**Notice Amendment**

In accordance with Section 11.2 (a), the attached regulatory Kansas State Compensation Exhibit is added to and amends the Medicaid Addendum (“Kansas Amendment”) to your Pharmacy Network Agreement (“Agreement”) by and between OptumRx, Inc. (the “Administrator”), and Company and its Company Pharmacies, (“Company”).

**Recitals**

A. Administrator and Company entered into the Agreement, pursuant to which Company has agreed to arrange for the Company Pharmacies to furnish Covered Prescription Services to Members in connection with the Benefit Plans offered by Administrator’s Clients.

B. The Agreement allows for Administrator to unilaterally amend the Agreement by providing at least thirty (30) days or shorter prior written notice to Company in order to comply with applicable law and/or regulatory requirements, which shall become effective at the end of the notice period or a time designated by Administrator thereafter.

C. Pursuant to the State of Kansas Medicaid program requirements, the Agreement will be modified for applicable Medicaid Covered Prescription Services dispensed only by those Pharmacies participating in the State of Kansas Medicaid program.

D. Administrator and Company desire to amend the Agreement to be in compliance with such State of Kansas Medicaid program requirements by amending the Medicaid Addendum to include this Kansas Amendment.

NOW, THEREFORE, in consideration of the foregoing premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. The Medicaid Addendum to the Agreement is hereby amended to revise and supersede the State of Kansas Exhibit and Compensation Exhibit regarding participation terms and conditions effective April 1, 2016.

2. Capitalized terms used in this Kansas Amendment and not defined herein shall have the meanings ascribed to them in the Agreement, as applicable.

3. In the event of a conflict between the terms of this Kansas Amendment and the Agreement, the terms of this Kansas Amendment shall control. Except as otherwise amended by this Kansas Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

OptumRx, Inc.

Joe Zavalishin,
VP, Provider Relations
The following State of Kansas Exhibit and Compensation Exhibit to the Medicaid Addendum ("SKSM Exhibit") sets forth certain state regulatory requirements and compensation terms that apply only to Medicaid Covered Prescription Services dispensed to State of Kansas Medicaid Members effective April 1, 2016.

1. **NETWORK APPLICABILITY.** This SKSM Exhibit is strictly limited and only applicable to the Compensation Exhibit to the Medicaid Addendum used by the UnitedHealthcare Community Plan of Kansas ("UCPKS") for Medicaid Covered Prescription Services dispensed to UCPKS Members. Therefore, this SKSM Exhibit does not, in any manner, support any other non-UCPKS Benefit Plans, including other Client Commercial, Medicaid or Medicare Part D Benefit Plans. Only those Pharmacies that meet the requirements of Kansas Medicaid may provide UCPKS Medicaid Covered Prescription Services.

2. **PRESCRIPTION DRUG COMPENSATION.** All Clean Claims for UCPKS Medicaid Covered Prescription Services shall have the following Prescription Drug Compensation:

   a. **Generic Drugs:** the lesser of:

      (i) National Average Drug Acquisition Cost (NADAC) plus a dispensing fee of $10.50 or, if no such NADAC price is available, the Prescription Drug Compensation described in the current Compensation Exhibit to the Medicaid Addendum (as may be amended from time to time) between Administrator and Company, with the exception of the applicable dispensing fee, described in Section 3 of this SKSM Exhibit or

      (ii) Ingredient cost submitted plus a dispensing fee of $10.50 or

      (iii) Company’s Usual and Customary Charge.

   b. **Brand Drugs:** the lesser of:

      (i) National Average Drug Acquisition Cost (NADAC) plus a dispensing fee of $10.50 or, if no such NADAC price is available, the Prescription Drug Compensation described in the current Compensation Exhibit to the Medicaid Addendum (as may be amended from time to time) between Administrator and Company, with the exception of the applicable dispensing fee, described in Section 3 of this SKSM Exhibit or

      (ii) Ingredient cost submitted plus a dispensing fee of $10.50 or

      (iii) Company’s Usual and Customary Charge.

3. **Dispensing Fee.** Notwithstanding the dispensing fee currently within the Compensation Exhibit to the Medicaid Addendum, the UCPKS Medicaid Benefit Plan dispensing fee for Brand Name Drugs and Generic Drugs that are Covered Prescription Services shall be $10.50.

4. Administrator may unilaterally amend this SKSM Exhibit by providing thirty (30) days prior written notice, or a shorter notice period as required by applicable law, regulations, and/or program requirements of the State of Kansas’s Medicaid program, to Company in order to comply with changes in applicable law, regulatory requirements, program requirements and/or compensation terms of the State of Kansas’s Medicaid program.