

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>
Capital Expenditures					
Operating Costs	(\$1,425,000)	(\$475,000)			
External Revenues					
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	(\$1,425,000)	(\$475,000)			

ADDITIONAL FTE POSITIONS (Cumulative) 0 0 0 0 0

Is Item Included in Current Budget? Yes X No _____
 Does this Item include the use of federal funds? Yes _____ No X
 Does this item include the use of State funds? Yes _____ No X


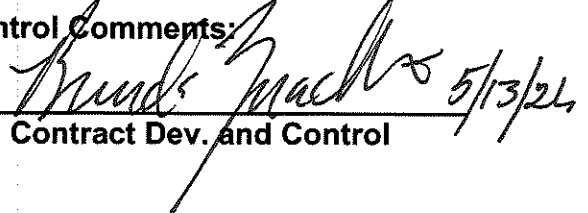
Budget Account Exp No.: Fund 5012 Dept 700 Unit Various Obj Various Obj
 Rev No.: Fund _____ Dept _____ Unit _____ Obj _____


B. Recommended Sources of Funds/Summary of Fiscal Impact:

Pharmacy Administration Fee (\$8.00 per employee per month)	\$96.00
Estimated Participants	<u>4,500</u>
Total Fee (5012-700-7312-3401)	\$432,000
Projected Savings to Claims Expense (5012-700-7316-4511)	(\$2,332,000)
Net Savings Plan Year 2026	<u>(\$1,900,000)</u>

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:
 5/18/26  5/13/26
 OFMB Contract Dev. and Control

B. Legal Sufficiency:  5/18
 Assistant County Attorney

C. Other Department Review:

 Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

**FIFTH AMENDMENT
TO CONTRACT FOR
EMPLOYEE SELF-FUNDED MEDICAL BENEFITS PLAN
(Contract No. 22-076/MD)**

THIS FIFTH AMENDMENT, dated April 22, 2026, to Contract No. 22-076/MD, dated October 18, 2022, is made by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the "COUNTY", and United HealthCare Services, Inc., 9900 Bren Road East, Minnetonka, MN 55343, a corporation, authorized to do business in the State of Florida, hereinafter referred to as the CONTRACTOR.

WITNESSETH:

WHEREAS, the parties have entered into that certain Contract dated October 18, 2022, hereinafter referred to as the "Contract", whereby the CONTRACTOR has agreed to provide professional/consultation services in the area of medical and pharmacy claim administration services to the Risk Management Department; and

WHEREAS, the First Amendment to the Contract, dated June 6, 2023, amended the CONTRACT to include FMLA and leave management administrative services; and

WHEREAS, the Second Amendment to the Contract, dated November 21, 2023, amended ARTICLE 3 - SCHEDULE to exercise the first option for renewal of all services other than FMLA and leave management administrative services for the period January 1, 2024, through December 31, 2024; and amended the Stop Loss provision contained in **EXHIBIT A** to the Contract; and

WHEREAS, the Third Amendment to the Contract, dated December 10, 2024, amended ARTICLE 3 - SCHEDULE to exercise the second option for renewal of all services for the period January 1, 2025, through December 31, 2025; amended the Stop Loss provision contained in **EXHIBIT A** to the Contract; added ARTICLE 36 – NON-GOVERNMENTAL HUMAN TRAFFICKING AFFIDAVIT to comply with F.S. 787.06; and added ARTICLE 37 – DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN in order to comply with F.S. 286.101; and

WHEREAS, the Fourth Amendment to the Contract, dated January 6, 2026, amended ARTICLE 3 - SCHEDULE to exercise the third option for renewal of all services for the period January 1, 2026, through December 31, 2026; replaced ARTICLE 9 - CRIMINAL HISTORY RECORDS CHECK paragraph 1 to comply with Palm Beach County Resolution R2024-0549; modified ARTICLE 10 – SUBCONTRACTING to comply with EMERGENCY ORDINANCE 2025-014; replaced ARTICLE 11 – EQUAL BUSINESS OPPORTUNITY PROGRAM COMPLIANCE PENALTIES to comply with EMERGENCY ORDINANCE 2025-014; replaced ARTICLE 25 - NON-DISCRIMINATION to comply with Palm Beach County Resolution R2025-0748; added ARTICLE 38- PROHIBITION AGAINST CONSIDERING SOCIAL, POLITICAL OR IDEOLOGICAL INTERESTS IN GOVERNMENT CONTRACTING – in order to comply with F.S. 287.05701; and amended the Stop Loss provision contained in **EXHIBIT A** to the Contract; and

WHEREAS, the parties desire to modify ARTICLE 1 – SERVICES, paragraph 1 to add Attachment 1 to CONTRACTOR’S Proposal section 8A 4, Pharmacy Pass-Through Fee Quote 2026, Dated December 12, 2025, to include AWP discount guarantees, dispensing fee guarantees, rebate guarantees, specialty pharmacy discount schedule, administrative pharmacy fees, and reconciliation methodology; and

WHEREAS, the parties desire to modify ARTICLE 2 – ORDER OF PRECEDENCE, to add Attachment 1 to CONTRACTOR’S Proposal section 8A 4, Pharmacy Pass-Through Fee Quote 2026, Dated December 12, 2025; and

WHEREAS, the COUNTY desires to replace ARTICLE 11 – EQUAL BUSINESS OPPORTUNITY PROGRAM COMPLIANCE PENALTIES to comply with OSBD Ordinance 2025-030; and

WHEREAS, the COUNTY desires to amend ARTICLE 29 – SCRUTINIZED COMPANIES to comply with F.S. 215.473 and FS 287.135(3)(a); and

WHEREAS, the COUNTY desires to amend ARTICLE 31 – NOTICE to address changes regarding the submittal of notices under this Contract; and

WHEREAS, the parties desire to amend the Pharmacy Program and Rebates contained in **EXHIBIT A** to the Contract.

NOW THEREFORE, in consideration of the mutual covenants and agreements expressed herein, the COUNTY and the CONTRACTOR agree as follows:

1. ARTICLE 1 – SERVICES is hereby amended to read as follows:

“The CONTRACTOR’s responsibility under this Contract is to provide professional/consultation services in the area of medical and pharmacy claim administrative services to the Risk Management Department in accordance with the following Exhibits, attached hereto and incorporated herein by reference: Exhibit A - Supplemental Terms, Conditions, Pricing, and Programs; Exhibit B – CONTRACTOR’S RFP Clarification Questions Dated August 4, 2022; Exhibit C – CONTRACTOR’S Proposal dated July 2022; Attachment 1 to CONTRACTOR’S Proposal section 8A 4, Pharmacy Pass-Through Fee Quote 2026, Dated December 12, 2025; Exhibit D – Administrative Services Agreement, Exhibit E - Request for Proposal 22-076/MD and all amendments thereto; and Exhibit F – Business Associate Agreement.”

2. ARTICLE 2 – ORDER OF PRECEDENCE is hereby amended to read as follows:

“Conflicting provisions hereof, if any, shall prevail in the following descending order of precedence: (1) Contract No. 22-076/MD minus Exhibits; (2) Contract No. 22-076/MD Exhibit A - Supplemental Terms, Conditions, Pricing, and Programs; (3) Exhibit B – CONTRACTOR’S RFP Clarification Questions Dated August 4, 2022; (4) Contract No. 22-076/MD Exhibit C – CONTRACTOR’S Proposal dated July 2022 (5) Attachment 1 to CONTRACTOR’S Proposal section 8A 4, Pharmacy Pass-Through Fee Quote 2026, Dated December 12, 2025; (6) Contract No. 22-076/MD Exhibit D – Administrative Services Agreement; (7) Contract No. 22-076/MD Exhibit E -Request for Proposal and all amendments thereto; (8) Contract No. 22-076/MD Exhibit F – Business Associate Agreement (9) all other documents, if any, cited herein or incorporated herein by reference.”

3. ARTICLE 11 – EQUAL BUSINESS OPPORTUNITY PROGRAM COMPLIANCE PENALTIES, delete in its entirety and insert in its place the following:

ARTICLE 11 - SMALL BUSINESS ENTERPRISE PROGRAM COMPLIANCE - PENALTIES

NOTE: The following provisions apply to the sections of the non-federally funded portions of this solicitation. All SMALL Business Enterprise (SBE) Program Forms, including waiver forms and good faith effort documentation are available on the Office of Small Business Development (OSBD) website: <https://discover.pbcgov.org/HED/osbd/Pages/Documents.aspx>

Item 1 – Policy

It is the policy of the Palm Beach County Board of County Commissioners (BCC) that all segments of its business population have an equitable opportunity to participate in the County's procurement process, prime contracts, and subcontract opportunities. To that end, the BCC adopted an Small Business Development Ordinance (SBD Ordinance), which is codified in Sections 2-80.20 through 2-80.40 (as may be amended) of the Palm Beach County Code, which sets forth the County's requirements for the SBE Program, and which is incorporated in this solicitation. The provisions of the SBD

Ordinance are applicable to this solicitation, and has precedence over the provisions of this solicitation in the event of a conflict.

Item 2 – Proposal Submission Documentation

If any subcontractors/subconsultants are utilized in performing work under the contract, Proposers must complete Schedule 1 and Schedule 2, listing the work to be performed by any subcontractor/subconsultant, including SBE subcontractors/subconsultants.

SBE Proposers submitting as Prime contractors or consultants (Primes) are advised that they must complete Schedule 1 and Schedule 2, listing the work to be performed by their own workforce.

Schedules 1 and 2 must be submitted with the proposal prior to the published bid or proposal due date and time.

Schedule 1 – List of Proposed Contractor/Consultant and Subcontractor/Subconsultant Participation

A completed Schedule 1 must be submitted by the Prime and list the names of all subcontractors/subconsultants intended to be used in performance of the contract, if awarded, including the total proposed percentage of SBE participation. This schedule must also be used if an SBE Prime is performing all or any portion of the contract with their own workforce.

When a minimum mandatory API goal is applied, failure to submit a properly executed Schedule 1 will result in a determination of non-responsiveness to the solicitation.

Schedule 2 – Letter of Intent

A completed and executed Schedule 2 is a binding document between the Prime and a subcontractor/subconsultant (any tier) and should be treated as such. Each Schedule 2 must be executed by the Prime and by all proposed subcontractor/subconsultant. If the Prime is an SBE, a Schedule 2 must be submitted to document work to be performed by its own workforce. All SBE(s) must specify, in detail, the type of work they will perform along with the dollar

amount they will be compensated and/or percentage of work they will perform. If any subcontractor/subconsultant intends to subcontract any portion of their work, they are required to list the dollar amount and the name of the subcontractor/subconsultant on this Schedule. All named subcontractors/subconsultants on this Schedule must also complete and submit a separate Schedule 2. The Prime may count toward its SBE goal 2nd and 3rd tiered certified SBE(s); provided that the Prime submits a completed and executed Schedule 2 for each SBE.

A detailed scope of work may be attached with an executed Schedule 2.

When a minimum mandatory API goal is applied, failure to submit a properly executed Schedule 2 will result in a determination of non-responsiveness to the solicitation. In the event of a conflict between Schedules 1 and 2 when calculating SBE participation, the information provided on Schedule 2 takes precedence.

In the event of mathematical error(s), the unit price, if available, shall prevail and the bidder or proposer's total offer shall be corrected accordingly. If the County's issuance of an alternate or change order on a project results in changes in the scope of work to be performed by a subcontractor/subconsultant listed at the time of bid submission, the Prime must submit a, completed and executed Schedule 2 that specifies the revised scope of work to be performed by the subcontractor/subconsultant, along with the modified price and/or percentage.

Failure to comply with this Article 11 is a material breach of this Contract."

4. ARTICLE 29 – SCRUTINIZED COMPANIES is hereby amended to read as follows:

- "A. As provided in F.S. 287.135, Florida Statutes, as may be amended, by entering into this Contract or performing any work in furtherance hereof, the CONTRACTOR certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel, pursuant to F.S. 215.4725 as may be amended. Pursuant to F.S. 287.135(3)(b), as may be amended, if CONTRACTOR is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel, this Contract may be terminated at the option of the COUNTY.

- B. **When contract value is greater than \$1 million:** As provided in F.S. 287.135, as may be amended, by entering into this Contract or performing any work in furtherance hereof, the CONTRACTOR certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran

Terrorism Sectors List created pursuant to F.S. 215.473, as may be amended, or is engaged in business operations in Cuba or Syria. Pursuant to section FS 287.135(3)(a), as may be amended, if CONTRACTOR is found to have been placed on the Scrutinized Companies with Activities in Sudan List, or been engaged in business operations in Cuba or Syria, or has been placed on a list created pursuant to section F.S. 215.473, relating to scrutinized active business operation in Iran, this Contract may be terminated at the option of the County.

If the COUNTY determines, using credible information available to the public, that a false certification has been submitted by CONTRACTOR, this Contract may be terminated and a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135, as may be amended. Said certification must also be submitted at the time of Contract renewal.”

5. ARTICLE 31 – NOTICE, the first paragraph, is hereby amended to read as follows:

“All notices required in this Contract shall be sent by certified mail (return receipt requested), hand delivered, or sent by other delivery service requiring signed acceptance. If sent to the COUNTY, notices shall be addressed to:

Jessica H. Comis, Director
Procurement, Palm Beach County
50 South Military Trail, Suite 110
West Palm Beach, FL 33415”

6. EXHIBIT A, page (4), “Pharmacy PROGRAM AND REBATES”, add the following as paragraph 2:

“CONTRACTOR shall administer pharmacy benefits under a pass-through pricing model whereby the County is charged the exact ingredient cost and dispensing fee paid to the dispensing pharmacy plus the administrative fees set forth in Attachment 1 to CONTRACTOR’S Proposal section 8A 4. CONTRACTOR shall not retain spread pricing between amounts charged to the County and amounts paid to pharmacies.

The Pharmacy Administration Fee shall be \$8 Per Employee Per Month (PEPM).”

7. All other provisions of said Contract, dated October 18, 2022, are hereby confirmed and, except as provided herein, are not otherwise altered or amended and shall remain in full force and effect.
8. In accordance with Palm Beach County Code Chapter 2, Article III, Section 2.51, as amended, this FIFTH AMENDMENT shall not take effect until executed by the CONTRACTOR and COUNTY.

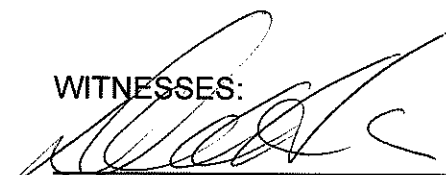
Execution of this Fifth Amendment to the Contract by the Director of Procurement Is Not Legally Binding or in Effect until Approved by the Palm Beach County Board of County Commissioners.

IN WITNESS WHEREOF, the Director of Procurement of Palm Beach County, Florida, on behalf of the COUNTY, and the CONTRACTOR have executed this Fifth Amendment to the Contract on the day and year above written.

PALM BEACH COUNTY, FLORIDA FOR ITS
BOARD OF COUNTY COMMISSIONERS
BY JESSICA H. COMIS
DIRECTOR OF PROCUREMENT

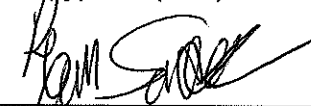
Jessica H. Comis, Director

WITNESSES:



Signature

Debbie Miller-Harris
Name (type or print)



Signature


Kym Sadler
Name (type or print)

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By 
County Attorney

CONTRACTOR:

United Healthcare Services, Inc.
Company Name

BY: 

Signature

John S. Aissis
Typed Name

Assistant Secretary/General Counsel
Title

APPROVED AS TO TERMS
AND CONDITIONS

By 
Scott Marling, Director
Risk Management Department



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Profit Corporation

UNITED HEALTHCARE SERVICES, INC.

Cross Reference Name

UNITED HEALTHCARE SERVICES, INC.

Filing Information

Document Number	P31940
FEI/EIN Number	41-1289245
Date Filed	11/28/1990
State	MN
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	01/31/2024
Event Effective Date	08/31/2022

Principal Address

9700 Health Care Lane
Minnetonka, MN 55343

Changed: 03/28/2025

Mailing Address

9700 Health Care Lane
Minnetonka, MN 55343

Changed: 03/28/2025

Registered Agent Name & Address

UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408

Name Changed: 12/01/2025

Address Changed: 12/01/2025

Registered Agent Revoked

Officer/Director Detail

Name & Address

Title Assistant Secretary

Aissis, John Scott
9700 Health Care Lane
Minnetonka, MN 55343

Title Secretary

Pezhman, Payman [NMN]
9700 Health Care Lane
Minnetonka, MN 55343

Title Treasurer

Hirsch, Marilyn Victoria
9700 Health Care Lane
Minnetonka, MN 55343

Title President

Rainey, Peter William
9700 Health Care Lane
Minnetonka, MN 55343

Title CEO

Rainey, Peter William
9700 Health Care Lane
Minnetonka, MN 55343

Title CFO

Roos, Thomas Edward
9700 Health Care Lane
Minnetonka, MN 55343

Title Director

Rainey, Peter William
9700 Health Care Lane
Minnetonka, MN 55343

Title Director

Hunter, Robert Alden
9700 Health Care Lane
Minnetonka, MN 55343

Title VP

Lyn O'Brien, Jodi
9700 Health Care Lane
Minnetonka, MN 55343

Title Assistant Secretary

Marie O'Rourke, Kelly
9700 Health Care Lane
Minnetonka, MN 55343

Title Assistant Secretary

Choudhry, Faraz Ahmed
9900 Bren Rd East
Minnetonka, MN 55343

Annual Reports

Report Year	Filed Date
2024	01/30/2024
2025	03/28/2025
2026	04/07/2026

Document Images

04/07/2026 -- ANNUAL REPORT	View image in PDF format
12/01/2025 -- Reg. Agent Change	View image in PDF format
03/28/2025 -- ANNUAL REPORT	View image in PDF format
01/31/2024 -- Merger	View image in PDF format
01/30/2024 -- ANNUAL REPORT	View image in PDF format
04/23/2023 -- ANNUAL REPORT	View image in PDF format
10/14/2022 -- AMENDED ANNUAL REPORT	View image in PDF format
08/25/2022 -- Merger	View image in PDF format
04/06/2022 -- ANNUAL REPORT	View image in PDF format
04/24/2021 -- ANNUAL REPORT	View image in PDF format
08/25/2020 -- AMENDED ANNUAL REPORT	View image in PDF format
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03/25/2019 -- ANNUAL REPORT	View image in PDF format
04/11/2018 -- ANNUAL REPORT	View image in PDF format
03/15/2017 -- ANNUAL REPORT	View image in PDF format
04/09/2016 -- ANNUAL REPORT	View image in PDF format
09/09/2015 -- Dropping Alternate Name	View image in PDF format
04/10/2015 -- ANNUAL REPORT	View image in PDF format
04/07/2014 -- ANNUAL REPORT	View image in PDF format
04/05/2013 -- ANNUAL REPORT	View image in PDF format
10/18/2012 -- ANNUAL REPORT	View image in PDF format
05/01/2012 -- Merger	View image in PDF format
03/21/2012 -- ANNUAL REPORT	View image in PDF format
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01/04/2002 -- ANNUAL REPORT	View image in PDF format
01/25/2001 -- ANNUAL REPORT	View image in PDF format
01/19/2000 -- ANNUAL REPORT	View image in PDF format
09/10/1999 -- Merger	View image in PDF format
02/24/1999 -- ANNUAL REPORT	View image in PDF format
01/30/1998 -- ANNUAL REPORT	View image in PDF format
01/17/1997 -- ANNUAL REPORT	View image in PDF format
02/09/1996 -- ANNUAL REPORT	View image in PDF format
06/27/1995 -- ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations

AGENCY CUSTOMER ID: CN101631729

LOC #: Minneapolis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA LLC		NAMED INSURED UNITED HEALTHCARE SERVICES, INC. C/O UNITEDHEALTH GROUP INCORPORATED 1 HEALTH DRIVE EDEN PRAIRIE, MN 55344	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

CYBER LIABILITY

OLD REPUBLIC INSURANCE COMPANY
POLICY NUMBER: MWZZ319754
POLICY DATES: 05/01/2026 - 05/01/2028
LIMIT:
\$10,000,000 EACH CLAIM

<u>VENDOR CODE</u>	<u>LEGAL NAME</u>	<u>TIN</u>	<u>TIN TYPE</u>
VS0000010267	Haute Inspirations, Inc.	*****1177	EIN
VS0000010269	Kipper Tool Company	*****6351	EIN
VS0000010272	Allegro Business Product LLC	*****8609	EIN
VS0000010274	Schnabel Foundation Company	*****5401	EIN
VS0000010276	Printronix, LLC	*****1007	EIN
VS0000010277	Gone Again, Inc.	*****5816	EIN
VS0000010279	Reymech, LLC	*****3620	EIN
VS0000010280	Evidence Investigations, Inc.	*****4829	EIN
VS0000010281	Clean Sweep Pressure Cleaning LLC	*****8112	EIN
VS0000010282	G2 Technologies	*****7040	EIN
VS0000010283	TRISTAR Claims Management Services, Inc.	*****2689	EIN
VS0000010285	Symphonix Solutions Inc	*****5747	EIN
VS0000010287	Applied Technical Services, Inc.	*****6776	EIN
VS0000010288	Siebein Associates, Inc.	*****6882	EIN
VS0000010289	Property Redeemers LLC	*****1612	EIN
VS0000010291	REAL Mobile, Inc.	*****2642	EIN
VS0000010295	LKG-CMC, inc	*****2875	EIN
VS0000010296	Chard Snyder & Associates, Inc.	*****9992	EIN
VS0000010298	Case Atlantic Company	*****7962	EIN
VS0000010300	FL Sliding Glass And Access Control Inc	*****5917	EIN
VS0000010307	G&G Graphics and Promotions	*****4251	EIN
VS0000010312	NOVAD Management Consulting LLC	*****7763	EIN
VS0000010315	WRIKE INC	*****3858	EIN
VS0000010316	Converge Government Affairs of Florida, Inc.	*****4143	EIN
VS0000010317	Comcast Holdings Corporation	*****9202	EIN
VS0000010320	Mower Mate, Inc.	*****9149	EIN
VS0000010322	Snook Air Conditioning LLC	*****7304	EIN
VS0000010323	County Locksmith Inc.	*****4237	EIN
VS0000010325	Binary Technologies, Inc.	*****3673	EIN
VS0000010326	United Healthcare Services Inc	*****9245	EIN
VS0000010327	Electrep	*****4777	EIN
VS0000010330	KVL Media Group LLC	*****3689	EIN
VS0000010332	Thorn Run Partners, LLC	*****1515	EIN
VS0000010335	JRECS2012, Inc	*****2132	EIN
VS0000010336	Coconut King Miami Beach Inc.	*****4998	EIN
VS0000010337	Spotless Professional Cleaning LLC	*****6079	EIN
VS0000010341	TJJD Holdings, LLC	*****5584	EIN
VS0000010344	Florida GreenSpace LLC	*****5841	EIN
VS0000010345	Occupational Marketing, Inc.	*****8251	EIN
VS0000010346	ParadisHS INC.	*****7600	EIN
VS0000010348	E&D Contracting Services, Inc	*****2606	EIN
VS0000010349	LexisNexis Coplogic Solutions Inc	*****5068	EIN
VS0000010350	Barry University, Inc.	*****4364	EIN
VS0000010351	Prime Building & Construction	*****7965	EIN
VS0000010352	libros in espanol llc	*****5516	EIN
VS0000010353	Gary Insurance and Tax Inc	*****4471	EIN
VS0000010355	Fire Rescue Blades, Inc.	*****4821	EIN
VS0000010356	MERRELL BROS., INC.	*****1490	EIN
VS0000010357	Cissell Mueller Construction, Inc	*****9482	EIN
VS0000010363	4 Life Outdoor Inc.	*****0013	EIN
VS0000010364	Christina Elizabeth Kennamer	*****8729	SSN/ITIN/ATIN
VS0000010365	Log & Timber Connections llc	*****8605	EIN
VS0000010367	Blues Electric, LLC	*****7429	EIN
VS0000010369	Triad Security Group Inc	*****9238	EIN
VS0000010372	Mutual of Omaha Insurance Company	*****6511	EIN
VS0000010373	lby solutions llc	*****1373	EIN
VS0000010375	Mss Global Investments LLC	*****0367	EIN
VS0000010377	Dall Construction Company	*****6311	EIN
VS0000010378	Calico Packaging, LLC	*****1969	EIN
VS0000010379	Target Contractors LLC	*****8547	EIN
VS0000010380	All American Welding & Maint. Inc.	*****7424	EIN
VS0000010383	Waypoint Contracting, Inc.	*****2789	EIN
VS0000010384	JDi Data Corporation	*****9633	EIN
VS0000010385	NCI Transportation, LLC	*****3557	EIN



Subcontracting Plan Reporting Contract Retrieval Issue
[Show Details](#)
Apr 17, 2026



[See All Alerts](#)

Contract Awards Scheduled Maintenance [Show Details](#)
Apr 27, 2026



[Home](#) [Search](#) [Data Bank](#) [Data Services](#) [Help](#)

Search

All Words

e.g. 1606N020Q02

Filter By

Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

Simple Search

Search Editor

- Any Words [i](#)
- All Words [i](#)
- Exact Phrase [i](#)

e.g. 1606N020Q02

"United Healthcare Services Inc" ×

Federal Organizations

Enter Code or Name ▼ ⋮

Status

- Active
- Inactive

Reset 

- All Domains
- Contracting
- Federal Assistance
- Entity Information
- Federal Hierarchy
- Wage De

Showing 1 - 5 of 5 results

Claims Reimbursement to Health Care Providers and Facilities For Testing, Treatment and Vaccine Administration for the Uninsured

Notice ID: 75R60221C00004

The purpose of this contract is as follows:

Provider Relief and Protection Fund for Testing and Treatment for Healthcare Providers Serviing

Awardee	Unique Entity ID
UNITED HEALTHCARE SERVICES, INC.	ZBYAMU8W9UJ1

Department/Ind.Agency	Subtier	Office
HEALTH AND HUMAN SERVICES, DEPARTMENT OF	HEALTH RESOURCES AND SERVICES ADMINISTRATION	HRSA HEADQUARTERS

Provider Relief and Protection Fund for General and Targeted Distribution and Testing and Treatment for Healthcare Providers Serving the Uninsured

Notice ID: 75R60221C00003

The purpose of this contract is as follows:

Provider Relief and Protection Fund for General and Targeted Distribution. Disbursement of

Awardee	Unique Entity ID
UNITED HEALTHCARE SERVICES, INC.	ZBYAMU8W9UJ1

Department/Ind.Agency	Subtier	Office
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Sort by

Date Modified/Updated

Inactive

Contract Opportunities

Notice Type
Original Award Notice

Updated Date
May 21, 2021

Published Date
Apr 20, 2021

Inactive

Contract Opportunities

Notice Type
Original Award Notice

Updated Date
May 8, 2021

Published Date
Apr 12, 2021

HEALTH AND HUMAN SERVICES,
DEPARTMENT OF

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA HEADQUARTERS

Provider Relief and Protection Fund for General and Targeted Distribution and Testing and Treatment for Healthcare Providers Serving the Uninsured

Notice ID:

Notice of Intent to Sole Source

Provider Relief and Protection Fund for General and Targeted Distribution and Test

...

Department/Ind.Agency
HEALTH AND HUMAN SERVICES,
DEPARTMENT OF

Subtier
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Administrative Services Only (ASO) Vision Insurance

Notice ID: CC16HQR0019

The due date for proposals is revised from July 13, 2016 at 3:00pm ET, to July 20, 2016 at 3:00pm ET.

Please see the attached questions and...

Awardee
United Healthcare Services, Inc

R -- REFRESHED SOLICITATION FOR: MANAGEMENT ORGANIZATIONAL & BUSINESS IMPROVEMENT SERVICES (MOBIS)

Notice ID: TFTP-MC-000874-2

No Description Provided...

Awardee
United HealthCare Services, Inc., MN002-0161, P O Box 1459, Minnetonka, MN 55440

Department/Ind.Agency
GENERAL SERVICES ADMINISTRATION

Subtier
OFFICE OF ADMINISTRATIVE SERVICES

Office
OFFICE OF MANAGEMENT SERVICES

Inactive

Contract Opportunities

Current Response Date
March 11, 2021 at 04:00 PM EST

Notice Type
Updated Special Notice

Updated Date
Mar 12, 2021 (1)

Published Date
Feb 25, 2021

Inactive

Contract Opportunities

Notice Type
Original Award Notice

Updated Date
Oct 19, 2016

Published Date
Oct 19, 2016

Inactive

Contract Opportunities

Notice Type
Original Award Notice

Updated Date
Oct 14, 2003

Published Date
Nov 7, 2002

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PALM BEACH COUNTY BOARD OF COUNTY COMMIS | Pharmacy Financials

Prepared: 12/12/2025

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees) and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, (hereinafter referred to as "Fees") payable by Customer under this Agreement will be adjusted through a credit to Customer's Service Fees in accordance with the arrangements set forth below unless otherwise noted.

Unless otherwise specified, these arrangements apply to pharmacy benefits and are effective for the period beginning 01/01/2026 and ending on 12/31/2026 (each twelve month period is a "Guarantee Period"). With respect to the aspects of United's performance addressed in this exhibit, these fee adjustments are Customer's exclusive financial remedies.

The arrangements will become effective upon the later of (1) the effective date of the Guarantee Period; or (2) the date the Agreement is signed by both parties. In the event these arrangements become effective later than the effective date of the Guarantee Period the arrangements will commence with the Agreement Period during which the Agreement is signed by both parties.

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, pandemic, 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 arrangements for the subsequent Guarantee Period. If United specifies new arrangements, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

Pharmacy Financials	
Definition	Pharmacy rate guarantees.
Measurement and Criteria	01/01/2026
	Combined Discount Guarantee - Broad Network
	Retail Brand, Average Wholesale Price (AWP) less 19.70%
	Retail Brand – 90 Day Supply, AWP less 22.90%
	Retail Generic - 30 and 90 Day Supply, AWP less 85.30%
	Mail Order Brand, AWP less 23.00%
	Mail Order Generic, AWP less 89.20%
	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 - 30 Day \$0.55
	Retail Brand – 90 Day Supply \$0.00
	Retail Generic - 30 Day \$0.55
	Retail Generic – 90 Day Supply \$0.00
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.
	Minimum Rebate Guarantee (Traditional PDL)
	Rebate Sharing Percentage 100.0%
	Basis, per script Brand
	Retail - 30 Day \$450.00
	Retail - 90 Day Supply \$1,100.00
	Mail Order \$1,100.00
	Specialty \$3,400.00
	Fees
	Pharmacy Administration Fee (PEPM) \$8.00
	Prior Authorizations (per review) \$50.00
	Direct Member Reimbursement (per paper claim) \$2.50
Level	Customer Specific
Period	Annually
Payment Period	Annually
Payment Amount - Discounts	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.
Payment Amount - Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined guaranteed 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.

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PALM BEACH COUNTY BOARD OF COUNTY COMMIS

Pharmacy Financials

Prepared: 12/12/2025

• 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
- 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 any days' supply

• 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 Traditional PDL

• Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation.

• Calculation of the guaranteed rebate amount will exclude ineligible claims including:

- claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims)
- claims 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.

• 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:

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PALM BEACH COUNTY BOARD OF COUNTY COMMISS | Pharmacy Financials

Prepared: 12/12/2025

- 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 27
- 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.
- 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 12/31/2026 ("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.
- For mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, the amount United reimburses the Network Pharmacy will be equal to the Customer's payment for a prescription drug product or service.
- Pricing and guarantees assume enrollment of 4,520 Employees and 8,075 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.

PTRX (12/2024)

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PALM BEACH COUNTY BOARD OF COUNTY COMMIS

Specialty Pharmacy
Financial Guarantees

Prepared: 12/12/2025

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees) and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, (hereinafter referred to as "Fees") payable by Customer under this Agreement will be adjusted through a credit to Customer's Service Fees in accordance with the arrangements set forth below unless otherwise noted.

Unless otherwise specified, these arrangements apply to pharmacy benefits and are effective for the period beginning 01/01/2026 and ending on 12/31/2026 (each twelve month period is a "Guarantee Period"). With respect to the aspects of United's performance addressed in this exhibit, these fee adjustments are Customer's exclusive financial remedies.

The arrangements will become effective upon the later of (1) the effective date of the Guarantee Period; or (2) the date the Agreement is signed by both parties. In the event these arrangements become effective later than the effective date of the Guarantee Period the arrangements will commence with the Agreement Period during which the Agreement is signed by both parties.

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, pandemic, 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 arrangements for the subsequent Guarantee Period. If United specifies new arrangements, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

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 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: <ol style="list-style-type: none"> material changes in federal, state or other applicable law or regulation require modifications; there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; Customer makes benefit changes that impact the guarantee; there is a material industry change in pricing methodologies resulting in a new source or benchmark; For specialty drugs, the amount United reimburses the Network Pharmacy will be equal to the 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-%)
AMMONIA DETOXICANTS	RAVICTI	Yes	17.50%	INFLAMMATORY CONDITIONS	NEMLUVIO	Yes	15.00%
ANEMIA	ARANESP	No	17.00%	INFLAMMATORY CONDITIONS	OLUMIANT	No	15.00%
ANEMIA	EPOGEN	No	15.80%	INFLAMMATORY CONDITIONS	OMVOH	No	14.50%
ANEMIA	PROCRIT	No	16.10%	INFLAMMATORY CONDITIONS	OPZELURA	No	13.50%
ANEMIA	RETACRIT	No	16.60%	INFLAMMATORY CONDITIONS	ORENCIA	No	16.70%
ANTIBACTERIALS	ARIKAYCE	Yes	15.50%	INFLAMMATORY CONDITIONS	OTEZLA	No	16.50%
ANTICONVULSANTS	DIACOMIT	Yes	15.00%	INFLAMMATORY CONDITIONS	RIDAURA	No	16.60%
ANTICONVULSANTS	EPIDIOLEX	Yes	15.00%	INFLAMMATORY CONDITIONS	RINVOC	No	16.60%
ANTICONVULSANTS	FINTEPLA	Yes	13.00%	INFLAMMATORY CONDITIONS	SILIQ	No	14.00%
ANTICONVULSANTS	ZTALMY	Yes	13.00%	INFLAMMATORY CONDITIONS	SIMLANDI	No	14.00%
ANTHYPERLIPIDEMIC	JUXTAPID	Yes	15.80%	INFLAMMATORY CONDITIONS	SIMPONI	No	16.60%
ANTHYPERLIPIDEMIC	TRYNGOLZA	Yes	14.30%	INFLAMMATORY CONDITIONS	SKYRIZI	No	20.50%
ANTI-INFECTIVE	DARAPRIM	Yes	15.00%	INFLAMMATORY CONDITIONS	SOTYKTU	No	14.00%
ANTI-INFECTIVE	LIVTENCITY	Yes	15.50%	INFLAMMATORY CONDITIONS	SPEVIGO	Yes	10.00%
ANTI-INFECTIVE	PYRIMETHAMINE	No	15.00%	INFLAMMATORY CONDITIONS	STELARA	No	18.50%
ASTHMA	FASENRA	Yes	15.00%	INFLAMMATORY CONDITIONS	STEQEYMA	No	16.00%
ASTHMA	NUCALA	Yes	15.00%	INFLAMMATORY CONDITIONS	TALTZ	No	14.00%
ASTHMA	TEZSPIRE	Yes	13.00%	INFLAMMATORY CONDITIONS	TREMFYA	No	16.60%
ASTHMA	XOLAIR	Yes	15.00%	INFLAMMATORY CONDITIONS	TYENNE	No	13.50%
CARDIOVASCULAR	ATTRUBY	Yes	15.00%	INFLAMMATORY CONDITIONS	VELSIPITY	No	16.30%
CARDIOVASCULAR	CAMZYOS	Yes	14.00%	INFLAMMATORY CONDITIONS	WEZLANA	No	16.00%
CARDIOVASCULAR	DROXIDOPA	No	92.00%	INFLAMMATORY CONDITIONS	XELJANZ	No	16.60%
CARDIOVASCULAR	NORTHERA	Yes	16.50%	INFLAMMATORY CONDITIONS	XELJANZ XR	No	16.60%

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PALM BEACH COUNTY BOARD OF COUNTY COMMISS

Specialty Pharmacy
Financial Guarantees

Prepared: 12/12/2025

CARDIOVASCULAR	VYNDAMAX	Yes	17.70%	INFLAMMATORY CONDITIONS	YESINTEK	No	16.00%
CARDIOVASCULAR	VYNDAGEL	Yes	15.00%	INFLAMMATORY CONDITIONS	YUFLYMA	No	14.00%
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	No	16.00%	INFLAMMATORY CONDITIONS	YUSIMRY	No	14.00%
CENTRAL NERVOUS SYSTEM AGENTS	ENSPRYNG	Yes	14.50%	INFLAMMATORY CONDITIONS	ZYMFENTRA	No	16.00%
CENTRAL NERVOUS SYSTEM AGENTS	FIRDAPSE	Yes	13.00%	IRON OVERLOAD	DEFERASIROX	Yes	85.00%
CENTRAL NERVOUS SYSTEM AGENTS	HETLIOZ	Yes	16.50%	IRON OVERLOAD	DEFERIPRONE	No	35.00%
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	Yes	15.50%	IRON OVERLOAD	EXJADE	Yes	14.70%
CENTRAL NERVOUS SYSTEM AGENTS	RADICAVA	Yes	15.00%	IRON OVERLOAD	FERRIPROX	Yes	15.00%
CENTRAL NERVOUS SYSTEM AGENTS	RILUZOLE	No	92.80%	IRON OVERLOAD	JADENU	No	16.00%
CENTRAL NERVOUS SYSTEM AGENTS	SABRIL	Yes	18.50%	METABOLIC AGENTS	MPLYFFA	Yes	13.00%
CENTRAL NERVOUS SYSTEM AGENTS	SKYCLARYS	Yes	14.80%	METABOLIC BONE DISEASE	SOHONOS	Yes	10.00%
CENTRAL NERVOUS SYSTEM AGENTS	TASIMELTEON	Yes	35.00%	MOOD DISORDER DRUGS	SPRAVATO	No	16.00%
CENTRAL NERVOUS SYSTEM AGENTS	TEGLUTIK	Yes	13.00%	MOOD DISORDER DRUGS	ZURZUVAE	Yes	13.80%
CENTRAL NERVOUS SYSTEM AGENTS	TETRABENAZINE	No	93.00%	MULTIPLE SCLEROSIS	AMPYRA	Yes	14.30%
CENTRAL NERVOUS SYSTEM AGENTS	TIGLUTIK	Yes	13.00%	MULTIPLE SCLEROSIS	AUBAGIO	No	15.00%
CENTRAL NERVOUS SYSTEM AGENTS	VIGABATRIN	No	55.00%	MULTIPLE SCLEROSIS	AVONEX	No	16.50%
CENTRAL NERVOUS SYSTEM AGENTS	VIGADRONE	Yes	19.00%	MULTIPLE SCLEROSIS	BAFIERTAM	Yes	16.50%
CENTRAL NERVOUS SYSTEM AGENTS	VIGODER	Yes	13.00%	MULTIPLE SCLEROSIS	BETASERON	No	16.60%
CENTRAL NERVOUS SYSTEM AGENTS	XELJAZINE	Yes	18.00%	MULTIPLE SCLEROSIS	COPAXONE	No	17.20%
CNS AGENTS	DAYBUE	Yes	13.00%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	No	93.00%
CNS AGENTS	EXSERVAN	Yes	16.00%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	No	92.00%
CNS AGENTS	RELVVIRIO	Yes	14.00%	MULTIPLE SCLEROSIS	EXTAVIA	No	16.60%
CNS AGENTS	RILUTEK	No	16.00%	MULTIPLE SCLEROSIS	FINGOLIMOD	No	92.00%
CYSTIC FIBROSIS	ALYFTREK	Yes	15.00%	MULTIPLE SCLEROSIS	GILENYA	No	16.50%
CYSTIC FIBROSIS	BETHKIS	No	14.00%	MULTIPLE SCLEROSIS	GLATIRAMER	No	80.00%
CYSTIC FIBROSIS	BRONCHITOL	Yes	16.00%	MULTIPLE SCLEROSIS	GLATOPA	No	80.00%
CYSTIC FIBROSIS	CAYSTON	Yes	17.00%	MULTIPLE SCLEROSIS	KESIMPTA	No	16.50%
CYSTIC FIBROSIS	KALYDECO	Yes	16.00%	MULTIPLE SCLEROSIS	MAVENCLAD	Yes	16.50%
CYSTIC FIBROSIS	KITABIS PAK	Yes	15.00%	MULTIPLE SCLEROSIS	MAYZENT	No	16.50%
CYSTIC FIBROSIS	ORKAMBI	Yes	16.00%	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	16.00%
CYSTIC FIBROSIS	PULMOZYME	No	17.50%	MULTIPLE SCLEROSIS	POHVORY	Yes	13.50%
CYSTIC FIBROSIS	SYMDEKO	Yes	16.00%	MULTIPLE SCLEROSIS	REBIF	No	16.50%
CYSTIC FIBROSIS	TOBI	No	16.30%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	16.50%
CYSTIC FIBROSIS	TOBI PODHALER	No	16.30%	MULTIPLE SCLEROSIS	TASCENSO	Yes	16.30%
CYSTIC FIBROSIS	TOBRAMYCIN	No	70.00%	MULTIPLE SCLEROSIS	TECFIDERA	Yes	16.50%
CYSTIC FIBROSIS	TRIKAFTA	Yes	16.00%	MULTIPLE SCLEROSIS	TERIFLUNOMIDE	No	94.00%
DERMATOLOGIC	LITFULO	Yes	13.50%	MULTIPLE SCLEROSIS	VUMERITY	Yes	15.00%
DUCHENNE MUSCULAR DYSTROPHY	AGAMREE	Yes	13.00%	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	15.00%
DYSTROPHY	DEFLAZACORT	No	10.00%	MUSCULOSKELETAL AGENTS	EVRYSDI	Yes	10.00%
DYSTROPHY	DUVYZAT	Yes	14.80%	MUSCULOSKELETAL AGENTS	VOXZOGO	Yes	14.00%
DYSTROPHY	EMFLAZA	Yes	13.50%	MUSCULOSKELETAL AGENTS	ZILBRYSQ	Yes	14.80%
ENDOCRINE	BETAINE	No	13.00%	MUSCULOSKELETAL DISORDERS	DICHLORPHENAMIDE	No	15.50%
ENDOCRINE	CHEMNODAL	Yes	12.00%	MUSCULOSKELETAL DISORDERS	KEVEYIS	Yes	15.50%
ENDOCRINE	CRENESSITY	Yes	13.80%	NARCOLEPSY	LUMRYZ	Yes	15.00%
ENDOCRINE	CTEXLI	Yes	12.00%	NARCOLEPSY	SODIUM OXYBATE	Yes	17.00%
ENDOCRINE	CUPRIMINE	No	16.60%	NARCOLEPSY	WAKIX	Yes	16.00%
ENDOCRINE	CUVRIOR	Yes	15.00%	NARCOLEPSY	XYREM	Yes	9.00%
ENDOCRINE	CYSTADANE	Yes	13.00%	NARCOLEPSY	XYWAV	Yes	10.00%
ENDOCRINE	DEPEN TITRATABS	No	16.50%	NEUTROPENIA	FULPHILA	No	16.30%
ENDOCRINE	EGRIFTA	Yes	16.00%	NEUTROPENIA	FYLNETRA	No	16.30%
ENDOCRINE	FIRMAGON	No	16.00%	NEUTROPENIA	GRANIX	No	16.30%
ENDOCRINE	IMCIVREE	Yes	16.00%	NEUTROPENIA	LEUKINE	No	16.30%
ENDOCRINE	ISTURISA	Yes	13.00%	NEUTROPENIA	NEULASTA	No	16.30%
ENDOCRINE	JAVYGTOR	Yes	14.00%	NEUTROPENIA	NEUPOGEN	No	16.30%
ENDOCRINE	JYHARQUE	Yes	15.00%	NEUTROPENIA	NIVESTYM	No	16.30%
ENDOCRINE	KORLYM	Yes	14.00%	NEUTROPENIA	NYVEPRIA	No	14.00%
ENDOCRINE	KUVAN	Yes	15.20%	NEUTROPENIA	RELEUKO	No	18.00%
ENDOCRINE	LANREOTIDE	No	13.00%	NEUTROPENIA	STIMUFEND	No	17.00%
ENDOCRINE	MIFEPRISTONE	Yes	35.00%	NEUTROPENIA	UDENYCA	No	16.30%
ENDOCRINE	MYALEPT	Yes	10.00%	NEUTROPENIA	ZARXIO	No	16.30%
ENDOCRINE	MYCAPSSA	Yes	14.00%	NEUTROPENIA	ZIEXTENZO	No	16.00%
ENDOCRINE	NATPARA	Yes	15.80%	ONCOLOGY - INJECTABLE	BESREMI	Yes	16.30%
ENDOCRINE	NITYR	Yes	15.50%	ONCOLOGY - INJECTABLE	ELIGARD	No	15.10%
ENDOCRINE	OCTREOTIDE ACETATE	No	58.10%	ONCOLOGY - INJECTABLE	INTRON A	Yes	16.00%
ENDOCRINE	PENICILLAMINE	No	35.00%	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	70.00%
ENDOCRINE	PROCYCBI	Yes	10.00%	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	16.30%
ENDOCRINE	RECORLEV	Yes	16.30%	ONCOLOGY - ORAL	ABIRATERONE	No	92.00%

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PALM BEACH COUNTY BOARD OF COUNTY COMMIS

Specialty Pharmacy
Financial Guarantees

Prepared: 12/12/2025

ENDOCRINE	SAMSCA	Yes	16.00%	ONCOLOGY - ORAL	ABRTEGA	No	16.00%
ENDOCRINE	SANDOSTATIN	No	16.30%	ONCOLOGY - ORAL	AFINITOR	No	16.60%
ENDOCRINE	SAPROPTERIN	Yes	58.00%	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	16.60%
ENDOCRINE	SIGNIFOR	Yes	10.00%	ONCOLOGY - ORAL	AKEEGA	Yes	16.30%
ENDOCRINE	SOMATULINE DEPOT	No	15.00%	ONCOLOGY - ORAL	ALECENSA	Yes	16.60%
ENDOCRINE	SOMAVERT	Yes	13.20%	ONCOLOGY - ORAL	ALKERAN	No	17.90%
ENDOCRINE	SYPRINE	No	16.00%	ONCOLOGY - ORAL	ALUNBRIG	Yes	17.00%
ENDOCRINE	THIOLA	Yes	14.00%	ONCOLOGY - ORAL	AUGTYRO	No	15.00%
ENDOCRINE	TIOPRONIN	No	35.00%	ONCOLOGY - ORAL	AYVAKIT	Yes	17.00%
ENDOCRINE	TOLVAPTAN	No	75.00%	ONCOLOGY - ORAL	BALVERSA	Yes	16.00%
ENDOCRINE	TRIENTINE	No	90.00%	ONCOLOGY - ORAL	BEXAROTENE	No	80.00%
ENDOCRINE	XURIDEN	Yes	15.00%	ONCOLOGY - ORAL	BOSULIF	Yes	16.00%
ENDOCRINE	YORVYPATH	Yes	15.40%	ONCOLOGY - ORAL	BRAFTOVI	Yes	16.50%
ENZYME DEFICIENCY	TEGSEDI	Yes	10.00%	ONCOLOGY - ORAL	BRUKINSA	Yes	15.50%
ENZYME THERAPY	BUPHENYL	No	17.30%	ONCOLOGY - ORAL	CABOMETYX	Yes	15.00%
ENZYME THERAPY	CARBAGLU	Yes	10.00%	ONCOLOGY - ORAL	CALQUENCE	Yes	16.00%
ENZYME THERAPY	CARGLUMIC	Yes	35.00%	ONCOLOGY - ORAL	CAPECITABINE	No	92.00%
ENZYME THERAPY	CERDELGA	Yes	16.00%	ONCOLOGY - ORAL	CAPRELSA	Yes	12.00%
ENZYME THERAPY	CHOLBAM	Yes	7.00%	ONCOLOGY - ORAL	COMETRIQ	Yes	15.50%
ENZYME THERAPY	CYSTAGON	Yes	13.50%	ONCOLOGY - ORAL	COPIKTRA	Yes	17.00%
ENZYME THERAPY	GALAFOLD	Yes	16.50%	ONCOLOGY - ORAL	COTELLIC	Yes	15.00%
ENZYME THERAPY	MIGLUSTAT	No	60.00%	ONCOLOGY - ORAL	DASATINIB	No	45.00%
ENZYME THERAPY	NTISINONE	No	35.00%	ONCOLOGY - ORAL	DAURISMO	Yes	15.00%
ENZYME THERAPY	OLPRUVA	Yes	10.00%	ONCOLOGY - ORAL	ERIVEDGE	Yes	15.00%
ENZYME THERAPY	OPFOLDA	Yes	12.00%	ONCOLOGY - ORAL	ERLEADA	No	16.00%
ENZYME THERAPY	ORFADIN	Yes	5.00%	ONCOLOGY - ORAL	ERLOTINIB	Yes	93.00%
ENZYME THERAPY	PALYNZIQ	Yes	14.00%	ONCOLOGY - ORAL	ETOPOSIDE	No	38.00%
ENZYME THERAPY	PHEBURANE	Yes	10.00%	ONCOLOGY - ORAL	EVEROLIMUS	No	47.00%
ENZYME THERAPY	SODIUM PHENYL BUTYRATE	No	35.00%	ONCOLOGY - ORAL	EXXIVITY	Yes	15.50%
ENZYME THERAPY	STRENSIQ	Yes	13.90%	ONCOLOGY - ORAL	FARYDAK	Yes	14.00%
ENZYME THERAPY	SUCRAID	Yes	14.80%	ONCOLOGY - ORAL	FOTIVDA	Yes	16.80%
ENZYME THERAPY	WANJUA	Yes	13.50%	ONCOLOGY - ORAL	FRUZAOLA	Yes	16.30%
ENZYME THERAPY	YARGESA	Yes	10.00%	ONCOLOGY - ORAL	GAVRETO	Yes	16.00%
ENZYME THERAPY	ZAVESCA	Yes	10.00%	ONCOLOGY - ORAL	GEFITINIB	No	35.00%
GASTROINTESTINAL AGENTS	GATTEX	Yes	17.30%	ONCOLOGY - ORAL	GILOTRIF	Yes	10.00%
GASTROINTESTINAL AGENTS	IQIRVO	Yes	13.50%	ONCOLOGY - ORAL	GLEEVEC	No	17.90%
GASTROINTESTINAL AGENTS	LIVDELZI	Yes	15.50%	ONCOLOGY - ORAL	GLEOSTINE	No	17.90%
GASTROINTESTINAL AGENTS	OCALIVA	Yes	17.50%	ONCOLOGY - ORAL	HYCANTIN	No	17.30%
GASTROINTESTINAL AGENTS	VOWST	Yes	15.00%	ONCOLOGY - ORAL	IBRANCE	Yes	16.50%
GASTROINTESTINAL AGENTS	XERMELO	Yes	15.50%	ONCOLOGY - ORAL	ICLUSIG	Yes	16.30%
GENETIC DISORDER	DOJLOZI	Yes	17.50%	ONCOLOGY - ORAL	IDHIFA	No	17.00%
GENETIC DISORDER	RIVFLOZA	Yes	17.50%	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	92.50%
GENETIC DISORDER	VIOJICE	No	15.00%	ONCOLOGY - ORAL	IMBRUVICA	Yes	16.50%
GENETIC DISORDER	ZOKINIVY	Yes	16.00%	ONCOLOGY - ORAL	IMKELDI	No	12.00%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	16.60%	ONCOLOGY - ORAL	INLYTA	Yes	16.10%
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	17.20%	ONCOLOGY - ORAL	INCOVI	Yes	13.00%
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	16.00%	ONCOLOGY - ORAL	INREBIC	Yes	15.00%
GROWTH HORMONE DEFICIENCY	INGENLA	No	16.00%	ONCOLOGY - ORAL	IRESSA	Yes	17.00%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	18.40%	ONCOLOGY - ORAL	ITOVEBI	Yes	16.50%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	16.70%	ONCOLOGY - ORAL	IWILFIN	Yes	14.00%
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	17.00%	ONCOLOGY - ORAL	JAKAFI	Yes	15.00%
GROWTH HORMONE DEFICIENCY	SAIZEN	No	19.90%	ONCOLOGY - ORAL	JAYPIRCA	Yes	14.50%
GROWTH HORMONE DEFICIENCY	SEROSTIM	No	16.00%	ONCOLOGY - ORAL	KISQALI	No	17.00%
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	14.00%	ONCOLOGY - ORAL	KISQALI FEMARA	No	17.50%
GROWTH HORMONE DEFICIENCY	SOGROYA	No	15.00%	ONCOLOGY - ORAL	KOSELUGO	Yes	16.30%
GROWTH HORMONE DEFICIENCY	ZOMACTON	No	17.20%	ONCOLOGY - ORAL	KRAZATI	Yes	16.50%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Yes	15.50%	ONCOLOGY - ORAL	LAPATINIB	No	45.00%
HEMATOLOGIC	OXBRYTA	Yes	14.50%	ONCOLOGY - ORAL	LEHALIDOMIDE	Yes	35.00%
HEMATOLOGICAL AGENTS	ALVAIZ	No	16.40%	ONCOLOGY - ORAL	LEHIVIMA	Yes	17.00%
HEMATOLOGICAL AGENTS	CABLIVI	Yes	16.00%	ONCOLOGY - ORAL	LOHSURF	Yes	15.00%
HEMATOLOGICAL AGENTS	DOPTELET	Yes	16.00%	ONCOLOGY - ORAL	LORBRENA	Yes	14.00%
HEMATOLOGICAL AGENTS	EMPAVELI	Yes	16.00%	ONCOLOGY - ORAL	LUMAKRAS	Yes	15.00%
HEMATOLOGICAL AGENTS	FABHALTA	Yes	16.30%	ONCOLOGY - ORAL	LYNPARZA	Yes	14.80%
HEMATOLOGICAL AGENTS	MOZOBIL	No	16.00%	ONCOLOGY - ORAL	LYTGOBI	Yes	15.50%
HEMATOLOGICAL AGENTS	MULPLETA	No	16.00%	ONCOLOGY - ORAL	MATULANE	Yes	15.50%
HEMATOLOGICAL AGENTS	PLERIXAFOR	No	35.00%	ONCOLOGY - ORAL	MEKINIST	No	14.00%
HEMATOLOGICAL AGENTS	PROMACTA	No	16.00%	ONCOLOGY - ORAL	MEKTOVI	Yes	16.50%
HEMATOLOGICAL AGENTS	PYRUKYND	Yes	14.00%	ONCOLOGY - ORAL	MELPHALAN	No	35.00%
HEMATOLOGICAL AGENTS	REZUROCK	Yes	15.80%	ONCOLOGY - ORAL	MERCAPTOPYRINE	No	35.00%
HEMATOLOGICAL AGENTS	TAVALISSE	Yes	16.00%	ONCOLOGY - ORAL	MESNA	No	35.00%
HEMOPHILIA - INFUSED	ADVATE	No	44.90%	ONCOLOGY - ORAL	MESNEX	No	16.50%
HEMOPHILIA - INFUSED	ADYNOVATE	No	36.00%	ONCOLOGY - ORAL	NERLYNX	Yes	16.80%
HEMOPHILIA - INFUSED	AFSTYLA	No	35.90%	ONCOLOGY - ORAL	NEXAVAR	Yes	15.00%
HEMOPHILIA - INFUSED	ALPHANATEVON WILLEBRAND	No	43.70%	ONCOLOGY - ORAL	NILANDRON	No	17.50%
HEMOPHILIA - INFUSED	ALPHANINE SD	No	50.80%	ONCOLOGY - ORAL	NILUTAMIDE	No	42.10%
HEMOPHILIA - INFUSED	ALPROLIX	No	16.00%	ONCOLOGY - ORAL	NINLARO	No	16.00%
HEMOPHILIA - INFUSED	ALTUVIIIO	No	15.00%	ONCOLOGY - ORAL	NUBEQA	Yes	16.00%
HEMOPHILIA - INFUSED	BENEFIX	No	17.00%	ONCOLOGY - ORAL	ODOMZO	No	16.30%
HEMOPHILIA - INFUSED	COGAGDEX	Yes	32.00%	ONCOLOGY - ORAL	OGSIVEO	Yes	16.30%
HEMOPHILIA - INFUSED	CORIFACT	No	30.00%	ONCOLOGY - ORAL	OJEMDA	Yes	16.30%
HEMOPHILIA - INFUSED	ELOCTATE	No	30.00%	ONCOLOGY - ORAL	OJJAARA	Yes	16.80%

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HEMOPHILIA - INFUSED	ESPEROCT	No	25.00%	ONCOLOGY - ORAL	ONUREG	No	14.50%
HEMOPHILIA - INFUSED	FEIBA	No	41.90%	ONCOLOGY - ORAL	ORGOVYX	Yes	16.80%
HEMOPHILIA - INFUSED	HEMOFIL M	No	46.00%	ONCOLOGY - ORAL	ORSERDU	Yes	17.00%
HEMOPHILIA - INFUSED	HUMATE-P	No	38.90%	ONCOLOGY - ORAL	PAZOPANIB	Yes	35.00%
HEMOPHILIA - INFUSED	IDELVION	No	16.00%	ONCOLOGY - ORAL	PEMAZYRE	Yes	16.50%
HEMOPHILIA - INFUSED	IXINIITY	No	16.00%	ONCOLOGY - ORAL	PIQRAY	No	14.50%
HEMOPHILIA - INFUSED	JIVI	No	25.00%	ONCOLOGY - ORAL	POMALYST	Yes	15.50%
HEMOPHILIA - INFUSED	KOATE	No	44.00%	ONCOLOGY - ORAL	PURIXAN	No	15.00%
HEMOPHILIA - INFUSED	KOATE-DVI	No	44.00%	ONCOLOGY - ORAL	QINLOCK	Yes	17.00%
HEMOPHILIA - INFUSED	KOGENATE FS	No	48.80%	ONCOLOGY - ORAL	RETEVMO	Yes	15.00%
HEMOPHILIA - INFUSED	KOVALTRY	No	47.30%	ONCOLOGY - ORAL	REVLIMID	Yes	17.30%
HEMOPHILIA - INFUSED	MONONINE	No	33.40%	ONCOLOGY - ORAL	REZLIDHIA	Yes	16.00%
HEMOPHILIA - INFUSED	NOVOEIGHT	No	45.90%	ONCOLOGY - ORAL	ROZLYTREK	No	17.90%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	No	40.10%	ONCOLOGY - ORAL	RUBRACA	Yes	17.00%
HEMOPHILIA - INFUSED	NUWIQ	No	49.70%	ONCOLOGY - ORAL	RYDAPT	No	17.90%
HEMOPHILIA - INFUSED	OBIZUR	No	13.00%	ONCOLOGY - ORAL	SCEMBLIX	Yes	14.00%
HEMOPHILIA - INFUSED	PROFILNINE	No	32.10%	ONCOLOGY - ORAL	SORAFENIB	No	70.00%
HEMOPHILIA - INFUSED	REBINYN	No	20.00%	ONCOLOGY - ORAL	SPRYCEL	No	17.90%
HEMOPHILIA - INFUSED	RECOMBINATE	No	43.00%	ONCOLOGY - ORAL	STIVARGA	Yes	14.50%
HEMOPHILIA - INFUSED	RIXUBIS	No	16.20%	ONCOLOGY - ORAL	SUNITINIB	Yes	60.00%
HEMOPHILIA - INFUSED	SEVENFACT	No	25.00%	ONCOLOGY - ORAL	SUTENT	Yes	17.30%
HEMOPHILIA - INFUSED	TRETTEN	Yes	16.90%	ONCOLOGY - ORAL	TABLOID	No	17.90%
HEMOPHILIA - INFUSED	VONVENDI	Yes	15.00%	ONCOLOGY - ORAL	TABRECTA	No	15.00%
HEMOPHILIA - INFUSED	WILATE	No	44.00%	ONCOLOGY - ORAL	TAFINLAR	No	16.00%
HEMOPHILIA - INFUSED	XYNTHA	No	40.20%	ONCOLOGY - ORAL	TAGRISSO	Yes	16.00%
HEMOPHILIA - INJECTABLE	ALHEMO	No	18.00%	ONCOLOGY - ORAL	TALZENNA	Yes	16.00%
HEMOPHILIA - INJECTABLE	HEMLIBRA	Yes	15.00%	ONCOLOGY - ORAL	TARCEVA	Yes	17.80%
HEMOPHILIA - INJECTABLE	HYMPAVZI	No	12.00%	ONCOLOGY - ORAL	TARGETIN	No	15.50%
HEPATITIS C	EPCLUSA	No	16.50%	ONCOLOGY - ORAL	TASIGNA	Yes	16.00%
HEPATITIS C	HARVONI	No	17.50%	ONCOLOGY - ORAL	TAZVERIK	Yes	16.30%
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	No	17.50%	ONCOLOGY - ORAL	TEMODAR	No	17.30%
HEPATITIS C	MAVYRET	No	16.50%	ONCOLOGY - ORAL	TEMOZOLOMIDE	No	85.00%
HEPATITIS C	PEGASYS	No	18.90%	ONCOLOGY - ORAL	TEPMETKO	Yes	15.00%
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	No	16.50%	ONCOLOGY - ORAL	THALOMID	Yes	17.30%
HEPATITIS C	SOVALDI	No	16.50%	ONCOLOGY - ORAL	TIBSOVO	Yes	16.00%
HEPATITIS C	VIEKIRA PAK	No	16.00%	ONCOLOGY - ORAL	TORPENZ	Yes	15.00%
HEPATITIS C	VOSEVI	No	16.50%	ONCOLOGY - ORAL	TRETINOIN	No	85.00%
HEPATITIS C	ZEPATIER	No	16.40%	ONCOLOGY - ORAL	TRUOAP	Yes	16.30%
HEPATOLOGY	BYLVAY	Yes	14.00%	ONCOLOGY - ORAL	TRUSELTIQ	Yes	15.50%
HEPATOLOGY	LIVMARLI	Yes	15.00%	ONCOLOGY - ORAL	TUKYSA	Yes	16.30%
HEREDITARY ANGIOEDEMA	BERINERT	Yes	15.00%	ONCOLOGY - ORAL	TURALIO	Yes	16.50%
HEREDITARY ANGIOEDEMA	CINRYZE	Yes	17.00%	ONCOLOGY - ORAL	TYKERB	No	17.30%
HEREDITARY ANGIOEDEMA	FIRAZYR	Yes	16.80%	ONCOLOGY - ORAL	VANFLYTA	Yes	16.50%
HEREDITARY ANGIOEDEMA	HAEGARDA	Yes	15.00%	ONCOLOGY - ORAL	VENCLEXTA	Yes	15.00%
HEREDITARY ANGIOEDEMA	ICATIBANT	No	80.50%	ONCOLOGY - ORAL	VERZENIO	Yes	17.70%
HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	15.50%	ONCOLOGY - ORAL	VITRAKVI	Yes	17.00%
HEREDITARY ANGIOEDEMA	RUCONEST	Yes	15.80%	ONCOLOGY - ORAL	VIZIMPRO	Yes	11.00%
HEREDITARY ANGIOEDEMA	SAJAZIR	Yes	25.00%	ONCOLOGY - ORAL	VONJO	Yes	16.50%
HEREDITARY ANGIOEDEMA	TAKHZYRO	Yes	16.00%	ONCOLOGY - ORAL	VOTRIENT	Yes	16.00%
IGA NEPHROPATHY	FILSPARI	Yes	14.80%	ONCOLOGY - ORAL	WELIREG	Yes	15.80%
IGA NEPHROPATHY	TARPEYO	Yes	14.00%	ONCOLOGY - ORAL	XALKORI	Yes	14.50%
IMMUNOLOGICAL AGENTS	ACTIMMUNE	Yes	16.80%	ONCOLOGY - ORAL	XELODA	No	17.90%
IMMUNOLOGICAL AGENTS	ARCALYST	Yes	17.50%	ONCOLOGY - ORAL	XOSPATA	Yes	17.00%
IMMUNOLOGICAL AGENTS	BENLYSTA	Yes	16.00%	ONCOLOGY - ORAL	XPOVIO	Yes	16.80%
IMMUNOLOGICAL AGENTS	JOENJA	Yes	15.00%	ONCOLOGY - ORAL	XTANDI	Yes	16.00%
IMMUNOLOGICAL AGENTS	LUPKYNIS	Yes	16.80%	ONCOLOGY - ORAL	YONSA	No	17.90%
IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	16.60%	ONCOLOGY - ORAL	ZEJULA	Yes	16.30%
IMMUNOLOGICAL AGENTS	XOLREMDI	Yes	14.80%	ONCOLOGY - ORAL	ZELBORAF	Yes	15.50%
INFERTILITY	CETRORELIX	No	19.70%	ONCOLOGY - ORAL	ZOLINZA	No	17.30%
INFERTILITY	CETROTIDE	No	19.70%	ONCOLOGY - ORAL	ZYDELIG	Yes	17.00%
INFERTILITY	CHORIONIC GONADOTROPIN	No	70.50%	ONCOLOGY - ORAL	ZYKADIA	Yes	15.50%
INFERTILITY	FOLLISTIM AQ	No	26.50%	ONCOLOGY - ORAL	ZYTIGA	No	16.00%
INFERTILITY	FYREMADEL	No	16.00%	ONCOLOGY - TOPICAL	BEXAROTENE	No	60.00%
INFERTILITY	GAMIRELIX ACETATE	No	19.00%	ONCOLOGY - TOPICAL	TARGRETIN	No	16.50%
INFERTILITY	GONAL-F	No	25.10%	ONCOLOGY - TOPICAL	VALCHLOR	Yes	12.50%
INFERTILITY	GONAL-F RFF	No	25.10%	OPHTHALMIC AGENTS	CYSTADROPS	Yes	13.00%
INFERTILITY	MENOPUR	No	19.30%	OPHTHALMIC AGENTS	CYSTARAN	Yes	15.50%
INFERTILITY	NOVAREL	No	35.00%	OPHTHALMIC AGENTS	OXERVATE	Yes	15.00%
INFERTILITY	OVIDREL	No	19.70%	OSTEOPOROSIS	FORTEO	No	16.40%
INFERTILITY	PREGNYL	No	35.00%	OSTEOPOROSIS	TERIPARATIDE	No	16.00%
INFLAMMATORY CONDITIONS	ABRILADA	No	14.00%	OSTEOPOROSIS	TYMLOS	No	16.80%
INFLAMMATORY CONDITIONS	ACTEMRA	No	16.70%	PARKINSONS DISEASE	KYNMOBI	No	12.00%
INFLAMMATORY CONDITIONS	ADALIMUMAB-AACF	No	14.00%	PARKINSONS DISEASE	APOKYN	Yes	14.10%
INFLAMMATORY CONDITIONS	ADALIMUMAB-AATY	No	14.00%	PARKINSONS DISEASE	APOMORPHINE	Yes	36.00%
INFLAMMATORY CONDITIONS	ADALIMUMAB-ADAZ	No	15.00%	PARKINSONS DISEASE	INBRILJA	Yes	15.00%
INFLAMMATORY CONDITIONS	ADALIMUMAB-ADBM	No	14.00%	PULMONARY FIBROSIS	ESBRIET	Yes	16.00%
INFLAMMATORY CONDITIONS	ADALIMUMAB-FKJP	No	14.00%	PULMONARY FIBROSIS	OFEV	Yes	15.00%
INFLAMMATORY CONDITIONS	ADALIMUMAB-RYVK	No	14.00%	PULMONARY FIBROSIS	PIRFENIDONE	No	85.00%
INFLAMMATORY CONDITIONS	ADBRY	Yes	13.00%	PULMONARY HYPERTENSION	ADCIRCA	No	16.00%
INFLAMMATORY CONDITIONS	AMJEVITA	No	18.50%	PULMONARY HYPERTENSION	ADEMPAS	Yes	16.00%
INFLAMMATORY CONDITIONS	BIMZELX	No	18.50%	PULMONARY HYPERTENSION	ALYQ	No	85.00%

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INFLAMMATORY CONDITIONS	CIBINQO	No	16.00%	PULMONARY HYPERTENSION	AMBRISENTAN	Yes	84.00%
INFLAMMATORY CONDITIONS	CIMZIA	No	18.00%	PULMONARY HYPERTENSION	BOSENTAN	Yes	70.00%
INFLAMMATORY CONDITIONS	CORTROPHIN	Yes	13.00%	PULMONARY HYPERTENSION	LETAIRIS	Yes	15.20%
INFLAMMATORY CONDITIONS	COSENTYX	No	16.00%	PULMONARY HYPERTENSION	LIGREV	Yes	13.00%
INFLAMMATORY CONDITIONS	CYLTEZO	No	18.50%	PULMONARY HYPERTENSION	OPSUMIT	Yes	16.30%
INFLAMMATORY CONDITIONS	DUPIXENT	No	16.60%	PULMONARY HYPERTENSION	OPSYNVI	Yes	14.50%
INFLAMMATORY CONDITIONS	EBGLYSS	No	16.60%	PULMONARY HYPERTENSION	ORENITRAM	Yes	16.00%
INFLAMMATORY CONDITIONS	ENBREL	No	17.00%	PULMONARY HYPERTENSION	REVATIO	No	15.80%
INFLAMMATORY CONDITIONS	ENTYVIO	No	17.20%	PULMONARY HYPERTENSION	SILDENAFIL	No	95.80%
INFLAMMATORY CONDITIONS	H.P. ACTHAR	Yes	16.00%	PULMONARY HYPERTENSION	TADALAFIL	No	94.00%
INFLAMMATORY CONDITIONS	HADLIMA	No	15.00%	PULMONARY HYPERTENSION	TADLIQ	Yes	13.00%
INFLAMMATORY CONDITIONS	HULIO	No	14.00%	PULMONARY HYPERTENSION	TRACLEER	Yes	16.00%
INFLAMMATORY CONDITIONS	HUMIRA	No	18.50%	PULMONARY HYPERTENSION	TYVASO	Yes	15.50%
INFLAMMATORY CONDITIONS	HYRIMOZ	No	14.00%	PULMONARY HYPERTENSION	UPTRAVI	Yes	17.30%
INFLAMMATORY CONDITIONS	IDACIO	No	14.00%	PULMONARY HYPERTENSION	VENTAVIS*	Yes	15.50%
INFLAMMATORY CONDITIONS	ILUMYA	No	16.60%	PULMONARY HYPERTENSION	WINREVAIR	Yes	14.00%
INFLAMMATORY CONDITIONS	KEVZARA	No	12.50%	WOUND MANAGEMENT	FILSUVEZ	Yes	15.00%
INFLAMMATORY CONDITIONS	KINERET	Yes	16.00%				

*Includes Nebulizer
2Q 2025

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