 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 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.

PharmacyA12:E44 Financials		
Definition	Contracted pharmacy rates that will be delivered to You.	
Measurement and Criteria	01/01/2025	
	Combined Discount Guarantee - Standard Select/CVS Network	
-	Retail Brand, Average Wholesale Price (AWP) less	20.00%
	Retail Brand -- 90 Day Supply, AWP less	24.00%
	Retail Generic - 30 and 90 Day Supply, AWP less	83.00%
	Mail Order Brand, AWP less	26.70%
	Mail Order Generic, AWP less	85.00%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component and adding the amounts together.	
	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 scripts for each type by the contracted rate for that script type.	
	Fixed Rebate Guarantee (Traditional PDL)	
-	Basis, per script	Brand
-	Retail - 30 and 90 Day	\$461.68
-	Mail Order	\$897.83
-	Specialty	Included In Retail Included In Retail
-	Credits and Allowances	

-	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 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	<p>Discount & Dispense Fee Specific Conditions</p> <ul style="list-style-type: none"> • 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. <p>Rebate Specific Conditions</p> <ul style="list-style-type: none"> • 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 subject to 340B pricing, 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 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.

- Vaccines are excluded from the claim counts.

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 01/01/2025 through 12/31/2025 ("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.

	<p>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.</p> <ul style="list-style-type: none"> • 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 initial 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. <p>Brand / Generic Reconciliation Definition</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Medi-Span Multi-Source Code ("MSC") is equal to Y.
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TRRX (12/2022)

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	<ul style="list-style-type: none"> • 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, drugs for which no AWP measure exists and non-drug items are excluded.

	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> 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.
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Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	No	14.50%	INFLAMMATORY CONDITIONS	HUMIRA	No	16.10%
ANEMIA	EPOGEN	No	13.30%	INFLAMMATORY CONDITIONS	ILUMYA	No	14.10%
ANEMIA	PROCRT	No	13.60%	INFLAMMATORY CONDITIONS	KEVZARA	No	9.90%
ANEMIA	RETACRIT	No	14.10%	INFLAMMATORY CONDITIONS	KINERET	Yes	13.50%
ANTICONSULSANT	DIACOMIT	Yes	12.50%	INFLAMMATORY CONDITIONS	OLUMIANT	Yes	12.50%
ANTICONSULSANT	EPIDIOLEX	Yes	12.50%	INFLAMMATORY CONDITIONS	OPZELURA	No	10.90%
ANTICONSULSANT	FINTEPLA	Yes	10.40%	INFLAMMATORY CONDITIONS	ORENCIA	No	14.20%
ANTIHYPERLIPIDEMIC	JUXTAPID	Yes	13.20%	INFLAMMATORY CONDITIONS	OTEZLA	No	14.00%
ANTI-INFECTIVE	ARIKAYCE	Yes	13.00%	INFLAMMATORY CONDITIONS	RIDAURA	No	14.10%
ANTI-INFECTIVE	DARAPRIM	Yes	12.50%	INFLAMMATORY CONDITIONS	RINVOQ	No	14.10%
ANTI-INFECTIVE	PYRIMETHAMINE	Yes	12.50%	INFLAMMATORY CONDITIONS	SILIQ	Yes	11.40%
ANTIVIRAL	LIVTENCITY	Yes	13.00%	INFLAMMATORY CONDITIONS	SIMPONI	No	14.10%
ASTHMA	FASENRA	Yes	12.50%	INFLAMMATORY CONDITIONS	SKYRIZI	No	18.10%
ASTHMA	NUCALA	Yes	12.50%	INFLAMMATORY CONDITIONS	STELARA	No	16.10%
ASTHMA	XOLAIR	Yes	12.50%	INFLAMMATORY CONDITIONS	TALTZ	No	11.40%
CARDIOVASCULAR	DROXIDOPA	Yes	33.00%	INFLAMMATORY CONDITIONS	TREMFYA	No	14.10%
CARDIOVASCULAR	NORTHERA	Yes	14.00%	INFLAMMATORY CONDITIONS	XELJANZ	No	14.10%
CARDIOVASCULAR	VYNDAMAX	Yes	15.20%	INFLAMMATORY CONDITIONS	XELJANZ XR	No	14.10%
CARDIOVASCULAR	VYNDALCEL	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	OALIVA	Yes	15.00%

CNS AGENTS	HETLIOZ	Yes	14.00%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	Yes	13.50%
CNS AGENTS	INGREZZA	Yes	13.00%	MOOD DISORDER DRUGS	SPRAVATO	No	13.50%
CNS AGENTS	RILUTEK	No	13.50%	MULTIPLE SCLEROSIS	AMPYRA	Yes	11.70%
CNS AGENTS	RILUZOLE	No	92.60%	MULTIPLE SCLEROSIS	AUBAGIO	Yes	12.50%
CNS AGENTS	RUZURGI	No	11.40%	MULTIPLE SCLEROSIS	AVONEX	No	14.00%
CNS AGENTS	SABRIL	Yes	16.10%	MULTIPLE SCLEROSIS	BAFIERTAM	Yes	14.00%
CNS AGENTS	TETRABENAZINE	No	48.50%	MULTIPLE SCLEROSIS	BETASERON	No	14.10%
CNS AGENTS	TIGLUTIK	Yes	10.40%	MULTIPLE SCLEROSIS	COPAXONE	No	14.70%
CNS AGENTS	VIGABATRIN	No	17.60%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	Yes	92.80%
CNS AGENTS	VIGADRONE	Yes	16.60%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	Yes	79.40%
CNS AGENTS	XENAZINE	Yes	15.50%	MULTIPLE SCLEROSIS	EXTAVIA	No	14.10%
CNS AGENTS	XYREM	Yes	6.30%	MULTIPLE SCLEROSIS	GILENYA	No	14.00%
CNS AGENTS	XYWAV	Yes	7.30%	MULTIPLE SCLEROSIS	GLATIRAMER	No	79.40%
CYSTIC FIBROSIS	BETHKIS	No	11.40%	MULTIPLE SCLEROSIS	GLATOPA	No	79.40%
CYSTIC FIBROSIS	CAYSTON	Yes	14.50%	MULTIPLE SCLEROSIS	KESIMPTA	No	14.00%
CYSTIC FIBROSIS	KALYDECO	Yes	13.50%	MULTIPLE SCLEROSIS	MAVENCLAD	Yes	14.00%
CYSTIC FIBROSIS	KITABIS PAK	No	12.50%	MULTIPLE SCLEROSIS	MAYZENT	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%
CYSTIC FIBROSIS	SYMDEKO	Yes	13.50%	MULTIPLE 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%
CYSTIC FIBROSIS	TOBRAMYCIN	No	69.10%	MULTIPLE SCLEROSIS	VUMERITY	Yes	12.50%
CYSTIC FIBROSIS	TRIKAFTA	Yes	13.50%	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	12.50%
ENDOCRINE	BUPHENYL	No	14.80%	MUSCULOSKELETAL AGENTS	EVRYSDI	Yes	7.30%
ENDOCRINE	BYNFEZIA	No	8.30%	MUSCULOSKELETAL 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	Yes	13.00%	NEUTROPENIA	NYVEPRIA	No	11.40%
ENDOCRINE	DEPEN 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	GATTEX	Yes	14.80%	ONCOLOGY - INJECTABLE	INTRON A	Yes	13.50%
ENDOCRINE	H.P. ACTHAR	Yes	13.50%	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	62.90%
ENDOCRINE	IMCIVREE	Yes	13.50%	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	13.80%
ENDOCRINE	ISTURISA	Yes	10.40%	ONCOLOGY - ORAL	ABIRATERONE	No	82.50%
ENDOCRINE	JYNARQUE	Yes	12.50%	ONCOLOGY - ORAL	AFINITOR	No	14.10%
ENDOCRINE	KEVEYIS	Yes	13.00%	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	14.10%
ENDOCRINE	KORLYM	Yes	11.40%	ONCOLOGY - ORAL	ALECENSA	Yes	14.10%
ENDOCRINE	KUVAN	Yes	12.70%	ONCOLOGY - ORAL	ALKERAN	No	15.40%
ENDOCRINE	LANREOTIDE	Yes	10.40%	ONCOLOGY - ORAL	ALUNBRIG	Yes	11.90%
ENDOCRINE	MYALEPT	Yes	7.30%	ONCOLOGY - ORAL	AYVAKIT	Yes	14.50%
ENDOCRINE	MYCAPSSA	Yes	11.40%	ONCOLOGY - ORAL	BALVERSA	Yes	13.50%
ENDOCRINE	NATPARA	Yes	13.20%	ONCOLOGY - ORAL	BEXAROTENE	No	33.50%
ENDOCRINE	NITYR	Yes	13.00%	ONCOLOGY - ORAL	BOSULIF	Yes	13.50%
ENDOCRINE	OCTREOTIDE ACETATE	No	56.80%	ONCOLOGY - ORAL	BRAFTOVI	Yes	14.00%
ENDOCRINE	PENICILLAMINE	No	33.00%	ONCOLOGY - ORAL	BRUKINSA	Yes	13.00%
ENDOCRINE	PROCYSBI	Yes	7.30%	ONCOLOGY - ORAL	CABOMETYX	Yes	12.50%
ENDOCRINE	RAVICTI	Yes	15.00%	ONCOLOGY - ORAL	CALQUENCE	Yes	13.50%
ENDOCRINE	SAMSCA	Yes	13.50%	ONCOLOGY - ORAL	CAPECITABINE	No	82.50%
ENDOCRINE	SANDOSTATIN	No	13.80%	ONCOLOGY - ORAL	CAPRELSA	Yes	9.40%
ENDOCRINE	SAPROPTERIN	Yes	41.30%	ONCOLOGY - ORAL	COMETRIQ	Yes	13.00%
ENDOCRINE	SIGNIFOR	Yes	7.30%	ONCOLOGY - ORAL	COPIKTRA	Yes	14.50%
ENDOCRINE	SODIUM PHENYL BUTYRATE	No	33.00%	ONCOLOGY - ORAL	COTELLIC	Yes	12.50%
ENDOCRINE	SOMATULINE DEPOT	Yes	13.50%	ONCOLOGY - ORAL	DAURISMO	Yes	12.50%
ENDOCRINE	SOMAVERT	Yes	10.60%	ONCOLOGY - ORAL	ERIVEDGE	Yes	12.50%
ENDOCRINE	SYPRINE	No	13.50%	ONCOLOGY - ORAL	ERLEADA	No	13.50%
ENDOCRINE	THIOLA	Yes	11.40%	ONCOLOGY - ORAL	ERLOTINIB	Yes	33.00%
ENDOCRINE	TOLVAPTAN	Yes	33.00%	ONCOLOGY - ORAL	ETOPOSIDE	No	33.00%
ENDOCRINE	TRIENTINE	No	84.50%	ONCOLOGY - ORAL	EVEROLIMUS	No	45.40%
ENDOCRINE	XERMELO	Yes	13.00%	ONCOLOGY - ORAL	EXKIVITY	Yes	13.00%
ENDOCRINE	XURIDEN	Yes	12.50%	ONCOLOGY - ORAL	FARYDAK	Yes	11.40%
ENZYMEDEFICIENCY	CHOLBAM	Yes	4.20%	ONCOLOGY - ORAL	FOTIVDA	Yes	13.20%

ENZYME DEFICIENCY	CYSTAGON	Yes	10.90%	ONCOLOGY - ORAL	GAVRETO	Yes	12.50%
ENZYME DEFICIENCY	GALAFOLD	Yes	14.00%	ONCOLOGY - ORAL	GILOTRIF	Yes	7.30%
ENZYME DEFICIENCY	MIGLUSTAT	No	33.00%	ONCOLOGY - ORAL	GLEEVEC	No	15.40%
ENZYME DEFICIENCY	NITISINONE	Yes	33.00%	ONCOLOGY - ORAL	GLEOSTINE	No	15.40%
ENZYME DEFICIENCY	ORFADIN	Yes	2.20%	ONCOLOGY - ORAL	HYCANTIN	No	14.80%
ENZYME DEFICIENCY	PALYNZIQ	Yes	11.40%	ONCOLOGY - ORAL	IBRANCE	Yes	14.00%
ENZYME DEFICIENCY	STRENSIQ	Yes	11.30%	ONCOLOGY - ORAL	ICLUSIG	Yes	12.70%
ENZYME DEFICIENCY	SUCRAID	Yes	12.20%	ONCOLOGY - ORAL	IDHIFA	No	14.50%
ENZYME DEFICIENCY	TEGSEDI	Yes	7.30%	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	92.30%
ENZYME DEFICIENCY	ZAVESCA	Yes	7.30%	ONCOLOGY - ORAL	IMBRUVICA	Yes	14.00%
GAUCHERS DISEASE	CERDELGA	Yes	13.50%	ONCOLOGY - ORAL	INLYTA	Yes	13.60%
GENETIC DISORDER	DOJOLVI	Yes	15.00%	ONCOLOGY - ORAL	INQOVI	Yes	10.40%
GENETIC DISORDER	ZOKINVY	Yes	13.50%	ONCOLOGY - ORAL	INREBIC	Yes	12.50%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	14.10%	ONCOLOGY - ORAL	IRESSA	Yes	14.50%
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	14.70%	ONCOLOGY - ORAL	JAKAFI	Yes	12.50%
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	13.50%	ONCOLOGY - ORAL	KISQALI	Yes	14.50%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	16.00%	ONCOLOGY - ORAL	KISQALI FEMARA	Yes	15.00%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	14.20%	ONCOLOGY - ORAL	KOSELUGO	Yes	13.70%
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	14.50%	ONCOLOGY - ORAL	LAPATINIB	Yes	33.00%
GROWTH HORMONE DEFICIENCY	SAIZEN	No	17.50%	ONCOLOGY - ORAL	LENALIDOMIDE	Yes	33.00%
GROWTH HORMONE DEFICIENCY	SEROSTIM	Yes	13.50%	ONCOLOGY - ORAL	LENVIMA	Yes	14.50%
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	11.40%	ONCOLOGY - ORAL	LONSURF	Yes	12.50%
GROWTH HORMONE DEFICIENCY	ZOMACTON	No	14.70%	ONCOLOGY - ORAL	LORBRENA	Yes	11.40%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Yes	13.00%	ONCOLOGY - ORAL	LUMAKRAS	Yes	12.50%
HEMATOLOGIC	BERINERT	Yes	12.50%	ONCOLOGY - ORAL	LYNPARZA	Yes	12.20%
HEMATOLOGIC	CABLIVI	Yes	13.50%	ONCOLOGY - ORAL	MATULANE	Yes	13.00%
HEMATOLOGIC	CINRYZE	Yes	14.50%	ONCOLOGY - ORAL	MEKINIST	Yes	11.40%
HEMATOLOGIC	DOPTELET	Yes	13.50%	ONCOLOGY - ORAL	MEKTOVI	Yes	14.00%

HEMATOLOGIC	FIRAZYR	Yes	14.30%	ONCOLOGY - ORAL	MELPHALAN	No	33.00%
HEMATOLOGIC	HAEGARDA	Yes	12.50%	ONCOLOGY - ORAL	MESNEX	No	14.00%
HEMATOLOGIC	ICATIBANT	Yes	33.00%	ONCOLOGY - ORAL	NERLYNX	Yes	14.30%
HEMATOLOGIC	MOZOBIL	No	13.50%	ONCOLOGY - ORAL	NEXAVAR	Yes	12.50%
HEMATOLOGIC	MULPLETA	No	13.50%	ONCOLOGY - ORAL	NILANDRON	No	15.00%
HEMATOLOGIC	OXBRYTA	Yes	11.90%	ONCOLOGY - ORAL	NILUTAMIDE	No	40.40%
HEMATOLOGIC	PROMACTA	Yes	13.50%	ONCOLOGY - ORAL	NINLARO	No	13.50%
HEMATOLOGIC	REZUROCK	Yes	13.20%	ONCOLOGY - ORAL	NUBEQA	Yes	13.50%
HEMATOLOGIC	RUCONEST	Yes	13.20%	ONCOLOGY - ORAL	ODOMZO	No	13.80%
HEMATOLOGIC	SAJAZIR	Yes	22.80%	ONCOLOGY - ORAL	ONUREG	No	11.90%
HEMATOLOGIC	TAKHZYRO	Yes	13.50%	ONCOLOGY - ORAL	ORGOVYX	Yes	14.30%
HEMATOLOGIC	TAVALISSE	Yes	13.50%	ONCOLOGY - ORAL	PEMAZYRE	Yes	14.00%
HEMOPHILIA - INFUSED	ADVATE	No	43.20%	ONCOLOGY - ORAL	PIQRAY	No	11.90%
HEMOPHILIA - INFUSED	ADYNOVATE	No	34.10%	ONCOLOGY - ORAL	POMALYST	Yes	13.00%
HEMOPHILIA - INFUSED	AFSTYLA	No	34.00%	ONCOLOGY - ORAL	PURIXAN	No	12.50%
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	No	42.00%	ONCOLOGY - ORAL	QINLOCK	Yes	14.50%
HEMOPHILIA - INFUSED	ALPHANINE SD	No	49.30%	ONCOLOGY - ORAL	RETEVMO	Yes	12.50%
HEMOPHILIA - INFUSED	ALPROLIX	No	13.50%	ONCOLOGY - ORAL	REVLIMID	Yes	14.80%
HEMOPHILIA - INFUSED	BENEFIX	No	14.50%	ONCOLOGY - ORAL	ROZLYTREK	No	15.40%
HEMOPHILIA - INFUSED	COAGADDEX	Yes	30.00%	ONCOLOGY - ORAL	RUBRACA	Yes	14.50%
HEMOPHILIA - INFUSED	CORIFACT	No	27.90%	ONCOLOGY - ORAL	RYDAPT	No	15.40%
HEMOPHILIA - INFUSED	ELOCTATE	No	27.90%	ONCOLOGY - ORAL	SCEMBLIX	No	11.40%
HEMOPHILIA - INFUSED	ESPEROCT	No	22.80%	ONCOLOGY - ORAL	SPRYCEL	No	15.40%
HEMOPHILIA - INFUSED	FEIBA	No	40.20%	ONCOLOGY - ORAL	STIVARGA	Yes	11.90%
HEMOPHILIA - INFUSED	HEMOPIL M	No	44.40%	ONCOLOGY - ORAL	SUNITINIB	Yes	33.00%
HEMOPHILIA - INFUSED	HUMATE-P	No	37.10%	ONCOLOGY - ORAL	SUTENT	Yes	14.80%
HEMOPHILIA - INFUSED	IDELVION	No	13.50%	ONCOLOGY - ORAL	TABLOID	No	15.40%
HEMOPHILIA - INFUSED	IXINITY	No	13.50%	ONCOLOGY - ORAL	TABRECTA	No	12.50%
HEMOPHILIA - INFUSED	JIVI	No	22.80%	ONCOLOGY - ORAL	TAFINLAR	Yes	13.50%
HEMOPHILIA - INFUSED	KOATE	No	42.30%	ONCOLOGY - ORAL	TAGRISSE	Yes	13.50%
HEMOPHILIA - INFUSED	KOATE-DVI	No	42.30%	ONCOLOGY - ORAL	TALZENNA	Yes	13.50%
HEMOPHILIA - INFUSED	KOGENATE FS	No	47.30%	ONCOLOGY - ORAL	TARCEVA	Yes	15.30%
HEMOPHILIA - INFUSED	KOVALTRY	No	45.70%	ONCOLOGY - ORAL	TARGRETIN	No	14.00%

HEMOPHILIA - INFUSED	MONONINE	No	31.40%	ONCOLOGY - ORAL	TASIGNA	Yes	13.50%
HEMOPHILIA - INFUSED	NOVOEIGHT	No	44.30%	ONCOLOGY - ORAL	TAZVERIK	Yes	13.70%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	No	38.30%	ONCOLOGY - ORAL	TEMODAR	No	14.80%
HEMOPHILIA - INFUSED	NUWIQ	No	48.20%	ONCOLOGY - ORAL	TEMOZOLOMIDE	No	59.20%
HEMOPHILIA - INFUSED	PROFILNINE	No	30.00%	ONCOLOGY - ORAL	TEPMETKO	Yes	12.50%
HEMOPHILIA - INFUSED	REBINYN	No	17.60%	ONCOLOGY - ORAL	THALOMID	Yes	14.80%
HEMOPHILIA - INFUSED	RECOMBINATE	No	41.30%	ONCOLOGY - ORAL	TIBSOVO	Yes	13.50%
HEMOPHILIA - INFUSED	RIXUBIS	No	13.70%	ONCOLOGY - ORAL	TRETINOIN	No	84.50%
HEMOPHILIA - INFUSED	SEVENFACT	No	22.80%	ONCOLOGY - ORAL	TRUSELTIQ	Yes	13.00%
HEMOPHILIA - INFUSED	TRETTEN	Yes	14.40%	ONCOLOGY - ORAL	TUKYSA	Yes	13.70%
HEMOPHILIA - INFUSED	VONVENDI	Yes	12.50%	ONCOLOGY - ORAL	TURALIO	Yes	14.00%
HEMOPHILIA - INFUSED	WILATE	No	42.30%	ONCOLOGY - ORAL	TYKERB	Yes	14.80%
HEMOPHILIA - INFUSED	XYNTHA	No	38.40%	ONCOLOGY - ORAL	UKONIQ	Yes	12.50%
HEMOPHILIA - INJECTABLE	HEMLIBRA	Yes	12.50%	ONCOLOGY - ORAL	VENCLEXTA	Yes	12.50%
HEPATITIS B	ADEFOVIR DIPVOXIL	No	33.00%	ONCOLOGY - ORAL	VERZENIO	Yes	15.20%
HEPATITIS B	BARACLUDE	No	13.80%	ONCOLOGY - ORAL	VITRAKVI	Yes	14.50%
HEPATITIS B	EMPAVELI	Yes	13.50%	ONCOLOGY - ORAL	VIZIMPRO	Yes	8.30%
HEPATITIS B	ENTECAVIR	No	83.50%	ONCOLOGY - ORAL	VOTRIENT	Yes	13.50%
HEPATITIS B	EPIVIR HBV	No	14.30%	ONCOLOGY - ORAL	WELIREG	Yes	13.20%
HEPATITIS B	HEPSERA	No	13.70%	ONCOLOGY - ORAL	XALKORI	Yes	11.90%
HEPATITIS B	LAMIVUDINE HBV	No	33.00%	ONCOLOGY - ORAL	XELODA	No	15.40%
HEPATITIS B	VELMIDY	No	13.30%	ONCOLOGY - ORAL	XOSPATA	Yes	14.50%
HEPATITIS C	EPCLUSA	No	14.00%	ONCOLOGY - ORAL	XPOVIO	Yes	14.30%
HEPATITIS C	HARVONI	No	15.00%	ONCOLOGY - ORAL	XTANDI	Yes	13.50%
HEPATITIS C	LEDIPASVIR/SO FOSBUVIR	No	15.00%	ONCOLOGY - ORAL	YONSA	No	15.40%
HEPATITIS C	MAVYRET	No	14.00%	ONCOLOGY - ORAL	ZEJULA	Yes	13.70%
HEPATITIS C	PEGASYS	No	16.50%	ONCOLOGY - ORAL	ZELBORAF	Yes	13.00%
HEPATITIS C	PEGINTRON	No	17.50%	ONCOLOGY - ORAL	ZOLINZA	No	14.80%
HEPATITIS C	SOFOSBUVIR/V ELPATASVIR	No	14.00%	ONCOLOGY - ORAL	ZYDELIG	Yes	14.50%
HEPATITIS C	SOVALDI	No	14.00%	ONCOLOGY - ORAL	ZYKADIA	Yes	13.00%
HEPATITIS C	VIEKIRA PAK	No	13.50%	ONCOLOGY - ORAL	ZYTIGA	No	13.50%
HEPATITIS C	VOSEVI	No	14.00%	ONCOLOGY - TOPICAL	TARGRETIN	No	14.00%
HEPATITIS C	ZEPATIER	No	13.90%	ONCOLOGY - TOPICAL	VALCHLOR	Yes	9.90%
HEPATOLOGY	BYLVAY	Yes	11.40%	OPHTHALMIC	OXERVATE	Yes	12.50%

HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	13.00%	OSTEOPOROSIS	FORTEO	No	13.90%
IMMUNE MODULATOR	ACTIMMUNE	Yes	14.30%	OSTEOPOROSIS	TERIPARATIDE	No	13.50%
IMMUNE MODULATOR	ARCALYST	Yes	15.00%	OSTEOPOROSIS	TYMLOS	No	13.30%
IMMUNOLOGICAL AGENTS	LUPKYNIS	Yes	14.30%	PARKINSONS DISEASE	APOKYN	Yes	11.50%
IMMUNOLOGICAL AGENTS	PALFORZIA	Yes	9.40%	PARKINSONS DISEASE	INBRIJA	Yes	12.50%
IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	14.10%	PARKINSONS DISEASE	KYNMOBI	Yes	9.40%
INFERTILITY	CETROTIDE	No	17.20%	PULMONARY DISEASE	ESBRIET	Yes	13.50%
INFERTILITY	CHORIONIC GONADOTROPIN	No	69.60%	PULMONARY DISEASE	OFEV	Yes	12.50%
INFERTILITY	FOLLISTIM AQ	No	24.30%	PULMONARY HYPERTENSION	ADCIRCA	No	13.50%
INFERTILITY	GANIRELIX ACETATE	No	16.60%	PULMONARY HYPERTENSION	ADEMPAS	Yes	13.50%
INFERTILITY	GONAL-F	No	22.90%	PULMONARY HYPERTENSION	ALYQ	No	58.80%
INFERTILITY	GONAL-F RFF	No	22.90%	PULMONARY HYPERTENSION	AMBRISENTAN	Yes	58.80%
INFERTILITY	MENOPUR	No	16.80%	PULMONARY HYPERTENSION	BOSENTAN	Yes	33.00%
INFERTILITY	NOVAREL	No	33.00%	PULMONARY HYPERTENSION	LETAIRIS	Yes	12.70%
INFERTILITY	OVIDREL	No	17.20%	PULMONARY HYPERTENSION	OPSUMIT	Yes	13.70%
INFERTILITY	PREGNYL	No	33.00%	PULMONARY HYPERTENSION	ORENITRAM	Yes	13.50%
INFLAMMATORY CONDITIONS	ACTEMRA	No	14.20%	PULMONARY HYPERTENSION	REVATIO	No	13.30%
INFLAMMATORY CONDITIONS	ADBRY	Yes	10.40%	PULMONARY HYPERTENSION	SILDENAFIL	No	95.70%
INFLAMMATORY CONDITIONS	CIBINQO	No	13.50%	PULMONARY HYPERTENSION	TADALAFIL	No	33.00%
INFLAMMATORY CONDITIONS	CIMZIA	No	15.50%	PULMONARY HYPERTENSION	TRACLEER	Yes	13.50%
INFLAMMATORY CONDITIONS	COSENTYX	No	13.50%	PULMONARY HYPERTENSION	TYVASO	Yes	13.00%
INFLAMMATORY CONDITIONS	DUPIXENT	No	14.10%	PULMONARY HYPERTENSION	UPTRAVI	Yes	14.80%
INFLAMMATORY CONDITIONS	EMFLAZA	Yes	10.90%	PULMONARY HYPERTENSION	VENTAVIS*	Yes	13.00%
INFLAMMATORY CONDITIONS	ENBREL	No	14.50%				

*Includes Nebulizer

6/2022