The following Condition Sets, as authorized at each listed UF Drug Class Page, identify the conditions under which UF-VARR quotes are to be submitted by the Company.

The Company must submit a separate, complete UF-VARR quote for each Condition Set that applies to the Company’s pharmaceutical agents in a given drug class. The Company must record the Condition Set # that applies to a given UF-VARR quote in the appropriate blank on Table 1, Uniform Formulary Refund Quote.

The refund quoted will apply to the resulting UF-VARR if the quoted pharmaceutical agent is selected for inclusion on the UF in no worse than the formulary (2\textsuperscript{nd}) cost share tier. The refund quoted is not contingent on the quoted pharmaceutical agent being selected for inclusion on the BCF or ECF.

Grandfathering: a prior authorization process, would require \textit{all new} patients to complete an adequate trial of the step-preferred agent(s) before a non-step-preferred agent is provided to a new user through a Retail pharmacy. Unless otherwise noted, patients must have tried an agent in the class in the previous 180 days in order to be excluded from the prior authorization process.

No-grandfathering: a prior authorization process, would require \textit{all patients}, regardless of past medication history to complete an adequate trial of the step-preferred agent(s) before a non-step-preferred agent is provided to a user through a Retail pharmacy.

Grandfathering unstipulated: TMA reserves the right to choose the grandfathering or no-grandfathering of some or all agents based the total price/clinical evaluations after quotes have been submitted and in the best interests of the Government.
PEC Class: GASTROINTESTINAL-1 AGENTS PEC Sub Class: Aminosalicylates Route: Oral

Class Note(s): Generics may be on the Basic Core Formulary and are not part of the condition set scenerios.

Step Therapy Addendum:

<table>
<thead>
<tr>
<th>Condition Set #</th>
<th>Category</th>
<th>One of (X) Number of brand agents</th>
<th>Most recent Annual Non-Federal Average Manufacturer's Price* (Non-FAMP) per FCP Package Size. CHANGES ANNUALLY ($)</th>
<th>Current Annual Federal Ceiling Price* (FCP) per FCP Package Size. CHANGES ANNUALLY ($)</th>
<th>Standard Refund per FCP Package Size CHANGES ANNUALLY ((NFAMP – FCP)/NFAMP) *100= X% (%)</th>
<th>Additional Refund per FCP Package Size Percentage is Static NFAMP *(Y%) (%)</th>
<th>Total Offered Retail Refund per FCP Package Size CHANGES ANNUALLY (((NFAMP – FCP)/NFAMP) *100= X%) + (NFAMP *(Y%)) = Total% (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20140GIAS0T2NS1M</td>
<td>Tier 2 No Step Therapy</td>
<td>1 or more</td>
<td></td>
<td></td>
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