

FINANCIAL RENEWAL AND TERMS AMENDMENT

This Amendment (“Amendment”) is made to the Administrative Services Agreement (“Agreement”) by and between United HealthCare Services, Inc. (“United”) and Guilford County (“Customer”), Contract No. 706281, and is effective on January 1, 2022 unless otherwise specified.

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

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

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

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

Guilford County

United HealthCare Services, Inc.

By _____
Authorized Signature

By _____
Authorized Signature

Print Name _____

Print Name _____

Print Title _____

Print Title _____

Date _____

Date _____

Renewal 4Q 2021

The Administrative Services Agreement is amended on January 1, 2022 as noted below.

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

The definition of Proprietary Business Information in Section 1 – Definitions is replaced in its entirety with the following definition:

Confidential Information: Information disclosed or made available by a Party in connection with this Agreement, including without limitation the following, regardless of form or the manner in which it is furnished: (a) pricing, discounts, reimbursement terms, payment methodologies and payment processes, compensation arrangements and any similar commercial information and (b) data, information, statistics, trade secrets and any information about business, costs, operations, techniques, know-how or intellectual property. Any material that is derived from or developed from Confidential Information will be deemed Confidential Information for purposes of this Agreement, regardless of the person creating, disclosing or making available such material. Any Confidential Information included in preparations, proposals, scope documents, discussions, findings, summaries, reports and conclusions remain Confidential Information.

Confidential Information does not include: (a) information that is or becomes generally available to the public other than as a result of a disclosure by a receiving Party in violation of this Agreement or other agreement between the Customer and United, (b) information either obtained from a third party or already in a receiving Party's possession before receipt from the other Party, if the receiving Party can demonstrate such information was lawfully obtained and not subject to another obligation of confidentiality, and (c) information independently developed without reference to Confidential Information, if the receiving Party can demonstrate such independence through contemporaneous written records.

Sections 9.4 Proprietary Business Information and 9.2 Access to Information are] replaced entirely with the following:

Section 9.2 Use of Confidential Information. Neither Party may disclose the other's Confidential Information to any person or entity other than to the receiving Party's employees and Business Associates needing access to such information to administer the Plan, to perform under this Agreement, or as otherwise permitted under this Agreement.

Notwithstanding the foregoing, (i) United may disclose Customer Confidential Information to its affiliates and subcontractors as needed for those entities to provide services under this Agreement, (ii) Customer will not be prohibited from providing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the Plan Sponsor, Participants, or individuals eligible to become Participants of the Plan, to the extent required by Law, (iii) Customer may only use United's Confidential Information for Plan administration purposes and (iv) before United's Confidential Information can be disclosed, United may require a mutually agreed upon confidentiality agreement consistent with Law.

Neither party may sell, license or grant any other rights to the other Party's Confidential Information.

If a Party is requested or required to disclose Confidential Information by subpoena, legal process or applicable law, including public records acts, such Party shall (to the extent permitted by law), provide the other Party with immediate written notice of that request or requirement. Such Party shall reasonably cooperate in any efforts by the other Party to seek an appropriate protective order or other remedy or otherwise challenge or narrow the scope of that disclosure request or requirement. If a protective order or other remedy is not obtained, such Party shall furnish only that portion of the Confidential Information that is legally required.

If Customer requests that United provide information about the Plan that is in United's possession after the Agreement terminates and any applicable run out period has expired, then United may, in its discretion, provide such information subject to a fee.

All references to out of network programs in the Agreement, each as applicable, are replaced in their entirety. As such, Section 4.3 Managed Care Network Services is amended to include the following subsection:

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

EXHIBIT B – FEES

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

Medical Fees

The following financial terms are effective for the period January 1, 2022 through December 31, 2022, 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).

The Fees listed below are based upon an estimated minimum of 2,761 enrolled Employees.

\$31.19 per Employee per month.

Average Contract Size: 1.96

Payment Integrity Services

Service Description	Fee
Advanced Analytics and Recovery <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. 	24% of the gross recovery amount
Credit Balance Recovery <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. 	10% of the gross recovery amount.
Focused Claim Review <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. 	22% of the gross recovery amount.
Fraud, Waste, and Abuse Management <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. • Pre-adjudicated claims or post-adjudicated claims. 	22% of the gross recovery or prevented amount
Hospital Bill and Premium Audit Services <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. 	22% of the gross recovery amount

<p>Litigation and Arbitration Fees for Recoveries</p> <ul style="list-style-type: none"> • Litigation, arbitration, or other judicial process to recover any Overpayments and other Plan recovery opportunities. • Outside attorneys’ fees and costs or administrative process fees directly incurred with litigation, arbitration, or other judicial process. • Pre-adjudicated claims or post-adjudication claims. 	<p>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>
<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>33.33% of the applicable savings amount.</p>

Other Fees

Service Description	Fee
<p>Consolidated Appropriations Act, 2021 (“CAA”) Support Services. 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"> • NSA medical billing and the independent dispute resolution (“IDR”): <ul style="list-style-type: none"> ○ United will determine if a claim is subject to the NSA billing protections. ○ 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. ○ 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. ○ United will not be using third party provider networks for services covered by the NSA. ○ 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. ○ Customer shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account. ○ Customer shall fund the \$50 IDR administration fee and all IDR arbitrator fees through the Bank Account. • Revised medical Plan ID cards (if United provides Plan Participants with ID cards currently). • Provider directory enhancements. • Continuity of care and external appeals support for surprise medical bills. • Support related to Mental Health Parity Non-Quantified Treatment Limitations audits initiated by the U.S. 	<p>For the 2022 plan year, United will not charge separate services fees outside of base rates for the CAA Support Services. Customer remains responsible for the \$50 government agency administration assessment and fees charged by the IDR arbitrator.</p>

<p>Department of Labor, U.S. Department of Health and Human Services or the U.S. Department of Treasury.</p> <ul style="list-style-type: none"> • Provide language to support Customer’s anti-gag clause attestation requirement. 	
<p>Naviguard Program</p> <ul style="list-style-type: none"> • Offers a reimbursement methodology applicable to 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 dedicated resources, and on-line tools and materials to help Participants stay in network and where assistance is provided in explaining reimbursement methodologies. • 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). 	<p>25% of the Savings Obtained[, to be paid through a withdrawal from the Bank Account]. Savings Obtained means the amount that would have been payable to a health care provider if no reductions were achieved, including amounts payable by both the Participant and the Plan, minus the amount that is payable to the health care provider after the application of the reimbursement calculation, including amounts payable by both the Participant and the Plan.</p> <p>The fee per individual claim will not exceed \$15,000.</p>
<p>External Reviews</p>	<p>If and when applicable, for each subsequent external review beyond the limited number of free reviews based upon Customer’s total enrollment, a fee of \$500 will apply per review.</p>
<p>Run-out Claims Administration 6 months of runout</p>	<p>Two months of Administration Fees.</p>

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

\$100,000 Wellness Allowance, no rollover into the next plan year is allowed.

\$50,000 Technology/Communications Allowance

EXHIBIT B – PERFORMANCE GUARANTEES FOR HEALTH BENEFITS

Contract Number 706281

The following financial terms are effective for the period January 1, 2022 through December 31, 2022.

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, 2022 through December 31, 2022 (“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 Level	Standard claim operations reports	
Period	Site Level	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$21,429
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%
Criteria	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		\$21,429
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%		
Dollar Accuracy (DAR)			
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		\$21,429
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%		
Member Phone Service			
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.			
Average Speed of Answer			
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		\$21,429
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		
Abandonment Rate			
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		2%
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		\$21,429
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	2.01% - 2.50% 2.51% - 3.00%		

	3.01% - 3.50%	
	3.51% - 4.00%	
	Greater than 4.00%	
Call Quality Score		
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	\$21,429
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%	
Satisfaction		
Employee (Member) Satisfaction		
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	\$10,714
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	
Customer Satisfaction		
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 5
Criteria	Standard Customer Scorecard Survey	
Level	Customer specific	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$10,714
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	

Pharmacy Financials		
Definition	Contracted pharmacy rates that will be delivered to You.	
Measurement and Criteria		01/01/2022
	Combined Discount Guarantee - Broad Network	
	Retail Brand, Average Wholesale Price (AWP) less	18.8%
	Retail Generic, AWP less	83.0%
	Mail Order Brand, AWP less	25.0%
	Mail Order Generic, AWP less	85.0%

	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 - Broad Network		
	Retail Brand		\$0.40
	Retail Generic		\$0.40
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.		
	Fixed Rebate Guarantee (Advantage PDL)		
-	Basis, per script		Brand
-	Retail - 30 and 90 Day		\$180.00
-	Mail Order		\$550.04
-	Specialty		\$1,954.85
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 vaccines. • The Arrangement includes usual & customary claims, long term care facility claims, veterans' affairs facility claims, over-the-counter claims. • The Mail Order guarantee includes drugs dispensed for 46 days or greater. • When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees. • Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees. • Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None. 		

Rebate Specific Conditions

- Assumes implementation of United's Advantage 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, 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 guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of rebates available due to the introduction of any new product (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of WAC on a Brand Drug subject to Rebates.
- 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.
 - Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None.
 - Vaccines are excluded from the claim counts.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2022 through 12/31/2022 ("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.
- 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 2,761 Employees and 5,407 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.
- The lesser of three logic (non-ZBL) will apply to Participant payments. Participants pay the lesser 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.

TRRX (06/2021)	<p>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.</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.
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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. • Listed drugs which cease to be defined as specialty drugs during the Guarantee Period will be reconciled outside of the Specialty Pharmacy guarantee in the channel in which they are dispensed (retail or mail order). • Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.

- United reserves the right to revise or revoke this guarantee if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee;
- d) there is a material industry change in pricing methodologies resulting in a new source or benchmark
- On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	16.2%	INFLAMMATORY CONDITIONS	KEVZARA	11.6%
ANEMIA	EPOGEN	15.0%	INFLAMMATORY CONDITIONS	KINERET	15.2%
ANEMIA	PROCRIT	15.3%	INFLAMMATORY CONDITIONS	OLUMIANT	14.2%
ANEMIA	RETACRIT	15.8%	INFLAMMATORY CONDITIONS	ORENCIA	15.9%
ANTICONVULSANT	DIACOMIT	14.2%	INFLAMMATORY CONDITIONS	OTEZLA	15.2%
ANTICONVULSANT	EPIDIOLEX	14.2%	INFLAMMATORY CONDITIONS	RIDAURA	15.8%
ANTICONVULSANT	FINTEPLA	12.1%	INFLAMMATORY CONDITIONS	RINVOQ	15.8%
ANTIHYPERLIPIDE MIC	JUXTAPID	14.9%	INFLAMMATORY CONDITIONS	SILIQ	13.1%
ANTI-INFECTIVE	ARIKAYCE	14.7%	INFLAMMATORY CONDITIONS	SIMPONI	15.8%
ANTI-INFECTIVE	DARAPRIM	14.2%	INFLAMMATORY CONDITIONS	SKYRIZI	19.7%
ANTI-INFECTIVE	PYRIMETHAMINE	14.2%	INFLAMMATORY CONDITIONS	STELARA	15.8%
ASTHMA	FASENRA	14.2%	INFLAMMATORY CONDITIONS	TALTZ	13.1%
ASTHMA	NUCALA	14.2%	INFLAMMATORY CONDITIONS	TREMFYA	15.8%
CARDIOVASCULAR	NORTHERA	15.7%	INFLAMMATORY CONDITIONS	XELJANZ	15.8%
CARDIOVASCULAR	VYNDAMAX	16.9%	INFLAMMATORY CONDITIONS	XELJANZ XR	15.8%
CARDIOVASCULAR	VYNDAQEL	14.2%	IRON OVERLOAD	DEFERASIRO X	39.4%
CNS AGENTS	AUSTEDO	14.2%	IRON OVERLOAD	EXJADE	13.8%
CNS AGENTS	ENSPRYNG	13.6%	IRON OVERLOAD	FERRIPROX	14.2%
CNS AGENTS	FIRDAPSE	12.1%	IRON OVERLOAD	JADENU	15.2%
CNS AGENTS	HETLIOZ	15.7%	LIVER DISEASE	OCALIVA	16.7%
CNS AGENTS	INGREZZA	14.7%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	15.2%
CNS AGENTS	RILUTEK	15.2%	MOOD DISORDER DRUGS	SPRAVATO	15.2%
CNS AGENTS	RILUZOLE	92.7%	MULTIPLE SCLEROSIS	AMPYRA	13.4%
CNS AGENTS	RUZURGI	13.1%	MULTIPLE SCLEROSIS	AUBAGIO	14.2%

CNS AGENTS	SABRIL	17.7%	MULTIPLE SCLEROSIS	AVONEX	15.7%
CNS AGENTS	TETRABENAZINE	47.5%	MULTIPLE SCLEROSIS	BAFIERTAM	15.7%
CNS AGENTS	TIGLUTIK	7.8%	MULTIPLE SCLEROSIS	BETASERON	15.8%
CNS AGENTS	VIGABATRIN	19.2%	MULTIPLE SCLEROSIS	COPAXONE	16.4%
CNS AGENTS	VIGADRONE	18.2%	MULTIPLE SCLEROSIS	DALFAMPRI DIN	92.9%
CNS AGENTS	XENAZINE	17.2%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	62.6%
CNS AGENTS	XYREM	8.1%	MULTIPLE SCLEROSIS	EXTAVIA	15.8%
CNS AGENTS	XYWAV	9.1%	MULTIPLE SCLEROSIS	GILENYA	15.7%
CYSTIC FIBROSIS	BETHKIS	13.1%	MULTIPLE SCLEROSIS	GLATIRAME R	70.3%
CYSTIC FIBROSIS	CAYSTON	16.2%	MULTIPLE SCLEROSIS	GLATOPA	69.7%
CYSTIC FIBROSIS	KALYDECO	15.2%	MULTIPLE SCLEROSIS	KESIMPTA	15.7%
CYSTIC FIBROSIS	KITABIS PAK	14.2%	MULTIPLE SCLEROSIS	MAVENCLA D	15.7%
CYSTIC FIBROSIS	ORKAMBI	15.2%	MULTIPLE SCLEROSIS	MAYZENT	14.2%
CYSTIC FIBROSIS	PULMOZYME	16.7%	MULTIPLE SCLEROSIS	PLEGRIDY	15.2%
CYSTIC FIBROSIS	SYMDEKO	15.2%	MULTIPLE SCLEROSIS	REBIF	15.7%
CYSTIC FIBROSIS	TOBI	15.5%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	15.7%
CYSTIC FIBROSIS	TOBI PODHALER	15.5%	MULTIPLE SCLEROSIS	TECFIDERA	15.7%
CYSTIC FIBROSIS	TOBRAMYCIN	38.4%	MULTIPLE SCLEROSIS	VUMERITY	14.2%
CYSTIC FIBROSIS	TRIKAFTA	15.2%	MULTIPLE SCLEROSIS	ZEPOSIA	14.2%
ENDOCRINE	BUPHENYL	16.4%	MUSCULOSKELE TAL AGENTS	EVRYSDI	9.1%
ENDOCRINE	BYNFEZIA	10.1%	NARCOLEPSY	WAKIX	15.2%
ENDOCRINE	CARBAGLU	9.1%	NEUTROPENIA	FULPHILA	15.5%
ENDOCRINE	CHENODAL	11.1%	NEUTROPENIA	GRANIX	15.5%
ENDOCRINE	CLOVIQUE	34.4%	NEUTROPENIA	LEUKINE	15.5%
ENDOCRINE	CUPRIMINE	15.8%	NEUTROPENIA	NEULASTA	15.5%
ENDOCRINE	CYSTADANE	12.1%	NEUTROPENIA	NEUPOGEN	15.5%
ENDOCRINE	CYSTADROPS	12.1%	NEUTROPENIA	NIVESTYM	15.5%
ENDOCRINE	CYSTARAN	14.7%	NEUTROPENIA	UDENYCA	15.5%
ENDOCRINE	DEPEN TITRATABS	15.7%	NEUTROPENIA	ZARXIO	15.5%
ENDOCRINE	D-PENAMINE	14.7%	NEUTROPENIA	ZIEXTENZO	15.2%
ENDOCRINE	EGRIFTA	15.2%	ONCOLOGY - INJECTABLE	ELIGARD	14.3%
ENDOCRINE	FIRMAGON	15.2%	ONCOLOGY - INJECTABLE	INTRON A	15.2%
ENDOCRINE	GATTEX	16.4%	ONCOLOGY - INJECTABLE	LEUPROLIDE	53.7%
ENDOCRINE	H.P. ACTHAR	15.2%	ONCOLOGY - INJECTABLE	SYLATRON	15.2%

ENDOCRINE	ISTURISA	12.1%	ONCOLOGY - INJECTABLE	SYNRIBO	13.1%
ENDOCRINE	JYNARQUE	14.2%	ONCOLOGY - ORAL	ABIRATERONE	82.8%
ENDOCRINE	KEVEYIS	14.7%	ONCOLOGY - ORAL	AFINITOR	15.8%
ENDOCRINE	KORLYM	13.1%	ONCOLOGY - ORAL	AFINITOR DISPERZ	15.8%
ENDOCRINE	KUVAN	14.4%	ONCOLOGY - ORAL	ALECENSA	15.8%
ENDOCRINE	MYALEPT	9.1%	ONCOLOGY - ORAL	ALKERAN	17.1%
ENDOCRINE	NATPARA	14.9%	ONCOLOGY - ORAL	ALUNBRIG	13.6%
ENDOCRINE	NITYR	13.6%	ONCOLOGY - ORAL	AYVAKIT	16.2%
ENDOCRINE	OCTREOTIDE ACETATE	57.7%	ONCOLOGY - ORAL	BALVERSA	15.2%
ENDOCRINE	PENICILLAMINE	34.4%	ONCOLOGY - ORAL	BEXAROTENE	34.8%
ENDOCRINE	PROCYSBI	9.1%	ONCOLOGY - ORAL	BOSULIF	15.2%
ENDOCRINE	RAVICTI	16.7%	ONCOLOGY - ORAL	BRAFTOVI	15.7%
ENDOCRINE	SAMSCA	15.2%	ONCOLOGY - ORAL	CABOMETYX	14.2%
ENDOCRINE	SANDOSTATIN	15.5%	ONCOLOGY - ORAL	CALQUENCE	15.2%
ENDOCRINE	SAPROPTERIN	42.4%	ONCOLOGY - ORAL	CAPECITABINE	79.8%
ENDOCRINE	SIGNIFOR	9.1%	ONCOLOGY - ORAL	CAPRELSA	11.1%
ENDOCRINE	SODIUM PHENYL BUTYRATE	34.4%	ONCOLOGY - ORAL	COMETRIQ	12.6%
ENDOCRINE	SOMATULINE DEPOT	15.2%	ONCOLOGY - ORAL	COPIKTRA	16.2%
ENDOCRINE	SOMAVERT	12.3%	ONCOLOGY - ORAL	COTELLIC	14.2%
ENDOCRINE	SYPRINE	15.2%	ONCOLOGY - ORAL	DAURISMO	14.2%
ENDOCRINE	THIOLA	13.1%	ONCOLOGY - ORAL	ERIVEDGE	14.2%
ENDOCRINE	TOLVAPTAN	34.4%	ONCOLOGY - ORAL	ERLEADA	15.2%
ENDOCRINE	TRIENTINE	84.9%	ONCOLOGY - ORAL	ERLOTINIB	34.4%
ENDOCRINE	XERMELO	14.7%	ONCOLOGY - ORAL	ETOPOSIDE	34.4%
ENDOCRINE	XURIDEN	14.2%	ONCOLOGY - ORAL	EVEROLIMUS	46.5%
ENZYME DEFICIENCY	CHOLBAM	6.1%	ONCOLOGY - ORAL	FARYDAK	13.1%
ENZYME DEFICIENCY	CYSTAGON	12.6%	ONCOLOGY - ORAL	GILOTRIF	9.1%
ENZYME DEFICIENCY	GALAFOLD	15.7%	ONCOLOGY - ORAL	GLEEVEC	17.1%
ENZYME DEFICIENCY	MIGLUSTAT	34.4%	ONCOLOGY - ORAL	GLEOSTINE	17.1%
ENZYME DEFICIENCY	NITISINONE	34.4%	ONCOLOGY - ORAL	HYCAMTIN	16.5%

ENZYME DEFICIENCY	ORFADIN	4.1%	ONCOLOGY - ORAL	IBRANCE	14.7%
ENZYME DEFICIENCY	PALYNZIQ	13.1%	ONCOLOGY - ORAL	ICLUSIG	14.4%
ENZYME DEFICIENCY	STRENSIQ	13.0%	ONCOLOGY - ORAL	IDHIFA	16.2%
ENZYME DEFICIENCY	SUCRAID	13.9%	ONCOLOGY - ORAL	IMATINIB MESYLATE	92.4%
ENZYME DEFICIENCY	TEGSEDI	9.1%	ONCOLOGY - ORAL	IMBRUVICA	15.7%
ENZYME DEFICIENCY	ZAVESCA	9.1%	ONCOLOGY - ORAL	INLYTA	15.3%
GAUCHERS DISEASE	CERDELGA	15.2%	ONCOLOGY - ORAL	INQOVI	12.1%
GENETIC DISORDER	DOJOLVI	16.7%	ONCOLOGY - ORAL	INREBIC	14.2%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	15.8%	ONCOLOGY - ORAL	IRESSA	16.2%
GROWTH HORMONE DEFICIENCY	HUMATROPE	16.4%	ONCOLOGY - ORAL	JAKAFI	14.2%
GROWTH HORMONE DEFICIENCY	INCRELEX	15.2%	ONCOLOGY - ORAL	KISQALI	16.2%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	17.6%	ONCOLOGY - ORAL	KISQALI FEMARA	16.7%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	15.9%	ONCOLOGY - ORAL	KOSELUGO	15.4%
GROWTH HORMONE DEFICIENCY	OMNITROPE	16.2%	ONCOLOGY - ORAL	LAPATINIB	34.4%
GROWTH HORMONE DEFICIENCY	SAIZEN	19.1%	ONCOLOGY - ORAL	LENVIMA	16.2%
GROWTH HORMONE DEFICIENCY	SEROSTIM	15.2%	ONCOLOGY - ORAL	LONSURF	14.2%
GROWTH HORMONE DEFICIENCY	ZOMACTON	16.4%	ONCOLOGY - ORAL	LORBRENA	13.1%
GROWTH HORMONE DEFICIENCY	ZORBIVE	14.7%	ONCOLOGY - ORAL	LYNPARZA	13.9%
HEMATOLOGIC	BERINERT	14.2%	ONCOLOGY - ORAL	MATULANE	14.7%
HEMATOLOGIC	CABLIVI	15.2%	ONCOLOGY - ORAL	MEKINIST	13.1%
HEMATOLOGIC	CINRYZE	16.2%	ONCOLOGY - ORAL	MEKTOVI	15.7%
HEMATOLOGIC	DOPTELET	15.2%	ONCOLOGY - ORAL	MELPHALAN	34.4%
HEMATOLOGIC	FIRAZYR	15.2%	ONCOLOGY - ORAL	MESNEX	15.7%
HEMATOLOGIC	HAEGARDA	14.2%	ONCOLOGY - ORAL	NERLYNX	15.9%
HEMATOLOGIC	ICATIBANT	34.4%	ONCOLOGY - ORAL	NEXAVAR	14.2%

HEMATOLOGIC	MOZOBIL	15.2%	ONCOLOGY - ORAL	NILANDRON	16.7%
HEMATOLOGIC	MULPLETA	15.2%	ONCOLOGY - ORAL	NILUTAMIDE	29.3%
HEMATOLOGIC	OXBRYTA	13.6%	ONCOLOGY - ORAL	NINLARO	15.2%
HEMATOLOGIC	PROMACTA	15.2%	ONCOLOGY - ORAL	NUBEQA	15.2%
HEMATOLOGIC	RUCONEST	14.9%	ONCOLOGY - ORAL	ODOMZO	15.5%
HEMATOLOGIC	TAKHZYRO	15.2%	ONCOLOGY - ORAL	ONUREG	13.6%
HEMATOLOGIC	TAVALISSE	15.2%	ONCOLOGY - ORAL	PEMAZYRE	15.7%
HEMOPHILIA - INFUSED	ADVATE	44.3%	ONCOLOGY - ORAL	PIQRAY	13.6%
HEMOPHILIA - INFUSED	ADYNOVATE	35.4%	ONCOLOGY - ORAL	POMALYST	14.7%
HEMOPHILIA - INFUSED	AFSTYLA	35.3%	ONCOLOGY - ORAL	PURIXAN	14.2%
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	43.1%	ONCOLOGY - ORAL	QINLOCK	16.2%
HEMOPHILIA - INFUSED	ALPHANINE SD	50.3%	ONCOLOGY - ORAL	RETEVMO	14.2%
HEMOPHILIA - INFUSED	ALPROLIX	15.2%	ONCOLOGY - ORAL	REVLIMID	16.5%
HEMOPHILIA - INFUSED	BENEFIX	16.2%	ONCOLOGY - ORAL	ROZLYTREK	17.1%
HEMOPHILIA - INFUSED	COAGADEX	31.3%	ONCOLOGY - ORAL	RUBRACA	16.2%
HEMOPHILIA - INFUSED	CORIFACT	29.3%	ONCOLOGY - ORAL	RYDAPT	17.1%
HEMOPHILIA - INFUSED	ELOCTATE	29.3%	ONCOLOGY - ORAL	SPRYCEL	17.1%
HEMOPHILIA - INFUSED	FEIBA	41.3%	ONCOLOGY - ORAL	STIVARGA	13.6%
HEMOPHILIA - INFUSED	HEMOPIL M	45.5%	ONCOLOGY - ORAL	SUTENT	16.5%
HEMOPHILIA - INFUSED	HUMATE-P	38.3%	ONCOLOGY - ORAL	TABLOID	17.1%
HEMOPHILIA - INFUSED	IDELVION	15.2%	ONCOLOGY - ORAL	TABRECTA	14.2%
HEMOPHILIA - INFUSED	IXINITY	15.2%	ONCOLOGY - ORAL	TAFINLAR	15.2%
HEMOPHILIA - INFUSED	JIVI	24.3%	ONCOLOGY - ORAL	TAGRISSE	15.2%
HEMOPHILIA - INFUSED	KOATE	43.5%	ONCOLOGY - ORAL	TALZENNA	15.2%
HEMOPHILIA - INFUSED	KOATE-DVI	43.5%	ONCOLOGY - ORAL	TARCEVA	17.0%
HEMOPHILIA - INFUSED	KOGENATE FS	48.3%	ONCOLOGY - ORAL	TARGRETIN	15.7%
HEMOPHILIA - INFUSED	KOVALTRY	46.8%	ONCOLOGY - ORAL	TASIGNA	15.2%
HEMOPHILIA - INFUSED	MONONINE	32.7%	ONCOLOGY - ORAL	TAZVERIK	15.4%
HEMOPHILIA - INFUSED	NOVOEIGHT	45.4%	ONCOLOGY - ORAL	TEMODAR	16.5%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	39.5%	ONCOLOGY - ORAL	TEMOZOLOMIDE	52.5%

HEMOPHILIA - INFUSED	NUWIQ	49.2%	ONCOLOGY - ORAL	THALOMID	16.5%
HEMOPHILIA - INFUSED	PROFILNINE	31.4%	ONCOLOGY - ORAL	TIBSOVO	15.2%
HEMOPHILIA - INFUSED	REBINYN	19.2%	ONCOLOGY - ORAL	TRETINOIN	84.9%
HEMOPHILIA - INFUSED	RECOMBINATE	42.4%	ONCOLOGY - ORAL	TUKYSA	15.4%
HEMOPHILIA - INFUSED	RIXUBIS	15.4%	ONCOLOGY - ORAL	TURALIO	15.7%
HEMOPHILIA - INFUSED	TRETTEN	16.1%	ONCOLOGY - ORAL	TYKERB	16.5%
HEMOPHILIA - INFUSED	VONVENDI	14.2%	ONCOLOGY - ORAL	VENCLEXTA	14.2%
HEMOPHILIA - INFUSED	WILATE	43.4%	ONCOLOGY - ORAL	VERZENIO	14.7%
HEMOPHILIA - INFUSED	XYNTHA	39.6%	ONCOLOGY - ORAL	VITRAKVI	16.2%
HEMOPHILIA - INJECTABLE	HEMLIBRA	14.2%	ONCOLOGY - ORAL	VIZIMPRO	10.1%
HEPATITIS B	ADEFOVIR DIPVOXIL	34.4%	ONCOLOGY - ORAL	VOTRIENT	15.2%
HEPATITIS B	BARACLUDE	15.5%	ONCOLOGY - ORAL	XALKORI	13.6%
HEPATITIS B	ENTECAVIR	62.2%	ONCOLOGY - ORAL	XELODA	17.1%
HEPATITIS B	EPIVIR HBV	16.0%	ONCOLOGY - ORAL	XOSPATA	16.2%
HEPATITIS B	HEPSERA	15.4%	ONCOLOGY - ORAL	XPOVIO	15.9%
HEPATITIS B	LAMIVUDINE HBV	34.4%	ONCOLOGY - ORAL	XTANDI	15.2%
HEPATITIS B	VEMLIDY	15.0%	ONCOLOGY - ORAL	YONSA	15.2%
HEPATITIS C	EPCLUSA	15.7%	ONCOLOGY - ORAL	ZEJULA	15.4%
HEPATITIS C	HARVONI	16.7%	ONCOLOGY - ORAL	ZELBORAF	14.7%
HEPATITIS C	LEDIPASVIR/SOFOSB UVIR	16.7%	ONCOLOGY - ORAL	ZOLINZA	16.5%
HEPATITIS C	MAVYRET	15.7%	ONCOLOGY - ORAL	ZYDELIG	16.2%
HEPATITIS C	PEGASYS	18.1%	ONCOLOGY - ORAL	ZYKADIA	14.7%
HEPATITIS C	PEGINTRON	19.1%	ONCOLOGY - ORAL	ZYTIGA	15.2%
HEPATITIS C	SOFOSBUVIR/VELPAT ASVIR	15.7%	ONCOLOGY - TOPICAL	TARGRETIN	15.7%
HEPATITIS C	SOVALDI	15.7%	ONCOLOGY - TOPICAL	VALCHLOR	11.6%
HEPATITIS C	VIEKIRA PAK	15.2%	OPHTHALMIC	OXERVATE	14.2%
HEPATITIS C	VOSEVI	15.7%	OSTEOPOROSIS	FORTEO	15.6%
HEPATITIS C	ZEPATIER	15.6%	OSTEOPOROSIS	TERIPARATI DE	15.2%
IMMUNE MODULATOR	ACTIMMUNE	16.0%	OSTEOPOROSIS	TYMLOS	15.0%
IMMUNE MODULATOR	ARCALYST	16.7%	PARKINSONS DISEASE	APOKYN	13.2%
IMMUNOLOGICAL AGENTS	PALFORZIA	4.1%	PARKINSONS DISEASE	INBRIJA	14.2%

INFERTILITY	CETROTIDE	18.8%	PULMONARY DISEASE	ESBRIET	15.2%
INFERTILITY	CHORIONIC GONADOTROPIN	34.4%	PULMONARY DISEASE	OFEV	14.2%
INFERTILITY	FOLLISTIM AQ	25.8%	PULMONARY HYPERTENSION	ADCIRCA	15.2%
INFERTILITY	GANIRELIX ACETATE	18.2%	PULMONARY HYPERTENSION	ADEMPAS	15.2%
INFERTILITY	GONAL-F	24.4%	PULMONARY HYPERTENSION	ALYQ	59.6%
INFERTILITY	GONAL-F RFF	24.4%	PULMONARY HYPERTENSION	AMBRISENTAN	54.6%
INFERTILITY	MENOPUR	18.4%	PULMONARY HYPERTENSION	BOSENTAN	34.4%
INFERTILITY	NOVAREL	34.4%	PULMONARY HYPERTENSION	LETAIRIS	14.4%
INFERTILITY	OVIDREL	18.8%	PULMONARY HYPERTENSION	OPSUMIT	15.4%
INFERTILITY	PREGNYL	34.4%	PULMONARY HYPERTENSION	ORENITRAM	15.2%
INFLAMMATORY CONDITIONS	ACTEMRA	15.9%	PULMONARY HYPERTENSION	REVATIO	15.0%
INFLAMMATORY CONDITIONS	CIMZIA	17.2%	PULMONARY HYPERTENSION	SILDENAFIL	95.8%
INFLAMMATORY CONDITIONS	COSENTYX	15.2%	PULMONARY HYPERTENSION	TADALAFIL	34.4%
INFLAMMATORY CONDITIONS	DUPIXENT	15.8%	PULMONARY HYPERTENSION	TRACLEER	15.2%
INFLAMMATORY CONDITIONS	EMFLAZA	12.6%	PULMONARY HYPERTENSION	TYVASO	14.7%
INFLAMMATORY CONDITIONS	ENBREL	15.7%	PULMONARY HYPERTENSION	UPTRAVI	16.4%
INFLAMMATORY CONDITIONS	HUMIRA	17.2%	PULMONARY HYPERTENSION	VENTAVIS*	14.7%
INFLAMMATORY CONDITIONS	ILUMYA	15.8%			

*Includes Nebulizer