

**EXHIBIT**

**“A”**



September 29, 2022

City of Round Rock  
221 East Main Street  
Round Rock, TX 78664

RE: **January 1, 2023** Financial Renewal under the Administrative Services Agreement (“ASA”) between United HealthCare Services, Inc. and City of Round Rock

Dear Tyler:

This letter is confirmation of your Financial Renewal per the attached documents.

Please feel free to contact me with any questions regarding the attachments. Please file this letter and its attachments with your ASA.

Thank you,

A handwritten signature in black ink that reads 'Bambi Kenney'.

Bambi Kenney  
Cc. , Associate Contract Manager  
Attachments:

Renewal 4Q2021v3

## 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.**

The Medical Fees (“Fees” described below, excluding optional and non-standard fees, are adjusted as set forth in the applicable performance standard(s).

#### **Effective January 1, 2023 through December 31, 2023**

The Fees listed below are based upon an estimated minimum of 903 enrolled Employees.

**Choice Plus Plan:** \$10.79 per Employee per month.

**Nexus Plan:** \$12.79 per Employee per month.

Average Contract Size: 2.27

The Fees include a Pharmacy Administrative Fee credit in the amount of \$40.00 per Employee per month.

#### **Effective January 1, 2024 through December 31, 2024**

**Choice Plus Plan:** \$10.79 per Employee per month.

**Nexus Plan:** \$12.79 per Employee per month.

The Fees include a Pharmacy Administrative Fee credit in the amount of \$40.00 per Employee per month.

### Payment Integrity Services

Service Description	Fee
<b>Advanced Analytics and Recovery</b> <ul style="list-style-type: none"> <li>• United’s large-scale analytics to identify additional recovery opportunities.</li> <li>• Claims re-examined every month for up to 12 months.</li> <li>• Post-adjudicated claims.</li> </ul>	24% of the gross recovery amount
<b>Credit Balance Recovery</b> <ul style="list-style-type: none"> <li>• Review, validate, and recover credit balances (dollars) on existing patient accounts through a combination of analysis and technology.</li> <li>• On-site at hospitals and facilities.</li> <li>• Post-adjudicated claims.</li> </ul>	10% of the gross recovery amount.
<b>Focused Claim Review</b> <ul style="list-style-type: none"> <li>• Review of claims for inappropriate billing of services not documented in clinical notes.</li> <li>• Board certified, same-specialty medical directors. Pre-adjudicated claims or post-adjudicated claims.</li> </ul>	22% of the gross recovery amount.
<b>Fraud, Waste, and Abuse Management</b>	22% of the gross recovery or prevented amount

<ul style="list-style-type: none"> <li>Detection and recovery of wasteful, abusive, and/or fraudulent claims.</li> <li>Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review.</li> <li>Pre-adjudicated claims or post-adjudicated claims.</li> </ul>	
<p><b>Hospital Bill and Premium Audit Services</b></p> <ul style="list-style-type: none"> <li>In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy.</li> <li>Post-adjudicated claims.</li> </ul>	22% of the gross recovery amount
<p><b>Litigation and Arbitration Fees for Recoveries</b></p> <ul style="list-style-type: none"> <li>Litigation, arbitration, or other judicial process to recover any Overpayments and other Plan recovery opportunities.</li> <li>Outside attorneys' fees and costs or administrative process fees directly incurred with litigation, arbitration, or other judicial process.</li> <li>Pre-adjudicated claims or post-adjudication claims.</li> </ul>	Outside attorneys' fees and costs or administrative process fees will be deducted from the gross recovery prior to the assessment of any applicable United fees (as indicated in this Exhibit).
<p><b>Third Party Liability - Subrogation and Injury Coverage Coordination</b></p> <ul style="list-style-type: none"> <li>Services to prevent the payment of Plan benefits, or recover Plan benefits, which should be paid by a third party.</li> <li>Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments.</li> <li>Pre-adjudicated claims or post-adjudicated. claims.</li> <li>Customer will not engage any entity except United to provide such services without prior United approval.</li> </ul>	33.33% of the applicable savings amount.

**Other Fees**

Service Description	Fee
<p><b>Consolidated Appropriations Act, 2021 (“CAA”) Support Services.</b> United will support Customer’s compliance with the requirements of the CAA, including the No Surprises Act (“NSA”), by the respective enforcement date as follows:</p> <ul style="list-style-type: none"> <li>NSA medical billing and the independent dispute resolution (“IDR”): <ul style="list-style-type: none"> <li>United will determine if a claim is subject to the NSA billing protections.</li> <li>If United and a provider are unable to come to an agreement within the prescribed negotiation period for a claim subject to the NSA billing protections, United will manage, direct, and make decisions and submissions to support the IDR for Customer.</li> <li>All qualifying payment amounts under the NSA will be calculated based on an insurance market across all self-insured group health plans administered by United.</li> <li>United will not be using third party provider networks for services covered by the NSA.</li> <li>The fees for programs in which the parties share in the savings achieved off a provider’s billed charge will continue to apply to all services covered under the NSA.</li> </ul> </li> </ul>	<p>For the 2023 plan year, United will not charge separate services fees outside of base rates for the CAA Support Services. United shall notify Customer of United’s intent to apply a charge for any support services or information provided if additional regulatory guidance changes the final compliance requirements . Customer remains responsible for the \$50 government agency administration assessment and fees charged by the IDR arbitrator.</p> <p>Fees for CAA Support Services for plan years after 2023 will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.</p>

<ul style="list-style-type: none"> <li>○ Customer shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account.</li> <li>○ Customer shall fund the \$50 IDR administration fee and all IDR arbitrator fees through the Bank Account.</li> <li>● Revised medical Plan ID cards (if United provides Plan Participants with ID cards currently).</li> <li>● Provider directory enhancements.</li> <li>● Continuity of care and external appeals support for surprise medical bills.</li> <li>● 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.</li> <li>● Provide language to support Customer’s anti-gag clause attestation requirement.</li> <li>● Prepare and file pharmacy benefits and drug cost reports.</li> <li>● Prepare and file air ambulance claims reports.</li> <li>● Provide and maintain price comparison information to Participants by telephone and online.</li> </ul>	
<p><b>Health Plan Transparency in Coverage Rule (“TiC”) Support Services.</b> United will support Customer’s compliance with the requirements of the TiC by the respective enforcement date as follows:</p> <ul style="list-style-type: none"> <li>● Machine-readable files accessible via a publicly available website, which Customer will be able to access and link to Customer’s own website.</li> </ul> <p>A cost estimator tool available online for Plan Participants for the items and services as required each year.</p>	<p>For the 2023 plan year, United will not charge separate services fees outside of base rates for the TiC Support Services.</p>
<p><b>Naviguard Program</b></p> <ul style="list-style-type: none"> <li>● 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.</li> <li>● 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.</li> <li>● 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).</li> <li>● 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).</li> </ul>	<p>\$2.50 per Employee per month</p>
<p><b>External Reviews</b></p>	<p>If and when applicable, for each subsequent external review beyond the limited number of free reviews based upon</p>

	Customer's total enrollment, a fee of \$500 will apply per review.
<b>Interest Rate</b> on Fees and Underfunding Bank Account	Prime + 4%
<b>Run-out Claims Administration</b> 6 months of runout	No Charge after the Initial Term.
<b>Pharmacy Benefit Rebates - Termination</b>	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.

**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.

**Credits**

**Discretionary Allowance**

United will provide a discretionary allowance so Customer may enhance Customer medical benefits during the term of the Agreement. The discretionary 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.

\$30,000 Wellness allowance per year.

## EXHIBIT C – PERFORMANCE GUARANTEES FOR HEALTH BENEFITS

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 performance guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees apply to medical benefits and are effective for the period beginning January 1, 2023 through December 31, 2023 (“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 performance guarantees for the subsequent Guarantee Period. If United specifies new performance 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 performance measurements. Also, services provided under capitated arrangements are not processed as a typical claim, therefore capitated payments are not included in the performance measurements.

Claim Operations		
Time to Process in 10 Days		
Definition	The percentage of all claims United receives will be processed within the designated number of business days of receipt.	
Measurement	Percentage of claims processed	94%
	Time to process, in business days or less after receipt of claim	business days 10
Criteria	Standard claim operations reports	
Level	Site Level	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	11 business days 12 business days 13 business days 14 business days 15 business days or more	
Procedural Accuracy		
Definition	Procedural accuracy rate of not less than the designated percent.	
Measurement	Percentage of claims processed without procedural (i.e. non-financial) errors	97%
	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed without procedural (i.e. non-financial) errors.	
Level	Office Level	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,286

Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	96.99% - 96.50% 96.49% - 96.00% 95.99% - 95.50% 95.49% - 95.00% Below 95.00%	
<b>Dollar Accuracy (DAR)</b>		
Definition	Dollar accuracy rate of not less than the designated percent in any quarter.	
Measurement	Percentage of claims dollars processed accurately	99%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed correctly out of the total claim dollars paid.	
Level	Office Level	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	98.99% - 98.50% 98.49% - 98.00% 97.99% - 97.50% 97.49% - 97.00 Below 97.00%	
<b>Member Phone Service</b>		
Phone service guarantees and standards apply to Participant calls made to the customer care center that primarily services Customer's Participants. If Customer elects a specialized phone service model the results may be blended with more than one call center and/or level. They do not include calls made to care management personnel and/or calls to the senior center for Medicare Participants, nor do they include calls for services/products other than medical, such as mental health/substance abuse, pharmacy (except when United is Customer's pharmacy benefit services administrator), dental, vision, Health Savings Account, etc.		
<b>Average Speed of Answer</b>		
Definition	Calls will sequence through United's phone system and be answered by customer service within the parameters set forth.	
Measurement	Percentage of calls answered	100%
	Time answered in seconds, on average	seconds 30
Criteria	Standard tracking reports produced by the phone system for all calls	
Level	Team that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds	
<b>Abandonment Rate</b>		
Definition	The average call abandonment rate will be no greater than the percentage set forth	
Measurement	Percentage of total incoming calls to customer service abandoned, on average	1.80%
Criteria	Standard tracking reports produced by the phone system for all calls	
Level	Team that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	1.81% - 2.30% 2.31% - 2.80% 2.81% - 3.30% 3.31% - 3.80% Greater than 3.80%	
<b>Call Quality Score</b>		

Definition	Maintain a call quality score of not less than the percent set forth	
Measurement	Call quality score to meet or exceed	93%
Criteria	Random sampling of calls is each assigned a customer service quality score, using United's standard internal call quality assurance program.	
Level	Office that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	92.99% - 91.00% 90.99% - 89.00% 88.99% - 87.00% 86.99% - 85.00% Below 85.00%	
<b>Satisfaction</b>		
<b>Employee (Member) Satisfaction</b>		
Definition	The overall satisfaction will be determined by the question that reads "Overall, how satisfied are you with the way we administer your medical health insurance plan?"	
Measurement	Percentage of respondents, on average, indicating a grade of satisfied or higher	80%
Criteria	Operations standard survey, conducted over the course of the year; may be customer specific for an additional charge.	
Level	Office that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$7,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	
<b>Customer Satisfaction</b>		
Definition	The overall satisfaction will be determined by the question that reads "How satisfied are you overall with UnitedHealthcare?"	
Measurement	Minimum score on a 10-point scale	score 6
Criteria	Standard Customer Scorecard Survey	
Level	Customer specific	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$7,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	

**Effective January 1, 2023 through December 31, 2024 (each twelve month period is a, "Guarantee Period")**

<b>Pharmacy Financials</b>			
Definition	Contracted pharmacy rates that will be delivered to You.		
Measurement and Criteria		<b>01/01/2023</b>	<b>01/01/2024</b>
	<b>Combined Discount Guarantee - Broad Network</b>		
-	Retail Brand, Average Wholesale Price (AWP) less	19.2%	19.4%
	Retail Brand -- 90 Day Supply, AWP less	23.1%	23.3%
	Retail Generic - 30 and 90 Day Supply, AWP less	83.2%	83.4%
	Mail Order Brand, AWP less	25.5%	25.5%
	Mail Order Generic, AWP less	85.5%	85.5%
	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.		
	<b>Dispensing Fees - Broad Network</b>		
-	Retail Brand - 30 Day	\$0.60	\$0.60
	Retail Brand -- 90 Day Supply	\$0.10	\$0.10

	Retail Generic - 30 Day	\$0.60	\$0.60
	Retail Generic -- 90 Day Supply	\$0.10	\$0.10
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.		
	<b>Fixed Rebate Guarantee (Traditional PDL)</b>		
-	Basis, per script	Brand	Brand
-	Retail - 30 Day	\$61.73	\$64.86
-	Retail - 90 Day Supply	\$181.00	\$182.77
-	Mail Order	\$144.18	\$135.29
-	Specialty	\$328.03	\$338.82
-	<b>Credits and Allowances</b>		
-	Rebate Fee Credit (PEPM)	\$40.00	\$40.00
-	Annual Audit Credit (flat amount)	\$20,000.00	\$20,000.00
-	<b>Fees</b>		
-	Clinical Prior Authorizations (per review)	\$50.00	\$50.00
-	Direct Member Reimbursement (per paper claim)	\$2.50	\$2.50
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><b>Discount &amp; Dispense Fee Specific Conditions</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Does not apply to items covered under the Plan for which no AWP measure exists.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Arrangement excludes usual &amp; customary claims, vaccines, long term care facility claims.</li> <li>• The Arrangement includes veterans' affairs facility claims, over-the-counter claims.</li> <li>• The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.</li> <li>• The Mail Order guarantee includes drugs dispensed for 46 days or greater.</li> <li>• 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.</li> </ul>		

• 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.

• 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.

• Limited distribution drugs 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.

• Pharmacy Management Allowance: United will provide a credit allowance to help Customer mitigate costs appropriately associated with the administration of the pharmacy program. This credit allowance is available once the parties have an executed Agreement and the first month of service fees under the Agreement has been received by United. Upon presentation of receipts of allowable costs, a credit will be issued in United's fee billing system in the amount of the receipted expenses, the total amount not to exceed the full credit.

• If Customer terminates pharmacy benefit services with United prior to the end of the Pharmacy Pricing Term, Customer will repay United a prorated portion of the amount of the Pharmacy Management Allowance that has been paid as of the termination date. All unpaid credits are forfeit.

**General Conditions**

• All pricing guarantees shall remain in effect for the entire contract period of 01/01/2023 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.

• Guarantee terms are subject to change based on an evaluation of customer specific utilization data.

• 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 903 Employees and 2,053 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.

• United shall on Customer's behalf, administer a fee ("Consultant Fee") to be paid to HonestRX ("Consultant"). The Consultant Fees are included in Customer's pharmacy financial terms. United shall provide Consultant with an annual audit credit of \$20,000 and monthly payment for all Consultant Fees collected in the amount of \$4.00 pmpm. The Customer acknowledges there is a contract between Customer and Consultant. Therefore, in the event that there is a dispute between Customer and Consultant over continuing to make the Consultant Fee payment(s) or in the delivery of consulting services, Customer shall hold United harmless in such disputes. In the event of any change whatsoever in the Consultant Fee, Customer shall immediately notify United of such change and United may propose changes to the pharmacy financial terms.

• 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.

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	A composite of 19.0% for drugs dispensed through United's specialty Pharmacy Network. This guarantee is effective 01/01/2023 through 12/31/2023. See chart below for a list of Specialty Drugs. A composite of 19.0% for drugs dispensed through United's specialty Pharmacy Network. This guarantee is effective 01/01/2024 through 12/31/2024. See chart below for a list of Specialty Drugs.  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 listed specialty drugs through Our specialty Pharmacy Network will be multiplied against the discount target to determine the overall discount target dollars. 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"> <li>• 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.</li> <li>• Specialty drugs dispensed outside United's specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded.</li> <li>• 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).</li> <li>• 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.</li> <li>• 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 e) if actual specialty utilization is not substantially similar to that in the experience period data on which our quote is based.</li> <li>• 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.</li> </ul>

Specialty Drug Category	Drug Name	Included/Excluded From Guarantee	Specialty Drug Category	Drug Name	Included/Excluded From Guarantee
ANEMIA	ARANESP	Included	INFLAMMATORY CONDITIONS	ILUMYA	Included
ANEMIA	EPOGEN	Included	INFLAMMATORY CONDITIONS	KEVZARA	Included
ANEMIA	PROCRIT	Included	INFLAMMATORY CONDITIONS	KINERET	Included
ANEMIA	RETACRIT	Included	INFLAMMATORY CONDITIONS	OLUMIANT	Included

ANTICONVULSANT	DIACOMIT	Included	INFLAMMATORY CONDITIONS	ORENCIA	Included
ANTICONVULSANT	EPIDIOLEX	Included	INFLAMMATORY CONDITIONS	OTEZLA	Included
ANTICONVULSANT	FINTEPLA	Included	INFLAMMATORY CONDITIONS	RIDAURA	Included
ANTIHYPERTENSIVE	JUXTAPIID	Included	INFLAMMATORY CONDITIONS	RINVOQ	Included
ANTI-INFECTIVE	ARIKAYCE	Included	INFLAMMATORY CONDITIONS	SILIQ	Included
ANTI-INFECTIVE	DARAPRIM	Included	INFLAMMATORY CONDITIONS	SIMPONI	Included
ANTI-INFECTIVE	PYRIMETHAMINE	Included	INFLAMMATORY CONDITIONS	SKYRIZI	Included
ASTHMA	FASENRA	Included	INFLAMMATORY CONDITIONS	STELARA	Included
ASTHMA	NUCALA	Included	INFLAMMATORY CONDITIONS	TALTZ	Included
ASTHMA	XOLAIR	Included	INFLAMMATORY CONDITIONS	TREMFYA	Included
CARDIOVASCULAR	DROXIDOPA	Included	INFLAMMATORY CONDITIONS	XELJANZ	Included
CARDIOVASCULAR	NORTHERA	Included	INFLAMMATORY CONDITIONS	XELJANZ XR	Included
CARDIOVASCULAR	VYNDAMAX	Included	IRON OVERLOAD	DEFERASIROX	Included
CARDIOVASCULAR	VYNDAQEL	Included	IRON OVERLOAD	EXJADE	Included
CNS AGENTS	AUSTEDO	Included	IRON OVERLOAD	FERRIPROX	Included
CNS AGENTS	ENSPRYNG	Included	IRON OVERLOAD	JADENU	Included
CNS AGENTS	FIRDAPSE	Included	LIVER DISEASE	OCALIVA	Included
CNS AGENTS	HETLIOZ	Included	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	Included
CNS AGENTS	INGREZZA	Included	MOOD DISORDER DRUGS	SPRAVATO	Included
CNS AGENTS	RILUTEK	Included	MULTIPLE SCLEROSIS	AMPYRA	Included
CNS AGENTS	RILUZOLE	Included	MULTIPLE SCLEROSIS	AUBAGIO	Included
CNS AGENTS	RUZURGI	Included	MULTIPLE SCLEROSIS	AVONEX	Included
CNS AGENTS	SABRIL	Included	MULTIPLE SCLEROSIS	BAFIERTAM	Included
CNS AGENTS	TETRABENAZINE	Included	MULTIPLE SCLEROSIS	BETASERON	Included
CNS AGENTS	TIGLUTIK	Included	MULTIPLE SCLEROSIS	COPAXONE	Included
CNS AGENTS	VIGABATRIN	Included	MULTIPLE SCLEROSIS	DALFAMPRIDIN	Included
CNS AGENTS	VIGADRONE	Included	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	Included
CNS AGENTS	XENAZINE	Included	MULTIPLE SCLEROSIS	EXTAVIA	Included
CNS AGENTS	XYREM	Included	MULTIPLE SCLEROSIS	GILENYA	Included
CNS AGENTS	XYWAV	Included	MULTIPLE SCLEROSIS	GLATIRAMER	Included
CYSTIC FIBROSIS	BETHKIS	Included	MULTIPLE SCLEROSIS	GLATOPA	Included
CYSTIC FIBROSIS	CAYSTON	Included	MULTIPLE SCLEROSIS	KESIMPTA	Included
CYSTIC FIBROSIS	KALYDECO	Included	MULTIPLE SCLEROSIS	MAVENCLAD	Included

CYSTIC FIBROSIS	KITABIS PAK	Included	MULTIPLE SCLEROSIS	MAYZENT	Included
CYSTIC FIBROSIS	ORKAMBI	Included	MULTIPLE SCLEROSIS	PLEGRIDY	Included
CYSTIC FIBROSIS	PULMOZYME	Included	MULTIPLE SCLEROSIS	PONVORY	Included
CYSTIC FIBROSIS	SYMDEKO	Included	MULTIPLE SCLEROSIS	REBIF	Included
CYSTIC FIBROSIS	TOBI	Included	MULTIPLE SCLEROSIS	REBIF REBIDOSE	Included
CYSTIC FIBROSIS	TOBI PODHALER	Included	MULTIPLE SCLEROSIS	TECFIDERA	Included
CYSTIC FIBROSIS	TOBRAMYCIN	Included	MULTIPLE SCLEROSIS	VUMERITY	Included
CYSTIC FIBROSIS	TRIKAFTA	Included	MULTIPLE SCLEROSIS	ZEPOSIA	Included
ENDOCRINE	BUPHENYL	Included	MUSCULOSKELETAL AGENTS	EVRYSDI	Included
ENDOCRINE	BYNFEZIA	Included	NARCOLEPSY	WAKIX	Included
ENDOCRINE	CARBAGLU	Included	NEUTROPENIA	FULPHILA	Included
ENDOCRINE	CHENODAL	Included	NEUTROPENIA	GRANIX	Included
ENDOCRINE	CLOVIQUE	Included	NEUTROPENIA	LEUKINE	Included
ENDOCRINE	CUPRIMINE	Included	NEUTROPENIA	NEULASTA	Included
ENDOCRINE	CYSTADANE	Included	NEUTROPENIA	NEUPOGEN	Included
ENDOCRINE	CYSTADROPS	Included	NEUTROPENIA	NIVESTYM	Included
ENDOCRINE	CYSTARAN	Included	NEUTROPENIA	NYVEPRIA	Included
ENDOCRINE	DEPEN TITRATABS	Included	NEUTROPENIA	UDENYCA	Included
ENDOCRINE	D-PENAMINE	Included	NEUTROPENIA	ZARXIO	Included
ENDOCRINE	EGRIFTA	Included	NEUTROPENIA	ZIEXTENZO	Included
ENDOCRINE	FIRMAGON	Included	ONCOLOGY - INJECTABLE	ELIGARD	Included
ENDOCRINE	GATTEX	Included	ONCOLOGY - INJECTABLE	INTRON A	Included
ENDOCRINE	H.P. ACTHAR	Included	ONCOLOGY - INJECTABLE	LEUPROLIDE	Included
ENDOCRINE	IMCIVREE	Included	ONCOLOGY - INJECTABLE	SYNRIBO	Included
ENDOCRINE	ISTURISA	Included	ONCOLOGY - ORAL	ABIRATERONE	Included
ENDOCRINE	JYNARQUE	Included	ONCOLOGY - ORAL	AFINITOR	Included
ENDOCRINE	KEVEYIS	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	Included
ENDOCRINE	KORLYM	Included	ONCOLOGY - ORAL	ALECENSA	Included
ENDOCRINE	KUVAN	Included	ONCOLOGY - ORAL	ALKERAN	Included
ENDOCRINE	MYALEPT	Included	ONCOLOGY - ORAL	ALUNBRIG	Included
ENDOCRINE	NATPARA	Included	ONCOLOGY - ORAL	AYVAKIT	Included
ENDOCRINE	NITYR	Included	ONCOLOGY - ORAL	BALVERSA	Included
ENDOCRINE	OCTREOTIDE ACETATE	Included	ONCOLOGY - ORAL	BEXAROTENE	Included
ENDOCRINE	PENICILLAMINE	Included	ONCOLOGY - ORAL	BOSULIF	Included
ENDOCRINE	PROCYSBI	Included	ONCOLOGY - ORAL	BRAFTOVI	Included
ENDOCRINE	RAVICTI	Included	ONCOLOGY - ORAL	BRUKINSA	Included
ENDOCRINE	SAMSCA	Included	ONCOLOGY - ORAL	CABOMETYX	Included

ENDOCRINE	SANDOSTATIN	Included	ONCOLOGY - ORAL	CALQUENCE	Included
ENDOCRINE	SAPROPTERIN	Included	ONCOLOGY - ORAL	CAPECITABINE	Included
ENDOCRINE	SIGNIFOR	Included	ONCOLOGY - ORAL	CAPRELSA	Included
ENDOCRINE	SODIUM PHENYL BUTYRATE	Included	ONCOLOGY - ORAL	COMETRIQ	Included
ENDOCRINE	SOMATULINE DEPOT	Included	ONCOLOGY - ORAL	COPIKTRA	Included
ENDOCRINE	SOMAVERT	Included	ONCOLOGY - ORAL	COTELLIC	Included
ENDOCRINE	SYPRINE	Included	ONCOLOGY - ORAL	DAURISMO	Included
ENDOCRINE	THIOLA	Included	ONCOLOGY - ORAL	ERIVEDGE	Included
ENDOCRINE	TOLVAPTAN	Included	ONCOLOGY - ORAL	ERLEADA	Included
ENDOCRINE	TRIENTINE	Included	ONCOLOGY - ORAL	ERLOTINIB	Included
ENDOCRINE	XERMELO	Included	ONCOLOGY - ORAL	ETOPOSIDE	Included
ENDOCRINE	XURIDEN	Included	ONCOLOGY - ORAL	EVEROLIMUS	Included
ENZYME DEFICIENCY	CHOLBAM	Included	ONCOLOGY - ORAL	FARYDAK	Included
ENZYME DEFICIENCY	CYSTAGON	Included	ONCOLOGY - ORAL	FOTIVDA	Included
ENZYME DEFICIENCY	GALAFOLD	Included	ONCOLOGY - ORAL	GILOTRIF	Included
ENZYME DEFICIENCY	MIGLUSTAT	Included	ONCOLOGY - ORAL	GLEEVEC	Included
ENZYME DEFICIENCY	NITISINONE	Included	ONCOLOGY - ORAL	GLEOSTINE	Included
ENZYME DEFICIENCY	ORFADIN	Included	ONCOLOGY - ORAL	HYCAMTIN	Included
ENZYME DEFICIENCY	PALYNZIQ	Included	ONCOLOGY - ORAL	IBRANCE	Included
ENZYME DEFICIENCY	STRENSIQ	Included	ONCOLOGY - ORAL	ICLUSIG	Included
ENZYME DEFICIENCY	SUCRAID	Included	ONCOLOGY - ORAL	IDHIFA	Included
ENZYME DEFICIENCY	TEGSEDI	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	Included
ENZYME DEFICIENCY	ZAVESCA	Included	ONCOLOGY - ORAL	IMBRUVICA	Included
GAUCHERS DISEASE	CERDELGA	Included	ONCOLOGY - ORAL	INLYTA	Included
GENETIC DISORDER	DOJOLVI	Included	ONCOLOGY - ORAL	INQOVI	Included
GENETIC DISORDER	ZOKINVY	Included	ONCOLOGY - ORAL	INREBIC	Included
GROWTH HORMONE DEFICIENCY	GENOTROPIN	Included	ONCOLOGY - ORAL	IRESSA	Included
GROWTH HORMONE DEFICIENCY	HUMATROPE	Included	ONCOLOGY - ORAL	JAKAFI	Included
GROWTH HORMONE DEFICIENCY	INCRELEX	Included	ONCOLOGY - ORAL	KISQALI	Included
GROWTH HORMONE DEFICIENCY	NORDITROPIN	Included	ONCOLOGY - ORAL	KISQALI FEMARA	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	Included	ONCOLOGY - ORAL	KOSELUGO	Included

GROWTH HORMONE DEFICIENCY	OMNITROPE	Included	ONCOLOGY - ORAL	LAPATINIB	Included
GROWTH HORMONE DEFICIENCY	SAIZEN	Included	ONCOLOGY - ORAL	LENVIMA	Included
GROWTH HORMONE DEFICIENCY	SEROSTIM	Included	ONCOLOGY - ORAL	LONSURF	Included
GROWTH HORMONE DEFICIENCY	ZOMACTON	Included	ONCOLOGY - ORAL	LORBRENA	Included
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Included	ONCOLOGY - ORAL	LUMAKRAS	Included
HEMATOLOGIC	BERINERT	Included	ONCOLOGY - ORAL	LYNPARZA	Included
HEMATOLOGIC	CABLIVI	Included	ONCOLOGY - ORAL	MATULANE	Included
HEMATOLOGIC	CINRYZE	Included	ONCOLOGY - ORAL	MEKINIST	Included
HEMATOLOGIC	DOPTELET	Included	ONCOLOGY - ORAL	MEKTOVI	Included
HEMATOLOGIC	FIRAZYR	Included	ONCOLOGY - ORAL	MELPHALAN	Included
HEMATOLOGIC	HAEGARDA	Included	ONCOLOGY - ORAL	MESNEX	Included
HEMATOLOGIC	ICATIBANT	Included	ONCOLOGY - ORAL	NERLYNX	Included
HEMATOLOGIC	MOZOBIL	Included	ONCOLOGY - ORAL	NEXAVAR	Included
HEMATOLOGIC	MULPLETA	Included	ONCOLOGY - ORAL	NILANDRON	Included
HEMATOLOGIC	OXBRYTA	Included	ONCOLOGY - ORAL	NILUTAMIDE	Included
HEMATOLOGIC	PROMACTA	Included	ONCOLOGY - ORAL	NINLARO	Included
HEMATOLOGIC	RUCONEST	Included	ONCOLOGY - ORAL	NUBEQA	Included
HEMATOLOGIC	SAJAZIR	Included	ONCOLOGY - ORAL	ODOMZO	Included
HEMATOLOGIC	TAKHZYRO	Included	ONCOLOGY - ORAL	ONUREG	Included
HEMATOLOGIC	TAVALISSE	Included	ONCOLOGY - ORAL	ORGOVYX	Included
HEMOPHILIA - INFUSED	ADVATE	Included	ONCOLOGY - ORAL	PEMAZYRE	Included
HEMOPHILIA - INFUSED	ADYNOVATE	Included	ONCOLOGY - ORAL	PIQRAY	Included
HEMOPHILIA - INFUSED	AFSTYLA	Included	ONCOLOGY - ORAL	POMALYST	Included
HEMOPHILIA - INFUSED	ALPHANATE/V ON WILLEBRAND	Included	ONCOLOGY - ORAL	PURIXAN	Included
HEMOPHILIA - INFUSED	ALPHANINE SD	Included	ONCOLOGY - ORAL	QINLOCK	Included
HEMOPHILIA - INFUSED	ALPROLIX	Included	ONCOLOGY - ORAL	RETEVMO	Included
HEMOPHILIA - INFUSED	BENEFIX	Included	ONCOLOGY - ORAL	REVLIMID	Included
HEMOPHILIA - INFUSED	COAGADEX	Included	ONCOLOGY - ORAL	ROZLYTREK	Included
HEMOPHILIA - INFUSED	CORIFACT	Included	ONCOLOGY - ORAL	RUBRACA	Included
HEMOPHILIA - INFUSED	ELOCTATE	Included	ONCOLOGY - ORAL	RYDAPT	Included
HEMOPHILIA - INFUSED	ESPEROCT	Included	ONCOLOGY - ORAL	SPRYCEL	Included

HEMOPHILIA - INFUSED	FEIBA	Included	ONCOLOGY - ORAL	STIVARGA	Included
HEMOPHILIA - INFUSED	HEMOPIL M	Included	ONCOLOGY - ORAL	SUNITINIB	Included
HEMOPHILIA - INFUSED	HUMATE-P	Included	ONCOLOGY - ORAL	SUTENT	Included
HEMOPHILIA - INFUSED	IDELVION	Included	ONCOLOGY - ORAL	TABLOID	Included
HEMOPHILIA - INFUSED	IXINITY	Included	ONCOLOGY - ORAL	TABRECTA	Included
HEMOPHILIA - INFUSED	JIVI	Included	ONCOLOGY - ORAL	TAFINLAR	Included
HEMOPHILIA - INFUSED	KOATE	Included	ONCOLOGY - ORAL	TAGRISSO	Included
HEMOPHILIA - INFUSED	KOATE-DVI	Included	ONCOLOGY - ORAL	TALZENNA	Included
HEMOPHILIA - INFUSED	KOGENATE FS	Included	ONCOLOGY - ORAL	TARCEVA	Included
HEMOPHILIA - INFUSED	KOVALTRY	Included	ONCOLOGY - ORAL	TARGRETIN	Included
HEMOPHILIA - INFUSED	MONONINE	Included	ONCOLOGY - ORAL	TASIGNA	Included
HEMOPHILIA - INFUSED	NOVOEIGHT	Included	ONCOLOGY - ORAL	TAZVERIK	Included
HEMOPHILIA - INFUSED	NOVOSEVEN RT	Included	ONCOLOGY - ORAL	TEMODAR	Included
HEMOPHILIA - INFUSED	NUWIQ	Included	ONCOLOGY - ORAL	TEMOZOLOMIDE	Included
HEMOPHILIA - INFUSED	PROFILNINE	Included	ONCOLOGY - ORAL	TEPMETKO	Included
HEMOPHILIA - INFUSED	REBINYN	Included	ONCOLOGY - ORAL	THALOMID	Included
HEMOPHILIA - INFUSED	RECOMBINATE	Included	ONCOLOGY - ORAL	TIBSOVO	Included
HEMOPHILIA - INFUSED	RIXUBIS	Included	ONCOLOGY - ORAL	TRETINOIN	Included
HEMOPHILIA - INFUSED	SEVENFACT	Included	ONCOLOGY - ORAL	TUKYSA	Included
HEMOPHILIA - INFUSED	TRETTEN	Included	ONCOLOGY - ORAL	TURALIO	Included
HEMOPHILIA - INFUSED	VONVENDI	Included	ONCOLOGY - ORAL	TYKERB	Included
HEMOPHILIA - INFUSED	WILATE	Included	ONCOLOGY - ORAL	UKONIQ	Included
HEMOPHILIA - INFUSED	XYNTHA	Included	ONCOLOGY - ORAL	VENCLEXTA	Included
HEMOPHILIA - INJECTABLE	HEMLIBRA	Included	ONCOLOGY - ORAL	VERZENIO	Included
HEPATITIS B	ADEFOVIR DIPIVOXIL	Included	ONCOLOGY - ORAL	VITRAKVI	Included
HEPATITIS B	BARACLUDE	Included	ONCOLOGY - ORAL	VIZIMPRO	Included
HEPATITIS B	EMPAVELI	Included	ONCOLOGY - ORAL	VOTRIENT	Included
HEPATITIS B	ENTECAVIR	Included	ONCOLOGY - ORAL	XALKORI	Included
HEPATITIS B	EPIVIR HBV	Included	ONCOLOGY - ORAL	XELODA	Included
HEPATITIS B	HEPSERA	Included	ONCOLOGY - ORAL	XOSPATA	Included
HEPATITIS B	LAMIVUDINE HBV	Included	ONCOLOGY - ORAL	XPOVIO	Included
HEPATITIS B	VEMLIDY	Included	ONCOLOGY - ORAL	XTANDI	Included
HEPATITIS C	EPCLUSA	Included	ONCOLOGY - ORAL	YONSA	Included
HEPATITIS C	HARVONI	Included	ONCOLOGY - ORAL	ZEJULA	Included

HEPATITIS C	LEDIPASVIR/S OFOSBUVIR	Included	ONCOLOGY - ORAL	ZELBORAF	Included
HEPATITIS C	MAVYRET	Included	ONCOLOGY - ORAL	ZOLINZA	Included
HEPATITIS C	PEGASYS	Included	ONCOLOGY - ORAL	ZYDELIG	Included
HEPATITIS C	PEGINTRON	Included	ONCOLOGY - ORAL	ZYKADIA	Included
HEPATITIS C	SOFOSBUVIR/V ELPATASVIR	Included	ONCOLOGY - ORAL	ZYTIGA	Included
HEPATITIS C	SOVALDI	Included	ONCOLOGY - TOPICAL	TARGRETIN	Included
HEPATITIS C	VIEKIRA PAK	Included	ONCOLOGY - TOPICAL	VALCHLOR	Included
HEPATITIS C	VOSEVI	Included	OPHTHALMIC	OXERVATE	Included
HEPATITIS C	ZEPATIER	Included	OSTEOPOROSIS	FORTEO	Included
HEREDITARY ANGIOEDEMA	ORLADEYO	Included	OSTEOPOROSIS	TERIPARATIDE	Included
IMMUNE MODULATOR	ACTIMMUNE	Included	OSTEOPOROSIS	TYMLOS	Included
IMMUNE MODULATOR	ARCALYST	Included	PARKINSONS DISEASE	APOKYN	Included
IMMUNOLOGICA L AGENTS	LUPKYNIS	Included	PARKINSONS DISEASE	INBRIJA	Included
IMMUNOLOGICA L AGENTS	PALFORZIA	Included	PARKINSONS DISEASE	KYNMOBI	Included
INFERTILITY	CETROTIDE	Included	PULMONARY DISEASE	ESBRIET	Included
INFERTILITY	CHORIONIC GONADOTROPI N	Included	PULMONARY DISEASE	OFEV	Included
INFERTILITY	FOLLISTIM AQ	Included	PULMONARY HYPERTENSION	ADCIRCA	Included
INFERTILITY	GANIRELIX ACETATE	Included	PULMONARY HYPERTENSION	ADEMPAS	Included
INFERTILITY	GONAL-F	Included	PULMONARY HYPERTENSION	ALYQ	Included
INFERTILITY	GONAL-F RFF	Included	PULMONARY HYPERTENSION	AMBRISENTAN	Included
INFERTILITY	MENOPUR	Included	PULMONARY HYPERTENSION	BOSENTAN	Included
INFERTILITY	NOVAREL	Included	PULMONARY HYPERTENSION	LETAIRIS	Included
INFERTILITY	OVIDREL	Included	PULMONARY HYPERTENSION	OPSUMIT	Included
INFERTILITY	PREGNYL	Included	PULMONARY HYPERTENSION	ORENITRAM	Included
INFLAMMATORY CONDITIONS	ACTEMRA	Included	PULMONARY HYPERTENSION	REVATIO	Included
INFLAMMATORY CONDITIONS	CIMZIA	Included	PULMONARY HYPERTENSION	SILDENAFIL	Included
INFLAMMATORY CONDITIONS	COSENTYX	Included	PULMONARY HYPERTENSION	TADALAFIL	Included
INFLAMMATORY CONDITIONS	DUPIXENT	Included	PULMONARY HYPERTENSION	TRACLEER	Included
INFLAMMATORY CONDITIONS	EMFLAZA	Included	PULMONARY HYPERTENSION	TYVASO	Included
INFLAMMATORY CONDITIONS	ENBREL	Included	PULMONARY HYPERTENSION	UPTRAVI	Included
INFLAMMATORY CONDITIONS	HUMIRA	Included	PULMONARY HYPERTENSION	VENTAVIS*	Included

\*Includes  
Nebulizer  
10/2021

