

RFP230580CJV – MSA-881673
Group Medical and Pharmacy Benefits Plan(s) Medical, Pharmacy
Aetna Life Insurance Company - Amendment No. 1

FIRST AMENDMENT OF THE MASTER SERVICES AGREEMENT
FOR EMPLOYEE BENEFIT PLAN(S) MEDICAL, PHARMACY – MSA-881673

THIS FIRST AMENDMENT OF THE MASTER SERVICES AGREEMENT FOR EMPLOYEE BENEFIT PLAN(S) MEDICAL, PHARMACY, made and entered into by and between the Lee County Board of County Commissioners, a political subdivision of the State of Florida ("Customer") and Aetna Life Insurance Company ("Aetna"), collectively, the "Parties."

WHEREAS, the Customer entered into a Master Services Agreement for the purchase of employee benefits products and administrative services through Solicitation No. RFP230580CJV with Aetna on the 24th day of September 2024 ("Agreement"); and,

WHEREAS, it was discovered after the execution of the Agreement that the Rebates for Retail and Mail Order/Maintenance Choice listed in the Rebates table section of the PRESCRIPTION DRUG SERVICE AND FEE SCHEDULE TO THE MASTER SERVICES AGREEMENT section of the Agreement were incorrectly listed and a "Aetna Pharmacy Program Summary" and a "Specialty Fee Schedule" should have been included as attachments to the Agreement; and,

WHEREAS, it was also discovered after the execution of the Agreement that it would be in the best interest of the Customer to modify the PRESCRIPTION DRUG SERVICE AND FEE SCHEDULE TO THE MASTER SERVICES AGREEMENT section of the Agreement to add a term that, "Pricing and terms in this proposal assume the Customer has elected the Basic Control with ACSF formulary"; and,

WHEREAS, the Parties desire to modify the PRESCRIPTION DRUG SERVICE AND FEE SCHEDULE TO THE MASTER SERVICES AGREEMENT section of the Agreement to add the additional terms and correct the rebates in the Rebates table section of the PRESCRIPTION DRUG SERVICE AND FEE SCHEDULE TO THE MASTER SERVICES AGREEMENT section of the Agreement and to add the "Aetna Pharmacy Program Summary" and a "Specialty Fee Schedule" as attachments to the Agreement.

NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING AND THE MUTUAL COVENANTS CONTAINED HEREIN, IT IS AGREED AS FOLLOWS:

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1. Effective January 1, 2025, the Parties agree that the “Aetna Pharmacy Program Summary” and “Specialty Fee Schedule” attached hereto as Attachment A shall be incorporated into the Agreement as Attachment A.

2. Effective January 1, 2025, the Parties agree that the “Terms & Conditions” section, on page 42, of the PRESCRIPTION DRUG SERVICE AND FEE SCHEDULE TO THE MASTER SERVICES AGREEMENT section of the Agreement shall be superseded by the following, and in all other respects the PRESCRIPTION DRUG SERVICE AND FEE SCHEDULE TO THE MASTER SERVICES AGREEMENT of the Agreement remains unchanged:

[Remainder of this page left intentionally blank.]

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Group Medical and Pharmacy Benefits Plan(s) Medical, Pharmacy
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Management or administration of prescription drug benefits selected by the Customer will be performed by CaremarkPCS Health, L.L.C. and/or its affiliates (CVS Caremark), each of which is an affiliated, licensed pharmacy benefit manager.

Pricing Arrangement	Pass Through at Retail
Network	Aetna National Network
Employees	4,334

RETAIL					
	01/01/2025	01/01/2026	01/01/2027	01/01/2028	01/01/2029
Brand Discount	AWP - 19.60%	AWP - 19.70%	AWP - 19.80%	AWP - 19.90%	AWP - 20.00%
Generic Discount	AWP - 85.00%	AWP - 85.20%	AWP - 85.40%	AWP - 85.60%	AWP - 85.80%
Dispensing Fee	\$0.55 per script	\$0.55 per script	\$0.55 per script	\$0.55 per script	\$0.55 per script

MAIL ORDER PHARMACY/MAINTENANCE CHOICE					
Mail Benefit Type	Voluntary Maintenance Choice				
	01/01/2025	01/01/2026	01/01/2027	01/01/2028	01/01/2029
Brand Discount	AWP - 25.10%	AWP - 25.20%	AWP - 25.30%	AWP - 25.40%	AWP - 25.50%
Generic Discount	AWP - 89.25%	AWP - 89.45%	AWP - 89.65%	AWP - 89.85%	AWP - 90.05%
Dispensing Fee	\$0.00 per script	\$0.00 per script	\$0.00 per script	\$0.00 per script	\$0.00 per script

SPECIALTY PHARMACY					
Network	Specialty Network				
Product List	Aetna Specialty Product List				
	01/01/2025	01/01/2026	01/01/2027	01/01/2028	01/01/2029
Discount	AWP - 22.00%	AWP - 22.10%	AWP - 22.20%	AWP - 22.30%	AWP - 22.40%

ADMINISTRATIVE FEES					
	01/01/2025	01/01/2026	01/01/2027	01/01/2028	01/01/2029
PEPM	\$2.00	\$2.00	\$2.00	\$2.00	2.00

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ALLOWANCES					
	01/01/2025	01/01/2026	01/01/2027	01/01/2028	01/01/2029
Audit Allowances	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
General Allowance	\$100,000	\$50,000	\$50,000	\$50,000	\$50,000

Rebates

REBATES					
Formulary	Basic Control with ACSF Formulary				
Plan Design	3 Tier Qualifying				
Rebate Terms	Customer will receive the following minimum rebate guarantees:				
	01/01/2025	01/01/2026	01/01/2027	01/01/2028	01/01/2029
Retail	Greater of 100% or \$301.20 Per Brand Script	Greater of 100% or \$329.64 Per Brand Script	Greater of 100% or \$358.99 Per Brand Script	TBD	TBD
Mail Order/Maintenance Choice	Greater of 100% or \$753.04 Per Brand Script	Greater of 100% or \$808.24 Per Brand Script	Greater of 100% or \$860.39 Per Brand Script	TBD	TBD
Specialty	Greater of 100% or \$3,144.01 Per Brand Script	Greater of 100% or \$3,574.18 Per Brand Script	Greater of 100% or \$3,970.23 Per Brand Script	TBD	TBD

Capitalized terms in the pricing charts above are not intended to reflect defined terms except where specifically noted in the Prescription Drug Services Schedule.

Standard core as well as additional and third-party service options are described in the Aetna Pharmacy Program Summary incorporated herein by reference.

In the event of any inconsistencies between the terms and conditions set forth in this Pharmacy Service and Fee Schedule and the terms and conditions set forth in the Prescription Drug Services Schedule, the term and conditions of this Pharmacy Service and Fee Schedule shall prevail.

“Brand Drug” shall mean drugs or devices for which the Medi-Span Multisource Code field contains “M” (co-branded product), or “N” (single source brand), or “O” (originator) unless the

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Claim processes with MAC pricing, in which case, for purposes of reconciling financial guarantees, the Claim shall be classified as a Generic Drug Claim. For purposes of adjudication, in limited circumstances, Aetna may override the M, N, or O indicators and deem the drug to be a Generic Drug after a review of additional information including other Medi-Span data, FDA application data (NDA/ANDA) and price.

“Generic Drug” shall mean drugs or devices for which the Medi-Span Multisource Code field contains a “Y” (generic). Claims with DAW 5 code (“House Generics”) shall also be classified as Generic Drug Claims. In addition, for purposes of reconciling financial guarantees, Authorized Generics shall be classified as Generic Drug Claims. For purposes of reconciling financial guarantees, all other Claims with Medi-Span Multisource Code of “O” that process with MAC pricing, including DAW 3, 4, and 6, shall be classified as Generic Drug Claims. For purposes of adjudication, in limited circumstances, Aetna may override the M, N, or O indicators and deem the drug to be a Generic Drug after a review of additional information including other Medi-Span data, FDA application data (NDA/ANDA) and price.

“Authorized Generics” shall mean drugs that are produced by an innovator (i.e., the brand manufacturer) under a New Drug Application (NDA), or licensed to be produced by a generic company under the New Drug Application (NDA), and are marketed, sold and/or distributed as generics under private label and as published by the FDA.

Terms & Conditions

The pricing and services set forth herein are subject to the following Terms & Conditions:

- To the extent the pricing and services outlined in this document are part of a renewal to the Customer, the pricing set forth herein is valid for 90 days from the date of such offer.
- This pricing has an effective date of January 1, 2025. In order for Aetna to implement the pricing as set forth above by the effective date, a notification of award must be given 90 days prior to effective date.
- Our renewal assumes that Aetna administers both the medical and pharmacy benefits for Customer on an integrated basis. If Customer elects to use a different vendor to provide medical benefits, then Aetna reserves the right to adjust the pricing contained in this proposal.
- The pricing and services contained herein are limited to prescription drugs dispensed by a Participating Pharmacy to Plan Participants.
- Participating Pharmacy shall give the Plan Participant the benefit of the lesser of (i) the Participating Pharmacy’s Usual and Customary Charge, (ii) MAC (where applicable) or (iii) discounted AWP cost. Participating Pharmacy shall collect and retain from the Plan Participant at the time of dispensing the lesser of (i) the Cost Share; (ii) the Participating Pharmacy’s Usual and Customary Charge, (iii) MAC (where applicable) or (iv) discounted AWP cost.
- MAC Pricing applies at Mail Order.
- Cost Share will be calculated on the basis of the rates charged to the Customer by Aetna for Covered Services, except for fixed copays or where required by law to be otherwise.
- Discounts and Dispensing Fees contained in this Service and Fee Schedule are guaranteed on an

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annual basis, subject to the following conditions:

- Discount and Dispensing Fee guarantees are measured and reconciled individually; surpluses in one or more component guarantees may not be used to offset shortages in other component guarantees.
 - Discount and Dispensing Fee guarantees shall be reconciled and reported to Customer within ninety (90) days following the guarantee period.
 - Discount guarantees are calculated on ingredient cost prior to the application of Plan Participant Cost Share and include zero balance due claims.
 - The following types of Prescription Drug claims are excluded from the Discount and Dispensing Fee guarantees contained herein:
 - o Compound Prescription claims
 - o Limited distribution drug (LDD) claims
 - o Direct Plan Participant reimbursement / out-of-network claims
 - o Coordination of Benefits (COB) or secondary payor claims
 - o In-house pharmacy claims
 - o Vaccines (including for COVID) and other COVID testing-related claims
 - o 340B claims
 - Retail pricing guarantees exclude claims that reflect the Usual & Customary Retail Price.
 - Single Source Generic Drugs are included in the Generic Discount guarantees.
 - Only Specialty Products dispensed by a Specialty Pharmacy are included in the Specialty Pharmacy Discount guarantee listed above. Specialty Products dispensed by Participating Retail Pharmacies are not included in any Discount guarantee listed above.
 - Aetna has assumed 0.00% in-house pharmacy utilization. Aetna reserves the right to re-evaluate the proposed pricing if the actual in-house pharmacy utilization varies from this assumption.
- Pricing and terms in this proposal assume the Customer has elected the Basic Control with ACSF formulary.
 - The proposed formulary includes certain preferred Brand Drugs where the Tier 1 cost share shall be assessed to Members
 - Specialty Network means that Plan Participants are required to use participating Specialty Pharmacies (no fills at retail allowed) ,with the exception of the HIV class which is not required to be dispensed at Specialty Pharmacies.
 - The Overall Effective Discount (OED) offer is conditioned on Aetna being the exclusive provider of Specialty Products through CVS Specialty Pharmacies with the exception of the HIV class and Client implementing and maintaining a generics first plan design for specialty. Aetna may amend the individual Specialty Drug discounts from time to time to manage the financial guarantee. The financial guarantee is measured and reconciled annually across all Specialty Drugs dispensed by Aetna Specialty pharmacy, including through the Specialty

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Connect program, with the exception of the following exclusions (in addition to the standard exclusions).

- New to market Specialty Products

For the items noted here, the following quoted rates shall apply:

- New to market Specialty Products: AWP - 15%
- New to market limited distribution drugs: AWP - 10%

MAC: Certain dosage forms and strengths may not be included on the MAC list and shall be priced at the Specialty Product default rate.

In the event retail leakage increases by a percentage change of 10%, or more, from the effective date of the agreement, Aetna reserves the right to amend pricing.

- Our financial offer does not assume any adoption of the Transform Diabetes Program. If customer offers a Diabetes Management program, either by Aetna or another vendor, the proposed rebates will need to be re-evaluated.
- Rebate guarantees will exclude the claims noted below; however, any Rebate collected by Aetna for such claims will be passed through to the Customer in accordance with the Rebate terms described herein.
- Rebate guarantees may be subject to:
 - The adoption of Specialty Guideline Management (SGM) program
 - Plan performance that is materially the same as the baseline data provided by Customer and relied upon by Aetna, including information regarding enrollment and utilization of pharmacy services.
- The above rebate guarantees exclude:
 - Any other Claim identified as having received 340B program wholesale pricing
 - Compound Drug Claims
 - Paper or Member Submitted Claims
 - Coordination of Benefits (COB) or secondary payor Claims
 - Vaccine and vaccine administration Claims
 - COVID treatment Claims
 - Claims approved by Formulary Exception
- Rebate guarantees assume Advanced Control Specialty Formulary.
- Specialty rebate guarantees apply to Specialty Product claims at all channels.
- Brand drug claims in the HIV therapeutic category are included in the retail rebate guarantees.
- To receive the rebate guarantees noted:
 - Two-tier qualifying plan designs - will consist of an open plan design, with the first tier comprised of Generic Drugs and the second tier comprised of Brand Drugs. There are no requirements for a minimum Cost Share differential between these tiers. The plan design may need to implement

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formulary interventions recommended by Aetna.

- Three-tier non-qualifying plan designs – maintain a first tier comprised of Generic Drugs, a second tier comprised of preferred Brand Drugs, and a third tier comprised of non-preferred Brand Drugs.
- Three-tier qualifying plan designs – maintains a first tier comprised of Generic Drugs, a second tier comprised of preferred Brand Drugs, and a third tier comprised of non-preferred Brand Drugs. The plan design maintains at least a \$15.00 co-payment differential between preferred and non-preferred Brand Drugs, at least a \$15.00 differential in the minimum co- payment for coinsurance, or a differential of coinsurance 1.5 times or 50 percentage points between the preferred and non-preferred Brand Drugs (for example, if preferred brand coinsurance was 20%, non-preferred brand would need to be 30% to qualify).
- Rebate guarantees are measured individually by component and reconciled in the aggregate on an annual basis within 12 months following the end of the Plan year; a surplus in one or more component Rebate guarantees may be used to offset shortages in other component Rebate guarantees.

Allowances

Allowances which are based on the information available to Aetna during this process will be available as of the Effective Date of the Pharmacy Services and Fee Schedule. Aetna will pay related expenses directly to a third-party vendor once the Customer sends the invoice(s) outlining the expenses incurred to Aetna. Invoices must be submitted before the end of each Plan year otherwise the Customer forfeits the funds. Any unused allowance monies at the end of each Plan year will be forfeited. It is the intention of the parties that, for purposes of the Federal Anti-Kickback Statute, this credit shall constitute and shall be treated as discounts against the price of drugs within the meaning of 42 U.S.C. §1320a- 7b(b)(3)(A). The parties acknowledge and agree that the allowances provided by Aetna are commercially reasonable and necessary services related to this Agreement, including without limitation, implementation, audit, communication and/or external data file/feeds, and represent fair market value for the services provided.

Audit Allowance

Aetna is including an audit allowance of up to \$150,000.00 on a Annual basis. The Customer can use this allowance to pay for the costs associated with an audit performed to review claim transactions for the purpose of assessing the accuracy of the benefit determination.

General Allowance

Aetna is including a Year 1 (1/1/2025) general allowance up to \$100,000 and \$50,000 on a

Annual basis for Years 2 through 5 (1/1/2026-1/1/2029). The Customer can use this allowance to pay for implementation, audit or communication related expenses along with external data files or feeds.

Market Check

Once during the second quarter of the second contract year, and at Customer's reasonable request, Aetna and Customer or a mutually agreed upon third party with a signed non-disclosure agreement may review the financial terms of Customer compared to financial offering presented to similar employers in the marketplace as deemed appropriate. The parties agree for the purpose of this market check that Aetna or Customer's representative will compare, among other things, the following factors to determine whether Customer is entitled to such revised pricing terms: (i) the aggregate pricing terms of such applicable customers of comparable size, inclusive of the program savings, the retail pricing for brand and generic drugs, pricing for specialty drugs, administrative fees, rebates and guarantees; (ii) the services provided by Aetna to such customers; and (iii) the plan design of such customers, which may include plan formulary, brand/generic utilization information and mail and retail utilization information, available to Aetna. Customer, or its representative, shall provide Aetna with a report to substantiate its findings. Should the comparison demonstrate that the current market conditions would yield a savings of 2% or more in net costs (i.e. gross costs net of administration fees and rebate guarantees), then the parties will discuss in good faith a revision to the current pricing terms and other applicable contract provisions. If Customer and Aetna agree to any revisions to the financial terms as a result of this review

(i) the agreement shall be amended and (ii) shall be effective January 1 of the contract year following agreement on such revisions, provided that the parties agree on final pricing not less than 120 days prior to the first day of the contract year as to which the revisions are to apply.

Additional Disclosures

The Customer acknowledges that the Discounts and Dispensing Fees contained in this agreement reflect a Transparent or Pass Through pricing arrangement at Retail. Transparent or Pass Through Pricing means the amount charged to the Customer and Plan Participants for network claims shall equal the amount paid to Participating Retail Pharmacy. Maintenance Choice claims dispensed at CVS/pharmacy, if applicable, are exempt from the Transparent Pricing requirements under this Agreement. The amount billed to the Customer will be equal to the amount paid to the participating pharmacies.

The financial provisions in this Agreement are based upon Claims data and membership information provided by Customer (or Customer's authorized representative) during the pricing request process, which shall serve as the baseline. Aetna reserves the right to make an equitable

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adjustment to modify or amend the financial provisions set forth herein in a manner designed to account for the impact of specific triggering events identified below (“Equitable Adjustment”).

1. Greater than 15% change in total membership or Claims volume as compared to the baseline
2. Customer-initiated change to the Benefit Plan Design, or Formulary alignment. To the extent applicable, Aetna will notify Customer in advance of any proposed Equitable Adjustment
3. Product offering decisions by drug manufacturers that result in a reduction of rebates, including the introduction of a lower cost alternative product which may replace an existing rebatable brand product; an unexpected launch of an interchangeable version of a brand product; or a branded product converted to OTC status, recalled or withdrawn from the market; or a material reduction in the Wholesale Acquisition Cost (WAC); or
4. Other events triggering an Equitable Adjustment as detailed below:
 - Legal and/or regulatory changes specific to customers which negatively affects the economic value of the Agreement to a party or the parties under the Agreement, for example restrictions on preferred or limited network arrangements; policy changes impacting drug manufacturers which negatively affect the economic value of the Agreement including the ability to provide or maintain discounts or Rebates; and/or
 - An inability to access, or changes to, industry pricing information (e.g. AWP) required to support the current economic structure of the Agreement.

If one or more of such triggering events occurs, Aetna may initiate a review to determine if an Equitable Adjustment to any of the financial provisions is warranted as a direct result of the triggering event(s).

Aetna will conduct an analysis based upon Customer-specific Claims, utilization, and membership data demonstrating how the triggering event(s) result in the proposed Equitable Adjustment. Any such Equitable Adjustment based upon events #1 or #2 described above shall be effective on the first day that the triggering event occurred. Any such Equitable Adjustment based upon events #3 or #4 described above shall be effective 30 days after notification to Customer. Aetna will provide documentation of the reason for the proposed Equitable Adjustment in addition to a summary analysis demonstrating that the Equitable Adjustment is solely related to the impact of the specific triggering event. Aetna will disclose necessary facts and data to an independent auditor for validation.

Aetna reserves the right to modify its products, services, and fees, and to recoup any costs, taxes, fees, or assessments, in response to legislation, regulation or requests of government authorities. Any taxes or fees (assessments) applied to self-funded benefit Plans related to The Patient Protection and Affordable Care Act (PPACA) will be solely the obligation of the Customer. The pharmacy pricing contained herein does not include any such Customer liability.

Rebate Payment Terms

Rebates will be distributed on a quarterly basis by claim wire credit.

Rebate collections are paid quarterly one hundred and eighty (180) days after the quarter ends. Rebates are calculated and paid in accordance with the terms and conditions of this Agreement.

Earned Rebates are distributed in March, June, September and December each contract year.

Rebates are paid on Prescription Drugs dispensed by Participating Pharmacies and covered under Customer's Plan. Rebates are not available for Claims arising from Participating Pharmacies dispensing Prescription Drugs subject to either their (i) own manufacturer Rebate contracts or (ii) participation in the 340B Drug Pricing Program codified as Section 340B of the Public Health Service Act or other Federal government pharmaceutical purchasing program. The Customer shall adopt the formulary indicated in the rebates section of this Service and Fee Schedule in order to be eligible to receive Rebates.

When remitting and reconciling minimum Rebate guarantees, Aetna may add Rebate Credit value to the total Rebates remitted to Customer for each respective Rebate component. Rebate Credits shall consist of (i) the differential between the Wholesale Acquisition Cost (WAC) of a lower net cost Brand Covered Product, including but not limited to a Biosimilar (Low Cost Brand) Claim processed and the WAC of the reference Brand Drug, subject to the below cap; and/or (ii) the value of price reductions for rebateable products that have experienced a WAC decrease, measured as the differential between the Baseline WAC of the product and the WAC of the product when the Claim is processed, subject to the below cap. The Baseline WAC will be the WAC of the product prior to a reduction in WAC or, as applicable, for Low Cost Brands, the Baseline WAC will be the WAC of the reference Brand Drug at the time of Claim processing.

In no way will the Rebate Credit exceed the Baseline Rebate less the earned Rebates on either the Low Cost Brand or the rebateable product that has experienced a WAC decrease. Baseline Rebate is calculated as follows: in the year the price reduction occurred, Baseline Rebate will be the Rebate available for coverage of the product prior to the WAC reduction or, as applicable, for Low Cost Brands the Baseline Rebate will be the Rebate available for coverage of the reference Brand Drug on the date of claim processing. For a product experiencing a WAC reduction in subsequent years, the Baseline Rebate will increase over the prior year Baseline Rebate at the WAC inflation rate of the GPI subclass (GPI-6) of the applicable product. The following products will be eligible for the Rebate Credit: (1) Any Biosimilar product processed where Humira or Stelara are the reference Brand Drug; (2) any Insulin product that experienced a WAC decrease; and (3) any other products as mutually agreed in writing by Customer and Aetna. Aetna will provide 60 days advance notice of any applicable Covered Product that qualifies for Rebate Credits and that will be added to list of products eligible for the Rebate

Credit. Aetna shall provide Customer specific reporting upon Customer request demonstrating the net-cost impact in the therapeutic category. Additional 340B reconciliation and true-up may occur post annual minimum Rebate guarantee reconciliation.

If this Agreement is terminated by Aetna for the Customer's failure to meet our obligations to fund benefits or pay administrative fees (medical or pharmacy) under the Agreement, Aetna shall be entitled to deduct deferred administrative fees or other plan expenses from any future rebate payments due to the Customer following the termination date.

Formulary Management

Aetna offers several versions of formulary options for Customer to consider and adopt as Customer's Formulary. The formulary options made available to Customer will be determined and communicated by Aetna prior to the implementation date. Customer agrees and acknowledges that it is adopting the Formulary as a matter of its plan design and that Aetna has granted Customer the right to use one of our Formulary options during the term of the Agreement solely in connection with the Plan, and to distribute or make the Formulary available to Plan Participants. As such, Customer acknowledges and agrees that it has sole discretion and authority to accept or reject the Formulary that will be used in connection with the Plan. Customer further understands and agrees that from time to time Aetna may propose modifications to the drugs and supplies included on the Formulary as a result of factors, including but not limited to, market conditions, clinical information, cost, rebates and other factors.

Customer also acknowledges and agrees that the Formulary options provided to it by Aetna is the business confidential information of Aetna and is subject to the requirements set forth in the Agreement.

Other Payments

The term Rebates as defined in the Prescription Drug Services Schedule does not mean or include any manufacturer administrative fees that may be paid by pharmaceutical manufacturers to cover the costs related to the reporting and administration of the pharmaceutical manufacturer agreements. Such manufacturer administrative fees are not shared with Customer hereunder.

Aetna may also receive other payments from drug manufacturers and other organizations that are not Rebates. These payments are generally for one of two purposes: (i) to compensate Aetna for bona fide services it performs, such as the analysis or provision of aggregated data or (ii) to reimburse Aetna for the cost of various educational and other related programs, such as programs to educate physicians and members about clinical guidelines, disease management and other effective therapies. These payments are not considered Rebates and are not included in Rebate sharing arrangements with Customers.

Aetna may also receive network transmission fees from our network pharmacies for services we

provide for them. These amounts are not considered Rebates and are not shared with Customers. These amounts are also not considered part of the calculation of claims expense for purposes of Discount Guarantees, if applicable.

Customer agrees that the amounts described above are not compensation for services provided under this Agreement by either Aetna or CVS Caremark and instead are received by Aetna in connection with network contracting, provider education and other activities Aetna conducts across our book of business. Customer further agrees that the amounts described above belong exclusively to Aetna or its affiliate, CVS Caremark, and Customer has no right to, or legal interest in, any portion of the aforesaid amounts received by Aetna or CVS Caremark.

Rebates for Specialty Products that are administered and paid through the Plan Participant's medical benefit rather than the Plan Participant's pharmacy benefit will be retained by Aetna as compensation for Aetna's efforts in administering the preferred Specialty Products program. Payments or rebates from drug manufacturers that compensate Aetna for the cost of developing and administering value-based rebate contracting arrangements when drug therapies underperform thereunder also will be retained by Aetna.

Early Termination

In the event Customer terminates Aetna's arrangement of prescription drug benefit services as described in the Prescription Drug Services Schedule and Pharmacy Service and Fee Schedule to the Agreement prior to December 31, 2029 (an "Early Termination") Aetna shall retain any earned but unpaid rebates as of the Early Termination date subject to any exception thereto provided herein.

In the event of an Early Termination, the pharmacy guarantees described hereunder, if any, shall be considered null and void for the Plan year and, therefore, not subject to reconciliation.

In addition, in the event Customer terminates the Agreement prior to the expiration of the initial term for any reason other than for Aetna's material breach, Customer shall refund, prior to the termination date, to Aetna all allowances described herein and received by Customer for the unfulfilled term on a prorated basis.

Aetna's remedies as described immediately above are liquidated damages and shall not be characterized as a penalty (collectively, the "Early Termination Fee"). Unless otherwise agreed in writing by the parties, such Early Termination Fee will be due and paid in full within sixty (60) days after the termination effective date.

Late Payment Charges

If the Customer fails to provide funds on a timely basis to cover benefit payments and/or fails to pay service fees on a timely basis as required in the Agreement, Aetna will assess a late payment

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charge. The current charges are outlined below:

- i. Late funds to cover benefit payments (e.g., late wire transfers): 12.0% annual rate
- ii. Late payments of Service Fees: 12.0%, annual rate

In addition, Aetna will make a charge to recover our costs of collection including reasonable attorney's fees. We will notify the Customer of any changes in late payment interest rates. The late payment charges described in this section are without limitation to any other rights or remedies available to Aetna under the Agreement or at law or in equity for failure to pay.

Pharmacy Audit Rights and Limitations

Customer is entitled to one annual Rebate audit, subject to the audit terms and conditions outlined in the Prescription Drug Services Schedule.

Customer is entitled to an annual electronic claim audit subject to standard pharmacy benefit audit practices and audit terms and conditions outlined in the Prescription Drug Services Schedule.

Pharmacy audits shall be conducted at the Customer's own expense unless otherwise agreed to between the Customer and Aetna.

[Remainder of this page left intentionally blank.]

IN WITNESS WHEREOF, this First Amendment of the Agreement has been signed and sealed, in duplicate, by the respective parties hereto. Each individual signing this Agreement directly and expressly warrants that he/she has been given and has received and accepted authority to sign and execute the Agreement on behalf of the party for whom it is indicated he/she has signed, and further has been expressly given and received and accepted authority to enter into a binding agreement on behalf of such party with respect to the matters contained herein and as stated herein.

DATED 1/14/2025 | 9:14 AM EST by the Lee County Board of County Commissioners.

COUNTY: LEE COUNTY, FLORIDA

Signed by:
BY: Angela Pruitt
4EAE6B8E5DAC46C...
Angela Pruitt
Director of Human Resources, on behalf of the
Board of County Commissioners

APPROVED as to Form for the Reliance of
Lee County Only

Signed by:
BY: Andrea Fraser
D7B0A432435E448...
County Attorney's Office

DATED this 10th day of January, 2025 by Aetna Life Insurance Company

ATTEST:

Inta Rubin
(Witness)

BY: Natalie Gonder Jones
Authorized Signature

Natalie Gonder Jones

Authorized Signature Printed Name

Director, Sales & Service

Authorized Signature Title

ATTACHMENT 1



Aetna Pharmacy Program summary – Core Services

Unless otherwise specified, the services outlined below are available at no additional cost for our Customers and Members.

PBM Services	
Included in Core Services	
PBM Benefit Administration	Member Services
<ul style="list-style-type: none"> Maintenance Choice Aetna Standard Preventive Drug List (HDHP) Aetna Standard Preventive Drug List (ACA) Integrated retail, mail and specialty claims with medical benefit claims in real-time Benefit Automation Loading Client Benefit Plan RxSavingsPlus Savings Program Generic Substitution/DAW Penalties 	<ul style="list-style-type: none"> Member Services Call Center – Available 24/7 Real-Time Benefits Aetna Health Mobile App and Internet Tools Price-A-Drug Tool available at aetna.com or through our mobile app, Aetna Health
Member Communication Materials	Customer Services
<ul style="list-style-type: none"> Initial Implementation benefits communication materials, printed and online support Member specific e-mail communications Aetna Integrated Pre- and Post-enrollment materials Clinical program member letters, including transition letters for formulary changes/updates Informational brochures for using the CVS Caremark Mail Service Pharmacy, including order forms Member-specific formulary and plan design Aetna Health website and app brochures 	<ul style="list-style-type: none"> Claim funding and banking arrangements integrated with your Aetna medical plan Consultative services Education materials on key healthcare topics Implementation support including eligibility loading and ongoing additions/deletions Regulatory and compliance support by specific line of business Meetings to discuss program performance Account Management Client Authorized Override Member Satisfaction Surveys Post Rejection Communications (PRC) Proactive Retail Refill Notice
Claims Processing Services	Mail Service Pharmacy
<ul style="list-style-type: none"> Online, Point-of-Service (POS) claims adjudication with real-time integration with medical claims 	<ul style="list-style-type: none"> Use of CVS Caremark Mail Service Pharmacies Information System Infrastructure & Maintenance Profile/order form and return envelope Member counseling labels – drug specific First time fill prescription processing
Online Customer Access	
<ul style="list-style-type: none"> Online Services (on-site eligibility maintenance and prior authorization overrides-viewing member claims history) 	

- Website Access allowing customized dashboard creating for members--keep



AETNA PHARMACY PROGRAM SUMMARY – CORE SERVICES

Analytics and Reporting	
Included in Core Services	
Analytic Support	Analytic Support cont.
<ul style="list-style-type: none"> • Aetna Report Rx self-service reporting tool suite for up to 10 Customer users • RxNavigator Self-Service Reporting Tool Suite • E Tool Access (Self Service for Rx Insight Reports) 	<ul style="list-style-type: none"> • Claim detail reporting combined with medical reporting through the new reporting tool, ART
<ul style="list-style-type: none"> • Account Team Supported Reporting • Clinical Program Opportunity Analysis 	<ul style="list-style-type: none"> • Quarterly clinical and financial reports based on aggregate customer utilization

Formulary	
Included in Core Services	
Standard Formulary Administration	Standard Formulary Administration cont.
<ul style="list-style-type: none"> • Formulary maintenance 	<ul style="list-style-type: none"> • Rebate administration
<ul style="list-style-type: none"> • Formulary exclusions lists 	<ul style="list-style-type: none"> • Point of Sale (POS) Rebates Type 3
<ul style="list-style-type: none"> • Hyperinflation management 	<ul style="list-style-type: none"> • Compound Management

Clinical Programs and Utilization Management Edits	
Included in Core Services	
Clinical Solutions	Clinical Solutions cont.
<ul style="list-style-type: none"> • Diabetic Meter Program • Standard Utilization Management edits, including quantity limits and step therapy • Pharmacy Advisor Support – Automatic refill and renewal programs 	<ul style="list-style-type: none"> • Dose Optimization • Core Medication Management: Closing Gaps in Medication Therapy • Retrospective Safety Review • Point of Sale (POS) Drug Safety Alerts
<ul style="list-style-type: none"> • Pharmacy Advisor Support – Adherence to Drug Therapy 	<ul style="list-style-type: none"> • Member and Physician clinical education
<ul style="list-style-type: none"> • Smart Edit overrides 	<ul style="list-style-type: none"> • Global safety edits
<ul style="list-style-type: none"> • Opioid safety edits 	<ul style="list-style-type: none"> • Compound drugs management
<ul style="list-style-type: none"> • Maximum pay edits • Mail Order DAW Solution 	<ul style="list-style-type: none"> • Select OTC Coverage



AETNA PHARMACY PROGRAM SUMMARY – CORE SERVICES

Specialty	
Included in Core Services	
Specialty Clinical Solutions <ul style="list-style-type: none"> Specialty Starter Fill <p>AccordantCare Specialty</p> <ul style="list-style-type: none"> Proactively supports and empowers Members with rare conditions to manage their whole condition, not just adherence to their medication (beyond traditional specialty pharmacy care). Members identified by Aetna Specialty dispense for nine (9) specialty conditions. Available to Customers who use the Aetna Specialty Performance Network. 	Specialty Support cont. <ul style="list-style-type: none"> Specialty Expedite Specialty Connect Digital - Secure Messaging First time fill prescription processing Specialty CareTeam Patient Assistance Program
Specialty Benefit Administration <ul style="list-style-type: none"> Specialty Guideline Management (SGM) – criteria development and maintenance Specialty Copay Card Plan Designs Standard Specialty Product List Exclusive Specialty Grace Fill Member Letter (Under Member Communication Materials) 	Specialty Pharmacy <ul style="list-style-type: none"> Use of the CVS Specialty Pharmacy network with full integration of retail, mail and specialty claims Information System Infrastructure & Maintenance Member Onboarding Member counseling label – drug specific Supply Management Optimization (SMO) (Exclusive and Preferred Specialty Customers) Specialty Connect Digital Secure Messaging Specialty Expedite Specialty CareTeam

Digital	
Included in Core Services	
Standard Digital Services <ul style="list-style-type: none"> Open enrollment links Aetna.com configurations 	Standard Digital Services cont. <ul style="list-style-type: none"> Single Sign on (SSO) Integrated medical and pharmacy websites



AETNA PHARMACY PROGRAM SUMMARY – CORE SERVICES

Mandatory Fees

The services outlined below are associated with meeting federal, state, and local regulatory compliance requirements

Regulatory Programs	Member Threshold, if any	Fee	Basis
State Regulatory Impact Assessment¹		\$0.30	Per Retail Claim Only
Traditional Pricing Auxiliary Fee²		\$1.50	Per Retail Claim Only
Retail Network Pharmacy Third Party Appeal		Pass through Fees Per Review	

¹Applies to claims in select states with relevant regulatory requirements. The current list of states includes AL, AR, AZ, CO, DE, FL, GA, IA, LA, MD, MI, ND, NM, OK, SD, MS, NJ, TN, VA, TX, WA, WV, WY and is subject to change

²Applicable to clients under Traditional pricing arrangements only. Applies to claims in states with extraterritorial regulations requiring transparent pricing. The current list of states includes AR, FL, OK, TN, WV and is subject to change.



AETNA PHARMACY PROGRAM SUMMARY – ADDITIONAL SERVICES

Custom Formulary	Fee	
Custom Formulary and Maintenance , including services such as: <ul style="list-style-type: none"> • Custom UM Criteria • Custom Exclusion Lists • Custom Preventive Lists • Hyperinflation Management • Compound Management • Net Cost Analysis and Consultation 	\$100,000	
Enhanced Safety, Adherence and Gaps in Care Programs	Fee	Basis*
Pharmacy Advisor Counseling at CVS Pharmacy ¹	\$0.25**	PMPM
Pharmacy Advisor Counseling All Channels ¹	\$0.60**	PMPM
Pharmacy Advisor Counseling Retail All Channels ¹	\$0.60**	PMPM
Integrated Fraud and Safety Solutions	\$0.06	PMPM
Drug Savings Review (DSR) (2:1 ROI over 1 year) ²	\$0.30	PMPM
Precertification	Fee	Basis
Clinical and Non-Clinical Review		
• Precertification	\$45.00	Per review
• Formulary Exceptions	\$45.00	Per review
• Wegovy Cardiovascular	\$45.00	Per review
Specialty Precertification	Fee	Basis
Specialty Guideline Management (SGM) Precertification	\$45.00	Per review
Vendor Transition Files	Fee	Basis
Termination files for all open mail service and specialty pharmacy refill files (one test and two production files)	\$5,200	As listed
Specialty User Report (SUR) – specialty pharmacy file	\$1,500	Per file
Precertification history	\$3,500	Per file
Accumulator files	\$1,000	Per file
Historical claims data	\$1,000	Per file
Additional Services	Fee	Basis
Custom programming (includes customer-specific data file formats, reporting, or IT systems work)	\$150	Per Hour

Standard on-going claim files to third-parties (includes Universal Pharmacy Claim File)	\$500	\$500 for initial set up and \$500 per file for ongoing frequencies.
Aetna Report Rx Self-Service Reporting Tool License over 10 Customer users	\$1,500	Per License
Caremark Cost Saver™³	\$0.00	Optional
Vaccine Program Management Fee	\$0.05	PMPM
Shipping and Handling of Temperature Sensitive Products	\$22.00	Per Non-Specialty Mail Rx Temperature Sensitive



AETNA PHARMACY PROGRAM SUMMARY – ADDITIONAL SERVICES

Additional Specialty Programs	Fee	Basis
Custom Specialty Network - When Accreditation Support is Required		Quoted Upon Request

Charges for services not identified above and/or changes in financial terms resulting from a change in the scope of services shall be quoted upon request.

Pricing noted above for programs not implemented within twelve (12) months from the time of pricing negotiations is subject to change.

NOTES:

¹ Pharmacy Advisor Counseling Additional Terms:

- (a) Customer may terminate the Pharmacy Advisor Counseling program by providing Aetna at least 60-days prior written notice.
- (b) The pricing described above for Pharmacy Advisor Counseling program is based on the following conditions:
 - (i) In the event Customer desires to include additional lines of business, implement a portion of the Plan Participants, or reduces the Plan Participants participating in the Pharmacy Advisor program, Aetna may revise pricing for the program.
 - (ii) Customer agrees to implement all the current conditions in Pharmacy Advisor Counseling: Asthma/COPD, Breast Cancer, Depression, Diabetes, Cardiovascular conditions, and Osteoporosis.
 - (iii) The above pricing reflects the current program and future program expansions may require an additional fee.

² Drug Savings Review Additional Terms:

Aetna guarantees that the gross Customer savings realized from DSR Program over the first Clinical Program Year shall be 200% of the DSR Program fees paid by Customer during the first Clinical Program Year. For the subsequent Clinical Program Years, Aetna guarantees that the gross Customer savings realized from DSR Program shall be 300% of the DSR Program fees paid by Customer during subsequent Clinical Program Years. "Clinical Program Year" means the twelve (12) month period commencing on the start date of the Drug Savings Review Program and each full consecutive twelve (12) month period thereafter that the Drug Savings Review program is provided. In the event Aetna fails to meet the targeted savings, Customer shall be credited for any guaranteed savings short-fall following the end of the applicable Clinical Program Year, up to the amount of fees paid by Customer for the Drug Savings Review Program during the Clinical Program Year. Reconciliation will occur during the quarter after the conclusion of Clinical Program Year.

Aetna may revise the performance guarantee at time of reconciliation in a manner designed to account for membership shifts of 20% or more during the Clinical Program Year. The performance guarantee offered for the Drug Savings Review Program is conditioned on (1) Customer maintaining a monthly average of at least 1,500 Members throughout the Clinical Program Year and (2) Customer participating in the Drug Savings Review Program for the entire Clinical Program Year.

³ Caremark Cost Saver™: The pricing in the Pharmacy Service and Fee Schedule assumes the use of the Caremark Cost Saver™ program, under which Aetna may compare the price available under the Aetna contracted network with the price available through a non-Aetna contracted network if available for that pharmacy. If the price is lower through a non-Aetna contracted network (including an

administrative fee paid to the third-party that contracts the network), the Claim will be processed through that network. These Claims are included in the reconciliation of all financial guarantees. In these instances, the prescription through retail may be less than the same Drug, dosage form, and dose through mail on the same day of adjudication.

***DEFINITIONS:**

PMPM = Per Member Per Month

PEPM = Per Employee Per Month

****if** retiree membership is over 15%, referral needed to review for custom pricing.



AETNA PHARMACY PROGRAM SUMMARY – THIRD-PARTY SERVICES

The services outlined below are provided by third party providers.

Optional Third-Party Services	Fee
<p>PrudentRx Copay Optimization</p> <ul style="list-style-type: none">• The PrudentRx offering minimizes the impact of manufacturer copay cards, targeting all Specialty Drugs, including highly utilized classes such as hepatitis C, autoimmune, oncology and multiple sclerosis, to drive maximum value for Customers while providing Members with \$0 out-of-pocket costs.• Customers contract directly with PrudentRx for this service.• Program costs are a percentage of shared savings billed monthly by PrudentRx. Aetna does not charge any fees to Customer to support the PrudentRx Copay Optimization services.	<p>Quoted by Prudent Rx upon request</p>

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Acromegaly	BYNFEZIA PEN	5.90%
Acromegaly	LANREOTIDE ACETATE INJ	12.70%
Acromegaly	OCTREOTIDE	66.20%
Acromegaly	SANDOSTATIN	12.70%
Acromegaly	SOMATULINE	13.10%
Acromegaly	SOMAVERT	12.00%
Alcohol Dependency	PROBUPHINE	16.90%
Alcohol Dependency	SUBLOCADE	13.90%
Alcohol Dependency	VIVITROL	12.70%
Allergen Immunotherapy	ORALAIR	4.20%
Allergen Immunotherapy	PALFORZIA	5.90%
Allergic Asthma	CINQAIR	11.00%
Allergic Asthma	DUPIXENT_ASTMHA	15.60%
Allergic Asthma	FASENRA	12.20%
Allergic Asthma	NUCALA	12.00%
Allergic Asthma	TEZSPIRE	12.70%
Allergic Asthma	XOLAIR	13.80%
Alpha-1 Antitrypsin Deficiency	ARALAST NP	15.20%
Alpha-1 Antitrypsin Deficiency	GLASSIA	15.20%
Alpha-1 Antitrypsin Deficiency	ZEMAIRA	15.20%
Amyloidosis	AMVUTTRA	11.40%
Amyloidosis	ONPATTRO	11.40%
Amyloidosis	VYNDAMAX	12.90%
Amyloidosis	VYNDAQEL	10.10%
Anemia	ARANESP	10.10%
Anemia	ENJAYMO	5.90%
Anemia	EPOGEN	4.60%
Anemia	PROCRIT	9.70%
Anemia	REBLOZYL	12.20%
Anemia	RETACRIT	3.30%
Atopic Dermatitis	ADBRY	14.20%
Atopic Dermatitis	CIBINQO	11.80%
Atopic Dermatitis	DUPIXENT_ATOPIC DERMATITIS	15.60%
Bone Disorders - Other	VOXZOGO	11.40%
Botulinum Toxins	DYSPOET	9.50%
Botulinum Toxins	MYOBLOC	9.10%
Botulinum Toxins	XEOMIN	8.40%
Cardiac Disorders	CAMZYOS	9.50%
Cardiac Disorders	DOFETILIDE	75.90%
Cardiac Disorders	TIKOSYN	9.90%
Coagulation Disorders	CEPROTIN	12.70%
Contraceptives	KYLEENA	7.40%
Contraceptives	LILETTA	8.80%
Contraceptives	MIRENA	6.70%
Contraceptives	NEXPLANON	7.60%
Contraceptives	SKYLA	6.30%
Cryopyrin Associated Periodic Syndromes	ARCALYST	11.80%
Cryopyrin Associated Periodic Syndromes	ILARIS	13.30%
Cystic Fibrosis	BETHKIS	10.10%
Cystic Fibrosis	BRONCHITOL	10.80%
Cystic Fibrosis	CAYSTON	12.20%
Cystic Fibrosis	KITABIS PAK	14.40%
Cystic Fibrosis	PULMOZYME	11.80%
Cystic Fibrosis	TOBI	12.50%
Cystic Fibrosis	TOBI PODHALER	12.50%
Cystic Fibrosis	TOBRAMYCIN	50.40%
Dupuytren's Contracture	XIAFLEX	5.90%
Electrolyte Disorders	SAMSCA	13.10%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Electrolyte Disorders	TOLVAPTAN	42.90%
Endocrine Disorders	CORTROPHIN	9.90%
Enzyme Deficiency Disorders - Other	NITISINONE	32.00%
Gastrointestinal	GATTEX	12.00%
Gastrointestinal	MYTESI	12.00%
Gastrointestinal	OCALIVA	11.40%
Gastrointestinal	SOLESTA	10.10%
Gout	KRYSTEXXA	13.10%
Growth Hormone	EGRIFTA	12.70%
Growth Hormone	GENOTROPIN	12.20%
Growth Hormone	HUMATROPE	13.90%
Growth Hormone	INCRELEX	15.00%
Growth Hormone	MACRILEN	12.20%
Growth Hormone	NORDITROPIN	20.40%
Growth Hormone	NUTROPIN	11.80%
Growth Hormone	OMNITROPE	11.60%
Growth Hormone	SAIZEN	12.50%
Growth Hormone	SEROSTIM	12.90%
Growth Hormone	SKYTROFA	18.20%
Growth Hormone	ZOMACTON	9.70%
Growth Hormone	ZORBTIVE	13.30%
Hematopoietics	MOZOBIL	13.10%
Hemophilia	ADVATE	36.90%
Hemophilia	ADYNOVATE	30.50%
Hemophilia	AFSTYLA	33.90%
Hemophilia	ALPHANATE	33.90%
Hemophilia	ALPHANINE SD	35.60%
Hemophilia	ALPROLIX	18.60%
Hemophilia	BENEFIX	17.80%
Hemophilia	COAGADEX	27.50%
Hemophilia	CORIFACT	26.30%
Hemophilia	ELOCTATE	23.70%
Hemophilia	ESPEROCT	24.60%
Hemophilia	FEIBA	26.30%
Hemophilia	FIBRYGA	10.10%
Hemophilia	HEMLIBRA	20.60%
Hemophilia	HEMOFIL M	37.30%
Hemophilia	HUMATE-P	31.40%
Hemophilia	IDELVION	17.80%
Hemophilia	IXINITY	22.90%
Hemophilia	JIVI	23.70%
Hemophilia	KOATE	39.90%
Hemophilia	KOGENATE	39.00%
Hemophilia	KOVALTRY	38.20%
Hemophilia	MONONINE	24.10%
Hemophilia	NOVOEIGHT	35.60%
Hemophilia	NOVOSEVEN RT	24.60%
Hemophilia	NUW/IQ	32.20%
Hemophilia	OBIZUR	8.40%
Hemophilia	PROFILNINE SD	16.90%
Hemophilia	REBINYN	21.20%
Hemophilia	RECOMBINATE	34.80%
Hemophilia	RIASTAP	23.70%
Hemophilia	RIXUBIS	27.50%
Hemophilia	SEVENFACT	15.60%
Hemophilia	STIMATE	11.00%
Hemophilia	TRETTEN	11.80%
Hemophilia	VONVENDI	9.70%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Hemophilia	WILATE	38.20%
Hemophilia	XYNTHA	35.60%
Hepatitis B	ADEFOVIR DIPIVOXIL	52.20%
Hepatitis B	BARACLUDE	10.50%
Hepatitis B	ENTECAVIR	78.00%
Hepatitis B	EPIVIR HBV	1.60%
Hepatitis B	HEPSERA	10.50%
Hepatitis B	LAMIVUDINE_HEPB	63.90%
Hepatitis B	VELMIDY	8.40%
Hepatitis C	EPCLUSA	15.20%
Hepatitis C	HARVONI	15.20%
Hepatitis C	LEDIPASVIR/SOFOSBUVIR	15.20%
Hepatitis C	MAVYRET	14.80%
Hepatitis C	PEGASYS	11.00%
Hepatitis C	PEG-INTRON	14.20%
Hepatitis C	RIBAVIRIN	70.40%
Hepatitis C	SOFOSBUVIR/VELPATASVIR	15.20%
Hepatitis C	SOVALDI	15.20%
Hepatitis C	VIEKIRA PAK	12.90%
Hepatitis C	VOSEVI	14.80%
Hepatitis C	ZEPATIER	15.60%
Hereditary Angioedema	BERINERT	14.40%
Hereditary Angioedema	CINRYZE	11.40%
Hereditary Angioedema	FIRAZYR	11.80%
Hereditary Angioedema	HAEGARDA	11.40%
Hereditary Angioedema	ICATIBANT ACETATE	30.40%
Hereditary Angioedema	KALBITOR	12.00%
Hereditary Angioedema	RUCONEST	12.20%
Hereditary Angioedema	TAKHZYRO	11.40%
HIV	ABACAVIR	64.90%
HIV	ABACAVIR SULFATE-LAMIVUDINE	76.40%
HIV	ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE	65.40%
HIV	APRETUDE	11.80%
HIV	APTIVUS	11.80%
HIV	ATAZANAVIR SULFATE	66.80%
HIV	ATRIPLA	12.50%
HIV	BIKTARVY	14.10%
HIV	CABENUVA	11.80%
HIV	CIMDUO	9.90%
HIV	COMBIVIR	9.50%
HIV	COMPLERA	12.20%
HIV	CRIXIVAN	8.00%
HIV	DELSTRIGO	11.00%
HIV	DESCOVY	11.20%
HIV	DIDANOSINE	48.00%
HIV	DOVATO	11.40%
HIV	EDURANT	10.50%
HIV	EFAVIRENZ	67.00%
HIV	EFAVIRENZ/LAMIVUDINE/TENOFOVIR	52.50%
HIV	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	75.10%
HIV	EMTRICITABINE	47.70%
HIV	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	79.20%
HIV	EMTRIVA	6.30%
HIV	EPIVIR	2.30%
HIV	EPZICOM	11.20%
HIV	ETRAVIRINE	48.30%
HIV	EVOTAZ	11.60%
HIV	FOSAMPRENAVIR	55.30%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
HIV	FUZEON	12.20%
HIV	GENVOYA	12.20%
HIV	INTELENCE	11.00%
HIV	INVIRASE	10.50%
HIV	ISENTRESS	11.40%
HIV	JULUCA	11.80%
HIV	KALETRA	10.50%
HIV	LAMIVUDINE/ZIDOVUDINE	66.00%
HIV	LAMIVUDINE_HIV	66.50%
HIV	LEXIVA	11.40%
HIV	LOPINAVIR/RITONAVIR	44.40%
HIV	MARAVIROC	48.00%
HIV	NEVIRAPINE	73.70%
HIV	NORVIR	4.20%
HIV	ODEFSEY	12.20%
HIV	PIFELTRO	9.90%
HIV	PREZCOBIX	11.60%
HIV	PREZISTA	11.40%
HIV	RESCRIPTOR	4.00%
HIV	RETROVIR	5.70%
HIV	REYATAZ	11.40%
HIV	RITONAVIR	62.60%
HIV	RUKOBIA	12.90%
HIV	SELZENTRY	11.60%
HIV	STAVUDINE	48.00%
HIV	STRIBILD	12.20%
HIV	SUNLENCA	5.90%
HIV	SUSTIVA	10.80%
HIV	SYMFI	10.80%
HIV	SYM TUZA	12.20%
HIV	TEMIXYS	6.10%
HIV	TENOFOVIR DISOPROXIL FUMA	78.30%
HIV	TIVICAY	11.60%
HIV	TRIUMEQ	12.20%
HIV	TRIZIVIR	11.80%
HIV	TROGARZO	11.60%
HIV	TRUVADA	11.60%
HIV	TYBOST	2.70%
HIV	VIDEX	4.20%
HIV	VIRACEPT	11.00%
HIV	VIRAMUNE	10.10%
HIV	VIRAMUNE XR	9.70%
HIV	VIREAD	11.00%
HIV	ZIAGEN	4.60%
HIV	ZIDOVUDINE	70.60%
Hormonal Therapies	AVEED	9.30%
Hormonal Therapies	ELIGARD	10.10%
Hormonal Therapies	FENSOLVI	14.20%
Hormonal Therapies	FIRMAGON	2.70%
Hormonal Therapies	LEUPROLIDE ACETATE	19.80%
Hormonal Therapies	LEUPROLIDE ACETATE_BRAND	8.00%
Hormonal Therapies	LUPANETA PACK	11.40%
Hormonal Therapies	LUPRON DEPOT	12.50%
Hormonal Therapies	NATPARA	11.80%
Hormonal Therapies	SUPPRELIN	13.30%
Hormonal Therapies	TRELSTAR	11.20%
Hormonal Therapies	VANTAS	10.80%
Hormonal Therapies	ZOLADEX	6.70%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
I.V.I.G.	ASCENIV	9.50%
I.V.I.G.	BIVIGAM	8.80%
I.V.I.G.	CARIMUNE	7.10%
I.V.I.G.	CUTAQUIG	9.70%
I.V.I.G.	CUVITRU	27.50%
I.V.I.G.	CYTOGAM	5.90%
I.V.I.G.	FLEBOGAMMA	11.80%
I.V.I.G.	GAMASTAN S/D	0.00%
I.V.I.G.	GAMMAGARD	32.20%
I.V.I.G.	GAMMAGARD LIQUID	36.50%
I.V.I.G.	GAMMAKED	12.20%
I.V.I.G.	GAMMAPLEX	38.20%
I.V.I.G.	GAMUNEX	28.00%
I.V.I.G.	HEPAGAM B	0.00%
I.V.I.G.	HIZENTRA	38.20%
I.V.I.G.	HYPERHEP B	0.00%
I.V.I.G.	HYPERRHO S/D	0.00%
I.V.I.G.	HYQVIA	28.80%
I.V.I.G.	MICRHOGAM	0.00%
I.V.I.G.	NABI-HB	7.60%
I.V.I.G.	OCTAGAM	38.20%
I.V.I.G.	PANZYGA	11.80%
I.V.I.G.	PRIVIGEN	37.30%
I.V.I.G.	RHOGAM	0.00%
I.V.I.G.	RHOPHYLAC	0.00%
I.V.I.G.	VARIZIG	0.00%
I.V.I.G.	WINRHO	11.00%
I.V.I.G.	XEMBIFY	26.30%
Infectious Disease	ACTIMMUNE	13.50%
Infectious Disease	ALFERON N	7.60%
Infectious Disease	NUZYRA	13.50%
Infectious Disease	XENLETA	10.30%
Infertility	CETRORELIX ACETATE	28.00%
Infertility	CETROTIDE	8.80%
Infertility	CHORIONIC GONADOTROPIN	0.00%
Infertility	FOLLISTIM AQ	12.70%
Infertility	FYREMADEL	41.90%
Infertility	GANIRELIX ACETATE	8.60%
Infertility	GANIRELIX ACETATE_BRAND	5.90%
Infertility	GONAL-F	12.20%
Infertility	MENOPUR	11.80%
Infertility	NOVAREL	0.00%
Infertility	OVIDREL	0.00%
Infertility	PREGNYL	0.00%
Inflammatory Bowel Disease	CIMZIA	13.70%
Inflammatory Bowel Disease	ENTYVIO	12.50%
Inflammatory Bowel Disease	RENFLEXIS	15.00%
Iron Overload	DEFERASIROX	79.40%
Iron Overload	DEFERIPRONE	32.00%
Iron Overload	DEFEROXAMINE	39.20%
Iron Overload	DESFERAL	11.80%
Iron Overload	EXJADE	12.90%
Iron Overload	JADENU	12.90%
Lysosomal Storage Diseases	ALDURAZYME	12.50%
Lysosomal Storage Diseases	CERDELGA	11.20%
Lysosomal Storage Diseases	CEREZYME	12.50%
Lysosomal Storage Diseases	CYSTAGON	0.00%
Lysosomal Storage Diseases	ELAPRASE	11.60%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Lysosomal Storage Diseases	ELELYSO	12.50%
Lysosomal Storage Diseases	FABRAZYME	11.40%
Lysosomal Storage Diseases	KANUMA	13.10%
Lysosomal Storage Diseases	LUMIZYME	12.90%
Lysosomal Storage Diseases	MIGLUSTAT	34.40%
Lysosomal Storage Diseases	NAGLAZYME	11.60%
Lysosomal Storage Diseases	NEXVIAZYME	12.00%
Lysosomal Storage Diseases	VIMIZIM	11.60%
Lysosomal Storage Diseases	VPRIV	11.00%
Lysosomal Storage Diseases	XENPOZYME	12.00%
Mental Health Conditions	SPRAVATO	12.70%
Mental Health Conditions	ZULRESSO	12.50%
Mental Health Conditions	ZYPREXA RELPREVV	10.10%
Migraine	AIMOVIG	6.50%
Migraine	AJOVY	6.50%
Migraine	EMGALITY	6.30%
Movement Disorders	APOKYN	14.40%
Movement Disorders	APOMORPHINE HYDROCHLORIDE INJ	40.00%
Movement Disorders	AUSTEDO	13.30%
Movement Disorders	DROXIDOPA	78.70%
Movement Disorders	DUOPA	13.10%
Movement Disorders	INGREZZA	12.00%
Movement Disorders	KYNMOBI	11.00%
Movement Disorders	NORTHERA	12.50%
Movement Disorders	NOURIANZ	10.80%
Movement Disorders	NUPLAZID	13.50%
Movement Disorders	RADICAVA ORS	11.20%
Movement Disorders	RELYVRIO	9.70%
Movement Disorders	TETRABENAZINE	60.00%
Movement Disorders	XENAZINE	12.70%
Multiple Sclerosis	AMPYRA	10.10%
Multiple Sclerosis	AUBAGIO	16.00%
Multiple Sclerosis	AVONEX	14.20%
Multiple Sclerosis	BAFIERTAM	14.60%
Multiple Sclerosis	BETASERON	14.20%
Multiple Sclerosis	COPAXONE 20	12.90%
Multiple Sclerosis	COPAXONE 40	12.90%
Multiple Sclerosis	DALFAMPRIDINE	79.10%
Multiple Sclerosis	DIMETHYL FUMARATE	79.50%
Multiple Sclerosis	EXTAVIA	13.10%
Multiple Sclerosis	FINGOLIMOD	52.80%
Multiple Sclerosis	GILENYA	15.60%
Multiple Sclerosis	GLATIRAMER ACETATE 20	72.00%
Multiple Sclerosis	GLATIRAMER ACETATE 40	70.80%
Multiple Sclerosis	GLATOPA 20	72.40%
Multiple Sclerosis	GLATOPA 40	71.00%
Multiple Sclerosis	KESIMPTA	14.40%
Multiple Sclerosis	LEMTRADA	13.30%
Multiple Sclerosis	MAVENCLAD	14.60%
Multiple Sclerosis	MAYZENT	13.70%
Multiple Sclerosis	MITOXANTRONE	8.00%
Multiple Sclerosis	OCREVUS	13.50%
Multiple Sclerosis	PLEGRIDY	14.20%
Multiple Sclerosis	PONVORY	14.40%
Multiple Sclerosis	REBIF	12.90%
Multiple Sclerosis	TECFIDERA	14.60%
Multiple Sclerosis	TYSABRI	12.70%
Multiple Sclerosis	VUMERITY	14.20%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Multiple Sclerosis	ZEPOSIA	14.60%
Neurological Disorders	ADUHELM	11.60%
Neuromuscular	VYVGART	13.70%
Neutropenia	FULPHILA	12.20%
Neutropenia	FYLNETRA	7.40%
Neutropenia	GRANIX	11.40%
Neutropenia	LEUKINE	12.00%
Neutropenia	NEULASTA	12.70%
Neutropenia	NEUPOGEN	11.80%
Neutropenia	NIVESTYM	10.80%
Neutropenia	NYVEPRIA	11.60%
Neutropenia	RELEUKO	8.60%
Neutropenia	ROLVEDON	8.20%
Neutropenia	STIMUFEND	8.80%
Neutropenia	UDENYCA	12.20%
Neutropenia	ZARXIO	11.20%
Neutropenia	ZIEXTENZO	11.80%
Ocular Disorders	DURYSTA	10.30%
Ocular Disorders	SUSVIMO	12.20%
Oncology - Injectable	ABRAXANE	12.50%
Oncology - Injectable	ADCETRIS	13.10%
Oncology - Injectable	AKYNZEO INJ	9.70%
Oncology - Injectable	ALYMSYS	12.20%
Oncology - Injectable	ARZERRA	12.70%
Oncology - Injectable	ASPARLAS	9.90%
Oncology - Injectable	AVASTIN	12.20%
Oncology - Injectable	AZACITIDINE	73.50%
Oncology - Injectable	BELEODAQ	13.30%
Oncology - Injectable	BELRAPZO	12.50%
Oncology - Injectable	BENDAMUSTINE HYDROCHLORID	12.70%
Oncology - Injectable	BENDEKA	12.90%
Oncology - Injectable	BESPONSA	12.90%
Oncology - Injectable	BLINCYTO	9.90%
Oncology - Injectable	BORTEZOMIB	12.70%
Oncology - Injectable	BORTEZOMIB FOR INJ	18.20%
Oncology - Injectable	BORTEZOMIB FOR INJ_BRAND	5.90%
Oncology - Injectable	CYRAMZA	12.70%
Oncology - Injectable	DACOGEN	12.90%
Oncology - Injectable	DARZALEX	12.90%
Oncology - Injectable	DECITABINE	25.60%
Oncology - Injectable	EMPLICITI	12.90%
Oncology - Injectable	ENHERTU	9.70%
Oncology - Injectable	ERBITUX	12.90%
Oncology - Injectable	ERWINAZE	9.70%
Oncology - Injectable	EVOMELA	13.10%
Oncology - Injectable	FOLOTYN	13.50%
Oncology - Injectable	GAZYVA	13.10%
Oncology - Injectable	HALAVEN	12.70%
Oncology - Injectable	HERCEPTIN	12.70%
Oncology - Injectable	HERCEPTIN HYLECTA	12.20%
Oncology - Injectable	HERZUMA	12.00%
Oncology - Injectable	IMFINZI	12.70%
Oncology - Injectable	IMJUDO	12.00%
Oncology - Injectable	INTRON A	12.20%
Oncology - Injectable	ISTODAX	13.10%
Oncology - Injectable	IXEMPRA	12.90%
Oncology - Injectable	JEMPERLI	12.50%
Oncology - Injectable	JEVTANA	13.10%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Oncology - Injectable	KADCYLA	12.70%
Oncology - Injectable	KANJINTI	12.00%
Oncology - Injectable	KEYTRUDA	12.90%
Oncology - Injectable	KHAPZORY	9.10%
Oncology - Injectable	KYPROLIS	13.10%
Oncology - Injectable	LEVOLEUCOVORIN CALCIUM	19.60%
Oncology - Injectable	LUMOXITI	5.90%
Oncology - Injectable	LUNSUMIO	9.90%
Oncology - Injectable	MARGENZA	12.50%
Oncology - Injectable	MVASI	12.20%
Oncology - Injectable	MYLOTARG	12.50%
Oncology - Injectable	OGIVRI	12.00%
Oncology - Injectable	ONCASPAS	13.50%
Oncology - Injectable	ONIVYDE	6.70%
Oncology - Injectable	ONTRUZANT	9.50%
Oncology - Injectable	OPDIVO	12.90%
Oncology - Injectable	OPDUALAG	12.70%
Oncology - Injectable	PACLITAXEL PROTEIN-BOUND	19.80%
Oncology - Injectable	PACLITAXEL PROTEIN-BOUND_BRAND	12.50%
Oncology - Injectable	PADCEV	12.50%
Oncology - Injectable	PERJETA	12.70%
Oncology - Injectable	PHEGO	12.50%
Oncology - Injectable	POLIVY	12.70%
Oncology - Injectable	PORTRAZZA	12.70%
Oncology - Injectable	POTELIGEO	5.90%
Oncology - Injectable	PRALATREXATE	20.40%
Oncology - Injectable	PROLEUKIN	13.50%
Oncology - Injectable	RIABNI	9.90%
Oncology - Injectable	RITUXAN	13.10%
Oncology - Injectable	RITUXAN HYCELA	12.50%
Oncology - Injectable	ROMIDEPSIN	20.20%
Oncology - Injectable	ROMIDEPSIN_BRAND	12.50%
Oncology - Injectable	RUXIENCE	13.10%
Oncology - Injectable	RYBREVANT	9.90%
Oncology - Injectable	RYLAZE	12.00%
Oncology - Injectable	SARCLISA	9.70%
Oncology - Injectable	SYLVANT	12.20%
Oncology - Injectable	TECENTRIQ	12.70%
Oncology - Injectable	TEMODAR (INJECTABLE)	13.10%
Oncology - Injectable	TEMSIROLIMUS	25.60%
Oncology - Injectable	TEPADINA	10.80%
Oncology - Injectable	THYROGEN	12.00%
Oncology - Injectable	TIVDAK	12.50%
Oncology - Injectable	TORISEL	12.90%
Oncology - Injectable	TRAZIMERA	12.20%
Oncology - Injectable	TREANDA	12.70%
Oncology - Injectable	TRUXIMA	13.10%
Oncology - Injectable	VALRUBICIN	21.00%
Oncology - Injectable	VALSTAR	13.10%
Oncology - Injectable	VECTIBIX	12.70%
Oncology - Injectable	VELCADE	12.70%
Oncology - Injectable	VIDAZA	9.30%
Oncology - Injectable	VYXEOS	12.50%
Oncology - Injectable	XGEVA	11.60%
Oncology - Injectable	YERVOY	13.10%
Oncology - Injectable	YONDELIS	12.90%
Oncology - Injectable	ZALTRAP	12.90%
Oncology - Injectable	ZEPZELCA	12.50%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Oncology - Injectable	ZIRABEV	12.20%
Oncology - Injectable	ZOLEDRONICACID_ONC	64.00%
Oncology - Injectable	ZOLEDRONICACID_ONC_BRAND	0.00%
Oncology - Oral	ABIRATERONE ACETATE	75.20%
Oncology - Oral	AFINITOR	12.90%
Oncology - Oral	ALECENSA	12.90%
Oncology - Oral	BALVERSA	5.90%
Oncology - Oral	BEXAROTENE CAP	74.00%
Oncology - Oral	BEXAROTENE GEL	43.60%
Oncology - Oral	BOSULIF	12.90%
Oncology - Oral	BRAFTOVI	12.20%
Oncology - Oral	CABOMETYX	11.80%
Oncology - Oral	CAPECITABINE	70.60%
Oncology - Oral	COMETRIQ	11.60%
Oncology - Oral	COPIKTRA	11.80%
Oncology - Oral	COTELLIC	12.50%
Oncology - Oral	DAURISMO	12.90%
Oncology - Oral	ERIVEDGE	12.90%
Oncology - Oral	ERLEADA	13.10%
Oncology - Oral	ERLOTINIB HYDROCHLORIDE	40.00%
Oncology - Oral	EVEROLIMUS_ONC	68.30%
Oncology - Oral	FARYDAK	12.70%
Oncology - Oral	GAVRETO	12.50%
Oncology - Oral	GLEEVEC	13.10%
Oncology - Oral	GLEOSTINE	9.10%
Oncology - Oral	HYCAMTIN	12.70%
Oncology - Oral	IBRANCE	14.80%
Oncology - Oral	IDHIFA	11.80%
Oncology - Oral	IMATINIB MESYLATE	79.70%
Oncology - Oral	INLYTA	13.10%
Oncology - Oral	INQOVI	11.20%
Oncology - Oral	INREBIC	11.60%
Oncology - Oral	IRESSA	13.10%
Oncology - Oral	JAKAFI	13.60%
Oncology - Oral	KISQALI	13.10%
Oncology - Oral	LAPATINIB DITOSYLATE	47.20%
Oncology - Oral	LENALIDOMIDE	47.60%
Oncology - Oral	LENVIMA	10.80%
Oncology - Oral	LONSURF	11.80%
Oncology - Oral	LORBRENA	12.90%
Oncology - Oral	LUMAKRAS	12.50%
Oncology - Oral	LYNPARZA	12.90%
Oncology - Oral	MEKINIST	12.90%
Oncology - Oral	MEKTOVI	12.20%
Oncology - Oral	NERLYNX	11.80%
Oncology - Oral	NEXAVAR	11.80%
Oncology - Oral	NINLARO	11.80%
Oncology - Oral	NUBEQA	11.60%
Oncology - Oral	ODOMZO	12.90%
Oncology - Oral	ONUREG	10.10%
Oncology - Oral	PIQRAY	12.90%
Oncology - Oral	POMALYST	13.80%
Oncology - Oral	PURIXAN	10.10%
Oncology - Oral	RETEVMO	10.10%
Oncology - Oral	REVLIMID	14.30%
Oncology - Oral	ROZLYTREK	12.70%
Oncology - Oral	RUBRACA	11.80%
Oncology - Oral	RYDAPT	10.10%

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Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Oncology - Oral	SCEMBLIX	12.70%
Oncology - Oral	SORAFENIB TOSYLATE	32.00%
Oncology - Oral	SPRYCEL	14.20%
Oncology - Oral	STIVARGA	11.80%
Oncology - Oral	SUNITINIB MALATE	57.30%
Oncology - Oral	SUTENT	12.90%
Oncology - Oral	TABRECTA	13.10%
Oncology - Oral	TAFINLAR	12.90%
Oncology - Oral	TAGRISSO	14.80%
Oncology - Oral	TALZENNA	12.70%
Oncology - Oral	TARCEVA	12.70%
Oncology - Oral	TARGRETIN	13.10%
Oncology - Oral	TASIGNA	12.90%
Oncology - Oral	TEMODAR (ORAL)	12.90%
Oncology - Oral	TEMOZOLOMIDE	76.60%
Oncology - Oral	THALOMID	11.60%
Oncology - Oral	TRUSELTIQ	11.40%
Oncology - Oral	TYKERB	12.70%
Oncology - Oral	VERZENIO	12.70%
Oncology - Oral	VITRAKVI	11.80%
Oncology - Oral	VIZIMPRO	12.70%
Oncology - Oral	VOTRIENT	12.90%
Oncology - Oral	XALKORI	12.90%
Oncology - Oral	XELODA	12.20%
Oncology - Oral	XOSPATA	11.40%
Oncology - Oral	XTANDI	16.10%
Oncology - Oral	YONSA	12.50%
Oncology - Oral	ZEJULA	9.70%
Oncology - Oral	ZELBORAF	12.90%
Oncology - Oral	ZOLINZA	12.90%
Oncology - Oral	ZYDELIG	10.10%
Oncology - Oral	ZYKADIA	12.90%
Oncology - Oral	ZYTIGA	14.20%
Osteoarthritis	DUROLANE	13.50%
Osteoarthritis	EURFLEXXA	9.30%
Osteoarthritis	GEL-ONE	13.90%
Osteoarthritis	GELSYN-3	13.70%
Osteoarthritis	GENVISC 850	10.80%
Osteoarthritis	HYALGAN	12.00%
Osteoarthritis	HYMOVIS	14.40%
Osteoarthritis	MONOVISC	10.30%
Osteoarthritis	ORTHOVISC	10.50%
Osteoarthritis	SODIUM HYALURONATE	11.80%
Osteoarthritis	SUPARTZ	15.20%
Osteoarthritis	SYNOJOYNT	6.70%
Osteoarthritis	SYNVISC	13.70%
Osteoarthritis	TRILURON	14.40%
Osteoarthritis	TRIVISC	4.20%
Osteoarthritis	VISCO-3	14.40%
Osteoporosis	EVENITY	10.50%
Osteoporosis	FORTEO	11.80%
Osteoporosis	PROLIA	9.10%
Osteoporosis	RECLAST	6.70%
Osteoporosis	TERIPARATIDE	8.80%
Osteoporosis	TYMLOS	11.80%
Osteoporosis	ZOLEDRONICACID_OST	24.00%
Paroxysmal Nocturnal Hemoglobinuria	SOLIRIS	13.10%
Paroxysmal Nocturnal Hemoglobinuria	ULTOMIRIS	13.10%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Phenylketonuria	KUVAN	11.80%
Phenylketonuria	PALYNZIQ	11.80%
Phenylketonuria	SAPROPTERIN DIHYDROCHLORIDE	32.00%
Pre-Term Birth	HYDROXYPROGESTERONE CAPRO	32.80%
Pre-Term Birth	MAKENA	11.40%
Psoriasis	COSENTYX	16.00%
Psoriasis	ILUMYA	12.70%
Psoriasis	OTEZLA	15.40%
Psoriasis	SILIQ	11.40%
Psoriasis	SKYRIZI	16.90%
Psoriasis	SOTYKTU	15.00%
Psoriasis	STELARA	17.90%
Psoriasis	STELARA (SOLN)	13.70%
Psoriasis	STELARA IV	12.50%
Psoriasis	TALTZ	15.70%
Psoriasis	TREMFYA	16.40%
Pulmonary Arterial Hypertension	ADCIRCA	11.20%
Pulmonary Arterial Hypertension	ADEMPAS	11.40%
Pulmonary Arterial Hypertension	ALYQ	36.00%
Pulmonary Arterial Hypertension	AMBRISENTAN	36.00%
Pulmonary Arterial Hypertension	BOSENTAN	36.00%
Pulmonary Arterial Hypertension	EPOPROSTENOL	20.80%
Pulmonary Arterial Hypertension	FLOLAN	11.00%
Pulmonary Arterial Hypertension	LETAIRIS	11.60%
Pulmonary Arterial Hypertension	OPSUMIT	13.50%
Pulmonary Arterial Hypertension	ORENITRAM	10.80%
Pulmonary Arterial Hypertension	REMODULIN	11.80%
Pulmonary Arterial Hypertension	REVATIO	12.20%
Pulmonary Arterial Hypertension	SILDENAFIL CITRATE	75.10%
Pulmonary Arterial Hypertension	TADALAFIL	78.50%
Pulmonary Arterial Hypertension	TADLIQ	15.90%
Pulmonary Arterial Hypertension	TRACLEER	9.90%
Pulmonary Arterial Hypertension	TREPROSTINIL SODIUM	54.40%
Pulmonary Arterial Hypertension	TYVASO	11.60%
Pulmonary Arterial Hypertension	UPTRAVI	13.90%
Pulmonary Arterial Hypertension	VELETRI	9.90%
Pulmonary Arterial Hypertension	VENTAVIS	10.10%
Pulmonary Disorders	ESBRIET	12.50%
Pulmonary Disorders	OFEV	13.50%
Pulmonary Disorders	PIRFENIDONE	58.60%
Rare Disorders	CRYSVITA	11.80%
Rare Disorders	DOJOLVI	11.20%
Rare Disorders	ENSPRYNG	12.50%
Rare Disorders	VIOICE	12.70%
Rare Disorders	ZOKINVY	6.70%
Renal Disease	CINACALCET HCL	78.70%
Renal Disease	PARSABIV	11.00%
Renal Disease	SENSIPAR	10.50%
Renal Disease	TIOPRONIN	31.10%
Retinal Disorders	BEOVU	10.50%
Retinal Disorders	BYOOVIZ	8.20%
Retinal Disorders	CIMERLI	5.00%
Retinal Disorders	EYLEA	11.60%
Retinal Disorders	ILUVIEN	12.90%
Retinal Disorders	LUCENTIS	11.00%
Retinal Disorders	MACUGEN	11.00%
Retinal Disorders	OZURDEX	10.50%
Retinal Disorders	RETISERT	13.10%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
Retinal Disorders	VABYSMO	10.50%
Retinal Disorders	VISUDYNE	8.00%
Rheumatoid Arthritis	ACTEMRA	12.00%
Rheumatoid Arthritis	AVSOLA	11.20%
Rheumatoid Arthritis	ENBREL	17.40%
Rheumatoid Arthritis	HUMIRA	17.60%
Rheumatoid Arthritis	INFLECTRA	11.80%
Rheumatoid Arthritis	INFLIXIMAB	11.60%
Rheumatoid Arthritis	KEVZARA	11.80%
Rheumatoid Arthritis	OLUMIANT	12.20%
Rheumatoid Arthritis	ORENCIA	13.50%
Rheumatoid Arthritis	OTREXUP	8.00%
Rheumatoid Arthritis	RASUVO	5.70%
Rheumatoid Arthritis	REMICADE	12.70%
Rheumatoid Arthritis	RINVOQ	14.40%
Rheumatoid Arthritis	SIMPONI	13.50%
Rheumatoid Arthritis	XELJANZ	17.00%
RSV	SYNAGIS	13.70%
Seizure Disorders	EPIDIOLEX	10.80%
Seizure Disorders	HP ACTHAR GEL	12.00%
Seizure Disorders	SABRIL	12.70%
Seizure Disorders	VIGABATRIN	28.80%
Sickle Cell Disease	ADAKVEO	12.50%
Sickle Cell Disease	ENDARI	9.70%
Sickle Cell Disease	OXBRYTA	10.80%
Sleep Disorder	WAKIX	11.00%
Systemic Lupus Erythematosus	BENLYSTA	12.20%
Systemic Lupus Erythematosus	SAPHNELO	10.50%
Thrombocytopenia	DOPTLET	11.80%
Thrombocytopenia	MULPLETA	12.90%
Thrombocytopenia	NPLATE	13.10%
Thrombocytopenia	PROMACTA	13.10%
Transplant	ASTAGRAF XL	7.60%
Transplant	CELLCEPT	11.40%
Transplant	CYCLOSPORINE	54.90%
Transplant	ENVARUS XR	8.00%
Transplant	EVEROLIMUS_TRANSPLANT	56.00%
Transplant	GENGRAF	65.00%
Transplant	MYCOPHENOLATE MOFETIL	74.70%
Transplant	MYCOPHENOLIC ACID	73.00%
Transplant	MYFORTIC	10.10%
Transplant	NEORAL	6.70%
Transplant	NULOJIX	11.60%
Transplant	PROGRAF	8.40%
Transplant	RAPAMUNE	12.00%
Transplant	SANDIMMUNE	9.90%
Transplant	SIROLIMUS	67.10%
Transplant	TACROLIMUS	72.30%
Transplant	ZORTRESS	12.20%
Urea Cycle Disorders	BUPHENYL	11.60%
Urea Cycle Disorders	RAVICTI	12.00%
Urea Cycle Disorders	SODIUM PHENYLBUTYRATE	32.00%
Wilson's Disease	CLOVIQUE	40.00%
Wilson's Disease	CUPRIMINE	13.30%
Wilson's Disease	DEPEN TITRA	12.90%
Wilson's Disease	PENICILLAMINE	65.60%
Wilson's Disease	SYPRINE	13.30%
Wilson's Disease	TRIENTINE HCL	65.90%

Addendum to Service and Fee Schedule: Specialty Product Pricing



Specialty Fee Schedule
PSUID 11187771

Lee County Board of County Commissioners		Exclusive
Drug Therapy	Drug Name	AWP Discount
	Default Rate:	16.00%
	Dispensing Fee:	\$0.00

NOTES:

- New to market Specialty Products will be priced at AWP - 15% or MAC, if applicable (until a final price is determined and made available in the next published Specialty Pharmacy Addendum).
- New to market limited distribution drugs will be priced at AWP - 10% (until a final price is determined and made available in the next published Specialty Pharmacy Addendum).

PRODUCT SHORTAGE:

- In the event of an industry-wide product shortage, we reserve the right to adjust pricing upon notice to the customer.

Note:

- This list will be updated from time to time and may include adjunct therapies used in the treatment of complex conditions. For drugs where an AB-rated generic equivalent is available, the pricing will be according to the current MAC list.