

FINANCIAL RENEWAL AMENDMENT NO. 9

This Amendment ("Amendment") is made to the Administrative Services Agreement ("Agreement") by and between United HealthCare Services, Inc. ("United" or "Our" or "Us" or "We") and Williamson County ("Customer" or "You" or "Your"), and is effective on January 1, 2026 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.

Williamson County

United HealthCare Services, Inc.

By _____

By 
Sara Minnis (11/18/2025 07:55:23 EST)

Authorized Signature

Authorized Signature

Print Name _____

Print Name Sara Minnis

Print Title _____

Print Title Associate Contract Manager

Date _____

Date 11/18/2025

Renewal 2Q 2025
Agreement No. 00032072.9

Exhibit B – Fees

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

Medical Fees

The following financial terms are effective for the period January 1, 2026 through December 31, 2027, unless otherwise specified.

PEPM means Per Employee Per Month

Final Claims Fiduciary: United

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

ASO Fees (PEPM)	Current	Year 1	Year 2
Plan Year	01/01/2025 through 12/31/2025	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
POS	\$51.79	\$53.34	\$53.34
EPO	\$51.79	\$53.34	\$53.34
Credits			
Administrative Credit (General Purpose)	\$90,000	\$90,000	\$90,000
Wellness Credit	\$112,500	\$112,500	\$112,500

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

Additional Disease Management, Specialty and Wellness Programs (Fees are on a PEPM basis unless specifically noted)	Current	Year 1	Year 2
	1/1/2025 through 12/31/2025	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
Medical Management Programs			
Core Medical Necessity	Included	Included	Included
Physical Health Solutions:			
Chiropractic Network	Included	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included	Included
Other Programs/Services:			
TX Custom PHS 3.0	Included	Included	Included
Behavioral Health Solutions	Included	Included	Included
Claim Fiduciary	Included	Included	Included
Convenience Care Clinics CSP	Included	Included	Included
Data Extracts	Included	Included	Included
COBRA	Included	Included	Included
Expanded eCR Reporting	Included	Included	Included
One Pass	N/A	\$9.09	\$9.09
Other Programs/Services (Fees collected through Bank Account):			
Kaia Health	\$615 Per Participant Per Year	\$615 Per Participant Per Year	\$615 Per Participant Per Year
Maven Maternity 12 Month Program	N/A	\$925 Per Case	\$925 Per Case
Neonatal Resource Services	\$1,700 Per Engagement	\$1,700 Per Engagement	\$1,700 Per Engagement

Quit4Life	\$455.61 Per Case	\$455.61 Per Case	\$455.61 Per Case
Second Opinion Services	\$2,136 Per Case	\$2,136 Per Case	\$2,136 Per Case
Specialist Management Solutions	\$1,500 Per Case	\$1,500 Per Case	\$1,500 Per Case
Virtual Behavioral Coaching	\$72 Per Session	\$72 Per Session	\$72 Per Session
Virtual Behavioral Coaching Weekly Call	\$55 Per Session	\$55 Per Session	\$55 Per Session
UHC Hub Vendors:			
Fees for the following will be collected through the Bank Account			
Teladoc Chronic Care Mgmt Plus	\$69 PEMPM	\$69 PEMPM	\$69 PEMPM

The following services are required but not included in the above ASO Fees:

Additional Services (Fees Collected through Bank Account unless otherwise noted)	Fee	
	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027
Naviguard	\$3.00 PEPM	\$3.25 PEPM
Transplant Resource Services Transplant Cost Negotiation Program	\$8,333 per negotiation (charged in year end reconciliation)	
Payment Integrity:		
Enhanced Abuse and Fraud Management Program	22% of recoveries	
Advanced Analytics and Recovery Services (AARS)	24% of recoveries	
Credit Balance Recovery Program	not to exceed 10% of recoveries	
Hospital Bill Audit Program	not to exceed 22% of savings	
Subrogation Services	33.3% of recoveries	
Injury Coordination Coverage	33.3% of recoveries	
Focused Claim Review	22% of savings	

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

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

- UnitedHealthcare will duplicate requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all Medical plan design specifics. Our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

Pricing Assumptions

- The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA Transitional Reinsurance fee and the PCORI fee which are remitted to the government (federal and/or state).
- The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; and (iii) as otherwise permitted in the Administrative Services Agreement.
- The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.
- UnitedHealthcare reserves the right to revise this quotation under the following circumstances:
 - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 1823
 - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 2.08.
 - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
 - In the event of any changes in federal, state or other applicable legislation or regulation that require changes to this quotation.
 - In the event of any changes in plan design required by the applicable regulatory authority or by the Plan sponsor.
 - In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
 - As otherwise permitted in our Administrative Services Agreement
- Our mature quotation includes the processing of runout claims for 6 months following the termination of our contract.
- If pharmacy benefits are carved out the ASO fees quoted above may be revised.
- Customer will only receive Rebates to the extent that Rebates are actually received by United. For example, if a government action or a major change in pharmaceutical industry practices eliminates or materially reduces manufacturer Rebate programs, Customer's payment amount may be reduced or eliminated. In such event, United shall promptly notify Customer and revise or eliminate such payment effective with the date of the reduction or elimination in Rebate payments. In addition, reduction or elimination of Rebates in this event shall constitute a change in the Agreement as described in the Fees Section such that United has the right to increase the fees for the Pharmacy Benefits Management services or increase the percentage of Rebate dollars retained by United.
- We reserve the right to adjust our rebate guarantee if changes made to our prescription drug list (PDL) for the purpose of achieving lower net drug cost for WILLIAMSON COUNTY and our other ASO customers result in significant reductions to the rebate level.
- WILLIAMSON COUNTY will receive 80.0% of rebates on prescription drug products dispensed under the medical benefit plan.
- Commissions are excluded.
- This quotation assumes UnitedHealthcare will retain claim fiduciary responsibility

- United will provide a Wellness Credit, Administrative Credit (General Purpose) to help WILLIAMSON COUNTY mitigate costs associated with additional wellness services from United, administration of the plan

These credits are available as follows:

- The parties must have an executed Agreement.
- The first month of service fees under the Agreement has been received by United.
- WILLIAMSON COUNTY’s enrollment with United must always exceed 1640 Employees.
- Annual credits must be used within the Plan Year specified for that credit. One-time credits must be used between 01/01/2026 and 12/31/2027. Any Credits not used during this time period are forfeit.
- Upon request from WILLIAMSON COUNTY, a credit will be issued in United’s fee billing system.
- If WILLIAMSON COUNTY terminates the Agreement prior to 12/31/2027, WILLIAMSON COUNTY will repay United a prorated portion of the credit paid in the year of termination based on the termination date. Credits in prior years are not subject to repayment. All unpaid credits are forfeit.
- If enrollment with United falls below the enrollment threshold, WILLIAMSON COUNTY will repay United an amount proportional to the enrollment reduction based on the amount of the credit paid at the time enrollment falls below the threshold.
- The amount of the credit not yet paid is reduced proportional to the enrollment reduction.
- If during the course of the first year unforeseen or additional expense items arise related to the WILLIAMSON COUNTY implementation, UHC reserves the right to use a portion of this credit to offset such expenses.
- WILLIAMSON COUNTY acknowledges that UHC Hub products and services are offered and provided by third-party vendors that are not affiliated with United. UHC Hub vendors are subcontractors under this Agreement. WILLIAMSON COUNTY agrees that United is not responsible or liable in any way for such performance guarantees or financial return guarantees made by those third party vendors. Certain UHC Hub products are subject to state sales Tax. United will invoice and WILLIAMSON COUNTY agrees to pay United for any required taxes.

A third-party vendor’s participation in UHC Hub may terminate in the middle of the Initial Term or Renewal Term of this Agreement. In that instance, the product or service will no longer be provided from that vendor and no further Fees will be charged for that product or service. Fees for UHC Hub products and services will be paid through a withdrawal from the Bank Account.

Service Description
Fees for the programs are listed above.
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.
Coordination of Benefits (“COB”) <ul style="list-style-type: none"> • Verify primary/secondary payer accuracy. • Identify claims to be investigated using a layered approach to identify other primary payers: <ol style="list-style-type: none"> 1. Eligibility match to other commercial payers. 2. Eligibility match to Medicare. • Correct pre-adjudicated claims prior to claim payment. • Update claims systems with other primary/secondary payers’ information. • COB indicators set to edit subsequent claims with primary/secondary payers’ information.
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.
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.

Service Description
<ul style="list-style-type: none"> • Pre-adjudicated claims or post-adjudicated claims.
<p>Fraud, Waste, and Abuse Management</p> <ul style="list-style-type: none"> • Detection and recovery of wasteful, abusive, and/or fraudulent claims. • Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review. • Evaluate claims to identify inappropriate levels of care, coding, and/or resource utilization. • Management can include pre-adjudicated claims or post-adjudicated claims.
<p>Hospital Bill and Premium Audit</p> <ul style="list-style-type: none"> • In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy. • Post-adjudicated claims.
<p>Third-Party Liability – Subrogation and Injury Coverage Coordination</p> <ul style="list-style-type: none"> • Services to prevent the payment of Plan benefits, or recover Plan benefits, which should be paid by a third party. • Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments. • Pre-adjudicated claims or post-adjudicated claims. • Customer will not engage any entity except United to provide such services without prior United approval.
<p>Litigation and Arbitration Fees for Recoveries</p> <ul style="list-style-type: none"> • Litigation or arbitration to recover Overpayments and other Plan recovery opportunities. • Outside attorneys’ fees and costs directly incurred with litigation or arbitration. • Pre-adjudicated claims or post-adjudicated claims.
<p>Payment Integrity Service Fees related to pre-adjudicated or prevented amount savings are calculated using logic that accounts for claim level detail and past claims payment experiences, and other relevant inputs including, but not limited to, historical amounts billed and allowed for similar providers, services, and specialties.</p>
<p>Naviguard Program</p> <ul style="list-style-type: none"> • Offers reimbursement methodologies for emergent and non-emergent out of network claims which calculates allowed amounts based on what a healthcare provider generally accepts for the same or similar service. • Includes an advocacy component where Participants can access resources, and on-line tools and materials to help Participants stay in network and where assistance is provided in explaining reimbursement methodologies. • For claims above a threshold established by United, the advocacy component includes United negotiating with a provider on behalf of a Participant with respect to Participant’s balance billed amount (e.g., non-emergent, choice claim). • If the provider objects to what it was paid from the application of the allowed amount, or member contacts United for support with resolving a balance bill, United will increase compensation for a particular claim if: (a) United reasonably concludes that the particular facts and circumstances related to a claim provide justification for reimbursement greater than that which would result from the application of the allowed amount, and (b) United believes that it would serve the best interests of the Plan and its Participants (including interests in avoiding costs and expenses of disputes over payment of claims). • Fees are based on the Savings Obtained, which is the amount billed by a health care provider minus the final amount paid to the health care provider pursuant to the out-of-network program selected by the Plan which includes amounts payable by the Participant.
<p>The interest rate on unpaid Fees and underfunding the Bank Account is the Prime rate plus 4%.</p>
<p>For clinical support, if applicable, Customer will pay a Fee for United’s services, equal to 2.5% of chiropractic allowed expenses, whether in or out of network.</p>
<p>Second Opinion Services. Participants will have access to personalized consultations by video or phone from medical experts. A designated care team coordinator guides Participants through the entire process, including follow up. The information provided through this service does not constitute medical advice and does not diagnose, treat, or prescribe treatment of medical conditions.</p>
<p>Specialist Management Solution (SMS) Concierge services and surgical care navigation, guiding Participants to providers who perform outpatient surgical specialties/procedures. Services include the following:</p> <ul style="list-style-type: none"> • Advocate, a single point of contact through the entire continuum of care. • Participant activation and outreach campaign support. • Customer data and reporting. • Gross Savings means the established episode market average for hospital outpatient department cost per case (based on historic claims data) compared to the actual cost for Participants who had the same procedure in an ambulatory surgical center.

Disclosure: A United affiliate provides payment services to the healthcare industry and offers medical providers with various payment methods and options, including electronic payments, virtual cards and checks. Some options are available to medical providers for a fee and may result in the receipt of transaction fees or other compensation (e.g., 1% to 3% of the total transaction amount, or at the election of the provider a per transaction fee of up to \$10) by a United affiliate. This has no impact on the Fees paid by Customer under this Agreement.

Dental Fees

The following financial terms are effective for the period January 1, 2026 through December 31, 2027, unless otherwise specified.

ASO Fee PEPM	\$3.28
Broker Commissions	\$0.00
Total ASO Fee PEPM	\$3.28
Rate Guarantee	24 months
Expiration Date	12/31/2027

Dental Assumptions

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

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

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

Run-In Claims are not Paid.

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

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

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

Quote is based on total group Average Contract Size (ACS) of 2.16.

Quote is based on total group of 1706 Employees and 3682 Members.

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

This quote assumes UnitedHealthcare will retain claim fiduciary responsibility.

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

FSA Fees

The following financial terms are effective for the period January 1, 2026 through December 31, 2027, unless otherwise specified.

FSA, Dependent Care Spending Account Fees	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
FSA Fee - PEPM	\$3.00	\$3.00

- FSA fees above apply to employees enrolled in the health care spending or dependent care spending accounts, or both.
- A minimum monthly billing of \$100 applies

FSA Nondiscrimination testing (NDT)	\$500
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Nondiscrimination Test Package

- This optional service provides the results of three tests Non-Discrimination Tests (25% Key Concentration Test [overall Section 125 Plan], 55% Average Benefits Test and 25% Owner's Concentration Test) which are a subset of the testing that may be required by the IRS. WILLIAMSON COUNTY provides the data to us, we perform the mathematical calculations and provide a report that indicates pass/fail by test. We are not providing consulting or legal advice.

Standard FSA services including:

- Initial supply of standard employee brochures.
- Single claim submission with automatic roll-over from established feeds (i.e., Spectera® Vision, UnitedHealthcare Dental and OptumRx).
- Check minimum \$25.
- Daily payment cycle.
- Customer care representation during normal business hours.
- Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with up to two files or tape cartridges per month.
- Standard FSA banking arrangements using separate bank account for FSA plan.
- Direct deposit of payments to employee bank accounts with online direct deposit administration at myuhc.com®.
- Account information through myuhc.com for participants enrolled in UnitedHealthcare health plans.
- Assumes WILLIAMSON COUNTY will retain claim fiduciary responsibility for the UnitedHealthcare administered FSA plan.

Standard FSA reports including:

- Member Detail Reports, providing detailed account status for each participant.
- Executive Summary Reports, providing summarized data from the Member Detail Report as well as monthly activity information.
- Utilization Reports, providing general statistical information on the types of expenses being submitted.

Exhibit C – Guarantees

The Fees at risk do not include Customer-elected optional and non-standard programs Fees, all credits, Payment Integrity Programs Fees, Out-of-Network Programs Fees, Commission Funds, Consultant Funds, and ancillary product Fees. Any Customer credits set forth in Exhibit B – Fees will reduce the total Fees at risk.

The Fees payable by Customer under this Agreement will be adjusted through a credit to Customer’s Fees in accordance with the guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees are effective for the period beginning January 1, 2026 through December 31, 2026 (“Guarantee Period”). With respect to the aspects of United’s performance addressed in this Exhibit, these Fee adjustments are Customer’s exclusive financial remedies.

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

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

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

Effective January 1, 2026 through December 31, 2026 (“Guarantee Period”):

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		\$23,143
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		\$23,143

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	\$23,143
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	\$23,143
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	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	\$23,143
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%	
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		\$23,143
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		\$11,571
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		\$11,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		N/A
Gradients	Not applicable		

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

Effective January 1, 2026 through December 31, 2027 (each twelve-month period is a “Guarantee Period”):

Pharmacy Financials			
Definition	Pharmacy rate guarantees.		
Measurement and Criteria		01/01/2026	01/01/2027
-	Component Discount Guarantee - Broad Network		
	Retail Brand, Average Wholesale Price (AWP) less	19.50%	19.50%
	Retail Brand -- 90 Day Supply, AWP less	23.00%	23.00%
	Retail Generic - 30 and 90 Day Supply, AWP less	85.00%	85.00%
	Mail Order Brand, AWP less	25.50%	25.50%
	Mail Order Generic, AWP less	87.00%	87.00%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component.		
-	Dispensing Fees - Broad Network		
	Retail Brand - 30 Day	\$0.50	\$0.50
	Retail Brand -- 90 Day Supply	\$0.10	\$0.10
	Retail Generic - 30 Day	\$0.50	\$0.50
	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.		
-	Minimum Rebate Guarantee (Advantage PDL)		
	Rebate Sharing Percentage	100.0%	100.0%
-	Basis, per script	Brand	Brand
-	Retail - 30 and 90 Day	\$527.22	\$618.50
-	Mail Order	\$997.59	\$1,186.30
-	Specialty	Included In Retail	Included In Retail
-	Fees		
	Variable Copay program (monthly, per eligible member)	\$0.45	\$0.45
Level	Customer Specific		
Period	Annually		
Payment Period	Annually		
Payment Amount -- Discounts	The amount the actual discounts are less than the guaranteed discount amount for each individual component.		
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 following are excluded from the Discount Guarantee arrangement

- Compound Drug claims
- Retail out-of-network claims
- Mail Order scripts (for dispense fee arrangement)
- Indian Health Service claims
- Generic medications launched as an "at-risk" product
- Generic medications with pending litigation
- Usual & Customary (U&C) claims
- Vaccine claims
- Long Term Care (LTC) facility claims

• Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail discount and dispense fee guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees and included in the Specialty discount guarantee.

The following are included in the Discount Guarantee arrangement

- Claims where the plan is the secondary payer (COB claims)
- Veterans Affairs (VA) facility claims
- Over the Counter (OTC) claims

• The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater; claims with less than 84 days' supply are included with Retail 30.

• The Mail Order guarantee includes drugs dispensed for 46 days or greater; claims with less than 46 days supply are reconciled at retail.

• 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.

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 (e.g., coordination of benefits and subrogation claims)
- claims approved by formulary exception
- claims not covered by Customer's benefit design or PDL
- claims receiving 340B pricing
- long term care pharmacy claims
- federal government pharmacy claims
- claims for non-FDA approved products
- compound drug claims
- direct member reimbursement claims

• Over-the-counter and repackaged drugs are excluded from the claim counts; Insulins are not excluded.

• Devices are excluded from the claim counts; Test Strips are not excluded.

• Vaccines are excluded from the claim counts.

- Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of Rebates due to the utilization of therapeutically equivalent, lower Rebate drugs (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of Wholesale Acquisition Cost on a Brand Drug subject to Rebates. In the event a payment or reconciliation adjustment is required, such adjustment will be based on the difference between a) pharmaceutical manufacturer revenue prior to the introduction of the lower Rebate drugs and b) the actual pharmaceutical manufacturer revenue received after the introduction of the lower Rebate drugs. Such adjustment does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection.
- The Rebate guarantees account for projected Rebate reductions in the following classes of Prescription Drugs in connection with the elimination of the Average Manufacturer's Price (AMP) Cap pursuant to the American Rescue Plan Act of 2021: Insulin products and Respiratory Medications. United reserves the right to modify any Rebate guarantees if there are any additional changes Specific to AMP Cap to Rebates received from pharmaceutical manufacturers.
- The Rebate guarantees assume Stelara is excluded from coverage; Rebate payment or reconciliation adjustments will not apply to utilization of therapeutically equivalent, low WAC Stelara biosimilars.

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 the average Specialty Brand days' supply declines below 29
- United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type.
- Specialty rebates are included in the guaranteed retail per-script rebates above.
- The Parties acknowledge and agree that United has priced the pharmacy benefit services under this Agreement in reliance on Customer's commitment to receive such services from United for the entire Pharmacy Pricing Term. In the event that Customer terminates pharmacy benefit services under this Agreement prior to the end of the Pharmacy Pricing Term, the following will apply:
 - United will retain 100% of all pending and future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services and no reconciliation of minimum rebate guarantees will apply.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2026 through 12/31/2027 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period.
- Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.
- Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 are excluded from all guarantees.
- On mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.
- Pricing and guarantees assume enrollment of 1,823 Employees and 3,792 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's PBM as exclusive provider of pharmacy benefit services, including but not limited to retail, mail order, and specialty networks.
- United's Price Edge program applies

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

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

Brand / Generic Reconciliation Definition

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

TRRX (12/2024)

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 combined actual specialty drug discounts are less than the sum of the individual specialty drug discount targets as computed above.
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 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 will be included in the Retail discount and dispense fee guarantees. • Specialty drugs for which no AWP measure exists are excluded. • Listed drugs which cease to be defined as specialty drugs during the Guarantee Period will be reconciled outside of the Specialty Pharmacy guarantee in the channel in which they are dispensed (retail or mail order). • Limited Distribution (LDD) status is subject to change based on manufacturer decision. • Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees. • United reserves the right to revise or revoke this guarantee if: a) material changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; • On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.

Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)
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AMMONIA DETOXICANTS	RAVICTI	Yes	16.70%	INFLAMMATORY CONDITIONS	NEMLUVIO	Yes	14.20%
ANEMIA	ARANESP	No	16.20%	INFLAMMATORY CONDITIONS	OLUMIANT	No	14.20%
ANEMIA	EPOGEN	No	15.00%	INFLAMMATORY CONDITIONS	OMVOH	No	13.60%
ANEMIA	PROCRIT	No	15.30%	INFLAMMATORY CONDITIONS	OPZELURA	No	12.60%
ANEMIA	RETACRIT	No	15.80%	INFLAMMATORY CONDITIONS	ORENCIA	No	15.90%
ANTIBACTERIALS	ARIKAYCE	Yes	14.70%	INFLAMMATORY CONDITIONS	OTEZLA	No	15.70%
ANTICONVULSANTS	DIACOMIT	Yes	14.20%	INFLAMMATORY CONDITIONS	RIDAURA	No	15.80%
ANTICONVULSANTS	EPIDIOLEX	Yes	14.20%	INFLAMMATORY CONDITIONS	RINVOQ	No	15.80%
ANTICONVULSANTS	FINTEPLA	Yes	12.10%	INFLAMMATORY CONDITIONS	SILIQ	No	13.10%
ANTICONVULSANTS	ZTALMY	Yes	12.10%	INFLAMMATORY CONDITIONS	SIMLANDI	No	13.10%
ANTIHYPERLIPIDEMIC	JUXTAPID	Yes	14.90%	INFLAMMATORY CONDITIONS	SIMPONI	No	15.80%
ANTIHYPERLIPIDEMIC	TRYNGOLZA	Yes	13.40%	INFLAMMATORY CONDITIONS	SKYRIZI	No	19.70%
ANTI-INFECTIVE	DARAPRIM	Yes	14.20%	INFLAMMATORY CONDITIONS	SOTYKTU	No	13.10%
ANTI-INFECTIVE	LIVTENCITY	Yes	14.70%	INFLAMMATORY CONDITIONS	SPEVIGO	Yes	9.10%
ANTI-INFECTIVE	PYRIMETHAMINE	No	14.20%	INFLAMMATORY CONDITIONS	STELARA	No	17.70%
ASTHMA	FASENRA	Yes	14.20%	INFLAMMATORY CONDITIONS	STEQEYMA	No	15.20%
ASTHMA	NUCALA	Yes	14.20%	INFLAMMATORY CONDITIONS	TALTZ	No	13.10%
ASTHMA	TEZSPIRE	Yes	12.10%	INFLAMMATORY CONDITIONS	TREMFYA	No	15.80%
ASTHMA	XOLAIR	Yes	14.20%	INFLAMMATORY CONDITIONS	TYENNE	No	12.60%
CARDIOVASCULAR	ATTRUBY	Yes	14.20%	INFLAMMATORY CONDITIONS	VELSIPITY	No	15.50%

CARDIOVASCULAR	CAMZYOS	Yes	13.10%	INFLAMMATORY CONDITIONS	WEZLANA	No	15.20%
CARDIOVASCULAR	DROXIDOPA	No	91.90%	INFLAMMATORY CONDITIONS	XELJANZ	No	15.80%
CARDIOVASCULAR	NORTHERA	Yes	15.70%	INFLAMMATORY CONDITIONS	XELJANZ XR	No	15.80%
CARDIOVASCULAR	VYNDAMAX	Yes	16.90%	INFLAMMATORY CONDITIONS	YESINTEK	No	15.20%
CARDIOVASCULAR	VYNDAQEL	Yes	14.20%	INFLAMMATORY CONDITIONS	YUFLYMA	No	13.10%
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	No	15.20%	INFLAMMATORY CONDITIONS	YUSIMRY	No	13.10%
CENTRAL NERVOUS SYSTEM AGENTS	ENSPRYNG	Yes	13.60%	INFLAMMATORY CONDITIONS	ZYMFENTRA	No	15.20%
CENTRAL NERVOUS SYSTEM AGENTS	FIRDAPSE	Yes	12.10%	IRON OVERLOAD	DEFERASIROX	Yes	84.90%
CENTRAL NERVOUS SYSTEM AGENTS	HETLIOZ	Yes	15.70%	IRON OVERLOAD	DEFERIPRONE	No	34.40%
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	Yes	14.70%	IRON OVERLOAD	EXJADE	Yes	13.80%
CENTRAL NERVOUS SYSTEM AGENTS	RADICAVA	Yes	14.20%	IRON OVERLOAD	FERRIPROX	Yes	14.20%
CENTRAL NERVOUS SYSTEM AGENTS	RILUZOLE	No	92.70%	IRON OVERLOAD	JADENU	No	15.20%
CENTRAL NERVOUS SYSTEM AGENTS	SABRIL	Yes	17.70%	METABOLIC AGENTS	MIPLYFFA	Yes	12.10%
CENTRAL NERVOUS SYSTEM AGENTS	SKYCLARYS	Yes	13.90%	METABOLIC BONE DISEASE	SOHONOS	Yes	9.10%
CENTRAL NERVOUS SYSTEM AGENTS	TASIMELTEON	Yes	34.40%	MOOD DISORDER DRUGS	SPRAVATO	No	15.20%
CENTRAL NERVOUS SYSTEM AGENTS	TEGLUTIK	Yes	12.10%	MOOD DISORDER DRUGS	ZURZUVAE	Yes	12.90%
CENTRAL NERVOUS	TETRABENAZINE	No	92.90%	MULTIPLE SCLEROSIS	AMPYRA	Yes	13.40%

SYSTEM AGENTS							
CENTRAL NERVOUS SYSTEM AGENTS	TIGLUTIK	Yes	12.10%	MULTIPLE SCLEROSIS	AUBAGIO	No	14.20%
CENTRAL NERVOUS SYSTEM AGENTS	VIGABATRIN	No	54.60%	MULTIPLE SCLEROSIS	AVONEX	No	15.70%
CENTRAL NERVOUS SYSTEM AGENTS	VIGADRONE	Yes	18.20%	MULTIPLE SCLEROSIS	BAFIERTAM	Yes	15.70%
CENTRAL NERVOUS SYSTEM AGENTS	VIGPODER	Yes	12.10%	MULTIPLE SCLEROSIS	BETASERON	No	15.80%
CENTRAL NERVOUS SYSTEM AGENTS	XENAZINE	Yes	17.20%	MULTIPLE SCLEROSIS	COPAXONE	No	16.40%
CNS AGENTS	DAYBUE	Yes	12.10%	MULTIPLE SCLEROSIS	DALFAMPRI DIN	No	92.90%
CNS AGENTS	EXSERVAN	Yes	15.20%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	No	91.90%
CNS AGENTS	RELYVRIO	Yes	13.10%	MULTIPLE SCLEROSIS	EXTAVIA	No	15.80%
CNS AGENTS	RILUTEK	No	15.20%	MULTIPLE SCLEROSIS	FINGOLIMOD	No	91.90%
CYSTIC FIBROSIS	ALYFTREK	Yes	14.20%	MULTIPLE SCLEROSIS	GILENYA	No	15.70%
CYSTIC FIBROSIS	BETHKIS	No	13.10%	MULTIPLE SCLEROSIS	GLATIRAMER	No	79.80%
CYSTIC FIBROSIS	BRONCHITOL	Yes	15.20%	MULTIPLE SCLEROSIS	GLATOPA	No	79.80%
CYSTIC FIBROSIS	CAYSTON	Yes	16.20%	MULTIPLE SCLEROSIS	KESIMPTA	No	15.70%
CYSTIC FIBROSIS	KALYDECO	Yes	15.20%	MULTIPLE SCLEROSIS	MAVENCLAD	Yes	15.70%
CYSTIC FIBROSIS	KITABIS PAK	Yes	14.20%	MULTIPLE SCLEROSIS	MAYZENT	No	15.70%
CYSTIC FIBROSIS	ORKAMBI	Yes	15.20%	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	15.20%
CYSTIC FIBROSIS	PULMOZYME	No	16.70%	MULTIPLE SCLEROSIS	PONVORY	Yes	12.60%
CYSTIC FIBROSIS	SYMDEKO	Yes	15.20%	MULTIPLE SCLEROSIS	REBIF	No	15.70%
CYSTIC FIBROSIS	TOBI	No	15.50%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	15.70%
CYSTIC FIBROSIS	TOBI PODHALER	No	15.50%	MULTIPLE SCLEROSIS	TASCENSO	Yes	15.40%
CYSTIC FIBROSIS	TOBRAMYCIN	No	69.70%	MULTIPLE SCLEROSIS	TECFIDERA	Yes	15.70%
CYSTIC FIBROSIS	TRIKAFTA	Yes	15.20%	MULTIPLE SCLEROSIS	TERIFLUNOMIDE	No	93.90%
DERMATOLOGIC	LITFULO	Yes	12.60%	MULTIPLE SCLEROSIS	VUMERITY	Yes	14.20%
DUCHENNE MUSCULAR DYSTROPHY	AGAMREE	Yes	12.10%	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	14.20%

DUCHENNE MUSCULAR DYSTROPHY	DEFLAZACORT	No	9.10%	MUSCULOSKE LETAL AGENTS	EVRYSDI	Yes	9.10%
DUCHENNE MUSCULAR DYSTROPHY	DUVYZAT	Yes	13.90%	MUSCULOSKE LETAL AGENTS	VOXZOGO	Yes	13.10%
DUCHENNE MUSCULAR DYSTROPHY	EMFLAZA	Yes	12.60%	MUSCULOSKE LETAL AGENTS	ZILBRYSQ	Yes	13.90%
ENDOCRINE	BETAINE	No	12.10%	MUSCULOSKE LETAL DISORDERS	DICHLORPHEN AMIDE	No	14.70%
ENDOCRINE	CHENODAL	Yes	11.10%	MUSCULOSKE LETAL DISORDERS	KEVEYIS	Yes	14.70%
ENDOCRINE	CRENESSITY	Yes	12.90%	NARCOLEPSY	LUMRYZ	Yes	14.20%
ENDOCRINE	CTEXTLI	Yes	11.10%	NARCOLEPSY	SODIUM OXYBATE	Yes	16.20%
ENDOCRINE	CUPRIMINE	No	15.80%	NARCOLEPSY	WAKIX	Yes	15.20%
ENDOCRINE	CUVRIOR	Yes	14.20%	NARCOLEPSY	XYREM	Yes	8.10%
ENDOCRINE	CYSTADANE	Yes	12.10%	NARCOLEPSY	XYWAV	Yes	9.10%
ENDOCRINE	DEPEN TITRATABS	No	15.70%	NEUTROPENI A	FULPHILA	No	15.50%
ENDOCRINE	EGRIFTA	Yes	15.20%	NEUTROPENI A	FYLNETRA	No	15.50%
ENDOCRINE	FIRMAGON	No	15.20%	NEUTROPENI A	GRANIX	No	15.50%
ENDOCRINE	IMCIVREE	Yes	15.20%	NEUTROPENI A	LEUKINE	No	15.50%
ENDOCRINE	ISTURISA	Yes	12.10%	NEUTROPENI A	NEULASTA	No	15.50%
ENDOCRINE	JAVYGTOR	Yes	13.10%	NEUTROPENI A	NEUPOGEN	No	15.50%
ENDOCRINE	JYNARQUE	Yes	14.20%	NEUTROPENI A	NIVESTYM	No	15.50%
ENDOCRINE	KORLYM	Yes	13.10%	NEUTROPENI A	NYVEPRIA	No	13.10%
ENDOCRINE	KUVAN	Yes	14.40%	NEUTROPENI A	RELEUKO	No	17.20%
ENDOCRINE	LANREOTIDE	No	12.10%	NEUTROPENI A	STIMUFEND	No	16.20%
ENDOCRINE	MIFEPRISTONE	Yes	34.40%	NEUTROPENI A	UDENYCA	No	15.50%
ENDOCRINE	MYALEPT	Yes	9.10%	NEUTROPENI A	ZARXIO	No	15.50%
ENDOCRINE	MYCAPSSA	Yes	13.10%	NEUTROPENI A	ZIEXTENZO	No	15.20%
ENDOCRINE	NATPARA	Yes	14.90%	ONCOLOGY - INJECTABLE	BESREMI	Yes	15.40%
ENDOCRINE	NITYR	Yes	14.70%	ONCOLOGY - INJECTABLE	ELIGARD	No	14.30%
ENDOCRINE	OCTREOTIDE ACETATE	No	57.70%	ONCOLOGY - INJECTABLE	INTRON A	Yes	15.20%
ENDOCRINE	PENICILLAMINE	No	34.40%	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	69.70%
ENDOCRINE	PROCYSBI	Yes	9.10%	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	15.50%
ENDOCRINE	RECORLEV	Yes	15.40%	ONCOLOGY - ORAL	ABIRATERONE	No	91.90%

ENDOCRINE	SAMSCA	Yes	15.20%	ONCOLOGY - ORAL	ABIRTEGA	No	15.20%
ENDOCRINE	SANDOSTATIN	No	15.50%	ONCOLOGY - ORAL	AFINITOR	No	15.80%
ENDOCRINE	SAPROPTERIN	Yes	57.60%	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	15.80%
ENDOCRINE	SIGNIFOR	Yes	9.10%	ONCOLOGY - ORAL	AKEEGA	Yes	15.40%
ENDOCRINE	SOMATULINE DEPOT	No	15.20%	ONCOLOGY - ORAL	ALECENSA	Yes	15.80%
ENDOCRINE	SOMAVERT	Yes	12.30%	ONCOLOGY - ORAL	ALKERAN	No	17.10%
ENDOCRINE	SYPRINE	No	15.20%	ONCOLOGY - ORAL	ALUNBRIG	Yes	16.20%
ENDOCRINE	THIOLA	Yes	13.10%	ONCOLOGY - ORAL	AUGTYRO	No	14.20%
ENDOCRINE	TIOPRONIN	No	34.40%	ONCOLOGY - ORAL	AYVAKIT	Yes	16.20%
ENDOCRINE	TOLVAPTAN	No	74.80%	ONCOLOGY - ORAL	BALVERSA	Yes	15.20%
ENDOCRINE	TRIENTINE	No	89.90%	ONCOLOGY - ORAL	BEXAROTENE	No	79.80%
ENDOCRINE	XURIDEN	Yes	14.20%	ONCOLOGY - ORAL	BOSULIF	Yes	15.20%
ENDOCRINE	YORVIPATH	Yes	14.50%	ONCOLOGY - ORAL	BRAFTOVI	Yes	15.70%
ENZYME DEFICIENCY	TEGSEDI	Yes	9.10%	ONCOLOGY - ORAL	BRUKINSA	Yes	14.70%
ENZYME THERAPY	BUPHENYL	No	16.40%	ONCOLOGY - ORAL	CABOMETYX	Yes	14.20%
ENZYME THERAPY	CARBAGLU	Yes	9.10%	ONCOLOGY - ORAL	CALQUENCE	Yes	15.20%
ENZYME THERAPY	CARGLUMIC	Yes	34.40%	ONCOLOGY - ORAL	CAPECITABINE	No	91.90%
ENZYME THERAPY	CERDELGA	Yes	15.20%	ONCOLOGY - ORAL	CAPRELSA	Yes	11.10%
ENZYME THERAPY	CHOLBAM	Yes	6.10%	ONCOLOGY - ORAL	COMETRIQ	Yes	14.70%
ENZYME THERAPY	CYSTAGON	Yes	12.60%	ONCOLOGY - ORAL	COPIKTRA	Yes	16.20%
ENZYME THERAPY	GALAFOLD	Yes	15.70%	ONCOLOGY - ORAL	COTELLIC	Yes	14.20%
ENZYME THERAPY	MIGLUSTAT	No	59.60%	ONCOLOGY - ORAL	DASATINIB	No	44.50%
ENZYME THERAPY	NITISINONE	No	34.40%	ONCOLOGY - ORAL	DAURISMO	Yes	14.20%
ENZYME THERAPY	OLPRUVA	Yes	9.10%	ONCOLOGY - ORAL	ERIVEDGE	Yes	14.20%
ENZYME THERAPY	OPFOLDA	Yes	11.10%	ONCOLOGY - ORAL	ERLEADA	No	15.20%
ENZYME THERAPY	ORFADIN	Yes	4.10%	ONCOLOGY - ORAL	ERLOTINIB	Yes	92.90%
ENZYME THERAPY	PALYNZIQ	Yes	13.10%	ONCOLOGY - ORAL	ETOPOSIDE	No	34.40%
ENZYME THERAPY	PHEBURANE	Yes	9.10%	ONCOLOGY - ORAL	EVEROLIMUS	No	46.50%
ENZYME THERAPY	SODIUM PHENYLBUTYRATE	No	34.40%	ONCOLOGY - ORAL	EXKIVITY	Yes	14.70%
ENZYME THERAPY	STRENSIQ	Yes	13.00%	ONCOLOGY - ORAL	FARYDAK	Yes	13.10%

ENZYME THERAPY	SUCRAID	Yes	13.90%	ONCOLOGY - ORAL	FOTIVDA	Yes	14.90%
ENZYME THERAPY	WAINUA	Yes	12.60%	ONCOLOGY - ORAL	FRUZAQLA	Yes	15.40%
ENZYME THERAPY	YARGESA	Yes	9.10%	ONCOLOGY - ORAL	GAVRETO	Yes	14.20%
ENZYME THERAPY	ZAVESCA	Yes	9.10%	ONCOLOGY - ORAL	GEFITINIB	No	34.40%
GASTROINTESTINAL AGENTS	GATTEX	Yes	16.40%	ONCOLOGY - ORAL	GILOTRIF	Yes	9.10%
GASTROINTESTINAL AGENTS	IQIRVO	Yes	12.60%	ONCOLOGY - ORAL	GLEEVEC	No	17.10%
GASTROINTESTINAL AGENTS	LIVDELZI	Yes	14.70%	ONCOLOGY - ORAL	GLEOSTINE	No	17.10%
GASTROINTESTINAL AGENTS	OCALIVA	Yes	16.70%	ONCOLOGY - ORAL	HYCANTIN	No	16.50%
GASTROINTESTINAL AGENTS	VOWST	Yes	14.20%	ONCOLOGY - ORAL	IBRANCE	Yes	15.70%
GASTROINTESTINAL AGENTS	XERMELO	Yes	14.70%	ONCOLOGY - ORAL	ICLUSIG	Yes	14.40%
GENETIC DISORDER	DOJOLVI	Yes	16.70%	ONCOLOGY - ORAL	IDHIFA	No	16.20%
GENETIC DISORDER	RIVFLOZA	Yes	16.70%	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	92.40%
GENETIC DISORDER	VIJOICE	No	14.20%	ONCOLOGY - ORAL	IMBRUVICA	Yes	15.70%
GENETIC DISORDER	ZOKINVY	Yes	15.20%	ONCOLOGY - ORAL	IMKELDI	No	11.10%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	15.80%	ONCOLOGY - ORAL	INLYTA	Yes	15.30%
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	16.40%	ONCOLOGY - ORAL	INQOVI	Yes	12.10%
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	15.20%	ONCOLOGY - ORAL	INREBIC	Yes	14.20%
GROWTH HORMONE DEFICIENCY	NGENLA	No	15.20%	ONCOLOGY - ORAL	IRESSA	Yes	16.20%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	17.60%	ONCOLOGY - ORAL	ITOVEBI	Yes	15.70%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	15.90%	ONCOLOGY - ORAL	IWILFIN	Yes	13.10%
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	16.20%	ONCOLOGY - ORAL	JAKAFI	Yes	14.20%
GROWTH HORMONE DEFICIENCY	SAIZEN	No	19.10%	ONCOLOGY - ORAL	JAYPIRCA	Yes	13.60%
GROWTH HORMONE DEFICIENCY	SEROSTIM	No	15.20%	ONCOLOGY - ORAL	KISQALI	No	16.20%
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	13.10%	ONCOLOGY - ORAL	KISQALI FEMARA	No	16.70%
GROWTH HORMONE DEFICIENCY	SOGROYA	No	14.20%	ONCOLOGY - ORAL	KOSELUGO	Yes	15.40%

GROWTH HORMONE DEFICIENCY	ZOMACTON	No	16.40%	ONCOLOGY - ORAL	KRAZATI	Yes	15.70%
GROWTH HORMONE DEFICIENCY	ZORBIVITE	Yes	14.70%	ONCOLOGY - ORAL	LAPATINIB	No	44.50%
HEMATOLOGIC	OXBRYTA	Yes	13.60%	ONCOLOGY - ORAL	LENALIDOMIDE	Yes	34.40%
HEMATOLOGIC AL AGENTS	ALVAIZ	No	15.60%	ONCOLOGY - ORAL	LENVIMA	Yes	16.20%
HEMATOLOGIC AL AGENTS	CABLIVI	Yes	15.20%	ONCOLOGY - ORAL	LONSURF	Yes	14.20%
HEMATOLOGIC AL AGENTS	DOPTELET	Yes	15.20%	ONCOLOGY - ORAL	LORBRENA	Yes	13.10%
HEMATOLOGIC AL AGENTS	EMPAVELI	Yes	15.20%	ONCOLOGY - ORAL	LUMAKRAS	Yes	14.20%
HEMATOLOGIC AL AGENTS	FABHALTA	Yes	15.40%	ONCOLOGY - ORAL	LYNPARZA	Yes	13.90%
HEMATOLOGIC AL AGENTS	MOZOBIL	No	15.20%	ONCOLOGY - ORAL	LYTGOBI	Yes	14.70%
HEMATOLOGIC AL AGENTS	MULPLETA	No	15.20%	ONCOLOGY - ORAL	MATULANE	Yes	14.70%
HEMATOLOGIC AL AGENTS	PLERIXAFOR	No	34.40%	ONCOLOGY - ORAL	MEKINIST	No	13.10%
HEMATOLOGIC AL AGENTS	PROMACTA	No	15.20%	ONCOLOGY - ORAL	MEKTOVI	Yes	15.70%
HEMATOLOGIC AL AGENTS	PYRUKYND	Yes	13.10%	ONCOLOGY - ORAL	MELPHALAN	No	34.40%
HEMATOLOGIC AL AGENTS	REZUROCK	Yes	14.90%	ONCOLOGY - ORAL	MERCAPTOPYRINE	No	34.40%
HEMATOLOGIC AL AGENTS	TAVALISSE	Yes	15.20%	ONCOLOGY - ORAL	MESNA	No	34.40%
HEMOPHILIA - INFUSED	ADVATE	No	44.30%	ONCOLOGY - ORAL	MESNEX	No	15.70%
HEMOPHILIA - INFUSED	ADYNOVATE	No	35.40%	ONCOLOGY - ORAL	NERLYNX	Yes	15.90%
HEMOPHILIA - INFUSED	AFSTYLA	No	35.30%	ONCOLOGY - ORAL	NEXAVAR	Yes	14.20%
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	No	43.10%	ONCOLOGY - ORAL	NILANDRON	No	16.70%
HEMOPHILIA - INFUSED	ALPHANINE SD	No	50.30%	ONCOLOGY - ORAL	NILUTAMIDE	No	41.50%
HEMOPHILIA - INFUSED	ALPROLIX	No	15.20%	ONCOLOGY - ORAL	NINLARO	No	15.20%
HEMOPHILIA - INFUSED	ALTUVIIIIO	No	14.20%	ONCOLOGY - ORAL	NUBEQA	Yes	15.20%
HEMOPHILIA - INFUSED	BENEFIX	No	16.20%	ONCOLOGY - ORAL	ODOMZO	No	15.50%
HEMOPHILIA - INFUSED	COAGADEX	Yes	31.30%	ONCOLOGY - ORAL	OGSIVEO	Yes	15.40%
HEMOPHILIA - INFUSED	CORIFACT	No	29.30%	ONCOLOGY - ORAL	OJEMDA	Yes	15.40%
HEMOPHILIA - INFUSED	ELOCTATE	No	29.30%	ONCOLOGY - ORAL	OJJAARA	Yes	15.90%
HEMOPHILIA - INFUSED	ESPEROCT	No	24.30%	ONCOLOGY - ORAL	ONUREG	No	13.60%
HEMOPHILIA - INFUSED	FEIBA	No	41.30%	ONCOLOGY - ORAL	ORGOVYX	Yes	15.90%
HEMOPHILIA - INFUSED	HEMOPHIL M	No	45.50%	ONCOLOGY - ORAL	ORSERDU	Yes	16.20%

HEMOPHILIA - INFUSED	HUMATE-P	No	38.30%	ONCOLOGY - ORAL	PAZOPANIB	Yes	34.40%
HEMOPHILIA - INFUSED	IDELVION	No	15.20%	ONCOLOGY - ORAL	PEMAZYRE	Yes	15.70%
HEMOPHILIA - INFUSED	IXINITY	No	15.20%	ONCOLOGY - ORAL	PIQRAY	No	13.60%
HEMOPHILIA - INFUSED	JIVI	No	24.30%	ONCOLOGY - ORAL	POMALYST	Yes	14.70%
HEMOPHILIA - INFUSED	KOATE	No	43.50%	ONCOLOGY - ORAL	PURIXAN	No	14.20%
HEMOPHILIA - INFUSED	KOATE-DVI	No	43.50%	ONCOLOGY - ORAL	QINLOCK	Yes	16.20%
HEMOPHILIA - INFUSED	KOGENATE FS	No	48.30%	ONCOLOGY - ORAL	RETEVMO	Yes	14.20%
HEMOPHILIA - INFUSED	KOVALTRY	No	46.80%	ONCOLOGY - ORAL	REVLIMID	Yes	16.50%
HEMOPHILIA - INFUSED	MONONINE	No	32.70%	ONCOLOGY - ORAL	REZLIDHIA	Yes	15.20%
HEMOPHILIA - INFUSED	NOVOEIGHT	No	45.40%	ONCOLOGY - ORAL	ROZLYTREK	No	17.10%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	No	39.50%	ONCOLOGY - ORAL	RUBRACA	Yes	16.20%
HEMOPHILIA - INFUSED	NUWIQ	No	49.20%	ONCOLOGY - ORAL	RYDAPT	No	17.10%
HEMOPHILIA - INFUSED	OBIZUR	No	12.10%	ONCOLOGY - ORAL	SCEMBLIX	Yes	13.10%
HEMOPHILIA - INFUSED	PROFILNINE	No	31.40%	ONCOLOGY - ORAL	SORAFENIB	No	69.70%
HEMOPHILIA - INFUSED	REBINYN	No	19.20%	ONCOLOGY - ORAL	SPRYCEL	No	17.10%
HEMOPHILIA - INFUSED	RECOMBINATE	No	42.40%	ONCOLOGY - ORAL	STIVARGA	Yes	13.60%
HEMOPHILIA - INFUSED	RIXUBIS	No	15.40%	ONCOLOGY - ORAL	SUNITINIB	Yes	59.60%
HEMOPHILIA - INFUSED	SEVENFACT	No	24.30%	ONCOLOGY - ORAL	SUTENT	Yes	16.50%
HEMOPHILIA - INFUSED	TRETTEN	Yes	16.10%	ONCOLOGY - ORAL	TABLOID	No	17.10%
HEMOPHILIA - INFUSED	VONVENDI	Yes	14.20%	ONCOLOGY - ORAL	TABRECTA	No	14.20%
HEMOPHILIA - INFUSED	WILATE	No	43.40%	ONCOLOGY - ORAL	TAFINLAR	No	15.20%
HEMOPHILIA - INFUSED	XYNTHA	No	39.60%	ONCOLOGY - ORAL	TAGRISSE	Yes	15.20%
HEMOPHILIA - INJECTABLE	ALHEMO	No	17.20%	ONCOLOGY - ORAL	TALZENNA	Yes	15.20%
HEMOPHILIA - INJECTABLE	HEMLIBRA	Yes	14.20%	ONCOLOGY - ORAL	TARCEVA	Yes	17.00%
HEMOPHILIA - INJECTABLE	HYMPAVZI	No	11.10%	ONCOLOGY - ORAL	TARGETIN	No	15.70%
HEPATITIS C	EPCLUSA	No	15.70%	ONCOLOGY - ORAL	TASIGNA	Yes	15.20%
HEPATITIS C	HARVONI	No	16.70%	ONCOLOGY - ORAL	TAZVERIK	Yes	15.40%
HEPATITIS C	LEDIPASVIR/SOFO SBUVIR	No	16.70%	ONCOLOGY - ORAL	TEMODAR	No	16.50%
HEPATITIS C	MAVYRET	No	15.70%	ONCOLOGY - ORAL	TEMOZOLOMI DE	No	84.90%
HEPATITIS C	PEGASYS	No	18.10%	ONCOLOGY - ORAL	TEPMETKO	Yes	14.20%

HEPATITIS C	SOFOSBUVIR/VELP ATASVIR	No	15.70%	ONCOLOGY - ORAL	THALOMID	Yes	16.50%
HEPATITIS C	SOVALDI	No	15.70%	ONCOLOGY - ORAL	TIBSOVO	Yes	15.20%
HEPATITIS C	VIEKIRA PAK	No	15.20%	ONCOLOGY - ORAL	TORPENZ	Yes	14.20%
HEPATITIS C	VOSEVI	No	15.70%	ONCOLOGY - ORAL	TRETINOIN	No	84.90%
HEPATITIS C	ZEPATIER	No	15.60%	ONCOLOGY - ORAL	TRUQAP	Yes	15.40%
HEPATOLOGY	BYLVAY	Yes	13.10%	ONCOLOGY - ORAL	TRUSELTIQ	Yes	14.70%
HEPATOLOGY	LIVMARLI	Yes	14.20%	ONCOLOGY - ORAL	TUKYSA	Yes	15.40%
HEREDITARY ANGIOEDEMA	BERINERT	Yes	14.20%	ONCOLOGY - ORAL	TURALIO	Yes	15.70%
HEREDITARY ANGIOEDEMA	CINRYZE	Yes	16.20%	ONCOLOGY - ORAL	TYKERB	No	16.50%
HEREDITARY ANGIOEDEMA	FIRAZYR	Yes	16.00%	ONCOLOGY - ORAL	VANFLYTA	Yes	15.70%
HEREDITARY ANGIOEDEMA	HAEGARDA	Yes	14.20%	ONCOLOGY - ORAL	VENCLEXTA	Yes	14.20%
HEREDITARY ANGIOEDEMA	ICATIBANT	No	80.30%	ONCOLOGY - ORAL	VERZENIO	Yes	16.90%
HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	14.70%	ONCOLOGY - ORAL	VITRAKVI	Yes	16.20%
HEREDITARY ANGIOEDEMA	RUCONEST	Yes	14.90%	ONCOLOGY - ORAL	VIZIMPRO	Yes	10.10%
HEREDITARY ANGIOEDEMA	SAJAZIR	Yes	24.30%	ONCOLOGY - ORAL	VONJO	Yes	15.70%
HEREDITARY ANGIOEDEMA	TAKHZYRO	Yes	15.20%	ONCOLOGY - ORAL	VOTRIENT	Yes	15.20%
IGA NEPHROPATHY	FILSPARI	Yes	13.90%	ONCOLOGY - ORAL	WELIREG	Yes	14.90%
IGA NEPHROPATHY	TARPEYO	Yes	13.10%	ONCOLOGY - ORAL	XALKORI	Yes	13.60%
IMMUNOLOGIC AL AGENTS	ACTIMMUNE	Yes	16.00%	ONCOLOGY - ORAL	XELODA	No	17.10%
IMMUNOLOGIC AL AGENTS	ARCALYST	Yes	16.70%	ONCOLOGY - ORAL	XOSPATA	Yes	16.20%
IMMUNOLOGIC AL AGENTS	BENLYSTA	Yes	15.20%	ONCOLOGY - ORAL	XPOVIO	Yes	15.90%
IMMUNOLOGIC AL AGENTS	JOENJA	Yes	14.20%	ONCOLOGY - ORAL	XTANDI	Yes	15.20%
IMMUNOLOGIC AL AGENTS	LUPKYNIS	Yes	15.90%	ONCOLOGY - ORAL	YONSA	No	17.10%
IMMUNOLOGIC AL AGENTS	TAVNEOS	Yes	15.80%	ONCOLOGY - ORAL	ZEJULA	Yes	15.40%
IMMUNOLOGIC AL AGENTS	XOLREMDI	Yes	13.90%	ONCOLOGY - ORAL	ZELBORAF	Yes	14.70%
INFERTILITY	CETRORELIX	No	18.80%	ONCOLOGY - ORAL	ZOLINZA	No	16.50%
INFERTILITY	CETROTIDE	No	18.80%	ONCOLOGY - ORAL	ZYDELIG	Yes	16.20%
INFERTILITY	CHORIONIC GONADOTROPIN	No	70.20%	ONCOLOGY - ORAL	ZYKADIA	Yes	14.70%
INFERTILITY	FOLLISTIM AQ	No	25.80%	ONCOLOGY - ORAL	ZYTIGA	No	15.20%
INFERTILITY	FYREMADEL	No	15.20%	ONCOLOGY - TOPICAL	BEXAROTENE	No	59.60%

INFERTILITY	GANIRELIX ACETATE	No	18.20%	ONCOLOGY - TOPICAL	TARGRETIN	No	15.70%
INFERTILITY	GONAL-F	No	24.40%	ONCOLOGY - TOPICAL	VALCHLOR	Yes	11.60%
INFERTILITY	GONAL-F RFF	No	24.40%	OPHTHALMIC AGENTS	CYSTADROPS	Yes	12.10%
INFERTILITY	MENOPUR	No	18.40%	OPHTHALMIC AGENTS	CYSTARAN	Yes	14.70%
INFERTILITY	NOVAREL	No	34.40%	OPHTHALMIC AGENTS	OXERVATE	Yes	14.20%
INFERTILITY	OVIDREL	No	18.80%	OSTEOPOROSIS	FORTEO	No	15.60%
INFERTILITY	PREGNYL	No	34.40%	OSTEOPOROSIS	TERIPARATIDE	No	15.20%
INFLAMMATORY CONDITIONS	ABRILADA	No	13.10%	OSTEOPOROSIS	TYMLOS	No	15.00%
INFLAMMATORY CONDITIONS	ACTEMRA	No	15.90%	PARKINSONS DISEASE	KYNMOBI	No	11.10%
INFLAMMATORY CONDITIONS	ADALIMUMAB-AACF	No	13.10%	PARKINSON'S DISEASE	APOKYN	Yes	13.20%
INFLAMMATORY CONDITIONS	ADALIMUMAB-AATY	No	13.10%	PARKINSON'S DISEASE	APOMORPHINE	Yes	34.40%
INFLAMMATORY CONDITIONS	ADALIMUMAB-ADAZ	No	14.20%	PARKINSON'S DISEASE	INBRIJA	Yes	14.20%
INFLAMMATORY CONDITIONS	ADALIMUMAB-ADBIM	No	13.10%	PULMONARY FIBROSIS	ESBRIET	Yes	15.20%
INFLAMMATORY CONDITIONS	ADALIMUMAB-FKJP	No	13.10%	PULMONARY FIBROSIS	OFEV	Yes	14.20%
INFLAMMATORY CONDITIONS	ADALIMUMAB-RYVK	No	13.10%	PULMONARY FIBROSIS	PIRFENIDONE	No	84.90%
INFLAMMATORY CONDITIONS	ADBRY	Yes	12.10%	PULMONARY HYPERTENSION	ADCIRCA	No	15.20%
INFLAMMATORY CONDITIONS	AMJEVITA	No	17.70%	PULMONARY HYPERTENSION	ADEMPAS	Yes	15.20%
INFLAMMATORY CONDITIONS	BIMZELX	No	17.70%	PULMONARY HYPERTENSION	ALYQ	No	84.90%
INFLAMMATORY CONDITIONS	CIBINQO	No	15.20%	PULMONARY HYPERTENSION	AMBRISENTAN	Yes	83.80%
INFLAMMATORY CONDITIONS	CIMZIA	No	17.20%	PULMONARY HYPERTENSION	BOSENTAN	Yes	69.70%
INFLAMMATORY CONDITIONS	CORTROPHIN	Yes	12.10%	PULMONARY HYPERTENSION	LETAIRIS	Yes	14.40%
INFLAMMATORY CONDITIONS	COSENTYX	No	15.20%	PULMONARY HYPERTENSION	LIQREV	Yes	12.10%

INFLAMMATORY CONDITIONS	CYLTEZO	No	17.70%	PULMONARY HYPERTENSION	OPSUMIT	Yes	15.40%
INFLAMMATORY CONDITIONS	DUPIXENT	No	15.80%	PULMONARY HYPERTENSION	OPSYNVI	Yes	13.60%
INFLAMMATORY CONDITIONS	EBGLYSS	No	15.80%	PULMONARY HYPERTENSION	ORENITRAM	Yes	15.20%
INFLAMMATORY CONDITIONS	ENBREL	No	16.20%	PULMONARY HYPERTENSION	REVATIO	No	15.00%
INFLAMMATORY CONDITIONS	ENTYVIO	No	16.40%	PULMONARY HYPERTENSION	SILDENAFIL	No	95.80%
INFLAMMATORY CONDITIONS	H.P. ACTHAR	Yes	15.20%	PULMONARY HYPERTENSION	TADALAFIL	No	93.90%
INFLAMMATORY CONDITIONS	HADLIMA	No	14.20%	PULMONARY HYPERTENSION	TADLIQ	Yes	12.10%
INFLAMMATORY CONDITIONS	HULIO	No	13.10%	PULMONARY HYPERTENSION	TRACLEER	Yes	15.20%
INFLAMMATORY CONDITIONS	HUMIRA	No	17.70%	PULMONARY HYPERTENSION	TYVASO	Yes	14.70%
INFLAMMATORY CONDITIONS	HYRIMOZ	No	13.10%	PULMONARY HYPERTENSION	UPTRAVI	Yes	16.40%
INFLAMMATORY CONDITIONS	IDACIO	No	13.10%	PULMONARY HYPERTENSION	VENTAVIS*	Yes	14.70%
INFLAMMATORY CONDITIONS	ILUMYA	No	15.80%	PULMONARY HYPERTENSION	WINREVAIR	Yes	13.10%
INFLAMMATORY CONDITIONS	KEVZARA	No	11.60%	WOUND MANAGEMENT	FILSUVEZ	Yes	14.20%
INFLAMMATORY CONDITIONS	KINERET	Yes	15.20%				

*Includes Nebulizer

2Q 2025

Signature: 
[Sara Minnis \(11/19/2025 11:15:18 EST\)](#)

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