STATE OF MICHIGAN
ENTERPRISE PROCUREMENT

Department of Technology, Management, and Budget
320 S. Walnut Street 2nd Floor Lansing, MI 48933
P.O. BOX 30026 LANSING, MICHIGAN 48909

CONTRACT CHANGE NOTICE

Change Notice Number **3**
to
Contract Number **220000001116**

CONTRACTOR	
	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConnor Parkway
	Schaumburg IL 60173
	Melissa Pulfer
	224.231.2724
	melissa.pulfer@optum.com
	CV0014010

STATE			
	Program Manager	Bethany Beauchine	MCSC
		(800) 505-5011	
		beauchineb@michigan.gov	
	Contract Administrator	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

CONTRACT SUMMARY

Prescription Drug Administration Services - CSC

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE
September 1, 2022	December 31, 2025	7 - 1 Year	December 31, 2025

PAYMENT TERMS	DELIVERY TIMEFRAME
NET 45	N/A

ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
☐ P-Card	☒ Direct Voucher (PRC)	☐ Other	☐ Yes	☒ No

MINIMUM DELIVERY REQUIREMENTS

N/A

DESCRIPTION OF CHANGE NOTICE

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
☒	1 Year	☐		December 31, 2026

CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE
$1,580,000,000.00	$0.00	$1,580,000,000.00

DESCRIPTION

Effective January 1, 2025, the State is exercising the first option year. The revised Contract expiration date is December 31, 2026. In addition, the updates in Change Notice 3, Attachment 1 are incorporated.

All other terms, conditions, specifications and pricing remain the same. Per contractor and agency agreement, and DTMB Central Procurement Services approval.

CHANGE NOTICE 3, ATTACHMENT 1

220000001116

(1) Standard Contract Terms, Section 6 Notices is updated and replaced with the attached, which updates the Contractor contact to Monica Valentine:

6. ***Notices.*** *All notices and other communications required or permitted under this Contract must be in writing and will be considered given and received: (a) when verified by written receipt if sent by courier; (b) when actually received if sent by mail without verification of receipt; or (c) when verified by automated receipt or electronic logs if sent by facsimile or email.*

If to State:	***If to Contractor:***
Mary Ostrowski *525 W Allegan St* *Lansing, MI 48913* *ostrowskim@michigan.gov* *517-249-0438*	*OptumRx, Inc.* *1600 McConnor Pkwy* *Schaumburg, IL 60173* *Attn: Monica Valentine* *Monica.valentine@optum.com* *1 (763) 347-5407* *Copy to:* *OptumRx, Inc.* *1600 McConnor Parkway* *Schaumburg, IL 60173-6801* *Attn: General Counsel*

(2) Schedule B, Pricing is updated and replaced with the attached, which updates pricing for 2025 and incorporates 2026 pricing. In addition, PMA credits and services and charges for implementation of the Medicare Prescription Payment Plan (M3P) are incorporated.

(3) Schedule A, Statement of Work, Section 5.6.8 EGWP-Specific Reports is updated and replaced with the language below, to adjust the frequency of the Out of Area (OOA) report from weekly to monthly:

5.6.8 ***EGWP-Specific Reports*** *that are received from CMS must also be made available to the Plan Sponsor. In situations where reports received from CMS contain Members not under the purview of the Plan Sponsor, the Contractor must remove all Members not enrolled in the Plan Sponsor's Plan before sending the report to the Plan Sponsor. Reports include, but are not limited to:*

5.6.8.1 Monthly EGWP Membership Report (CMS report)

5.6.8.2 Weekly Disenrollment Report

i. Disenrollments from Transaction Reply Report (CMS Report)

ii. Enrollment Rejections Report

1. Members that fail the Batch Eligibility Queue (BEQ)

2. Members in Request for Information (RFI) Final Denied Status

iii. *Any other Member disenrollment from Plan Sponsor's Plan that did not originate from Plan Sponsor*

5.6.8.3 Monthly CMS Subsidy Detail Report

i. *CMS Direct Subsidy*
ii. *Late Enrollment Penalty*
iii. *Low-Income Premium Subsidy*
iv. *Any other adjustment to direct subsidy amount*

5.6.8.4 Annual CMS Call Letter Analysis

i. *Annual CMS Subsidy Projections*
ii. *Manufacturer Coverage Gap Discount Projection*
iii. *Catastrophic Reinsurance Projection*
iv. *Low-Income Cost Sharing Reimbursement Projection*
v. *Projected Plan cost on a net and PMPM basis*

5.6.8.5 Weekly Address Change report

5.6.8.6 Monthly Out of Area (OOA) report

SCHEDULE B - PRICING

Contract No. 220000001116

1. Reserved.

2. Reserved.

3. Contract Pricing includes all costs, including but not limited to, any one-time or set-up charges, fees, and potential costs that Contractor may charge the State (e.g., shipping and handling, per piece pricing, and palletizing).
Contractual Elements to Be Included at No Additional Cost to Plan Sponsor (at a minimum)

3.1 The all-inclusive Base Administrative Fee includes, at the minimum, the following:

- 3.1.1 Administrative Core Service Package
  - 3.1.1.1 Maintenance of Medicare Part D benefit set up parameters
  - 3.1.1.2 Programming and maintenance of Medicare electronic claims adjudication
  - 3.1.1.3 Claims adjustment activities in Medicare Part D program
  - 3.1.1.4 Prescription Drug Event (PDE) file submission and response administration
  - 3.1.1.5 Pre-Enrollment contact center support
  - 3.1.1.6 Eligibility management Services
  - 3.1.1.7 MTM Program
  - 3.1.1.8 PDP Pre-Enrollment website
- 3.1.2 Clinical Programs
  - 3.1.2.1 Prior Authorizations
  - 3.1.2.2 Grievances
  - 3.1.2.3 Coverage Determinations
  - 3.1.2.4 Re-determinations
- 3.1.3 New enrollee communications as required by CMS
- 3.1.4 Renewal communications as required by CMS
- 3.1.5 Ongoing communications as required by CMS
- 3.1.6 Pharmacy Directories provided to members
- 3.1.7 LIS communications
- 3.1.9 Transition communications
- 3.1.10 Medicare Post-Enrollment Calls
- 3.1.11 Website setup and ongoing maintenance fees
- 3.1.12 Communication assistance for Plan Sponsor employed customer service and HR staff
- 3.1.13 Communication and on-site assistance for Plan Sponsor Benefit Fairs
- 3.1.14 Template language and assistance in creating Plan Sponsor sponsored communications

3.2 Contractor must accept and load all open mail order and specialty pharmacy refills, Prior Authorization histories and up to 12 months of historical claims data at no additional cost to Plan Sponsor.

3.4 Contractor must not assess charges for the:

- 3.4.1 Implementation to the Contractor (including, but not limited to ID cards, communications, postage for welcome packets/communication, and other materials)
- 3.4.2 Member Services
- 3.4.3 Prospective DUR
- 3.4.4 Concurrent DUR
- 3.4.5 Retrospective and Advanced Retrospective DUR
- 3.4.6 Reporting (Ad hoc excluded)
- 3.4.7 Communications development
- 3.4.8 Development of communications for new clinical programs implemented by Plan Sponsor throughout the contract term
- 3.4.9 Access to the Contractor's on-line reporting tool for Plan Sponsor and third-party consultant
- 3.4.10 Summary of Benefits and Coverage

Commercial and EGWP:

Claims Processing Services

- Eligibility management
- Eligibility verification
- Online electronic Claims processing/administration
- Data retention – 15 months
- Operational Online Data – 12 months
- Accumulator for deductibles and maximums data – batch method
- Real-Time Audit System – filters 100 percent of claims before payment
- Enhanced Savings Program
- Lower Cost Alternatives
- PreCheck MyScript ePrescribing
- Copay Card Accumulator Adjustment ***Commercial Plan Only***

Termination Services and File Transfer

- Up to 12 files included in standard format, $1,500 per additional file thereafter

Contractor Pharmacy Network Services

- Administration of the Contractor Pharmacy Network
- Pharmacy Help Desk – available 24 hours a day, seven days a week

Pharmaceutical Manufacturer Rebate Services

- Contractor Standard Formularies
- Collection and Distribution of Manufacturer Rebates

Clinical Services

- Administrative Prior Authorization, Step Therapy, Quantity Limits
- Drug Recall Reporting
- Concurrent Drug Utilization Review (CDUR)
- Administration of Contractor Formularies
- Administration of Contractor standard Utilization Management programs
- Vigilant Drug Program ***Commercial Plan Only***

- Split Fill ***Commercial Plan Only***

Benefit Plan Administration

Member Services

- Toll-free Member Services Help Desk - available 24 hours a day, seven days a week
- Member Website and mobile app

Plan Sponsor Services

- Client Management Team
- Implementation support
- Standard Reporting Package

Member Communications

- Welcome Booklet with ID cards (two per family); Postage, shipping and handling cost are pass through

Online Plan Sponsor Access to Member Eligibility

- Verifying, entering, and updating member eligibility
- Viewing Member Claims history

Online Plan Sponsor Website Access

- Access to general and plan-specific information
- Setup and training for up to twenty users
- $400 per additional license each year
- Website access through optumrx.com
    - Pharmacy locator, refill Home Delivery Pharmacy, claims history
    - Health, wellness and disease education

Home Delivery/Mail Service and Specialty Pharmacy

- Standard postage included
- Member directed Home Delivery express shipments may incur additional charge

4. Quick Payment Terms: The Contractor is not providing quick payment terms.

5. Reserved.

6. **Credits**

6.1 Implementation Credits: The Contractor is not providing implementation credits.

6.2 Pharmacy Management Allowance (PMA): Contractor must provide Plan Sponsor with a PMA of up to $5.00 per member annually that can be used for a variety of Services during the term of the Contract for the Non-EGWP (actives and non-Medicare) population and EGWP population separately.

This PMA allowance is to be used by the Plan Sponsor to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees, and engagement of relevant vendors that impact the pharmacy program strategy and results. Plan Sponsor will be required to submit

documentation to support the expenses for which it seeks reimbursement. If Plan Sponsor terminates this Agreement for any reason before the end of the Initial Term, Plan Sponsor shall refund to the Contractor within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a- 7b(b)(3)(A). To the extent required by Laws or contractual commitment, Plan Sponsor agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

2025 PMA Supplemental Allowance for EGWP: Plan Sponsor shall receive a supplemental pharmacy management allowance (PMA) of $350,000 for 2025, which must be utilized within the applicable year and will not carry over to the following year. This PMA allowance is to be used by Plan Sponsor to offset the cost of M3P. Plan Sponsor will be required to submit documentation to support the expenses for which it seeks reimbursement. If Plan Sponsor terminates this Agreement for any reason before the end of the Initial Term, Plan Sponsor must refund to the Contractor within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A). To the extent required by Laws or contractual commitment, the Plan Sponsor agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

6.3 Audit Credit: $125,000 split between Commercial and EGWP population for Pre/Post Audit Fund.

Commercial Plan Pricing

Administrative Fees

Administrative Fees	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Base Administrative fee Per Member Per Month (PMPM)	$ 1.25	$ 1.30	$ 1.35	$ 1.45

Discount Guarantees

Discount Guarantees	Retail 30								Retail 90								Mail							
	Brand Discount Guarantee				Generic Discount Guarantee				Brand Discount Guarantee				Generic Discount Guarantee				Brand Discount Guarantee				Generic Discount Guarantee			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed minimum % Discount off of AWP	19.50%	19.60%	19.70%	19.70%	86.50%	86.60%	86.70%	86.80%	23.00%	23.10%	23.20%	23.20%	88.00%	88.10%	88.20%	88.30%	25.00%	25.00%	25.00%	25.00%	88.75%	88.85%	88.95%	88.95%

Dispensing Fee Guarantees

Dispensing Fee Guarantees	Brand Dispensing Fee Guarantee				Generic Dispensing Fee Guarantee				Brand Dispensing Fee Guarantee				Generic Dispensing Fee Guarantee				Brand Dispensing Fee Guarantee				Generic Dispensing Fee Guarantee			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed maximum Dispensing Fee per script (PNPC)	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Rebate Guarantees

Rebate Guarantees	Rebate Guarantee				Rebate Guarantee				Rebate Guarantee			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Minimum rebate guarantees: Per Net Paid Brand (PNPB) Rx	Select Comprehensive: $281 Premium: $327	Select Comprehensive: $287 Premium: $295	Select Comprehensive: $309	Select Comprehensive: $312	Select Comprehensive: $635 Premium: $840	Select Comprehensive: $700 Premium: $705	Select Comprehensive: $721	Select Comprehensive: $730	Select Comprehensive: $835 Premium: $940	Select Comprehensive: $878 Premium: $880	Select Comprehensive: $905	Select Comprehensive: $915

Specialty Discount Guarantees

Specialty Discount Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel)				Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)				Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed overall specialty discount:												
Brand	21.75%	20.85%	20.95%	21.05%	Not applicable.	Not applicable.	Not applicable.	Not applicable.	21.75%	20.85%	20.95%	21.05%
Generic	21.75%	20.85%	20.95%	21.05%	Not applicable.	Not applicable.	Not applicable.	Not applicable.	21.75%	20.85%	20.95%	21.05%

Specialty Dispensing Fee Guarantees

Specialty Dispensing Fee Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel)				Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)				Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed maximum dispensing fee for specialty claims:	$ -	$ -	$ -	$ -	Not applicable.	Not applicable.	Not applicable.	Not applicable.	$ -	$ -	$ -	

Specialty Rebate Guarantees - Based on PBM's standard formulary without exclusions

Specialty Rebate Guarantees - Based on PBM's standard formulary without exclusions	Retail (Outside of PBM Specialty Pharmacy Channel)				Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)				Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Minimum rebate guarantees (Per Brand Rx)	Select Comprehensive: $3,500 Premium: $3,800	Select Comprehensive: $3,975 Premium: $4,400	Select Comprehensive (High WAC): $4,439	Select Comprehensive (Low WAC): $2,945	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Select Comprehensive: $3,500 Premium: $3,800	Select Comprehensive: $3,975 Premium: $4,400	Select Comprehensive (High WAC): $4,439	Select Comprehensive (Low WAC): $2,945

Generic Dispensing Rate Guarantee

Generic Dispensing Rate Guarantee	Generic Dispensing Rate Guarantees			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Retail GDR guarantee	88.2%	88.3%	88.4%	88.4%
Mail Order GDR guarantee	86.4%	86.5%	86.6%	86.6%

EGWP Pricing

Administrative Fee Guarantees	Administrative Fees			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Base Administration fee (PMPM)	$ -	$ -	$ -	$ -
EGWP Administrative fee (PMPM)	$ 8.40	$ 8.40	$ 8.40	$ 8.50

Discount Guarantees	Retail 30								Retail 90								Mail							
	Brand Discount Guarantee				Generic Discount Guarantee				Brand Discount Guarantee				Generic Discount Guarantee				Brand Discount Guarantee				Generic Discount Guarantee			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed minimum % Discount off of AWP	19.00%	19.10%	19.20%	19.20%	86.50%	86.60%	86.70%	86.80%	22.95%	22.95%	22.95%	22.95%	88.00%	88.10%	88.20%	88.30%	25.00%	25.00%	25.00%	25.00%	88.75%	88.85%	88.95%	88.95%

Dispensing Fee Guarantees	Brand Dispensing Fee Guarantee				Generic Dispensing Fee Guarantee				Brand Dispensing Fee Guarantee				Generic Dispensing Fee Guarantee				Brand Dispensing Fee Guarantee				Generic Dispensing Fee Guarantee			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed maximum Dispensing Fee per script	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Rebate Guarantees	Rebate Guarantee				Rebate Guarantee				Rebate Guarantee			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Minimum rebate guarantees: (Per Brand Rx)	$ 225.00	$ 255.00	$ 280.00	$ 258.00	$ 565.00	$ 655.00	$ 704.00	$ 691.00	$ 635.00	$ 700.00	$ 775.00	$ 755.00

Specialty Discount Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel				Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed overall specialty discount:								
Brand	20.50%	20.60%	20.70%	20.80%	20.50%	20.60%	20.70%	20.80%
Generic	20.50%	20.60%	20.70%	20.80%	20.50%	20.60%	20.70%	20.80%

Specialty Dispensing Fee Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel				Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Guaranteed maximum dispensing fee for specialty claims:	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50

Specialty Rebate Guarantees - Based on PBM's standard formulary without exclusions	Retail (Outside of PBM Specialty Pharmacy Channel)				Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)				Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Minimum rebate guarantees: (Per Brand Rx)	$ 1,895.00	$ 2,005.00	$ 2,110.00	$ 2,050.00	$ 1,895.00	$ 2,005.00	$ 2,110.00	$ 2,050.00	Not applicable.	Not applicable.	Not applicable.	Not applicable

Generic Dispensing Rate Guarantee	Generic Dispensing Rate Guarantees			
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)
Retail GDR guarantee	83.2%	83.3%	83.4%	83.4%
Mail Order GDR guarantee	85.9%	86.0%	86.1%	86.1%

Effective 1/1/2026, the pricing guarantees included in Optum Rx's offer account for the financial consideration for the rebate and ingredient cost impact associated with the Inflation Reduction Act's Medicare Drug Price Negotiation provision (the "MFP Provision"). Accordingly, as of the date of this offer, any utilization associated with the MFP Drugs listed below is excluded from the pricing and rebate guarantees underwritten into Optum Rx's financial offer. Accordingly, as determined by Optum Rx, any subsequent manufacturer or government-initiated action related to the MFP Provision, occurring after the date of Optum Rx's submission, may require equitable adjustment to the financial guarantees provided herein. The "MFP Drugs" excluded from Optum Rx pricing offer are the following: Eliquis; Jardiance; Xarelto; Januvia; Farxiga; Entresto; Enbrel; Imbruvica; Stelara; Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill.

Financial Terms:

Commercial and EGWP:

- Under the Pass-Through Pricing Model, Plan Sponsor shall pay the actual retail pharmacy rates paid by Contractor for Prescription Drugs electronically processed and dispensed to a Member through Contractor's retail Pharmacy Network, which are estimated to be the effective rates set forth above. Contractor's compensation for its services shall be the Claims Administration Fees set forth above and a fee in an amount agreed to by the parties for any additional services authorized by Plan Sponsor.
- Contractor applies, where applicable, zero balance pricing logic, also referred to as minimum copay. The Member will pay the lower of (i) Member Cost-Sharing Amount or (ii) the pharmacy's Usual and Customary charge for the product.
- Discounts are based on published AWP.
- Discounted ingredient costs are based upon the actual 11-digit National Drug Code, specific to the quantity dispensed submitted by a Network Pharmacy at the time of adjudication.
- Retail 90 pricing is for retail Claims with greater than 31+ days' supply.
- Discount and dispensing fee guarantees are reconciled at the component level and are effective average annual rates, which may include the value of any and all other discounts, savings and reimbursements achieved. Such discount and dispensing fee guarantees are not reconciled on an individual Claim basis. Excess discounts in one line-item category cannot be credited to another category for purposes of satisfying the guarantee applicable to the other category. Any credits due to Plan Sponsor relating to the discount guarantees set forth above shall be issued ninety (90) days after the measurement period.
- Contractor will have no obligation under any financial guarantees under the contract for the contract year (that is, each 12-month period following the Effective Date) in which Plan Sponsor terminates, if the portion of the contract year before the effective date of Plan Sponsor's termination is less than 12 full months.
- The effective overall Generic Drug discount rate includes MAC, and non-MAC Generic Drug Claims subject to the discount and dispensing fee guarantee exclusions set forth herein.
- Compound Prescription Drug Claims, 340B Claims, Indian health services and tribal Claims, direct member reimbursement Claims, coordination of benefit Claims, long term care Claims, infusion Claims, Claims with ancillary charges such as vaccines, New to Market Limited Distribution Products, Claims filled at in-house or Client-owned pharmacies, fraudulent Claims, and Claims filled outside the Contractor Pharmacy Network will be excluded from the guarantees.
- Usual & Customary Claims are excluded in the discount guarantees.
- Zero balance Claims are included in the discount guarantees prior to the application of Member Cost-Sharing Amount.

  Refer to Schedule N Definitions for Brand Drug, Generic Drug, Single-Source Generic Drug definitions, Rebate(s) (and more).
- Compound Prescription Drugs shall be adjudicated using the standards in the most recent version of NCPDP guidelines which includes individual multi-ingredient pricing, the lower of U&C, MAC, or AWP minus and a dispensing fee of $10. Multi-ingredient Compound Prescription Drugs filled through NCCP approved providers may also be charged a level of effort (LOE) compounding fee based on the Claim's LOE code.
- Claims filled at multi-pack pharmacies, including Optum affiliated multi-pack pharmacies,

are included in theRetail 30 guarantee

- Certain conditions such as pharmacies with “Most Favored Nations pricing” obligations, remote area pharmacies, in-house or Client-owned pharmacies, and Plan Sponsor requests for additions to a selected network may result in a rate change or differential with respect to the affected pharmacy(ies) that will be passed on to Plan Sponsor, plus an administrative fee.
- Contractor may, from time to time, receive and retain reimbursement from pharmacies for its costs in connection with transmitting Claims and discounts on its own behalf from wholesalers and Drug Manufacturers as a purchaser of pharmaceutical products for its Home Delivery and Specialty Pharmacies.
- Contractor may pay a commission or other remuneration (e.g., fees to compensate for costs of administration)to a broker, consultant or administrator in connection with this Agreement, which commission or other remuneration may vary depending on plan design or other factors, and the Plan Sponsor acknowledges and expressly consents to the payment of said commission or other remuneration. Information regarding said commission or other remuneration will be provided by Contractor upon written request.
- Home Delivery pricing guarantees require an average days’ supply of at least 83 days in the aggregate.
- Specialty guarantees cover both Claims filled at Optum Specialty Pharmacy and retail pharmacies limited distribution products that Contractor has access to.
- Non-specialty Claims filled at Optum Specialty Pharmacy are reconciled under the retail guarantees.
- Contractor has provided a guaranteed drug-by-drug level discount list for specialty drugs (Specialty Drug List guarantees) as well as a minimum guarantee for New-to-Market Limited Distribution products (12%). The Specialty Drug List guarantees and specialty aggregate guarantees provided within will be reconciled annually to the better of the aggregate or Specialty Drug List guarantee.
- Transplant products will be considered non-specialty.
- Retail and Home Delivery guarantees exclude Specialty Drug Claims.
- Newly introduced pharmaceutical products will be added to Contractor’s systems and to Plan Sponsor’s PrescriptionDrug coverage (provided the new product is in a category covered by the Plan Sponsor) promptly following receipt by Contractor from the Pricing Source. Newly FDA-approved Specialty products will be billed and reimbursedat the default rate of AWP – 14%.
- Contractor will remit to Plan Sponsor 100% of the Rebates received by Contractor. Contractor guarantees that the Rebates remitted to Plan Sponsor during a contract year shall not be less than the Per Net Paid Brand Drug Claim (PNPBDC) Rebate amounts specified in the Rebate table above (“Guaranteed Rebate Amount”). In the event that the Rebates paid to Plan Sponsor during a contract year are less than the Guaranteed Rebate Amount, Contractor shall pay to Plan Sponsor, as an additional rebate from Contractor, the amount of such deficiency within 180 days following the end of the contract year. Contractor may withhold Rebates until this Agreement is signed.
- Calculation of the Guaranteed Rebate Amount excludes: Claims where the plan is not the primary payer, Vaccines, House generic Claims (DAW 5), devices except for insulin pumps and diabetic test strips, over the counter products, Claims from 340B, long term care, or federal government pharmacies, consumer card or discount card program Claims, or Prescription Claims otherwise not eligible for Rebates, Formulary Exclusions, Invalid Service Provider Identification or Prescription Numbers, Stale dated claims submitted more

than 2 quarters prior to the current quarter, Non-FDA approved products regardless of identification, Direct Member Submitted Claims, Re-Packaged NDCs (using Medi-Span's re-packer indicator), Compounds, Claims for plans where after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50 percent of the claim when evaluated in aggregate at the therapeutic class level, Claims Exclusions for Indian Health, Smart Fill & Split Claims Less than 20 DS. The Guaranteed Rebate Amount is reconciled in the aggregate annually.

- The effective date of any changes to Rebate arrangements shall be at the beginning of a calendar quarter.
- Contractor reserves the right to modify or amend the financial provisions of this document upon prior notice with appropriate documentation to Plan Sponsor in the event of (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make Contractor's performance of its duties hereunder materially more burdensome or expensive, including changes made to the AWP benchmark or methodology; (b) a change in the scope of services to be performed under this document upon which the financial provisions included in this document are based, including a change in the plan design and the exclusion of a service line (i.e. retail, mail, specialty) from Plan Sponsor's service selection; (c) a reduction of greater than fifteen percent in the total number of members from the number provided to Contractor during pricing negotiations upon which the financial provisions included in this document are based; (d) unexpected movement of a branded product to off-patent or where there are generic, or Authorized Brand Alternative Drug substitutes available; or (e) implementation or addition of 100 percent Member paid plans; or (f) Contractor is no longer the exclusive specialty pharmacy provider.
- If Plan Sponsor makes any change to its formulary, not initiated by Contractor, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by Contractor under its formulary or utilization management programs, Contractor may adjust the Rebate guarantees in this pricing summary, effective the date of the change.
- The financial guarantees set forth in this exhibit are subject to all of the terms contained in this exhibit.
- The pricing guarantees included in Optum Rx's offer contemplate the known rebate impact of the Inflation Reduction Act's AMP Cap provision. Accordingly, as of the date of this offer, actual manufacturer rebate related reductions in affected classes (i.e. insulin products) is underwritten into Optum Rx's financial offer. Any subsequent manufacturer-initiated action occurring after the date of Optum Rx's submission, for example actions that address new therapeutic classes or make additional pricing changes to previously modified therapeutic classes, may require equitable adjustment of the pricing guarantees included herein.
- Optum Specialty Pharmacy shall be specialty providers under this Agreement and Members will receive Specialty Drug Covered Prescription Services only from a Network Pharmacy, including Optum Specialty Pharmacy. Specialty dispensing fees and Specialty Drug pricing shall apply for any Specialty Drugs filled at retail and Home Delivery. The Specialty Drug List will be provided to Client upon request may be updated from time to time.

Commercial Plan Specific:

- Premium Rebates: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary, exclusions and utilization

management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non-preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

- Select Comprehensive Rebates: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary and utilization management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non-preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

EGWP Specific:

- Silver Formulary: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary and utilization management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non- preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

Generic Dispensing Rate Details:

Commercial and EGWP:

For each channel referenced with a Generic Dispense Rate (GDR) guarantee above (i.e., retail and mail), the Generic Dispense Rate (GDR) guarantee means for any full Contract Year, the number of Prescription Claims for Generic Drugs, as adjusted below ("GDR Utilization") divided by the number of Prescription Claims for the Contract Year, as adjusted below ("Adjusted Total Prescription Claims") , i.e., [GDR = GDR Utilization for Contract Year/Adjusted Total Prescription Claims for Contract Year]. The GDR guarantee will be expressed as a percentage. GDR Utilization and Adjusted Total Prescription Claims will be adjusted by excluding: (i) all Prescription Claims from the categories listed as exclusions to the discount and dispensing fee guarantees; and (ii) all Prescription Claims for Specialty Drugs.

To be eligible for the GDR guarantee, Plan Sponsor must comply with each of the following for each Plan Sponsor Benefit Plan:

- Maintain an average copayment differential between tier 1 and tier 2 Formulary products of $15 or more.
- Adopt the Contractor Formulary referenced on Exhibit C without exceptions and implement all required clinical programs associated with the Formulary; and
- Implement dispense as written penalties for DAW 2 claims for the majority of Members.

The GDR guarantee will be measured and reconciled for each channel referenced with a GDR guarantee in the table above in the aggregate on an annual basis. Overachievement in one channel may be used to offset underperformance in another channel. The penalty for failure to achieve a GDR guarantee for a Contract Year will be calculated as the product of:
[Adjusted Total Prescription Claims] x (GDR guarantee– GDR achieved (each expressed as a percentage) x (average cost to Plan Sponsor for non-Specialty Brand Drugs for Contract Year minus average Member Cost Share Amount minus average applicable Rebate guarantee) – (average cost to Plan Sponsor for non-Specialty Generic Drugs for Contract Year minus average Member Cost Share Amount)]

The final penalty shall never exceed more than $1.50 per Member per Contract Year.

The GDR guarantee reporting will be provided in conjunction with the pricing discount and dispensing fee guarantee reporting.

Additional Fees

- Contractor may charge for any new products or services as they become available.

Commercial and EGWP:

Clinical Bundle Fee ***Commercial Plan Only*** Bundle includes the following Clinical Programs: • RDUR • Opioid Risk Management	$0.29 PMPM
Clinical Services and Programs	
Clinical Prior Authorizations -Technician/Pharmacist Review	Included at No Charge
Polypharmacy Value Management ***Commercial Plan Only***	$0.35 PMPM
Orphan Drug Management ***Commercial Plan Only***	$300 per intervened member per year
Prior Authorization Appeals -Internal Clinical Appeals Not Requiring Physician Review -Internal Clinical Appeals Requiring Physician Review -External clinical appeal	 $150 per review $300 per review $400 per review
Peer to Peer Physician Review -Peer to Peer Review Service -Physician Review Service	 $75 per review $150 per review
Administration of Appeals Process Managed by Plan Sponsor	$35 per review
Medication Therapy Management Program ***EGWP Only*** -MTM Program	 Included at No Charge
Contractor Medical Insights Management -Contractor Medical Insights Management -Performance Guarantee (Both Plans)	Commercial: $0.25 PMPM EGWP $0.41 PMPM Included at No Charge
-Contractor Medication Safety Management -Performance Guarantee Included (Both Plans)	Commercial: $0.11 PMPM EGWP $0.20 PMPM Included at No Charge
-Contractor Care Gap Management	Commercial: $0.05 PMPM EGWP $0.11 PMPM

-Performance Guarantee	Included at No Charge
Contractor Stars Quality Management ***EGWP Only***	
-Contractor Stars Quality Management	$0.15 PMPM
-Performance Guarantee	$0.15 PMPM
Patterns of Care Program	$0.08 PMPM plus one-time $5,000 setup fee
Medication Adherence Program	
-Top 3 Conditions + Chronic Non-Specialty + Specialty Medications + Behavior Health Medications + Medication Adherence Program for Medication Assisted Therapy	$0.25 PMPM
-Top 3 Conditions + Chronic Non-Specialty + Specialty Medications	$0.18 PMPM
-Top 3 Conditions	$0.13 PMPM
-MAP Performance Guarantee	Included
-Medication Adherence Behavior Health conditions + Medication Adherence Program for Medication Assisted Therapy (MAT) - ROI not offered for this program.	$0.12 PMPM
Diabetes Management Program Options ***Commercial Plan Only"**	
-High-Risk member counseling + Medication Adherence + RDUR Gaps in Care programs	$195 per counseled member per year + $0.08 PMPM
-High-Risk member counseling + Medication Adherence	$195 per counseled member per year + $0.06 PMPM
-High-Risk member counseling + RDUR Gaps in Care programs	$195 per counseled member per year + $0.02 PMPM
-High-Risk member counseling	$195 per counseled member per year
Opioid Risk Management Solution	
-Utilization Management	Standard UM/transactional fees
-Enhanced cDUR	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced Benefit Design	
-Adjust Refill Window	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced DEA edit by scope of practice	Standard – Included at No Charge Customization: $1,000 per edit.
Opioid Risk Management Solution (Add-On offerings) ***Commercial Plan Only***	

-Refill Window 90% Scheduled II-V Controlled Drugs (80% Specialty-Mail)	Included at No Charge
-Comprehensive UM option	Included at No Charge, PA fees will apply
-UM à la carte option	Included at No Charge, PA fees will apply
-Opioid Risk Management Solution (Member Opioid Risk Analysis) • Monthly Subscription • One-Time Request	 $500 per month + $1,500 implementation fee $3,000 per request
Opioid Risk Management Solution ***EGWP Only***	
-Utilization Management	Standard UM/transactional fees
-Enhanced cDUR	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced Benefit Design	
-Adjust Refill Window	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced DEA edit by scope of practice	Standard - Included at No Charge Customization: $1,000 per edit.
Personalized Rx Counselor Program (MTM Program) – ***Commercial Only***	
-On Demand Comprehensive Medication Review	$0.05 PMPM + $100 per On Demand CMR consultation
-Comprehensive Medication Review + Targeted Medication Review	$0.27 PMPM
Comprehensive Medication Review + Targeted Medication Review Performance Guarantees	Included at No Charge
-Comprehensive Medication Review + Targeted Medication Review + On Demand Comprehensive Medication Review	$0.27 PMPM + $100 per On Demand CMR consultation
-Comprehensive Medication Review + Targeted Medication Review + On Demand Comprehensive Medication Review Performance Guarantees	Included at No Charge
Specialty Medication Optimization– ***Commercial Only***	One-Time Initial Medical Claims Set Up Fee
• Specialty Redirection	
• MedicalRx Benefit Optimization	No Program Fee
• Medical Specialty Provider Network	No Program Fee 15% Medical Rebate Retention
Medicare Drug Management Program – ***EGWP Only***	
• Member Identification Only	

• Member Identification + full Case Management	$1,000 per month $1,000 per month + $450 per case
Clinical Analytics Services	Quoted upon request
Trend Forecast	Quoted upon request
Custom Formulary and Utilization Management Services	Quoted upon request
Pharmacy &Therapeutics (P&T) Support Services	Quoted upon request
Custom Publication Support Services	Quoted upon request
Other Fees	
Variable Copay Program	$95 per impacted Rx
Plan Sponsor Website Additional Users	Twenty included, $400 per year per additional user
Direct Member Reimbursement (DMR)	$2.50 per processed paper Claim plus the Administrative Fee
Ad-hoc Reporting	$150 per hour, with a minimum of $500
Manual Eligibility Maintenance	$0.50 per record
ID cards - Subsequent mailings, replacements, or additional	$2 per ID card plus postage, shipping and handling
Explanation of Benefits (EOB)	$2 per EOB plus postage, shipping and handling
Custom Mailings	Production plus postage, shipping and handling
Advanced Pharmacy Audit Services	Included
RxTRACK License Fee	$500 per seat annual fee
RDS Support Services	$1.25 PMPM
Integrated Accumulator - Near Real Time Method	$0.15 PMPM
COVID-19 OTC Test Kit Fee	$2.00 per test kit claim
Consolidated Appropriations Act Section 204 RxDC Premium 1 Reporting (See **Schedule P Transparency CAA Section 204 Reporting Services Addendum**)	$1,000 per reporting year

Additional EGWP Services and Fees

EGWP Services	
• Enrollment / Finance Functions	Included in EGWP Fee
• Standard Plan Sponsor Reporting	Included in EGWP Fee
Explanation of Benefits (EOB)	
• CMS compliant document monthly print and mail (where applicable) • Spanish translated EOB, per Eligible Participant's request • Plan Sponsor variable information (plan logo, hours ofoperation, customer service information) • Programming changes as required for CMS requirements. • Data management and processing	Standard Package included in EGWP fee. Customization requirements may incur additional fees for production and postage.

• Application to enter formulary change information and message to appear on EOBs • Viewer tool for OptumRx call center • Document retention on-line for 18 months and 10 year archiving	
Transition Member Services	
• Eligible Participant and Physician letter	Included in EGWP Fee
• Daily Transmission Claims Data file	Included in EGWP Fee
• Programming changes as required for CMS requirements	Included in EGWP Fee
• Data management and processing	Included in EGWP Fee
• Daily transition file(s), critical error if applicable	Included in EGWP Fee
• Eligible Participant or customer inquiry support	Included in EGWP Fee
PDE Management	
• CMS Attestations	Included in EGWP Fee
• PDE Creation	Included in EGWP Fee
• Error oversight, trend analysis, and prevention	Included in EGWP Fee
• Error resolution support and best practices	Included in EGWP Fee
• PDE reprocessing as required	Included in EGWP Fee
• CMS report distribution (i.e., P2P, Accum)	Included in EGWP Fee
• Programming as needed for CMS required changes	Included in EGWP Fee
• Reports (i.e., summary, statistics, pre-edit errors)	Included in EGWP Fee
• Report Catalog of CMS generated files	Included in EGWP Fee
Clinical Programs	
• CDUR & Level 1 (THERDOSE)	Included in EGWP Fee
• Medicare Drug Management Program	Included in EGWP Fee
• Overutilization Monitoring System	Included in EGWP Fee

• RDUR Star Focused	Included in EGWP Fee
• Orphan Drug Program	Included in EGWP Fee
• EGWP Medication Therapy Management	Included in EGWP Fee
• Basic Medication Adherence (Late to refill IVR) is not required under Part D, but we automatically include it in our standard EGWP offering.	Included in EGWP Fee
• Medicare Fraud, Waste, and Abuse Program	Included in EGWP Fee
• Medication Error Identification and Reduction (MEIR)	Included in EGWP Fee
• E-Prescribing Services	Included in EGWP Fee
• Opioid Risk Management - Medicare Member Education Program	Included in EGWP Fee
• Prior Authorizations (includes clinical Prior Authorization and B vs. D coverage determinations)	$50 per Prior Authorization
• Grievances (pharmacy benefit related grievance)	Included in EGWP Fee
• Re-determination of coverage (second level appeals) - Medical or Administrative	Included in EGWP Fee
• OptumRx Base Formulary	Included in EGWP Fee
Print Fulfillment (as applicable)	
• ID Cards	Standard Package included in EGWP fee. Customization requirements may incur additional fees.
• Welcome Kits	Standard Package included in EGWP fee. Customization requests must be approved by OptumRx-EGWP and may incur additional fees.
• ANOC/Evidence of Coverage (EOC) Mailing / Fulfillment	Standard Package included in EGWP fee. Customization requirements may incur additional fees
• Summary of Benefits & Opt Out letter	Included in EGWP Fee
• Geo-Coded Pharmacy Directories	Included in EGWP Fee
• Formulary Drug List	Included in EGWP Fee
• Payment distribution to Eligible Participants and LTC's for adjustments that identified previous overpayments of the Eligible Participant cost share / Drug Refund Checks	Included in EGWP Fee
• Other Eligible Participant or physician communications	Production and Postage at cost
• Eligible Participant requested materials	Production and Postage at cost
• Medicare Secondary Payer Letters/Survey	Included in EGWP Fee
• All CMS-required CMS Transaction Reply Code (TRC) letters (post enrollment; including disenrollment, LEP, LIS, etc.)	Included in EGWP Fee
• Return Mail Charge	Included in EGWP Fee
Add-On Medicare Part D Services	

• Specialized support for Medicare Post-enrollment Calls (Benefits, eligibility, EOB review, letters, claim resolution)	Included in EGWP Fee
• Manual Eligibility Data entry	$0.50 per record
• Loading of the required 3-6 months of pharmacy data	Included in EGWP Fee
• Website with standard design: Access for Eligible Participants and Physicians.	Included in EGWP Fee
• Custom Website Development	$250 per Hour
• PBP And Plan Changes	Included in EGWP Fee
• Batch processing of Plan Sponsor-caused/initiated adjustments (includes analysis and preparation ofdata files for processing, adjustment of TrOOP/Drug Spend balances and creation of overpayment and underpayment reports as appropriate)	Included in EGWP Fee
• Coordination of Benefits with SPAP's or other mandated programs	Included in EGWP Fee
• GeoAccess report (in excess of one annually provided in Core Services)	$5,000 per Report
• DMR Coverage letter (paper claim)	Included in EGWP Fee

Medicare Prescription Payment Plan Services ("M3P")

For The Plan Sponsor's EGWP line of business, The Contractor must provide services set forth below in connection with the Medicare Prescription Payment Plan Services and the State delegates performance of the specified services to Contractor. Fees set forth in this section for Prescription Payment Plan Services will be in addition to any other fees provided in this Contract.

Product Tier	Description	Capabilities	Pricing
EGWP	Full service technology solutions and the operational staffing solutions to achieve M3P compliance as required by the Inflation Reduction Act.	– Opt-in/out tool & digital experience – Pharmacy network management – Claims processing – Electronic payment processing – Ledgering – Invoicing – Lockbox setup and payment processing – Program member communications – Contact center – Payment management – Collections protocol – Appeals and	Per Utilizer Fees: – 1st 1%: $500 PUMPY – 2nd 1%: $400 PUMPY – 3rd 1%: $280 PUMPY – 4th 1%: $200 PUMPY – > 4%: $180 PUMPY

		grievances – Client reporting – CMS reporting	
Implementation Fees: $5.00 PMPY flat fee (one-time)			

Additional M3P Pricing Requirements applicable to the M3P program only:

1. Product capabilities, both technology and services, must be adopted holistically

2. Any lettering function must be performed by the Contractor

3. Billing of annual fees will occur monthly starting in January 2025

4. Credit card fees are the responsibility of the Plan Sponsor

5. Where the Contractor is managing Member Cost-Sharing Amount collection on behalf of the Plan Sponsor (Preferred or Premier tiers), the Cost-Sharing Amount collected by the Contractor will be remitted to the Plan Sponsor net of any associated credit card fees, banking fees or other transaction fees, which the Contractor may deduct from such payments to the Plan Sponsor. The Plan Sponsor will also be responsible for any amounts not recovered from Members or any fees or penalties incurred by the Contractor in connection with disputes related to Member Cost-Sharing Amount collections.

STATE OF MICHIGAN
CENTRAL PROCUREMENT SERVICES
Department of Technology, Management, and Budget
320 S. WALNUT ST., LANSING, MICHIGAN 48933
P.O. BOX 30026 LANSING, MICHIGAN 48909

CONTRACT CHANGE NOTICE

Change Notice Number **2**

to

Contract Number **220000001116**

CONTRACTOR	
	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConnor Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	224.231.2724
	melissa.pulferaoptum.com
	CV0014010

STATE			
	Program Manager	Bethany Beauchine	MCSC
		(800) 505-5011	
		beauchineb@michigan.gov	
	Contract Administrator	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

CONTRACT SUMMARY

PRESCRIPTION DRUG ADMINISTRATION SERVICES - CSC

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE
September 1, 2022	December 31, 2025	7 - 1 Year	December 31, 2025

PAYMENT TERMS	DELIVERY TIMEFRAME
NET 45	N/A

ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
P-Card	PRC	☒ Other	☐ Yes	☒ No

MINIMUM DELIVERY REQUIREMENTS

N/A

DESCRIPTION OF CHANGE NOTICE

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
☐		☒		N/A

CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE
$1,580,000,000.00	$0.00	$1,580,000,000.00

DESCRIPTION

Effective January 1, 2024, the updates in Change Notice 2, Attachment 1 are incorporated.

All other terms, conditions, specifications and pricing remain the same. Per Contractor and Agency agreement, and DTMB Central Procurement approval.

CHANGE NOTICE 2, ATTACHMENT 1
220000001116

Effective January 1, 2024, the following amendments are hereby incorporated into the Contract:

(1) Schedule A, Section 1.1.8 is updated and replaced with the following language:

Adhere to any program related to compliance with government initiatives including but not limited to, Health Care Reform and administration of an EGWP.

To assist Plan Sponsor in this compliance Contractor agrees to timely submit D3-D8, P2, and Narrative Response that include Plan Sponsor's membership as part of its filing to comply with the data submission required under Section 204 of Division BB, Title II of the Consolidated Appropriations Act, commonly referred to as RxDC reporting for Active and COBRA members (subscribers and dependents), as set forth in Schedule P of this Contract.

Contractor must provide confirmation of the submission of the above, as well as of Contractor's compliance with the Consolidated Appropriations Act of 2021 prohibition from entering into agreements with healthcare providers, TPAs or other service providers that include language that would constitute a "gag clause".

(2) Schedule A, Section 4.2.8 Key Personnel Table is updated and replaced as follows and reflects the following changes:

- Physical Location change for Missy Pulfer from Ohio to Florida
- Removal of Jocelyn Hain
- Addition of Quinne Wyatt-Wilson
- Removal of Elissa Keane
- Addition of Steven Bonk Jr.

Position	Name	Official Title	Role(s) / Responsibilities	Direct / Subcontract / Contract	FT/ PT/ T	% of Work Time	Physical Location
Senior Account Manager	Melissa Pulfer	Sr. Strategic Account Executive	• Mentoring and providing leadership support to the State's assigned account team. • State specific strategic planning, preparation, and presentation of quarterly plan performance reviews including annual planning for the upcoming plan year. • Oversees the account team members to ensure adherence to turn around times and project completion. • Overseeing implementation of any new plan designs. • Partnering with the clinical consultant, on recommendations, implementation, and overall execution of clinical programs. • Ensuring operational excellence and execution of projects such as enhancements to the enrollment process. • Ensures compliance with all contractual obligations by partnering with internal teams and supplying appropriate reporting outcomes when applicable. • Facilitates monthly meetings with the State to review open items and projects.	Direct	FT	70%	Florida

			• Works with customers' external health care providers and consultants to create a seamless continuum of care for members. • Works closely with internal government programs team to support EGWP compliance activities. • Partners with internal teams to support client auditing activities and pricing activities.				
Back-Up Senior Account Manager	Monica Valentine Pawlish	Director	• Responsible for the management and oversight of the assigned account management team. • Responsible for strategic partnership planning and mentoring of the account management team, State specific planning activities and overall Plan Sponsor satisfaction. • Assists the account team with identifying and building out strategic plans to help achieve the State's goals and objectives. • Actively engages with the State during monthly, quarterly, and annual meetings and provides industry knowledge to the State when applicable. • Supports the account team with all projects and initiatives to ensure execution and overall Plan Sponsor satisfaction. • Works closely with the account team to remove any barriers and confirm access to the appropriate tools, knowledge, and support to ensure they provide outstanding service to the State. • Directs the assigned account team and facilitates long term planning for each team member to create a development plan so they continue to grow the relationship working with the State. • Serves as an escalation point to ensure matters requiring attention reach senior management.	Direct	FT	35%	Pennsylvania
Customer Service Specialist (CSS)	Duane Tarrant	Client Service Manager	• Executing on the State's custom procedures, such as vacation overrides and accumulator balance transfers. • Collaborating with the State on the annual EGWP material review and updates as well as documenting benefit design template changes for the upcoming plan year. • Presenting the member experience results to the State as part of the quarterly performance reviews. • Managing the internal case process which includes creating custom reporting to support service level agreements and quarterly performance reviews. • Provides support and is responsible for ensuring the web content within the State custom microsite is up to date according to the State's Plan booklets. • Responsible for submitting and documenting all plan design updates and quality assurance activities to ensure the plan benefit has been set up as intended by the State. • Directly assists Contractor's Member Service team with timely research and resolution of member-related questions, works directly with pharmacies to assist as needed with claim adjudication and with Plan Sponsor-directed overrides. • Handles all Plan Sponsor escalated member cases and works with Contractor's internal partners to provide responsive and satisfactory resolution to the State.	Direct	FT	100%	New York

			• Responsible for updating State specific plan content within the Contractor's Member Services team to ensure current and accurate information is available to agents regarding the State's plan.				
Customer Service Specialist (CSS)	Ligia Sanchez	Client Service Manager	• Directly assisting Contractor Customer Service with research and resolution of member eligibility inquiries. • Managing escalated member cases received from the State and working with Contractor internal partners to provide a responsive and satisfactory resolution to the State. • Collaborates directly with Office of Retirement Services (ORS) to enroll, re-enroll, and terminate non-eligible EGWP members, focusing on compliance and maintaining accurate coverage for the State's membership to avoid any coverage gaps. • Creates custom weekly files for the State and ORS such as the discrepancy report and EGWP enrollment reports to ensure member coverages are accurate and not duplicated. • Reviews the quarterly reconciliation report and meets with the State and ORS to ensure precision in eligibility coverage. • Creates a monthly enrollment Dashboard report that allows the State to stay up to date with enrollment activities. • Partners with the State to build custom processes as needed with regards to eligibility file layout and any reporting needs.	Direct	FT	100%	Florida
Clinical Pharmacist	Quinne Wyatt-Wilson	Clinical Consultant	• Collaborating with the State and Plan Sponsor's consultant to establish achievable but aggressive clinical program goals, including implementation of utilization management programs, improvement in medication adherence rates, improvements in therapy gaps for key chronic disease states and formulary compliance targets. • Providing superior clinical consultation and clinical account management with a focus on trend management. Through monthly meetings and quarterly reviews provides detailed analysis of trend drivers and opportunities for plan improvement. • Providing detailed overviews and documentation of formulary updates. • Providing tailored clinical program recommendations to the State such as Vigilant Drug Program and Variable Copay Solution. • Providing proactive clinical market intelligence to the State regarding potential and future medications through her pipeline reviews. • Communicates drug information to the State and responds to plan specific clinical inquiries.	Direct	FT	40%	Georgia
Accounting / Financial Management	Steven Bonk Jr.	Financial Analyst	• Supporting the State with Fiscal year and year-end reporting. • Providing the State with documentation for monthly subsidy payments and quarterly GAP payments. • Providing the State with documentation of rebate activities including payments and associated reporting. • Works as liaison between the State and internal Contractor finance teams to track and monitor invoice and payment activity as well as any inquires.	Direct	FT	35%	Minnesota

			• Supports internal accounting procedures for Plan Sponsor credit requests as well as notification to the State.				
Implementation Manager	Cori Neal	Sr. Implementation Manager	• Primary contact for Plan Sponsor implementations. • Management of project deliverables and cross-functional tasks. • Reducing risk and eliminating obstacles. • Effective communication with internal partners and Plan Sponsor throughout the implementation process.	Direct	FT	100%	Texas

(3) Schedule A, Section 5.6 Reporting is updated and replaced with the following language which adds:

- 5.6.5.5 Service Level Agreement reporting
- 5.6.8.5 Weekly Address Change report
- 5.6.8.6 Weekly Out of Area (OOA) report

5.6 Reporting

5.6.1 **Reporting Schedule:**

Monthly Schedule **Contractor must provide complete monthly reports on the 15th of the second subsequent month (e.g., October reporting is due December 15th).**		
Quarterly and Annual Schedule		
CY Quarter Designation	**Date Range (inclusive)**	**Report Due Date**
First Quarter (Q1)	January 1 – March 31	May 30
Second Quarter (Q2)	April 1 – June 30	August 30
Third Quarter (Q3)	July 1 – September 30	November 30
Fourth Quarter (Q4) (Includes annual CY reporting)	October 1 – December 31	March 31
Fiscal Year (FY) Financial Reporting		
Projected claims trend factors for two upcoming FYs		August 31
Estimate of IBNR claims & total claims billed/paid (split by actives & retirees)		October 20

5.6.2 Contractor must provide analysis and reports in a format as determined by the Plan Sponsor.

5.6.3 **Monthly dashboard to summarize enrollment activity**
5.6.3.1 Number of new Members enrolled in plan.
5.6.3.2 Number of Medicare Age-ins enrolled in plan.
5.6.3.3 Number of CMS disenrollments by reason code.
5.6.3.4 Number of CMS-rejected enrollments.
5.6.3.5 Top 5 disenrollment reason codes.
5.6.3.6 Enrollment trend for current Plan year compared to prior Plan year.

5.6.4 **Quarterly Financial Report** that includes, but is not limited to, the following:
5.6.4.1 Claim Payments
5.6.4.2 Administration Fees
5.6.4.3 Non-claims related benefit costs
5.6.4.4 Prescription drug Rebates.

5.6.5 **Quarterly Performance Review Reports** for the Quarterly Performance Review meetings (Section 4.1B) with Plan Sponsor, that includes, but is not limited to, the following:

5.6.5.1 Contractor's comprehensive review of the cost and utilization experience of the Plan
- i. Trend analysis
- ii. Comparison to benchmarks
- iii. Opportunity analysis for low-performing areas

5.6.5.2 Summary of work and activity for Clinical Programs and Utilization Management Outcomes
- i. Physician Profiling and Other Clinical Effectiveness reports
- ii. Number of Members targeted, reached, and engaged for programs
- iii. Program completion rate
- iv. Program outcomes/Clinical Savings
- v. Planned improvements to programs

5.6.5.3 Drug Pipeline/Industry Update

5.6.5.4 Customer Service Update
- i. Call Center Activity Summary
  1. Number of inquiries
  2. Summary of call issues
  3. Description of top complaints
- ii. Inquiry, Grievances and Appeals Summary
  1. Inquiry analysis that details the number, type, date of receipt and date of resolution of Inquiries by month
  2. Grievance analysis that details the number, type, timeliness, and additional action taken regarding grievances that have been submitted by mail, telephone, or Internet by month received
  3. Appeals analysis that details the number, type, timeliness, and outcomes of Appeals that have been submitted by mail, telephone, or Internet by month received

5.6.5.5 Service Level Agreement reporting

5.6.6 **Annual Financial Reporting** that includes, but is not limited to, the following:

5.6.6.1 Annualized version of Quarterly Financial Reporting package

5.6.6.2 Class action recoveries

5.6.6.3 Prescription drug rebates

5.6.6.4 A revised trend factor for upcoming FY and new trend factor for following FY (e.g., revised FY23 & new FY24 trend factors due in August 2022) separated by Actives and Retirees for both years requested. This would be a percentage increase or decrease from the current FY cost in claims based on nationwide studies and trends, as well as taking into consideration the State's demographics for the members with coverage.

5.6.6.5 By October 20th of each year data as described below for the immediately prior state fiscal year of October 1st to September 30th:

5.6.6.5.1 An estimate of the incurred but not recorded (IBNR) EGWP and Commercial claims as of September 30th.
- Commercial IBNR claims need to be broken down between actives and retirees.
- IBNR must be broken down between long-term and short-term claims.
- IBNR claims are claims that took place on or before September 30th however, these claims have not been billed to or paid by the State of Michigan as of September 30th. These claims are not to be included in the total claims billed and paid report to be identified below.

5.6.6.5.2 Total claims billed to and paid by the State of Michigan for the period from October 1st through September 30th.
- Claims billed and paid for EGWP
- Claims billed and paid for Commercial
  - Commercial claims must be split by retirees and actives. In addition, retiree paid claims by retiree system (e.g., State Employees' Retirement System, State Police Retirement System, Judges' Retirement System, and Military Retirement System).

5.6.6.5.3 Summary of drug rebates received and credited to the State of Michigan for the period from October 1st through September 30th.

- Rebate report for EGWP
- Rebate report for Commercial
    - Commercial rebates must be split by retirees and actives. In addition, retiree paid claims by retiree system, (e.g., State Employees' Retirement System, State Police Retirement System, Judges' Retirement System, and Military Retirement System).

5.6.6.5.4 Total EGWP CMS revenues paid to the State of Michigan, split by retiree systems.

5.6.6.5.5 An estimated receivable for outstanding federal revenues earned, but not yet collected as of September 30th. This usually includes the LICS and Gap Coverage collections. Estimated receivables must be split between the retiree systems.

5.6.6.5.6 A total of any cost savings settlements.

5.6.6.5.7 Affirmation that Contractor has provided the most recent audit of Contractor's organization covering internal control procedures and any agreed upon reports and/or attestations from subcontractor(s) who provide services significant to the State. The report(s) must be Service Organization Control (SOC) 1 Type 2 and/or SOC 2 Type 2 or equivalent audits. Note: if the report period ends prior to September 30th, please provide a bridge/gap letter to cover the September 30th fiscal year end for the State of Michigan. See also **Section 1.11.**

5.6.7 **Annual Performance Review Report** package that includes, but is not limited to, the following:

5.6.7.1 Annualized version of Quarterly Performance Review package

5.6.7.2 Summary of CMS Revenue

5.6.7.3 Top 100 Brand and Generic Drug report

5.6.8 **EGWP-Specific Reports** that are received from CMS must also be made available to the Plan Sponsor. In situations where reports received from CMS contain Members not under the purview of the Plan Sponsor, the Contractor must remove all Members not enrolled in the Plan Sponsor's Plan before sending the report to the Plan Sponsor. Reports include, but are not limited to:

5.6.8.1 Monthly EGWP Membership Report (CMS report)

5.6.8.2 Weekly Disenrollment Report

i. Disenrollments from Transaction Reply Report (CMS Report)
ii. Enrollment Rejections Report
    1. Members that fail the Batch Eligibility Queue (BEQ)
    2. Members in Request for Information (RFI) Final Denied Status
iii. Any other Member disenrollment from Plan Sponsor's Plan that did not originate from Plan Sponsor

5.6.8.3 Monthly CMS Subsidy Detail Report

i. CMS Direct Subsidy
ii. Late Enrollment Penalty
iii. Low-Income Premium Subsidy
iv. Any other adjustment to direct subsidy amount

5.6.8.4 Annual CMS Call Letter Analysis

i. Annual CMS Subsidy Projections
ii. Manufacturer Coverage Gap Discount Projection
iii. Catastrophic Reinsurance Projection
iv. Low-Income Cost Sharing Reimbursement Projection
v. Projected Plan cost on a net and PMPM basis

5.6.8.5 Weekly Address Change report

5.6.8.6 Weekly Out of Area (OOA) report

5.6.9 Annual Specialty Drug listing.

5.6.10 The Contractor must provide an ad hoc reporting tool that Plan Sponsor can use at their discretion to directly access utilization and other Plan-specific data. This includes training for a limited number of Plan Sponsor representatives.

5.6.11 Contractor must perform ad hoc reporting upon the request and specification of the Plan Sponsor including:

5.6.11.1 Follow up reporting on reports listed above where additional information and analysis is required.
5.6.11.2 Strategic Initiative analysis related to Plan performance and improvement opportunities.
5.6.11.3 Reports requested by Plan Sponsor that provide further information and analysis to Services not encompassed by specified reports above.
5.6.11.4 Upon request, Contractor will provide the State with the data necessary for any medication named in a lawsuit during the term of our contract and for up to two years post the State termination.

5.6.12 The Contractor must provide secure on-line or electronic reporting capability.
5.6.12.1 Plan Sponsor requires having direct access to invoicing, claims data and membership reporting at minimum via the portal.

The Contractor utilizes RxTrack, a web-based reporting platform. This platform provides flexibility to analyze and filter data through established parameters or create on-demand, ad hoc reports and customized views to meet Plan Sponsor needs. RxTrack captures claims data, utilization data and member eligibility files, as well as prescriber and pharmacy information to provide comprehensive analytics and reporting.

CREATING ON-DEMAND REPORTS

RxTrack provides an on-demand report resource with instant access to a broad range of plan metrics and performance data, including utilization and cost trends; prescriber and pharmacy metrics; member utilization; drug utilization, and more. Resources and features supporting the State's creation of on-demand reports include:

- Web-based information delivery: Access RxTrack on-demand reporting from anywhere using an Internet connection and web browser.
- Intuitive user interface: User-friendly interface facilitates easy navigation by dividing site functionality into five site sections:
  - Shared Reports (shows specific reports available to a group of users)
  - My Reports (shows reports available to an individual user)
  - Create Reports
  - History List
  - Preferences
- Extensive portfolio of flexible report wizards: On-demand reporting for the State provides navigation and guidance in creating your own reports to analyze data including the ability to download reports directly into Microsoft Excel.
- Drill up, down, across and through report data: A robust multidimensional data model enables users to drill in nearly any direction.
- Customized and ad hoc reporting: Users are able to focus on data that is important to your business. Further, most ad hoc reporting requests can be accommodated through our online reporting tool as part of our basic service.
- Secure data transmission: Firewall, filter and encryption technology protect the integrity and confidentiality of your data.

RxTrack is anchored by the Contractor's data warehouse and analytics technology. Claims data is updated daily in the data warehouse to provide the Plan Sponsor with up-to-date analytics to fit your specific reporting needs. The Plan Sponsor can create their own configurable report views and save reports in a variety of file formats. Security parameters also enable the Plan Sponsor to set different access levels for different user groups.

The Contractor will also provide consultative support services through the Contractor's Client Management team to collaborate with the Plan Sponsor on strategies for maximizing your pharmacy benefits.

5.6.13 Service Availability Report (See also **Schedule A, Section 2.7.2 Schedule L – Service Availability Report,** and **Schedule D, Exhibit 1**).

(4) Schedule B, Pricing is updated and replaced with the attached, which:

1. Updates Pass-through Pricing Year 2: January 1, 2024 to December 31, 2024, and and Year 3: January 1, 2025 to December 31, 2025:

    - Commercial- Rebates and Specialty
    - EGWP - Rebates
2. Updates Financial Term language as follows:
    - Updates language pertaining to PMA allowance language.
    - Adds language pertaining to the Inflation Reduction Act's AMP Cap provision.
    - Updates Commercial Plan Specialty Pharmacy language.

SCHEDULE B - PRICING

Contract No. 220000001116

1. Reserved.

2. Reserved.

3. Contract Pricing includes all costs, including but not limited to, any one-time or set-up charges, fees, and potential costs that Contractor may charge the State (e.g., shipping and handling, per piece pricing, and palletizing).
Contractual Elements to Be Included at No Additional Cost to Plan Sponsor (at a minimum)

3.1 The all-inclusive Base Administrative Fee includes, at the minimum, the following:

- 3.1.1 Administrative Core Service Package
  - 3.1.1.1 Maintenance of Medicare Part D benefit set up parameters
  - 3.1.1.2 Programming and maintenance of Medicare electronic claims adjudication
  - 3.1.1.3 Claims adjustment activities in Medicare Part D program
  - 3.1.1.4 Prescription Drug Event (PDE) file submission and response administration
  - 3.1.1.5 Pre-Enrollment contact center support
  - 3.1.1.6 Eligibility management Services
  - 3.1.1.7 MTM Program
  - 3.1.1.8 PDP Pre-Enrollment website
- 3.1.2 Clinical Programs
  - 3.1.2.1 Prior Authorizations
  - 3.1.2.2 Grievances
  - 3.1.2.3 Coverage Determinations
  - 3.1.2.4 Re-determinations
- 3.1.3 New enrollee communications as required by CMS
- 3.1.4 Renewal communications as required by CMS
- 3.1.5 Ongoing communications as required by CMS
- 3.1.6 Pharmacy Directories provided to members
- 3.1.7 LIS communications
- 3.1.9 Transition communications
- 3.1.10 Medicare Post-Enrollment Calls
- 3.1.11 Website setup and ongoing maintenance fees
- 3.1.12 Communication assistance for Plan Sponsor employed customer service and HR staff
- 3.1.13 Communication and on-site assistance for Plan Sponsor Benefit Fairs
- 3.1.14 Template language and assistance in creating Plan Sponsor sponsored communications

3.2 Contractor must accept and load all open mail order and specialty pharmacy refills, Prior Authorization histories and up to 12 months of historical claims data at no additional cost to Plan Sponsor.

3.4 Contractor must not assess charges for the:

- 3.4.1 Implementation to the Contractor (including, but not limited to ID cards, communications, postage for welcome packets/communication, and other materials)
- 3.4.2 Member Services
- 3.4.3 Prospective DUR
- 3.4.4 Concurrent DUR
- 3.4.5 Retrospective and Advanced Retrospective DUR
- 3.4.6 Reporting (Ad hoc excluded)
- 3.4.7 Communications development
- 3.4.8 Development of communications for new clinical programs implemented by Plan Sponsor throughout the contract term
- 3.4.9 Access to the Contractor's on-line reporting tool for Plan Sponsor and third-party consultant
- 3.4.10 Summary of Benefits and Coverage

Commercial and EGWP:

Claims Processing Services

- Eligibility management
- Eligibility verification
- Online electronic Claims processing/administration
- Data retention – 15 months
- Operational Online Data – 12 months
- Accumulator for deductibles and maximums data – batch method
- Real-Time Audit System – filters 100 percent of claims before payment
- Enhanced Savings Program
- Lower Cost Alternatives
- PreCheck MyScript ePrescribing
- Copay Card Accumulator Adjustment ***Commercial Plan Only***

Termination Services and File Transfer

- Up to 12 files included in standard format, $1,500 per additional file thereafter

Contractor Pharmacy Network Services

- Administration of the Contractor Pharmacy Network
- Pharmacy Help Desk – available 24 hours a day, seven days a week

Pharmaceutical Manufacturer Rebate Services

- Contractor Standard Formularies
- Collection and Distribution of Manufacturer Rebates

Clinical Services

- Administrative Prior Authorization, Step Therapy, Quantity Limits
- Drug Recall Reporting
- Concurrent Drug Utilization Review (CDUR)
- Administration of Contractor Formularies
- Administration of Contractor standard Utilization Management programs
- Vigilant Drug Program ***Commercial Plan Only***

- Split Fill ***Commercial Plan Only***

Benefit Plan Administration

Member Services

- Toll-free Member Services Help Desk - available 24 hours a day, seven days a week
- Member Website and mobile app

Plan Sponsor Services

- Client Management Team
- Implementation support
- Standard Reporting Package

Member Communications

- Welcome Booklet with ID cards (two per family); Postage, shipping and handling cost are pass through

Online Plan Sponsor Access to Member Eligibility

- Verifying, entering, and updating member eligibility
- Viewing Member Claims history

Online Plan Sponsor Website Access

- Access to general and plan-specific information
- Setup and training for up to twenty users
- $400 per additional license each year
- Website access through optumrx.com
    - Pharmacy locator, refill Home Delivery Pharmacy, claims history
    - Health, wellness and disease education

Home Delivery/Mail Service and Specialty Pharmacy

- Standard postage included
- Member directed Home Delivery express shipments may incur additional charge

4. Quick Payment Terms: The Contractor is not providing quick payment terms.

5. Reserved.

6. **Credits**

6.1 Implementation Credits: The Contractor is not providing implementation credits.

6.2 Pharmacy Management Allowance (PMA): Contractor must provide Plan Sponsor with a PMA of up to $5.00 per member annually that can be used for a variety of Services during the term of the Contract for the Non-EGWP (actives and non-Medicare) population and EGWP population separately.

This PMA allowance is to be used by the Plan Sponsor to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees, and engagement of relevant vendors that impact the pharmacy program strategy and results. Plan Sponsor will be required to submit

documentation to support the expenses for which it seeks reimbursement. If Plan Sponsor terminates this Agreement for any reason before the end of the Initial Term, Plan Sponsor shall refund to the Contractor within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a- 7b(b)(3)(A). To the extent required by Laws or contractual commitment, Plan Sponsor agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

6.3 Audit Credit: $125,000 split between Commercial and EGWP population for Pre/Post Audit Fund.

Commercial Plan Pricing

Administrative Fees	Administrative Fees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Base Administrative fee Per Member Per Month (PMPM)	$ 1.25	$ 1.30	$ 1.35

Discount Guarantees	Retail 30						Retail 90						Mail					
	Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed minimum % Discount off of AWP	19.50%	19.60%	19.70%	86.50%	86.60%	86.70%	23.00%	23.10%	23.20%	88.00%	88.10%	88.20%	25.00%	25.00%	25.00%	88.75%	88.85%	88.95%

Dispensing Fee Guarantees	Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum Dispensing Fee per script (PNPC)	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Rebate Guarantees	Rebate Guarantee						Rebate Guarantee						Rebate Guarantee					
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)				Year 1 (2023)	Year 2 (2024)	Year 3 (2025)				Year 1 (2023)	Year 2 (2024)	Year 3 (2025)			
Minimum rebate guarantees: Per Net Paid Brand (PNPB) Rx	Select Comprehensive: $281 Premium: $327	Select Comprehensive: $287 Premium: $295	Select Comprehensive: $304 Premium: $315				Select Comprehensive: $635 Premium: $840	Select Comprehensive: $700 Premium: $705	Select Comprehensive: $710 Premium: $720				Select Comprehensive: $835 Premium: $940	Select Comprehensive: $878 Premium: $880	Select Comprehensive: $900 Premium: $920			

Specialty Discount Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed overall specialty discount:									
Brand	21.75%	20.85%	20.95%	Not applicable.	Not applicable.	Not applicable.	21.75%	20.85%	20.95%
Generic	21.75%	20.85%	20.95%	Not applicable.	Not applicable.	Not applicable.	21.75%	20.85%	20.95%

Specialty Dispensing Fee Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum dispensing fee for specialty claims:	$ -	$ -	$ -	Not applicable.	Not applicable.	Not applicable.	$ -	$ -	$ -

Specialty Rebate Guarantees - Based on PBM's standard formulary without exclusions	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Minimum rebate guarantees (Per Brand Rx)	Select Comprehensive: $3,500 Premium: $3,800	Select Comprehensive: $3,975 Premium: $4,400	Select Comprehensive: $4,425 Premium: $5,000	Not applicable.	Not applicable.	Not applicable.	Select Comprehensive: $3,500 Premium: $3,800	Select Comprehensive: $3,975 Premium: $4,400	Select Comprehensive: $4,425 Premium: $5,000

Generic Dispensing Rate Guarantee	Generic Dispensing Rate Guarantees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Retail GDR guarantee	88.2%	88.3%	88.4%
Mail Order GDR guarantee	86.4%	86.5%	86.6%

EGWP Pricing

Administrative Fee Guarantees	Administrative Fees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Base Administration fee (PMPM)	$ -	$ -	$ -
EGWP Administrative fee (PMPM)	$ 8.40	$ 8.40	$ 8.40

Discount Guarantees	Retail 30						Retail 90						Mail					
	Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed minimum % Discount off of AWP	19.00%	19.10%	19.20%	86.50%	86.60%	86.70%	22.95%	22.95%	22.95%	88.00%	88.10%	88.20%	25.00%	25.00%	25.00%	88.75%	88.85%	88.95%

Dispensing Fee Guarantees	Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum Dispensing Fee per script	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Rebate Guarantees	Rebate Guarantee			Rebate Guarantee			Rebate Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Minimum rebate guarantees: (Per Brand Rx)	$ 225.00	$ 255.00	$ 274.00	$ 565.00	$ 655.00	$ 700.00	$ 635.00	$ 700.00	$ 771.00

Specialty Discount Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed overall specialty discount:						
Brand	20.50%	20.60%	20.70%	20.50%	20.60%	20.70%
Generic	20.50%	20.60%	20.70%	20.50%	20.60%	20.70%

Specialty Dispensing Fee Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum dispensing fee for specialty claims:	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50

Specialty Rebate Guarantees - Based on PBM's standard formulary without exclusions	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Minimum rebate guarantees: (Per Brand Rx)	$ 1,895.00	$ 2,005.00	$ 2,105.00	$ 1,895.00	$ 2,005.00	$ 2,105.00	Not applicable.	Not applicable.	Not applicable.

Generic Dispensing Rate Guarantee	Generic Dispensing Rate Guarantees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Retail GDR guarantee	83.2%	83.3%	83.4%
Mail Order GDR guarantee	85.9%	86.0%	86.1%

Financial Terms:

Commercial and EGWP:

- Under the Pass-Through Pricing Model, Plan Sponsor shall pay the actual retail pharmacy rates paid by Contractor for Prescription Drugs electronically processed and dispensed to a Member through Contractor's retail Pharmacy Network, which are estimated to be the effective rates set forth above. Contractor's compensation for its services shall be the Claims Administration Fees set forth above and a fee in an amount agreed to by the parties for any additional services authorized by Plan Sponsor.
- Contractor applies, where applicable, zero balance pricing logic, also referred to as minimum copay. The Member will pay the lower of (i) Member Cost-Sharing Amount or (ii) the pharmacy's Usual and Customary charge for the product.
- Discounts are based on published AWP.
- Discounted ingredient costs are based upon the actual 11-digit National Drug Code, specific to the quantity dispensed submitted by a Network Pharmacy at the time of adjudication.
- Retail 90 pricing is for retail Claims with greater than 31+ days' supply.
- Discount and dispensing fee guarantees are reconciled at the component level and are effective average annual rates, which may include the value of any and all other discounts, savings and reimbursements achieved. Such discount and dispensing fee guarantees are not reconciled on an individual Claim basis. Excess discounts in one line-item category cannot be credited to another category for purposes of satisfying the guarantee applicable to the other category. Any credits due to Plan Sponsor relating to the discount guarantees set forth above shall be issued ninety (90) days after the measurement period.
- Contractor will have no obligation under any financial guarantees under the contract for the contract year (that is, each 12-month period following the Effective Date) in which Plan Sponsor terminates, if the portion of the contract year before the effective date of Plan Sponsor's termination is less than 12 full months.
- The effective overall Generic Drug discount rate includes MAC, and non-MAC Generic Drug Claims subject to the discount and dispensing fee guarantee exclusions set forth herein.
- Compound Prescription Drug Claims, 340B Claims, Indian health services and tribal Claims, direct member reimbursement Claims, coordination of benefit Claims, long term care Claims, infusion Claims, Claims with ancillary charges such as vaccines, New to Market Limited Distribution Products, Claims filled at in-house or Client-owned pharmacies, fraudulent Claims, and Claims filled outside the Contractor Pharmacy Network will be excluded from the guarantees.
- Usual & Customary Claims are excluded in the discount guarantees.
- Zero balance Claims are included in the discount guarantees prior to the application of Member Cost-Sharing Amount.

  Refer to Schedule N Definitions for Brand Drug, Generic Drug, Single-Source Generic Drug definitions, Rebate(s) (and more).
- Compound Prescription Drugs shall be adjudicated using the standards in the most recent version of NCPDP guidelines which includes individual multi-ingredient pricing, the lower of U&C, MAC, or AWP minus and a dispensing fee of $10. Multi-ingredient Compound Prescription Drugs filled through NCCP approved providers may also be charged a level of effort (LOE) compounding fee based on the Claim's LOE code.
- Claims filled at multi-pack pharmacies, including Optum affiliated multi-pack pharmacies,

are included in theRetail 30 guarantee

- Certain conditions such as pharmacies with “Most Favored Nations pricing” obligations, remote area pharmacies, in-house or Client-owned pharmacies, and Plan Sponsor requests for additions to a selected network may result in a rate change or differential with respect to the affected pharmacy(ies) that will be passed on to Plan Sponsor, plus an administrative fee.
- Contractor may, from time to time, receive and retain reimbursement from pharmacies for its costs in connection with transmitting Claims and discounts on its own behalf from wholesalers and Drug Manufacturers as a purchaser of pharmaceutical products for its Home Delivery and Specialty Pharmacies.
- Contractor may pay a commission or other remuneration (e.g., fees to compensate for costs of administration)to a broker, consultant or administrator in connection with this Agreement, which commission or other remuneration may vary depending on plan design or other factors, and the Plan Sponsor acknowledges and expressly consents to the payment of said commission or other remuneration. Information regarding said commission or other remuneration will be provided by Contractor upon written request.
- Home Delivery pricing guarantees require an average days’ supply of at least 83 days in the aggregate.
- Specialty guarantees cover both Claims filled at Optum Specialty Pharmacy and retail pharmacies limited distribution products that Contractor has access to.
- Non-specialty Claims filled at Optum Specialty Pharmacy are reconciled under the retail guarantees.
- Contractor has provided a guaranteed drug-by-drug level discount list for specialty drugs (Specialty Drug List guarantees) as well as a minimum guarantee for New-to-Market Limited Distribution products (12%). The Specialty Drug List guarantees and specialty aggregate guarantees provided within will be reconciled annually to the better of the aggregate or Specialty Drug List guarantee.
- Transplant products will be considered non-specialty.
- Retail and Home Delivery guarantees exclude Specialty Drug Claims.
- Newly introduced pharmaceutical products will be added to Contractor’s systems and to Plan Sponsor’s PrescriptionDrug coverage (provided the new product is in a category covered by the Plan Sponsor) promptly following receipt by Contractor from the Pricing Source. Newly FDA-approved Specialty products will be billed and reimbursedat the default rate of AWP – 14%.
- Contractor will remit to Plan Sponsor 100% of the Rebates received by Contractor. Contractor guarantees that the Rebates remitted to Plan Sponsor during a contract year shall not be less than the Per Net Paid Brand Drug Claim (PNPBDC) Rebate amounts specified in the Rebate table above (“Guaranteed Rebate Amount”). In the event that the Rebates paid to Plan Sponsor during a contract year are less than the Guaranteed Rebate Amount, Contractor shall pay to Plan Sponsor, as an additional rebate from Contractor, the amount of such deficiency within 180 days following the end of the contract year. Contractor may withhold Rebates until this Agreement is signed.
- Calculation of the Guaranteed Rebate Amount excludes: Claims where the plan is not the primary payer, Vaccines, House generic Claims (DAW 5), devices except for insulin pumps and diabetic test strips, over the counter products, Claims from 340B, long term care, or federal government pharmacies, consumer card or discount card program Claims, or Prescription Claims otherwise not eligible for Rebates, Formulary Exclusions, Invalid Service Provider Identification or Prescription Numbers, Stale dated claims submitted more

than 2 quarters prior to the current quarter, Non-FDA approved products regardless of identification, Direct Member Submitted Claims, Re-Packaged NDCs (using Medi-Span's re-packer indicator), Compounds, Claims for plans where after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50 percent of the claim when evaluated in aggregate at the therapeutic class level, Claims Exclusions for Indian Health, Smart Fill & Split Claims Less than 20 DS. The Guaranteed Rebate Amount is reconciled in the aggregate annually.

- The effective date of any changes to Rebate arrangements shall be at the beginning of a calendar quarter.
- Contractor reserves the right to modify or amend the financial provisions of this document upon prior notice with appropriate documentation to Plan Sponsor in the event of (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make Contractor's performance of its duties hereunder materially more burdensome or expensive, including changes made to the AWP benchmark or methodology; (b) a change in the scope of services to be performed under this document upon which the financial provisions included in this document are based, including a change in the plan design and the exclusion of a service line (i.e. retail, mail, specialty) from Plan Sponsor's service selection; (c) a reduction of greater than fifteen percent in the total number of members from the number provided to Contractor during pricing negotiations upon which the financial provisions included in this document are based; (d) unexpected movement of a branded product to off-patent or where there are generic, or Authorized Brand Alternative Drug substitutes available; or (e) implementation or addition of 100 percent Member paid plans; or (f) Contractor is no longer the exclusive specialty pharmacy provider.
- If Plan Sponsor makes any change to its formulary, not initiated by Contractor, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by Contractor under its formulary or utilization management programs, Contractor may adjust the Rebate guarantees in this pricing summary, effective the date of the change.
- The financial guarantees set forth in this exhibit are subject to all of the terms contained in this exhibit.
- The pricing guarantees included in Optum Rx's offer contemplate the known rebate impact of the Inflation Reduction Act's AMP Cap provision. Accordingly, as of the date of this offer, actual manufacturer rebate related reductions in affected classes (i.e. insulin products) is underwritten into Optum Rx's financial offer. Any subsequent manufacturer-initiated action occurring after the date of Optum Rx's submission, for example actions that address new therapeutic classes or make additional pricing changes to previously modified therapeutic classes, may require equitable adjustment of the pricing guarantees included herein.
- Optum Specialty Pharmacy shall be specialty providers under this Agreement and Members will receive Specialty Drug Covered Prescription Services only from a Network Pharmacy, including Optum Specialty Pharmacy. Specialty dispensing fees and Specialty Drug pricing shall apply for any Specialty Drugs filled at retail and Home Delivery. The Specialty Drug List will be provided to Client upon request may be updated from time to time.

Commercial Plan Specific:

- Premium Rebates: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary, exclusions and utilization

management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non-preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

- Select Comprehensive Rebates: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary and utilization management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non-preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

EGWP Specific:

- Silver Formulary: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary and utilization management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non- preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

Generic Dispensing Rate Details:

Commercial and EGWP:

For each channel referenced with a Generic Dispense Rate (GDR) guarantee above (i.e., retail and mail), the Generic Dispense Rate (GDR) guarantee means for any full Contract Year, the number of Prescription Claims for Generic Drugs, as adjusted below ("GDR Utilization") divided by the number of Prescription Claims for the Contract Year, as adjusted below ("Adjusted Total Prescription Claims") , i.e., [GDR = GDR Utilization for Contract Year/Adjusted Total Prescription Claims for Contract Year]. The GDR guarantee will be expressed as a percentage. GDR Utilization and Adjusted Total Prescription Claims will be adjusted by excluding: (i) all Prescription Claims from the categories listed as exclusions to the discount and dispensing fee guarantees; and (ii) all Prescription Claims for Specialty Drugs.

To be eligible for the GDR guarantee, Plan Sponsor must comply with each of the following for each Plan Sponsor Benefit Plan:

- Maintain an average copayment differential between tier 1 and tier 2 Formulary products of $15 or more.
- Adopt the Contractor Formulary referenced on Exhibit C without exceptions and implement all required clinical programs associated with the Formulary; and
- Implement dispense as written penalties for DAW 2 claims for the majority of Members.

The GDR guarantee will be measured and reconciled for each channel referenced with a GDR guarantee in the table above in the aggregate on an annual basis. Overachievement in one channel may be used to offset underperformance in another channel. The penalty for failure to achieve a GDR guarantee for a Contract Year will be calculated as the product of:
[Adjusted Total Prescription Claims] x (GDR guarantee– GDR achieved (each expressed as a percentage) x (average cost to Plan Sponsor for non-Specialty Brand Drugs for Contract Year minus average Member Cost Share Amount minus average applicable Rebate guarantee) – (average cost to Plan Sponsor for non-Specialty Generic Drugs for Contract Year minus average Member Cost Share Amount)]

The final penalty shall never exceed more than $1.50 per Member per Contract Year.

The GDR guarantee reporting will be provided in conjunction with the pricing discount and dispensing fee guarantee reporting.

Additional Fees

- Contractor may charge for any new products or services as they become available.

Commercial and EGWP:

Clinical Bundle Fee ***Commercial Plan Only*** Bundle includes the following Clinical Programs: • RDUR • Opioid Risk Management	$0.29 PMPM
Clinical Services and Programs	
Clinical Prior Authorizations -Technician/Pharmacist Review	Included at No Charge
Polypharmacy Value Management ***Commercial Plan Only***	$0.35 PMPM
Orphan Drug Management ***Commercial Plan Only***	$300 per intervened member per year
Prior Authorization Appeals -Internal Clinical Appeals Not Requiring Physician Review -Internal Clinical Appeals Requiring Physician Review -External clinical appeal	 $150 per review $300 per review $400 per review
Peer to Peer Physician Review -Peer to Peer Review Service -Physician Review Service	 $75 per review $150 per review
Administration of Appeals Process Managed by Plan Sponsor	$35 per review
Medication Therapy Management Program ***EGWP Only*** -MTM Program	 Included at No Charge
Contractor Medical Insights Management -Contractor Medical Insights Management -Performance Guarantee (Both Plans)	Commercial: $0.25 PMPM EGWP $0.41 PMPM Included at No Charge
-Contractor Medication Safety Management -Performance Guarantee Included (Both Plans)	Commercial: $0.11 PMPM EGWP $0.20 PMPM Included at No Charge
-Contractor Care Gap Management	Commercial: $0.05 PMPM EGWP $0.11 PMPM

-Performance Guarantee	Included at No Charge
Contractor Stars Quality Management ***EGWP Only***	
-Contractor Stars Quality Management	$0.15 PMPM
-Performance Guarantee	$0.15 PMPM
Patterns of Care Program	$0.08 PMPM plus one-time $5,000 setup fee
Medication Adherence Program	
-Top 3 Conditions + Chronic Non-Specialty + Specialty Medications + Behavior Health Medications + Medication Adherence Program for Medication Assisted Therapy	$0.25 PMPM
-Top 3 Conditions + Chronic Non-Specialty + Specialty Medications	$0.18 PMPM
-Top 3 Conditions	
-MAP Performance Guarantee	$0.13 PMPM
-Medication Adherence Behavior Health conditions + Medication Adherence Program for Medication Assisted Therapy (MAT) - ROI not offered for this program.	Included $0.12 PMPM
Diabetes Management Program Options ***Commercial Plan Only"**	
-High-Risk member counseling + Medication Adherence + RDUR Gaps in Care programs	$195 per counseled member per year + $0.08 PMPM
-High-Risk member counseling + Medication Adherence	$195 per counseled member per year + $0.06 PMPM
-High-Risk member counseling + RDUR Gaps in Care programs	$195 per counseled member per year + $0.02 PMPM
-High-Risk member counseling	$195 per counseled member per year
Opioid Risk Management Solution	
-Utilization Management	Standard UM/transactional fees
-Enhanced cDUR	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced Benefit Design	
-Adjust Refill Window	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced DEA edit by scope of practice	Standard – Included at No Charge Customization: $1,000 per edit.
Opioid Risk Management Solution (Add-On offerings) ***Commercial Plan Only***	

-Refill Window 90% Scheduled II-V Controlled Drugs (80% Specialty-Mail)	Included at No Charge
-Comprehensive UM option	Included at No Charge, PA fees will apply
-UM à la carte option	Included at No Charge, PA fees will apply
-Opioid Risk Management Solution (Member Opioid Risk Analysis) • Monthly Subscription • One-Time Request	 $500 per month + $1,500 implementation fee $3,000 per request
Opioid Risk Management Solution ***EGWP Only***	
-Utilization Management	Standard UM/transactional fees
-Enhanced cDUR	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced Benefit Design	
-Adjust Refill Window	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced DEA edit by scope of practice	Standard - Included at No Charge Customization: $1,000 per edit.
Personalized Rx Counselor Program (MTM Program) – ***Commercial Only***	
-On Demand Comprehensive Medication Review	$0.05 PMPM + $100 per On Demand CMR consultation
-Comprehensive Medication Review + Targeted Medication Review	$0.27 PMPM
Comprehensive Medication Review + Targeted Medication Review Performance Guarantees	Included at No Charge
-Comprehensive Medication Review + Targeted Medication Review + On Demand Comprehensive Medication Review	$0.27 PMPM + $100 per On Demand CMR consultation
-Comprehensive Medication Review + Targeted Medication Review + On Demand Comprehensive Medication Review Performance Guarantees	Included at No Charge
Specialty Medication Optimization– ***Commercial Only***	One-Time Initial Medical Claims Set Up Fee
• Specialty Redirection	
• MedicalRx Benefit Optimization	No Program Fee
• Medical Specialty Provider Network	No Program Fee 15% Medical Rebate Retention
Medicare Drug Management Program – ***EGWP Only***	
• Member Identification Only	

• Member Identification + full Case Management	$1,000 per month $1,000 per month + $450 per case
Clinical Analytics Services	Quoted upon request
Trend Forecast	Quoted upon request
Custom Formulary and Utilization Management Services	Quoted upon request
Pharmacy &Therapeutics (P&T) Support Services	Quoted upon request
Custom Publication Support Services	Quoted upon request
Other Fees	
Variable Copay Program	$95 per impacted Rx
Plan Sponsor Website Additional Users	Twenty included, $400 per year per additional user
Direct Member Reimbursement (DMR)	$2.50 per processed paper Claim plus the Administrative Fee
Ad-hoc Reporting	$150 per hour, with a minimum of $500
Manual Eligibility Maintenance	$0.50 per record
ID cards - Subsequent mailings, replacements, or additional	$2 per ID card plus postage, shipping and handling
Explanation of Benefits (EOB)	$2 per EOB plus postage, shipping and handling
Custom Mailings	Production plus postage, shipping and handling
Advanced Pharmacy Audit Services	Included
RxTRACK License Fee	$500 per seat annual fee
RDS Support Services	$1.25 PMPM
Integrated Accumulator - Near Real Time Method	$0.15 PMPM
COVID-19 OTC Test Kit Fee	$2.00 per test kit claim
Consolidated Appropriations Act Section 204 RxDC Premium 1 Reporting (See **Schedule P Transparency CAA Section 204 Reporting Services Addendum**)	$1,000 per reporting year

Additional EGWP Services and Fees

EGWP Services	
• Enrollment / Finance Functions	Included in EGWP Fee
• Standard Plan Sponsor Reporting	Included in EGWP Fee
Explanation of Benefits (EOB)	
• CMS compliant document monthly print and mail (where applicable)	
• Spanish translated EOB, per Eligible Participant's request	
• Plan Sponsor variable information (plan logo, hours ofoperation, customer service information)	Standard Package included in EGWP fee. Customization requirements may incur additional fees for production and postage.
• Programming changes as required for CMS requirements.	
• Data management and processing	

• Application to enter formulary change information and message to appear on EOBs • Viewer tool for OptumRx call center • Document retention on-line for 18 months and 10 year archiving	
Transition Member Services	
• Eligible Participant and Physician letter	Included in EGWP Fee
• Daily Transmission Claims Data file	Included in EGWP Fee
• Programming changes as required for CMS requirements	Included in EGWP Fee
• Data management and processing	Included in EGWP Fee
• Daily transition file(s), critical error if applicable	Included in EGWP Fee
• Eligible Participant or customer inquiry support	Included in EGWP Fee
PDE Management	
• CMS Attestations	Included in EGWP Fee
• PDE Creation	Included in EGWP Fee
• Error oversight, trend analysis, and prevention	Included in EGWP Fee
• Error resolution support and best practices	Included in EGWP Fee
• PDE reprocessing as required	Included in EGWP Fee
• CMS report distribution (i.e., P2P, Accum)	Included in EGWP Fee
• Programming as needed for CMS required changes	Included in EGWP Fee
• Reports (i.e., summary, statistics, pre-edit errors)	Included in EGWP Fee
• Report Catalog of CMS generated files	Included in EGWP Fee
Clinical Programs	
• CDUR & Level 1 (THERDOSE)	Included in EGWP Fee
• Medicare Drug Management Program	Included in EGWP Fee
• Overutilization Monitoring System	Included in EGWP Fee

• RDUR Star Focused	Included in EGWP Fee
• Orphan Drug Program	Included in EGWP Fee
• EGWP Medication Therapy Management	Included in EGWP Fee
• Basic Medication Adherence (Late to refill IVR) is not required under Part D, but we automatically include it in our standard EGWP offering.	Included in EGWP Fee
• Medicare Fraud, Waste, and Abuse Program	Included in EGWP Fee
• Medication Error Identification and Reduction (MEIR)	Included in EGWP Fee
• E-Prescribing Services	Included in EGWP Fee
• Opioid Risk Management - Medicare Member Education Program	Included in EGWP Fee
• Prior Authorizations (includes clinical Prior Authorization and B vs. D coverage determinations)	$50 per Prior Authorization
• Grievances (pharmacy benefit related grievance)	Included in EGWP Fee
• Re-determination of coverage (second level appeals) - Medical or Administrative	Included in EGWP Fee
• OptumRx Base Formulary	Included in EGWP Fee
Print Fulfillment (as applicable)	
• ID Cards	Standard Package included in EGWP fee. Customization requirements may incur additional fees.
• Welcome Kits	Standard Package included in EGWP fee. Customization requests must be approved by OptumRx-EGWP and may incur additional fees.
• ANOC/Evidence of Coverage (EOC) Mailing / Fulfillment	Standard Package included in EGWP fee. Customization requirements may incur additional fees
• Summary of Benefits & Opt Out letter	Included in EGWP Fee
• Geo-Coded Pharmacy Directories	Included in EGWP Fee
• Formulary Drug List	Included in EGWP Fee
• Payment distribution to Eligible Participants and LTC's for adjustments that identified previous overpayments of the Eligible Participant cost share / Drug Refund Checks	Included in EGWP Fee
• Other Eligible Participant or physician communications	Production and Postage at cost
• Eligible Participant requested materials	Production and Postage at cost
• Medicare Secondary Payer Letters/Survey	Included in EGWP Fee
• All CMS-required CMS Transaction Reply Code (TRC) letters (post enrollment; including disenrollment, LEP, LIS, etc.)	Included in EGWP Fee
• Return Mail Charge	Included in EGWP Fee
Add-On Medicare Part D Services	

• Specialized support for Medicare Post-enrollment Calls (Benefits, eligibility, EOB review, letters, claim resolution)	Included in EGWP Fee
• Manual Eligibility Data entry	$0.50 per record
• Loading of the required 3-6 months of pharmacy data	Included in EGWP Fee
• Website with standard design: Access for Eligible Participants and Physicians.	Included in EGWP Fee
• Custom Website Development	$250 per Hour
• PBP And Plan Changes	Included in EGWP Fee
• Batch processing of Plan Sponsor-caused/initiated adjustments (includes analysis and preparation ofdata files for processing, adjustment of TrOOP/Drug Spend balances and creation of overpayment and underpayment reports as appropriate)	Included in EGWP Fee
• Coordination of Benefits with SPAP's or other mandated programs	Included in EGWP Fee
• GeoAccess report (in excess of one annually provided in Core Services)	$5,000 per Report
• DMR Coverage letter (paper claim)	Included in EGWP Fee

STATE OF MICHIGAN
CENTRAL PROCUREMENT SERVICES
Department of Technology, Management, and Budget
320 S. WALNUT ST., LANSING, MICHIGAN 48933
P.O. BOX 30026 LANSING, MICHIGAN 48909

CONTRACT CHANGE NOTICE

Change Notice Number **1**

to

Contract Number **220000001116**

CONTRACTOR	
	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConnor Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	224.231.2724
	melissa.pulfer@optum.com
	CV0014010

STATE			
	Program Manager	Bethany Beauchine	MCSC
		(800) 505-5011x0086	
		beauchineb@michigan.gov	
	Contract Administrator	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

CONTRACT SUMMARY

PRESCRIPTION DRUG ADMINISTRATION SERVICES - CSC

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE
September 1, 2022	December 31, 2025	7 - 1 Year	December 31, 2025

PAYMENT TERMS	DELIVERY TIMEFRAME
	N/A

ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
☐ P-Card	☐ PRC	☐ Other	☐ Yes	☒ No

MINIMUM DELIVERY REQUIREMENTS

N/A

DESCRIPTION OF CHANGE NOTICE

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
☐		☐		N/A

CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE
$1,580,000,000.00	$0.00	$1,580,000,000.00

DESCRIPTION

Effective August 24, 2023, the following Two clinical updates are incorporated as follows:

1) Effective May 11, 2023, to correspond with the end of COVID-19 Public Health Emergency, the list of preventative care vaccines are updated to zero cost to the member, where available at a pharmacy.

2) Effective September 1, 2023 the following is added:
Orphan Drug medication - counseling and clinical support at a flat cost of $300 per counseled member per year.

All other terms, conditions, specifications, and pricing remain the same. Per contractor and agency agreement, and DTMB Central Procurement Services approval.

STATE OF MICHIGAN PROCUREMENT

Department of Technology, Management, and Budget
320 S. WALNUT ST., LANSING, MICHIGAN 48933
P.O. BOX 30026 LANSING, MICHIGAN 48909

NOTICE OF CONTRACT

NOTICE OF CONTRACT NO. **220000001116**
between
THE STATE OF MICHIGAN
and

CONTRACTOR	
	Optum Insurance Company of Ohio, Inc.
	1600 McConnor Parkway
	Schaumburg, IL 60173-6801
	Melissa Pulfer
	(224) 231-2724
	Melissa.pulfer@optum.com
	CV0014010

STATE			
	Program Manager	Bethany Beauchine	MCSC
		(800) 505-5011 x 0086	
		beauchineb@michigan.gov	
	Contract Administrator	Mary Ostrowski	DTMB
		517-249-0438	
		ostrowskim@michigan.gov	

CONTRACT SUMMARY			
DESCRIPTION: Prescription Drug Administration Services - CSC			
INITIAL EFFECTIVE DATE	**INITIAL EXPIRATION DATE**	**INITIAL AVAILABLE OPTIONS**	**EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW**
September 1, 2022	December 31, 2025	7 – One Year	December 31, 2025
PAYMENT TERMS		**DELIVERY TIMEFRAME**	
Net 45		N/A	
ALTERNATE PAYMENT OPTIONS			**EXTENDED PURCHASING**
☐ P-card ☒ Payment Request (PRC) ☐ Other			☐ Yes ☒ No
MINIMUM DELIVERY REQUIREMENTS			
N/A			
MISCELLANEOUS INFORMATION			
THIS IS NOT AN ORDER. This Contract Agreement is awarded on the bases of our inquiry bearing the solicitation # 210000002693. Contract value incudes estimated Administrative Fees and Pass-through claims values.			
ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION			**$1,580,000,000.00**

FOR THE CONTRACTOR:

Company Name

Authorized Agent Signature

Authorized Agent (Print or Type)

Date

FOR THE STATE:

Signature

Name & Title

Agency

Date

STANDARD CONTRACT TERMS

This STANDARD CONTRACT ("**Contract**") is agreed to between the State of Michigan (the "**State**") and Optum Insurance Company of Ohio Inc. ("**Contractor**"), an Ohio corporation. This Contract is effective on September 1, 2022 ("**Effective Date**"), and unless terminated, expires on December 31, 2025.

This Contract may be renewed for up to 7 additional one-year period(s). Renewal is at the sole discretion of the State and will automatically extend the Term of this Contract. The State will document its exercise of renewal options via Contract Change Notice.

The parties agree as follows:

1. **Definitions.** For the purposes of this Contract, the following terms have the following meanings:

   "**Accept**" has the meaning set forth in **Section 20**.

   "**Acceptance**" has the meaning set forth in **Section 20**.

   "**Affiliate**" of a Person means any other Person that directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with, such Person. For purposes of this definition, the term "control" (including the terms "controlled by" and "under common control with") means the direct or indirect ownership of more than fifty percent (50%) of the voting securities of a Person.

   "**Allegedly Infringing Materials**" has the meaning set forth in **Section 33**.

   "**Business Day**" means a day other than a Saturday, Sunday or other day on which the State is authorized or required by Law to be closed for business.

   "Business Owner" is the individual appointed by the agency buyer to (a) act as the agency's representative in all matters relating to the Contract, and (b) co-sign off on notice of Acceptance. The Business Owner will be identified in the Statement of Work.

   "**Change**" has the meaning set forth in **Section 5**.

   "**Change Notice**" has the meaning set forth in **Section 5**.

   "**Change Proposal**" has the meaning set forth in **Section 5**.

   "**Change Request**" has the meaning set forth in **Section 5**.

   "**Confidential Information**" has the meaning set forth in **Section 38.a**.

   "**Configuration**" means State-specific changes made to the Software without Source Code or structural data model changes occurring.

   "**Contract**" has the meaning set forth in the preamble.

"**Contract Activities**" includes the Services, Deliverables, delivery of commodities, or other contractual requirements set forth in **Schedule A – Statement of Work**, including any subsequent Statement(s) of Work, that the Contractor agrees to provide, and the State agrees to purchase pursuant to the terms of this Contract.

"**Contract Administrator**" is the individual appointed by each party to (a) administer the terms of this Contract, and (b) approve any Change Notices under this Contract. Each party's Contract Administrator will be identified in the Statement of Work.

"**Contractor**" has the meaning set forth in the preamble.

"**Contractor's Bid Response**" means the Contractor's proposal submitted in response to the State's requests to obtain Contract Activities.

"**Contractor Personnel**" means all employees of Contractor or any Permitted Subcontractors involved in the performance of Services hereunder.

"**Deliverables**" means all materials, including, but not limited to Software, Documentation, written materials and commodities, that Contractor is required to or otherwise does provide to the State under this Contract and otherwise in connection with any Services, including all items specifically identified as Deliverables in **Schedule A** - **Statement of Work**.

"**Dispute Resolution Procedure**" has the meaning set forth in **Section 55**.

"**Documentation**" means all generally available documentation relating to the Software, including all user manuals, operating manuals and other instructions, specifications, documents and materials, in any form or media, that describe any component, feature, requirement or other aspect of the Software or Hosted Services (as defined in **Schedule E**), including any functionality, testing, operation or use thereof.

"**DTMB**" means the Michigan Department of Technology, Management and Budget.

"**Effective Date**" has the meaning set forth in the preamble.

"**Fees**" means collectively all fees collected by the Contractor pursuant to the terms of this Contract.

"**Financial Audit Period**" has the meaning set forth in **Section 42**.

"**Force Majeure**" has the meaning set forth in **Section 54**.

"**HIPAA**" has the meaning set forth in **Section 47**.

"**Intellectual Property Rights**" means all or any of the following: (a) patents, patent disclosures, and inventions (whether patentable or not); (b) trademarks, service marks, trade dress, trade names, logos, corporate names, and domain names, together with all of the associated goodwill; (c) copyrights and copyrightable works (including computer programs), mask works and rights in data and databases; (d)

trade secrets, know-how and other confidential information; and (e) all other intellectual property rights, in each case whether registered or unregistered and including all applications for, and renewals or extensions of, such rights, and all similar or equivalent rights or forms of protection provided by applicable Law in any jurisdiction throughout the world.

"**Key Personnel**" means any Contractor Personnel identified as key personnel in **Schedule A** – **Statement of Work**.

"**Law**" means any statute, law, ordinance, regulation, rule, code, order, constitution, treaty, common law, judgment, decree or other requirement or rule of any federal, state, local or foreign government or political subdivision thereof, or any arbitrator, court or tribunal of competent jurisdiction.

"**Loss or Losses**" means all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs or expenses of whatever kind, including reasonable attorneys' fees and the costs of enforcing any right to indemnification hereunder and the cost of pursuing any insurance providers.

"**Maintenance Release**" means any update, upgrade, release or other adaptation or modification of the Software, including any updated Documentation, that Contractor may generally provide to its licensees from time to time during the Term, which may contain, among other things, error corrections, enhancements, improvements or other changes to the user interface, functionality, compatibility, capabilities, performance, efficiency or quality of the Software.

"**New Version**" means any new version of the Software that the Contractor may from time to time introduce and market generally as a distinct licensed product, as may be indicated by Contractor's designation of a new version number.

"**PAT**" means a document or product accessibility template, including any Information Technology Industry Council Voluntary Product Accessibility Template or VPAT®, that specifies how information and software products, such as websites, applications, software and associated content, conform to WCAG 2.0 Level AA.

"**Permitted Subcontractor**" has the meaning set forth in **Section 13**.

"**Person**" means an individual, corporation, partnership, joint venture, limited liability company, governmental authority, unincorporated organization, trust, association, or other entity.

"**Pricing**" means any and all fees, rates and prices payable under this Contract, including pursuant to any Schedule or Exhibit hereto.

"**Pricing Schedule**" means the schedule attached as **Schedule B**, setting forth the Fees, rates and Pricing payable under this Contract.

"**Program Manager**" is the individual appointed by each party to (a) monitor and coordinate the day-to-day activities of this Contract, and (b) for the State, to co-sign

off on its notice of Acceptance of the Deliverables. Each party's Program Manager will be identified in the Statement of Work.

"**Representatives**" means a party's employees, officers, directors, partners, shareholders, agents, attorneys, successors and permitted assigns.

"**RFP**" means the State's request designed to solicit responses for Contract Activities under this Contract.

"**Software**" means Contractor's software set forth in the Statement of Work, and any Maintenance Releases or New Versions provided to the State and any Configurations made by or for the State pursuant to this Contract, and all copies of the foregoing permitted under this Contract and the License Agreement.

"**Services**" means any of the services Contractor is required to or otherwise does provide under this Contract, **Schedule A** - Statement of Work, **Schedule C** - Software Terms for On-site Hosting (if applicable), and **Schedule D** – Contractor Hosted Software and Services (if applicable).

"**Source Code**" means the human readable source code of the Software to which it relates, in the programming language in which the Software was written, together with all related flow charts and technical documentation, including a description of the procedure for generating object code, all of a level sufficient to enable a programmer reasonably fluent in such programming language to understand, build, operate, support, maintain and develop modifications, upgrades, updates, adaptations, enhancements, new versions and other derivative works and improvements of, and to develop computer programs compatible with, the Software.

"**Site**" means the physical location designated by the State in, or in accordance with, this Contract or the Statement of Work for delivery or installation of the Contract Activities.

"**State**" means the State of Michigan.

"**State Data**" has the meaning set forth in **Section 37.a**.

"**State Materials**" means all materials and information, including equipment, documents, data, know-how, ideas, methodologies, specifications, software, content and technology, in any form or media, directly or indirectly provided or made available to Contractor by or on behalf of the State in connection with this Contract.

"**Statement of Work**" means any statement of work entered into by the parties and attached as a schedule to this Contract. The initial Statement of Work is attached as **Schedule A**, and subsequent Statements of Work shall be sequentially identified and attached as Schedules A-1, A-2, A-3, etc.

"**Stop Work Order**" has the meaning set forth in **Section 27**.

"**Term**" has the meaning set forth in the preamble.

"**Third Party**" means any Person other than the State or Contractor.

"**Transition Period**" has the meaning set forth in **Section 31**.

"**Transition Responsibilities**" has the meaning set forth in **Section 31**.

"**Unauthorized Removal**" has the meaning set forth in **Section 15**.

"**Unauthorized Removal Credit**" has the meaning set forth in **Section 15**.

"**Warranty Period**" means the period set forth in Schedule A, the Statement of Work, commencing on the date of acceptance of all Deliverables purchased pursuant to the terms of this Contract.

"**WCAG 2.0 Level AA**" means level AA of the World Wide Web Consortium Web Content Accessibility Guidelines version 2.0.

"**Work Product**" means all State-specific deliverables that Contractor is required to, or otherwise does, provide to the State under this Contract including but not limited to written materials, computer scripts, software configuration, software customization, APIs, macros, user interfaces, reports, project management documents, forms, templates, and other State-specific documents and related materials together with all ideas, concepts, processes, and methodologies developed in connection with this Contract whether or not embodied in this Contract. Work Product does not include software.

2. **Duties of Contractor.** Contractor must perform the services and provide the deliverables described in **Schedule A – Statement of Work** (the "**Contract Activities**"). An obligation to provide delivery of any commodity is considered a service and is a Contract Activity.

   Contractor must furnish all labor, equipment, materials, and supplies necessary for the performance of the Contract Activities, and meet operational standards, unless otherwise specified in **Schedule A**.

   Contractor must: (a) perform the Contract Activities in a timely, professional, safe, and workmanlike manner consistent with standards in the trade, profession, or industry; (b) meet or exceed the performance and operational standards, and specifications of the Contract; (c) provide all Contract Activities in good quality, with no material defects; (d) not interfere with the State's operations; (e) obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of the Contract; (f) cooperate with the State, including the State's quality assurance personnel, and any third party to achieve the objectives of the Contract; (g) return to the State any State-furnished equipment or other resources in the same condition as when provided when no longer required for the Contract; (h) not make any media releases without prior written authorization from the State; (i) assign to the State any claims resulting from state or federal antitrust violations to the extent that

those violations concern materials or services supplied by third parties toward fulfillment of the Contract; (j) comply with all State physical and IT security policies and standards which will be made available upon request; and (k) provide the State priority in performance of the Contract except as mandated by federal disaster response requirements. Any breach under this paragraph is considered a material breach.

Contractor must also be clearly identifiable while on State property by wearing identification issued by the State, and clearly identify themselves whenever making contact with the State.

3. **Statement(s) of Work.** Contractor shall provide the Contract Activities pursuant to Statements of Work entered into under this Contract. No Statement of Work shall be effective unless signed by each party's Contract Administrator. The term of each Statement of Work shall commence on the parties' full execution of the Statement of Work and terminate when the parties have fully performed their obligations. The terms and conditions of this Contract will apply at all times to any Statements of Work entered into by the parties and attached as a schedule to this Contract. The State shall have the right to terminate such Statement of Work as set forth in **Sections 28** and **29** Contractor acknowledges that time is of the essence with respect to Contractor's obligations under each Statement of Work and agrees that prompt and timely performance of all such obligations in accordance with this Contract and the Statements of Work is strictly required.

4. **Statement of Work Requirements.** Each Statement of Work may include the following: (a) names and contact information for Contractor's Contract Administrator, Program Manager and Key Personnel; (b) names and contact information for the State's Contract Administrator, Program Manager and Business Owner; (c) a detailed description of the Services to be provided under this Contract, including any training obligations of Contractor; (d) a detailed description of the Deliverables to be provided under this Contract; (e) a description of all liquidated damages associated with this Contract, if any; and (f) a detailed description of all State Resources, if any, required to complete the Implementation Plan, if such a Plan is necessary.

5. **Change Control Process.** The State may at any time request in writing (each, a "Change Request") changes to the Statement of Work, including changes to the Contract Activities (each, a "Change"). Upon the State's submission of a Change Request, the parties will evaluate and implement all Changes in accordance with this **Section 5**. No Change will be effective until the parties have executed a Change Notice. Except as the State may request in its Change Request or otherwise in writing, Contractor must continue to perform its obligations in accordance with the Statement of Work pending negotiation and execution of a Change Notice. Contractor will use its best efforts to limit any delays or Fee increases from any Change to those necessary to perform the Change in accordance with the applicable

Change Notice. Contractor may, on its own initiative and at its own expense, prepare and submit its own Change Request to the State. However, the State will be under no obligation to approve or otherwise respond to a Change Request initiated by Contractor.

6. **Notices.** All notices and other communications required or permitted under this Contract must be in writing and will be considered given and received: (a) when verified by written receipt if sent by courier; (b) when actually received if sent by mail without verification of receipt; or (c) when verified by automated receipt or electronic logs if sent by facsimile or email.

If to State:	If to Contractor:
Mary Ostrowski **525 W Allegan St** **Lansing, MI 48913** **ostrowskim@michigan.gov** **517-249-0438**	**OptumRx, Inc.** **1600 McConnor Pkwy** **Schaumburg, IL 60173** **Attn: VP, Client Management** **Lauren Carney** **lauren.carney@optum.com** **508-612-1688** **Copy to:** **OptumRx, Inc.** **1600 McConnor Parkway** **Schaumburg, IL 60173-6801** **Attn: General Counsel**

7. **Performance Guarantee.** Contractor must at all times have financial resources sufficient, in the opinion of the State, to ensure performance of the Contract and must provide proof upon request. The State may require a performance bond (as specified in **Schedule A** – Statement of Work) if, in the opinion of the State, it will ensure performance of the Contract.

8. **Insurance Requirements.** Contractor, at its sole expense, must maintain the insurance coverage identified below. All required insurance must: (a) protect the State from claims that may arise out of, are alleged to arise out of, or otherwise result from Contractor's or a subcontractor's performance; (b) be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the State; and (c) be provided by a company with an A.M. Best rating of "A-" or better, and a financial size of VII or better.

Required Limits	Additional Requirements
Commercial General Liability Insurance	

Required Limits	Additional Requirements
Minimum Limits: **$1,000,000 Each Occurrence** **$1,000,000 Personal & Advertising Injury** **$2,000,000 Products/Completed Operations** **$2,000,000 General Aggregate**	Contractor must have their policy endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement both CG 20 10 12 19 and CG 20 37 12 19 or equivalent.
Workers' Compensation Insurance	
Minimum Limits: **Coverage according to applicable laws governing work activities.**	Waiver of subrogation, except where waiver is prohibited by law.
Employers Liability Insurance	
Minimum Limits: **$500,000 Each Accident** **$500,000 Each Employee by Disease** **$500,000 Aggregate Disease**	
Privacy and Security Liability (Cyber Liability) Insurance	
Minimum Limits: **$1,000,000 Each Claim** **$1,000,000 Annual Aggregate**	Contractor must have their policy cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
Professional Liability (Errors and Omissions) Insurance	
Minimum Limits: **$3,000,000 Each Occurrence** **$3,000,000 Annual Aggregate**	

If any of the required policies provide **claims-made** coverage, the Contractor must: (a) provide coverage with a retroactive date before the Effective Date of the Contract or the beginning of Contract Activities; (b) maintain coverage and provide evidence of coverage for at least three (3) years after completion of the Contract Activities; and (c) if coverage is cancelled or not renewed, and not replaced with another claims-made policy form with a retroactive date prior to the Contract Effective Date, Contractor must purchase extended reporting coverage for a minimum of three (3) years after completion of work.

Contractor must: (a) provide insurance certificates to the Contract Administrator, containing the agreement or delivery order number, at Contract formation and within twenty (20) calendar days of the expiration date of the applicable policies; (b) require that subcontractors maintain the required insurance contained in this Section; (c) notify the Contract Administrator within five (5) business days if any insurance is cancelled; and (d) waive all rights against the State for damages covered by insurance. Failure to maintain the required insurance does not limit this waiver.

This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of either party for any obligations under this Contract (including any provisions hereof requiring Contractor to indemnify, defend and hold harmless the State).

9. **Reserved.**

10. **Reserved.**

11. **Independent Contractor.** Contractor is an independent contractor and assumes all rights, obligations and liabilities set forth in this Contract. Contractor, its employees, and agents will not be considered employees of the State. No partnership or joint venture relationship is created by virtue of this Contract. Contractor, and not the State, is responsible for the payment of wages, benefits and taxes of Contractor's employees and any subcontractors. Prior performance does not modify Contractor's status as an independent contractor.

12. **Intellectual Property Rights.** Contractor hereby acknowledges that the State is and will be the sole and exclusive owner of all right, title, and interest in the Work Product produced as part of the Contract Activities, and all associated intellectual property rights, if any. In general, Work Product constitutes works made for hire as defined in Section 101 of the Copyright Act of 1976. To the extent any Work Product, and related intellectual property do not qualify as works made for hire under the Copyright Act, Contractor will, and hereby does, immediately on its creation, assign, transfer and otherwise convey to the State, irrevocably and in perpetuity, throughout the universe, all right, title and interest in and to the Work Product, including all intellectual property rights therein. Contractor also irrevocably waives any and all claims Contractor may have now or hereafter have in any jurisdiction to so called "moral rights" or rights of *droit moral* with respect to the Work Product. If Contract Activities includes the purchase or use of software, such purchase, use, or access to Software shall be subject to **Schedule D** of this Contract.

13. **Subcontracting.** Contractor will not, without the prior written approval of the State, which consent may be given or withheld in the State's sole discretion, engage any Third Party to perform Services. The State's approval of any such Third Party (each approved Third Party, a "**Permitted Subcontractor**") does not relieve Contractor of its representations, warranties or obligations under this Contract. Without limiting the foregoing, Contractor will: (a) be responsible and liable for the acts and omissions of

each such Permitted Subcontractor (including such Permitted Subcontractor's employees who, to the extent providing Services or Deliverables, shall be deemed Contractor Personnel) to the same extent as if such acts or omissions were by Contractor or its employees; (b) name the State a third party beneficiary under Contractor's Contract with each Permitted Subcontractor with respect to the Services; (c) be responsible for all fees and expenses payable to, by or on behalf of each Permitted Subcontractor in connection with this Contract, including, if applicable, withholding of income taxes, and the payment and withholding of social security and other payroll taxes, unemployment insurance, workers' compensation insurance payments and disability benefits; and (d) notify the State of the location of the Permitted Subcontractor and indicate if it is located within the continental United States.

14. **Staffing.** Contractor is solely responsible for all Contractor Personnel and for the payment of their compensation, including, if applicable, withholding of income taxes, and the payment and withholding of social security and other payroll taxes, unemployment insurance, workers' compensation insurance payments and disability benefits. The State's Contract Administrator may require Contractor to remove or reassign personnel by providing a notice to Contractor.

15. **Key Personnel.** If, in the sole discretion of the State, Key Personnel are required to complete the Contract Activities, such Key Personnel shall be identified in **Schedule A - Statement of Work**. The State has the right to recommend and approve in writing the initial assignment, as well as any proposed reassignment or replacement, of any Key Personnel. Before assigning an individual to any Key Personnel position, Contractor will notify the State of the proposed assignment, introduce the individual to the State's Program Manager, and provide the State with a resume and any other information about the individual reasonably requested by the State. The State reserves the right to interview the individual before granting written approval. In the event the State finds a proposed individual unacceptable, the State will provide a written explanation including reasonable detail outlining the reasons for the rejection.

    Contractor will not remove any Key Personnel from their assigned roles on this Contract without the prior written consent of the State. The Contractor's removal of Key Personnel without the prior written consent of the State is an unauthorized removal ("**Unauthorized Removal**"). An Unauthorized Removal does not include replacing Key Personnel for reasons beyond the reasonable control of Contractor, including illness, disability, leave of absence, personal emergency circumstances, resignation, or for cause termination of the Key Personnel's employment. Any Unauthorized Removal may be considered by the State to be a material breach of this Contract, in respect of which the State may elect to terminate this Contract for cause under **Section 28**.

    It is further acknowledged that an Unauthorized Removal will interfere with the timely and proper completion of this Contract, to the loss and damage of the State, and that

it would be impracticable and extremely difficult to fix the actual damage sustained by the State as a result of any Unauthorized Removal.

Therefore, Contractor and the State agree that in the case of any Unauthorized Removal in respect of which the State does not elect to exercise its rights under **Section 28**, Contractor will issue to the State an amount equal to $25,000 per individual (each, an "**Unauthorized Removal Credit**").

Contractor acknowledges and agrees that each of the Unauthorized Removal Credits assessed above: (i) is a reasonable estimate of and compensation for the anticipated or actual harm to the State that may arise from the Unauthorized Removal, which would be impossible or very difficult to accurately estimate; and (ii) may, at the State's option, be credited or set off against any fees or other charges payable to Contractor under this Contract.

16. **Background Checks.** Pursuant to Michigan law, all agencies subject to IRS Pub. 1075 are required to ask the Michigan State Police to perform fingerprint background checks on all employees, including Contractor and Subcontractor employees, who may have access to any database of information maintained by the federal government that contains confidential or personal information, including, but not limited to, federal tax information. Further, pursuant to Michigan law, any agency described above is prohibited from providing Contractors or Subcontractors with the result of such background check. For more information, please see Michigan Public Act 427 of 2018. Upon request, or as may be specified in Schedule A, Contractor must perform background checks on all employees and subcontractors and its employees prior to their assignment. The scope is at the discretion of the State and documentation must be provided as requested. Contractor is responsible for all costs associated with the requested background checks. The State, in its sole discretion, may also perform background checks.

17. **Assignment.** Contractor may not assign this Contract to any other party without the prior approval of the State. Upon notice to Contractor, the State, in its sole discretion, may assign in whole or in part, its rights or responsibilities under this Contract to any other party. If the State determines that a novation of the Contract to a third party is necessary, Contractor will agree to the novation and provide all necessary documentation and signatures.

18. **Change of Control.** Contractor will notify within 30 days of any public announcement or otherwise once legally permitted to do so, the State of a change in Contractor's organizational structure or ownership. For purposes of this Contract, a change in control means any of the following: (a) a sale of more than 50% of Contractor's stock; (b) a sale of substantially all of Contractor's assets; (c) a change in a majority of Contractor's board members; (d) consummation of a merger or consolidation of Contractor with any other entity; (e) a change in ownership through a transaction or series of transactions; (f) or the board (or the stockholders) approves a

plan of complete liquidation. A change of control does not include any consolidation or merger effected exclusively to change the domicile of Contractor, or any transaction or series of transactions principally for bona fide equity financing purposes.

In the event of a change of control, Contractor must require the successor to assume this Contract and all of its obligations under this Contract.

19. **Ordering.** Contractor is not authorized to begin performance until receipt of authorization as identified in **Schedule A**.

20. **Acceptance.** Contract Activities are subject to inspection and testing by the State within 30 calendar days of the State's receipt of them ("**State Review Period**"), unless otherwise provided in Schedule A. If the Contract Activities are not fully accepted by the State, the State will notify Contractor by the end of the State Review Period that either: (a) the Contract Activities are accepted but noted deficiencies must be corrected; or (b) the Contract Activities are rejected. If the State finds material deficiencies, it may: (i) reject the Contract Activities without performing any further inspections; (ii) demand performance at no additional cost; or (iii) terminate this Contract in accordance with **Section 28**, Termination for Cause.

    Within 10 business days from the date of Contractor's receipt of notification of acceptance with deficiencies or rejection of any Contract Activities, Contractor must cure, at no additional cost, the deficiency and deliver unequivocally acceptable Contract Activities to the State. If acceptance with deficiencies or rejection of the Contract Activities impacts the content or delivery of other non-completed Contract Activities, the parties' respective Program Managers must determine an agreed to number of days for re-submission that minimizes the overall impact to the Contract. However, nothing herein affects, alters, or relieves Contractor of its obligations to correct deficiencies in accordance with the time response standards set forth in this Contract.

    If Contractor is unable or refuses to correct the deficiency within the time response standards set forth in this Contract, the State may cancel the order in whole or in part. The State, or a third party identified by the State, may perform the Contract Activities and recover the difference between the cost to cure and the Contract price plus an additional 10% administrative fee.

21. **Reserved.**

22. **Reserved.**

23. **Reserved.**

24. **Terms of Payment.** Invoices must conform to the requirements communicated from time-to-time by the State. All undisputed amounts are payable within 45 days of the State's receipt. Contractor may only charge for Contract Activities performed as specified in Schedule A. Invoices must include an itemized statement of all charges.

The State is exempt from State sales tax for direct purchases and may be exempt from federal excise tax, if Services purchased under this Agreement are for the State's exclusive use. All prices are exclusive of taxes, and Contractor is responsible for all sales, use and excise taxes, and any other similar taxes, duties and charges of any kind imposed by any federal, state, or local governmental entity on any amounts payable by the State under this Contract; provided that, if pursuant to law, any state assesses a sales tax on Covered Products dispensed under this Contract, Contractor shall pass through any such sales taxes to the State as part of the cost of the Covered Product.

The State has the right to withhold payment of any disputed amounts until the parties agree as to the validity of the disputed amount. The State will notify Contractor of any dispute within a reasonable time. Payment by the State will not constitute a waiver of any rights as to Contractor's continuing obligations, including claims for deficiencies or substandard Contract Activities. Contractor's acceptance of final payment by the State constitutes a waiver of all claims by Contractor against the State for payment under this Contract, other than those claims previously filed in writing on a timely basis and still disputed.

The State will only disburse payments under this Contract through Electronic Funds Transfer (EFT). Contractor must register with the State at http://www.michigan.gov/SIGMAVSS to receive electronic fund transfer payments. If Contractor does not register, the State is not liable for failure to provide payment. Without prejudice to any other right or remedy it may have, the State reserves the right to set off at any time any amount then due and owing to it by Contractor against any amount payable by the State to Contractor under this Contract.

25. **Payment Disputes.** The State may withhold from payment any and all payments and amounts the State disputes in good faith, pending resolution of such dispute, provided that the State: (a) timely renders all payments and amounts that are not in dispute; notifies Contractor of the dispute prior to the due date for payment, specifying in such notice: (i) the amount in dispute; and (ii) the reason for the dispute set out in sufficient detail to facilitate investigation by Contractor and resolution by the parties; (b) works with Contractor in good faith to resolve the dispute promptly; and (c) promptly pays any amount determined to be payable by resolution of the dispute.

    Contractor shall not withhold any Contract Activities or fail to perform any obligation hereunder by reason of the State's good faith withholding of any payment or amount in accordance with this **Section 25** or any dispute arising therefrom.

26. **Liquidated Damages.** In addition to any applicable service level credits or applicable Unauthorized Removal Credits, other liquidated damages, if applicable, will be assessed as described in Schedule A.

27. **Stop Work Order.** The State may suspend any or all activities under the Contract at any time. The State will provide Contractor a written stop work order detailing the

suspension. Contractor must comply with the stop work order upon receipt. Within 90 calendar days, or any longer period agreed to by Contractor, the State will either: (a) issue a notice authorizing Contractor to resume work, or (b) terminate the Contract or delivery order. The State will not pay for Contract Activities, Contractor's lost profits, or any additional compensation during a stop work period.

28. **Termination for Cause.** The State may terminate this Contract for cause, in whole or in part, if Contractor, as determined by the State: (a) endangers the value, integrity, or security of any location, data, or personnel; (b) becomes insolvent, petitions for bankruptcy court proceedings, or has an involuntary bankruptcy proceeding filed against it by any creditor; (c) engages in any conduct that may expose the State to liability; (d) breaches any of its material duties or obligations; or (e) fails to cure a breach within the time stated in a notice of breach. Any reference to specific breaches being material breaches within this Contract will not be construed to mean that other breaches are not material.

    If the State terminates this Contract under this Section, the State will issue a termination notice specifying whether Contractor must: (a) cease performance immediately, or (b) continue to perform for a specified period. If it is later determined that Contractor was not in breach of the Contract, the termination will be deemed to have been a Termination for Public Interest, effective as of the same date, and the rights and obligations of the parties will be limited to those provided in **Section 24**, Termination for Public Interest.

    The State will only pay for amounts due to Contractor for Contract Activities accepted by the State on or before the date of termination, subject to the State's right to set off any amounts owed by the Contractor for the State's reasonable costs in terminating this Contract. The Contractor must pay all reasonable costs incurred by the State in terminating this Contract for cause, including administrative costs, attorneys' fees, court costs, transition costs, and any costs the State incurs to procure the Contract Activities from other sources.

29. **Termination for Public Interest**. The State may immediately terminate this Contract in whole or in part without penalty and for any reason, including but not limited to, appropriation or budget shortfalls. The termination notice will specify whether Contractor must: (a) cease performance of the Contract Activities immediately, or (b) continue to perform the Contract Activities in accordance with **Section 31**, Transition Responsibilities. If the State terminates this Contract for public interest, the State will pay all reasonable costs, as determined by the State, for State approved Transition Responsibilities.

30. **Effect of Termination.** Upon and after the termination or expiration of this Contract or one or more Statements of Work for any or no reason: (a) Contractor will be obligated to perform all Transition Responsibilities specified in **Section 31**; (b) all licenses granted to Contractor in State Data will immediately and automatically also

terminate. Contractor must promptly return to the State all State Data not required by Contractor for its Transition Responsibilities, if any, provided in the event the return or destruction of State Data is not feasible, nor conflict with any other provision of this Contract legal, or regulatory provisions such as records retention requirements, Contractor must continue to protect State Data as set forth under this Contract, including but not limited to Contractor's obligations under Section 37 and 38; (c) Contractor will: (i) return to the State all documents and tangible materials (and any copies) containing, reflecting, incorporating, or based on the State's Confidential Information; (ii) permanently erase the State's Confidential Information from its computer systems; and (iii) certify in writing to the State that it has complied with the requirements of this **Section 30** in each case to the extent such materials are not required by Contractor for Transition Responsibilities, if any.

31. **Transition Responsibilities.** Upon termination or expiration of this Contract for any reason, Contractor must, for a period of time specified by the State (not to exceed 24 months), provide all reasonable transition assistance requested by the State, to allow for the expired or terminated portion of the Contract Activities to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Contract Activities to the State or its designees. Such transition assistance may include, but is not limited to: (a) continuing to perform the Contract Activities at the established Contract rates; (b) taking all reasonable and necessary measures to transition performance of the work, including all applicable Contract Activities, training, equipment, software, leases, reports and other documentation, to the State or the State's designee; (c) taking all necessary and appropriate steps, or such other action as the State may direct, to preserve, maintain, protect, or return to the State all materials, data, property, and confidential information provided directly or indirectly to Contractor by any entity, agent, vendor, or employee of the State; (d) transferring title in and delivering to the State, at the State's discretion, all completed or partially completed deliverables prepared under this Contract as of the Contract termination date; and (e) preparing an accurate accounting from which the State and Contractor may reconcile all outstanding accounts (collectively, "**Transition Responsibilities**"). This Contract will automatically be extended through the end of the transition period.

32. **General Indemnification.** Contractor must defend, indemnify and hold the State, its departments, divisions, agencies, offices, commissions, officers, and employees harmless, without limitation, from and against any and all actions, claims, losses, liabilities, damages, costs, attorney fees, and expenses (including those required to establish the right to indemnification), arising out of or relating to: (a) any breach by Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable) of any of the promises, agreements, representations, warranties, or insurance requirements contained in this Contract; (b) any infringement, misappropriation, or other violation of any intellectual property right or other right of any third party; (c) any bodily injury, death, or damage to real or tangible personal property occurring wholly or in part due to action or inaction by

Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable); and (d) any acts or omissions of Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable).

The State will notify Contractor in writing if indemnification is sought; however, failure to do so will not relieve Contractor, except to the extent that Contractor is materially prejudiced. Contractor must, to the satisfaction of the State, demonstrate its financial ability to carry out these obligations.

The State is entitled to: (i) regular updates on proceeding status; (ii) participate in the defense of the proceeding; (iii) employ its own counsel; and to (iv) retain control of the defense if the State deems necessary. Contractor will not, without the State's written consent (not to be unreasonably withheld), settle, compromise, or consent to the entry of any judgment in or otherwise seek to terminate any claim, action, or proceeding. To the extent that any State employee, official, or law may be involved or challenged, the State may, at its own expense, control the defense of that portion of the claim.

Any litigation activity on behalf of the State, or any of its subdivisions under this Section, must be coordinated with the Department of Attorney General. An attorney designated to represent the State may not do so until approved by the Michigan Attorney General and appointed as a Special Assistant Attorney General.

33. **Infringement Remedies.** If, in either party's opinion, any piece of equipment, software, commodity, or service supplied by Contractor or its subcontractors, or its operation, use or reproduction, is likely to become the subject of a copyright, patent, trademark, or trade secret infringement claim, Contractor must, at its expense: (a) procure for the State the right to continue using the equipment, software, commodity, or service, or if this option is not reasonably available to Contractor, (b) replace or modify the same so that it becomes non-infringing; or (c) accept its return by the State with appropriate credits to the State against Contractor's charges and reimburse the State for any losses or costs incurred as a consequence of the State ceasing its use and returning it.

34. **Limitation of Liability and Disclaimer of Damages.** THE STATE WILL NOT BE LIABLE, REGARDLESS OF THE FORM OF ACTION, WHETHER IN CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY OR BY STATUTE OR OTHERWISE, FOR ANY CLAIM RELATED TO OR ARISING UNDER THIS CONTRACT FOR CONSEQUENTIAL, INCIDENTAL, INDIRECT, OR SPECIAL DAMAGES, INCLUDING WITHOUT LIMITATION LOST PROFITS AND LOST BUSINESS OPPORTUNITIES. IN NO EVENT WILL THE STATE'S AGGREGATE LIABILITY TO CONTRACTOR UNDER THIS CONTRACT, REGARDLESS OF THE FORM OF ACTION, WHETHER IN CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY OR BY STATUTE OR OTHERWISE, FOR ANY CLAIM RELATED TO OR ARISING

UNDER THIS CONTRACT, EXCEED THE MAXIMUM AMOUNT OF FEES PAYABLE UNDER THIS CONTRACT.

35. **Disclosure of Litigation, or Other Proceeding.** Contractor must notify the State within 14 calendar days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "**Proceeding**") involving Contractor, a subcontractor, or an officer or director of Contractor or subcontractor, that arises during the term of the Contract, including: (a) a criminal Proceeding; (b) a parole or probation Proceeding; (c) a Proceeding under the Sarbanes-Oxley Act; (d) a civil Proceeding involving: (1) a claim that might reasonably be expected to adversely affect Contractor's viability or financial stability; or (2) a governmental or public entity's claim or written allegation of fraud; or (e) a Proceeding involving any license that Contractor is required to possess in order to perform under this Contract.

36. **Reserved**

37. **State Data.**

    a. **Ownership.** The State's data ("**State Data**," which will be treated by Contractor as Confidential Information) includes: (a) the State's data collected, used, processed, stored, or generated as the result of the Contract Activities; (b) personally identifiable information ("**PII**") collected, used, processed, stored, or generated as the result of the Contract Activities, including, without limitation, any information that identifies an individual, such as an individual's social security number or other government-issued identification number, date of birth, address, telephone number, biometric data, mother's maiden name, email address, credit card information, or an individual's name in combination with any other of the elements here listed; and, (c) personal health information ("**PHI**") collected, used, processed, stored, or generated as the result of the Contract Activities, which is defined under the Health Insurance Portability and Accountability Act (HIPAA) and its related rules and regulations. State Data is and will remain the sole and exclusive property of the State and all right, title, and interest in the same is reserved by the State. This Section survives the termination of this Contract.

    b. **Contractor Use of State Data.** Contractor is provided a limited license to State Data for the sole and exclusive purpose of providing the Contract Activities, including a license to collect, process, store, generate, and display State Data only to the extent necessary in the provision of the Contract Activities. Contractor must: (a) keep and maintain State Data in strict confidence, using such degree of care as is appropriate and consistent with its obligations as further described in this Contract and applicable law to avoid unauthorized access, use, disclosure, or loss; (b) use and disclose State Data solely and exclusively for the purpose of providing the Contract Activities, such use and disclosure being in accordance with this Contract, any applicable Statement of Work, and applicable law; and (c) not use, sell, rent, transfer, distribute, or otherwise disclose or make available

State Data for Contractor's own purposes or for the benefit of anyone other than the State without the State's prior written consent. This Section survives the termination of this Contract.

c. **Extraction of State Data.** Contractor must, within five (5) business days of the State's request, provide the State, without charge and without any conditions or contingencies whatsoever (including but not limited to the payment of any fees due to Contractor), an extract of the State Data in the format specified by the State.

d. **Backup and Recovery of State Data.** Unless otherwise specified in Schedule A, Contractor is responsible for maintaining a backup of State Data and for an orderly and timely recovery of such data. Unless otherwise described in Schedule A, Contractor must maintain a contemporaneous backup of State Data that can be recovered within eight (8) hours.

e. **Loss or Compromise of Data.** In the event of any act, error or omission, negligence, misconduct, or breach on the part of Contractor that compromises or is reasonably suspected to compromise the security, confidentiality, or integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Contractor that relate to the protection of the security, confidentiality, or integrity of State Data, Contractor must, as applicable: (a) notify the State as soon as practicable but no later than forty eight (48) hours, or less if required by law, of becoming aware of such occurrence; (b) cooperate with the State in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the State; (c) in the case of PII or PHI, at the State's sole election, (i) with approval and assistance from the State, notify the affected individuals who comprise the PII or PHI as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within five (5) calendar days of the occurrence; or (ii) reimburse the State for any costs in notifying the affected individuals; (d) in the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than twenty-four (24) months following the date of notification to such individuals; (e) perform or take any other actions required to comply with applicable law as a result of the occurrence; (f) pay for any costs associated with the occurrence, including but not limited to any costs incurred by the State in investigating and resolving the occurrence, including reasonable attorney's fees associated with such investigation and resolution; (g) without limiting Contractor's obligations of indemnification as further described in this Contract, indemnify, defend, and hold harmless the State for any and all claims, including reasonable attorneys' fees, costs, and incidental expenses, which may be suffered by,

accrued against, charged to, or recoverable from the State in connection with the occurrence; (h) be responsible for recreating lost State Data in the manner and on the schedule set by the State without charge to the State; and (i) provide to the State a detailed plan within ten (10) calendar days of the occurrence describing the measures Contractor will undertake to prevent a future occurrence. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, not be tangentially used for any solicitation purposes, and contain, at a minimum: name and contact information of Contractor's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Contractor has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Contractor. The State will have the option to review and approve any notification sent to affected individuals prior to its delivery. Notification to any other party, including but not limited to public media outlets, must be reviewed and approved by the State in writing prior to its dissemination. The parties agree that any damages relating to a breach of this **Section 37** are to be considered direct damages and not consequential damages. This Section survives termination or expiration of this Contract.

38. **Non-Disclosure of Confidential Information.** The parties acknowledge that each party may be exposed to or acquire communication or data of the other party that is confidential, privileged communication not intended to be disclosed to third parties. The provisions of this Section survive the termination of this Contract.

    a. **Meaning of Confidential Information.** For the purposes of this Contract, the term "**Confidential Information**" means all information and documentation of a party that: (a) has been marked "confidential" or with words of similar meaning, at the time of disclosure by such party; (b) if disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning; and, (c) should reasonably be recognized as confidential information of the disclosing party. The term "Confidential Information" does not include any information or documentation that was: (a) subject to disclosure under the Michigan Freedom of Information Act (FOIA); (b) already in the possession of the receiving party without an obligation of confidentiality; (c) developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights; (d) obtained from a source other than the disclosing party without an obligation of confidentiality; or, (e) publicly available when received, or thereafter became publicly available (other than through any unauthorized disclosure). For purposes of this Contract,

in all cases and for all matters, State Data is deemed to be Confidential Information.

b. **Obligation of Confidentiality.** The parties agree to hold all Confidential Information in strict confidence and not to copy, reproduce, sell, transfer, or otherwise dispose of, give or disclose such Confidential Information to third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Contract or to use such Confidential Information for any purposes whatsoever other than the performance of this Contract. The parties agree to advise and require their respective employees, agents, and subcontractors of their obligations to keep all Confidential Information confidential. Disclosure to a subcontractor is permissible where: (a) use of a subcontractor is authorized under this Contract; (b) the disclosure is necessary or otherwise naturally occurs in connection with work that is within the subcontractor's responsibilities; and (c) Contractor obligates the subcontractor in a written contract to maintain the State's Confidential Information in confidence. At the State's request, any employee of Contractor or any subcontractor may be required to execute a separate agreement to be bound by the provisions of this Section.

c. **Cooperation to Prevent Disclosure of Confidential Information.** Each party must use its best efforts to assist the other party in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limiting the foregoing, each party must advise the other party immediately in the event either party learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Contract and each party will cooperate with the other party in seeking injunctive or other equitable relief against any such person.

d. **Remedies for Breach of Obligation of Confidentiality.** Each party acknowledges that breach of its obligation of confidentiality may give rise to irreparable injury to the other party, which damage may be inadequately compensable in the form of monetary damages. Accordingly, a party may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies which may be available, to include, in the case of the State, at the sole election of the State, the immediate termination, without liability to the State, of this Contract or any Statement of Work corresponding to the breach or threatened breach.

e. **Surrender of Confidential Information upon Termination.** Upon termination of this Contract or a Statement of Work, in whole or in part, each party must, within 5 calendar days from the date of termination, return to the other party any and all Confidential Information received from the other party, or created or received by a party on behalf of the other party, which are in such party’s possession, custody, or control; provided, however, that Contractor must return State Data to the State

following the timeframe and procedure described further in this Contract. Should Contractor or the State determine that the return of any Confidential Information is not feasible, such party must destroy the Confidential Information and must certify the same in writing within 5 calendar days from the date of termination to the other party. However, the State's legal ability to destroy Contractor data may be restricted by its retention and disposal schedule, in which case Contractor's Confidential Information will be destroyed after the retention period expires.

39. **Data Security Requirements.** Throughout the Term and at all times in connection with its actual or required performance of the Contract Activities, Contractor will maintain and enforce an information security program including safety and physical and technical security policies and procedures with respect to its processing of the State's Confidential Information that comply with the requirements of the State's data security policies as set forth in **Schedule E** to this Contract.

40. **Reserved.**

41. **Reserved.**

42. **Records Maintenance, Inspection, Examination, and Audit.** The State or its designee may audit Contractor to verify compliance with this Contract. Contractor must retain and provide to the State or its designee and the auditor general upon request, all financial and accounting records related to the Contract through the term of the Contract and for 3 years after the latter of termination, expiration, or final payment under this Contract or any extension ("**Audit Period**"). If an audit, litigation, or other action involving the records is initiated before the end of the Audit Period, Contractor must retain the records until all issues are resolved.

    Within 30 calendar days of providing notice, the State and its authorized representatives or designees have the right to enter and inspect Contractor's premises or any other places where Contract Activities are being performed, and examine, copy, and audit all records related to this Contract. Contractor must cooperate and provide reasonable assistance. If any financial errors are revealed, the amount in error must be reflected as a credit or debit on subsequent invoices until the amount is paid or refunded. Any remaining balance at the end of the Contract must be paid or refunded within 45 calendar days.

    This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.

43. **Warranties and Representations.** Contractor represents and warrants: (a) Contractor is the owner or licensee of any Contract Activities that it licenses, sells, or develops and Contractor has the rights necessary to convey title, ownership rights, or licensed use; (b) all Contract Activities are delivered free from any security interest, lien, or encumbrance and will continue in that respect; (c) the Contract

Activities will not infringe the patent, trademark, copyright, trade secret, or other proprietary rights of any third party; (d) Contractor must assign or otherwise transfer to the State or its designee any manufacturer's warranty for the Contract Activities; (e) the Contract Activities are merchantable and fit for the specific purposes identified in the Contract; (f) the Contract signatory has the authority to enter into this Contract; (g) all information furnished by Contractor in connection with the Contract fairly and accurately represents Contractor's business, properties, finances, and operations as of the dates covered by the information, and Contractor will inform the State of any material adverse changes;(h) all information furnished and representations made in connection with the award of this Contract is true, accurate, and complete, and contains no false statements or omits any fact that would make the information misleading; and that (i) Contractor is neither currently engaged in nor will engage in the boycott of a person based in or doing business with a strategic partner as described in 22 USC 8601 to 8606. A breach of this Section is considered a material breach of this Contract, which entitles the State to terminate this Contract under **Section 28**, Termination for Cause. If Contract Activities includes purchase, use, or access to software, Contractor must agree to additional Warranties and Representations found in **Schedules D** of this Contract, as applicable.

44. **Conflicts and Ethics.** Contractor will uphold high ethical standards and is prohibited from: (a) holding or acquiring an interest that would conflict with this Contract; (b) doing anything that creates an appearance of impropriety with respect to the award or performance of the Contract; (c) attempting to influence or appearing to influence any State employee by the direct or indirect offer of anything of value; or (d) paying or agreeing to pay any person, other than employees and consultants working for Contractor, any consideration contingent upon the award of the Contract. Contractor must immediately notify the State of any violation or potential violation of these standards. This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.

45. **Compliance with Laws.** Contractor must comply with all federal, state and local laws, rules and regulations.

46. **Accessibility Requirements.**

    a. All Software provided by Contractor under this Contract, including associated content and documentation, must conform to WCAG 2.0 Level AA, or higher Contractor must provide a description of conformance with WCAG 2.0 Level AA specifications by providing a completed PAT for each product provided under the Contract. At a minimum, Contractor must comply with the WCAG 2.0 Level AA conformance claims it made to the State, including the level of conformance provided in any PAT. Throughout the Term of the Contract, Contractor must:

i. Maintain compliance with WCAG 2.0 Level AA and meet or exceed the level of conformance provided in its written materials, including the level of conformance provided in each PAT;

ii. Comply with plans and timelines mutually agreed upon by the parties to achieve conformance in the event of any deficiencies;

iii. Ensure that no Maintenance Release, New Version, update or patch, when properly installed in accordance with this Contract, will have any adverse effect on the conformance of Contractor's Software to WCAG 2.0 Level AA;

iv. Promptly respond to and resolve any complaint the State receives regarding accessibility of Contractor's Software, to the extent practicable;

v. Upon the State's written request, provide evidence of compliance with this Section by delivering to the State Contractor's most current PAT for each product provided under the Contract; and

vi. Participate in the State of Michigan Digital Standards Review described below in Section 46.b.

b. State of Michigan Digital Standards Review. Contractor must assist the State, at no additional cost, with development, completion, and on-going maintenance of an agreed upon accessibility plan, which requires Contractor, upon reasonable request from the State, to submit reasonable documentation to the State to validate Contractor's accessibility and compliance with WCAG 2.0 Level AA. Prior to the solution going-live and thereafter on an annual basis, or as otherwise required by the State, re-assessment of accessibility may be required. At no additional cost, Contractor must remediate all reasonable issues identified from any assessment of accessibility pursuant to plans and timelines that are approved in writing by the parties. Such assessment shall be conducted no more than once annually (per contract year).

c. Warranty. Contractor warrants that all WCAG 2.0 Level AA conformance claims made by Contractor pursuant to this Contract, including all information provided in any PAT Contractor provides to the State, are true and correct. If the State determines such conformance claims provided by the Contractor represent a higher level of conformance than what is actually provided to the State, Contractor will, at its sole cost and expense, promptly remediate its Software to align with Contractor's stated WCAG 2.0 Level AA conformance claims in accordance with plans and timelines that are approved in writing by the State. If Contractor is unable to resolve such issues in a manner acceptable to the State, in addition to all other remedies available to the State, the State may terminate this Contract for cause under **Section 28**.

d. Contractor must, without limiting Contractor's obligations of indemnification as further described in this Contract, indemnify, defend, and hold harmless the State

for any and all claims, including reasonable attorney's fees, costs, and incidental expenses, which may be suffered by, accrued against, charged to, or recoverable from the State arising out of its failure to comply with the foregoing accessibility standards.

47. **HIPPA Compliance.** The State and Contractor must comply with all obligations under HIPAA and its accompanying regulations, including but not limited to entering into a business associate agreement, if reasonably necessary to keep the State and Contractor in compliance with HIPAA.

48. **Reserved.**

49. **Reserved.**

50. **Nondiscrimination.** Under the Elliott-Larsen Civil Rights Act, 1976 PA 453, MCL 37.2101, *et seq*., the Persons with Disabilities Civil Rights Act, 1976 PA 220, MCL 37.1101, *et seq*., and Executive Directive 2019-09. Contractor and its subcontractors agree not to discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex (as defined in Executive Directive 2019-09), height, weight, marital status, partisan considerations, any mental or physical disability, or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. Breach of this covenant is a material breach of this Contract.

51. **Unfair Labor Practice.** Under MCL 423.324, the State may void any Contract with a Contractor or subcontractor who appears on the Unfair Labor Practice register compiled under MCL 423.322.

52. **Governing Law.** This Contract is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Contract are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Contract must be resolved in Michigan Court of Claims. Contractor consents to venue in Ingham County, and waives any objections, such as lack of personal jurisdiction or *forum non conveniens*. Contractor must appoint agents in Michigan to receive service of process.

53. **Non-Exclusivity.** Nothing contained in this Contract is intended nor will be construed as creating any requirements contract with Contractor. This Contract does not restrict the State or its agencies from acquiring similar, equal, or like Contract Activities from other sources.

54. **Force Majeure.** Neither party will be in breach of this Contract because of any failure arising from any disaster or acts of god that are beyond their control and without their fault or negligence. Each party will use commercially reasonable efforts to resume performance. Contractor will not be relieved of a breach or delay caused

by its subcontractors. If immediate performance is necessary to ensure public health and safety, the State may immediately contract with a third party.

55. **Dispute Resolution.** The parties will endeavor to resolve any Contract dispute in accordance with this provision. The dispute will be referred to the parties' respective Contract Administrators or Program Managers. Such referral must include a description of the issues and all supporting documentation. The parties must submit the dispute to a senior executive if unable to resolve the dispute within 15 business days. The parties will continue performing while a dispute is being resolved, unless the dispute precludes performance. A dispute involving payment does not preclude performance.

    Litigation to resolve the dispute will not be instituted until after the dispute has been elevated to the parties' senior executive and either concludes that resolution is unlikely or fails to respond within 15 business days. The parties are not prohibited from instituting formal proceedings: (a) to avoid the expiration of statute of limitations period; (b) to preserve a superior position with respect to creditors; or (c) where a party makes a determination that a temporary restraining order or other injunctive relief is the only adequate remedy. This Section does not limit the State's right to terminate the Contract.

56. **Media Releases.** News releases (including promotional literature and commercial advertisements) pertaining to the Contract or project to which it relates must not be made without prior written State approval, and then only in accordance.

57. **Website Incorporation.** The State is not bound by any content on Contractor's website unless expressly incorporated directly into this Contract.

58. **Schedules**. All Schedules and Exhibits that are referenced herein and attached hereto are hereby incorporated by reference. The following Schedules are attached hereto and incorporated herein:

Name	Description
Schedule A	**Statement of Work**
Schedule B - Pricing	**Pricing and Fees**
Schedule C	**Reserved**
Schedule D – Contractor Critical Systems	**Contractor Critical Systems**
Exhibit 1 to Schedule D - Support Services and Service Level Agreement for Critical Systems	**Support Services and Service Level Agreement for Critical Systems**

Name	Description
Schedule E – Data Security Requirements	Data Security Requirements
Exhibit 1 to Schedule E - Disaster Recovery Plan	Contractor's Disaster Recovery Plan
Attachment 1 to Schedule E	RESERVED
Attachment 2 to Schedule E	RESERVED
Schedule F	RESERVED
Schedule G (G1, G2, G3) - Plan Design	Tab G1 – RESERVED G2 – Plan Designs G3 – Clinical Programs
Schedule H – HIPAA BAA	HIPAA Business Associate Agreement
Schedule I – (I1, I1a I2, I3) – Formulary Documents	I1 – Commercial Formulary I1a – Preventative Drug for HDHP I2 – EGWP Formulary I3 – WRAP Formulary
Schedule J – File Layouts	File Layouts
Schedule K –	RESERVED
Schedule L – Service Availability Report	Contractor's Critical System(s) Service Availability Report
Schedule M	RESERVED
Schedule N- Definitions	Definitions
Schedule O	RESERVED
Schedule P	Transparency CAA Section 204 Reporting Services Addendum

59. **Entire Agreement and Order of Precedence.** This Contract, which includes Schedule A – Statement of Work, and schedules and exhibits which are hereby expressly incorporated, is the entire agreement of the parties related to the Contract Activities. This Contract supersedes and replaces all previous understandings and agreements between the parties for the Contract Activities. If there is a conflict between documents, the order of precedence is: (a) first, this Contract, excluding its schedules, exhibits, and Schedule A – Statement of Work; (b) second, Schedule E – Data Security Requirements; (c) third, Schedule A – Statement of Work as of the Effective Date; and (d) fourth, the remaining schedules expressly incorporated into this Contract as of the Effective Date. NO TERMS ON CONTRACTOR'S INVOICES, WEBSITE, BROWSE-WRAP, SHRINK-WRAP, CLICK-WRAP, CLICK-THROUGH OR OTHER NON-NEGOTIATED TERMS AND CONDITIONS PROVIDED WITH ANY OF THE SERVICES, OR DOCUMENTATION HEREUNDER, EVEN IF ATTACHED TO STATE'S DELIVERY OR PURCHASE ORDER, WILL CONSTITUTE A PART OR AMENDMENT OF THIS CONTRACT OR IS BINDING ON THE STATE OR ANY AUTHORIZED USER FOR ANY PURPOSE. ALL SUCH OTHER TERMS AND CONDITIONS HAVE NO FORCE AND EFFECT AND ARE DEEMED REJECTED BY THE STATE AND THE AUTHORIZED USER, EVEN IF ACCESS TO OR USE OF SUCH SERVICE OR DOCUMENTATION REQUIRES AFFIRMATIVE ACCEPTANCE OF SUCH TERMS AND CONDITIONS.

60. **Severability.** If any part of this Contract is held invalid or unenforceable, by any court of competent jurisdiction, that part will be deemed deleted from this Contract and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining Contract will continue in full force and effect.

61. **Waiver.** Failure to enforce any provision of this Contract will not constitute a waiver.

62. **Survival.** The provisions of this Contract that impose continuing obligations, including warranties and representations, termination, transition, insurance coverage, indemnification, and confidentiality, will survive the expiration or termination of this Contract.

63. **Contract Modification.** This Contract may not be amended except by signed agreement between the parties (a "**Contract Change Notice**"). Notwithstanding the foregoing, no subsequent Statement of Work or Contract Change Notice executed after the Effective Date will be construed to amend this Contract unless it specifically states its intent to do so and cites the section or sections amended.

SCHEDULE A - STATEMENT OF WORK CONTRACT ACTIVITIES

Contract No. 220000001116

Prescription Drug Administration Services

BACKGROUND

The Michigan Civil Service Commission (MCSC), Employee Benefits Division (EBD), administers two self-funded prescription drug plans under this contract for eligible State employees, retirees, dependents and COBRA participants. The first Plan provides pharmacy coverage to Non-EGWP Eligible (active employee and non-Medicare retiree) members and EGWP-Eligible (Medicare eligible retiree) Members, their Dependents, and COBRA participants enrolled in the State Health Plan PPO (SHP PPO). The second Plan provides pharmacy coverage to active employee members, their Dependents, and COBRA participants enrolled in the State High Deductible Health Plan (State HDHP).

The State currently manages pharmacy coverage for approximately 129,000 members in both State plans. See the population charts below for the member population breakdown.

SHP PPO population as of 09/01/21

	Contract Holder	Dependents	Total
Active Population	19,128	27,761	46,889
Non-EGWP Retiree Population	25,226	9,421	34,647
EGWP Retiree Population	28,681	17,688	46,369
COBRA Participants	208	178	386
Total	73,243	55,048	128,291

State HDHP population as of 09/01/21

	Contract Holder	Dependents	Total
Active Population	299	418	717
COBRA Participants	1	0	1
Total	300	418	718

See **Schedule G Plan Design and Schedule I (I1, I1a, I2, I3) Formulary Documents** for plan design, utilization management programs, and Formulary for Plan Sponsor; including Formulary and Clinical Programs.

The State is a governmental entity and therefore not subject to the federal Employee Retiree Income Security Act (ERISA). The Contractor's obligations will be pursuant to this Contract.

SCOPE

This is a Contract for Administration of Prescription Drug Services for the SHP PPO and State HDHP plans. It includes Medicare-Eligible Members via an Employer Group Waiver Program (EGWP) and Commercial (Non-EGWP) Eligible Members, including Actives, Retirees, COBRA participants, and their Dependents of the State of Michigan (the State). Both plans are Self-Insured.

No payment will be made to the Contractor during the Implementation Period. The Implementation Period means the period of time between Contract Effective Date noted on Notice of Contract Cover Page, and Services are commenced on January 1, 2023. Contractor must commence performance of all Services to all Members, without interruption, on January 1, 2023.

1. Requirements

All requirements in Schedule A apply to both Commercial and EGWP plans except for explicitly referenced sections that specify additional requirements for that specific plan.

1.1 General Requirements

1.1.1 The Contractor must be a licensed Pharmacy Benefit Manager (PBM) providing the types of services requested in Schedule A.

1.1.2 The Contractor must be licensed with and have a current contract in place with the Centers for Medicare and Medicaid Services (CMS) and be approved to provide Employee Group Waiver Plan (EGWP) services. The Contractor must be able to administer a commercial wrap for the EGWP program.

1.1.3 The Contractor must not utilize or introduce arrangements from purchasing coalitions/consortiums over the term of the Contract.

1.1.4 Ensure Transparency and Pass-Through Pricing for all Services provided. This includes payment of all manufacturer payment paid by the manufacturer to the contractor or their subcontractors such as Group Purchasing Organizations

(GPOs) for rebates. If Contractor uses a rebate aggregator the full value of the rebates paid by the manufacturer must be passed on to the State.

1.1.5 Fully implement the Plan Sponsor's custom Plan Designs, including EGWP Wrap that replicates Active commercial coverage. See also **Schedule G Tab 2. Plan Designs**

1.1.6 Fully implement the Plan Sponsor's clinical programs. See also **Schedule G Tab 3. Clinical Programs.**

1.1.7 Adhere to prescription drug Services approval process and do not modify coverage without written approval from the Plan Sponsor.

1.1.8 Adhere to any program related to compliance with government initiatives including, but not limited to, Health Care Reform and administration of an EGWP.

1.1.9 Ensure e-prescribing Services including, but not limited to, submitting and receiving e-prescriptions, and all electronic Prior Authorizations.

1.1.10 Contractor must work in partnership and collaboration with the State, CMS, and all other contractors, including Plan Sponsor's Medical contractor, Data Warehouse contractor and Healthcare Actuarial and Consulting contractors. This partnership and collaboration must relate to Member servicing, communications, data analysis, reporting, transitioning Members amongst different lines of business, strategic initiatives, plan design changes, and other areas as needed for the clarity of Members and administration from Plan Sponsor.

1.1.11 The Contractor will meet any Federal or State requirements for transparency including any data requirement without any additional cost to the State.

1.1.12 All words capitalized in this document indicate a defined word. Please refer to **Schedule N - Definitions** for all definitions applicable to this Contract and which must be applied to all guarantee reconciliations.

1.2 Plan Design and Clinical Programs

1.2.1 Contractor must administer prescription coverage at the direction of the Plan Sponsor.

1.2.2 The Plan Design is subject to change throughout the duration of this Contract. The Contractor must implement Plan changes, as requested, by the Plan Sponsor by their effective date at no additional cost to the Plan Sponsor. Contractor must not expand or reduce coverage for Members without the Plan Sponsor's written approval.

1.2.3 The Contractor must provide their willingness to support carving-out self-injectable and select infused drugs from the medical benefit to the pharmacy benefit to be cost effective to Plan Sponsor and its participants.

The Contractor's account team will provide a consultative approach to optimize the State's overall benefit. The Contractor's philosophy regarding carving out specialty drugs from the medical benefit is proactive and positive. Medically administered specialty drugs moved under the pharmacy benefit better enables the Plan Sponsor to capitalize upon improved screening for appropriate usage; improves the ability to manage both medical and pharmacy-based drug products within select classes in a more well-coordinated manner; expands rebating opportunities; and improves overall clinical care management capabilities through a more inclusive view of pharmacy claims activity.

If the Plan Sponsor pursues this opportunity, the Contractor will work with the Plan Sponsor to create a well-coordinated and strategic educational effort within the provider community regarding how the transition will take place and what the implications may be with regard to drug access and reimbursement.

The Contractor's Specialty Pharmacy Specialty Drug List identifies all drugs considered 'specialty' based upon a proprietary algorithm established and maintained by internal Contractor Specialty Pharmacy experts. Some medications have historically been filled only through the medical benefit and some through the pharmacy benefit. After performing a detailed medical claims analysis, the Contractor can identify medical specialty claims that can be carved out to the pharmacy benefit, the pros and cons of doing so at a drug-specific level, and the savings associated with the carve out. The Contractor Specialty Pharmacy will work with the Plan Sponsor to carve out specialty drug benefits to meet financial and clinical needs for the plan and its members. The Contractor provides comprehensive member and prescriber education regarding how the carve out will affect them. The Contractor will send targeted mailings to assist members through the transition to the designated specialty provider. The Contractor's Specialty Pharmacy will work with the Plan Sponsor to develop plan designs that

provide incentive for the member to use a preferred or exclusive provider while ensuring compliance with these complicated drug regimens. The Contractor's Specialty Pharmacy will work to streamline specialty billing under major medical. The Contractor will help the Plan Sponsor develop consistent coverage criteria for these drugs under major medical to ensure proper utilization and provide J-Code assistance where a "lock-out" program may be in order.

1.2.4 The Contractor must have an effective compound management program.

Contractor's compound management program:

The Contractor's compound management strategy will establish clear parameters for compound use, including safety, efficacy and affordability.

The Contractor adjudicates compounds using "multiple ingredient logic" where pharmacies submit each ingredient in the compound. Pharmacies are required to submit a minimum of two products, but no more than 25 products in a compound submission.

The Contractor's compound management strategy is a modular approach which includes the following components:

- Prior authorization (PA) on high-cost products: Requires PA for targeted active ingredients exceeding a certain dollar threshold (typically $200, but the Plan Sponsor may set the amount)
- Clinical PA on compounds of high concern: Requires PA for targeted active ingredients commonly used in compounds regardless of submitted cost
- Select bulk chemical exclusions: Excludes bulk chemicals not recommended for compound use by the FDA or due to questionable clinical value
- Compound kit exclusions: Exclude certain pre-packaged formulations from coverage
- Compound pharmacy credentialing program: Validates compounding pharmacy providers through the industry's first-ever compound credentialing program (required component)
- Analytics and reporting: Compare compound trends against benchmarks for effective utilization and cost management

1.2.5 The Contractor must have an effective opiate management program similar to the current program in place.

Contractor's opiate management program:

The Opioid Risk Management program will be utilized for the Plan Sponsor's commercial population (actives and pre-65 retirees). The program's multi-dimensional approach will drive opioid safety, prevention and support through engagement, and smart prescribing and ongoing monitoring. This program significantly reduces excessive prescribing, dispensing and consumption of prescription opioids, while delivering quality care.

The Contractor confronts the opioid epidemic through a five-dimensional strategy consisting of multiple touch points with prescribers, pharmacies and members that focuses on preventing opioid misuse and abuse through education; minimizing member early exposure to opioids; reducing inappropriate opioid supply; treating at-risk and high-risk populations to prevent progression to chronic use; and supporting chronic populations and their recovery.

The Contractor executes these five dimensions by:

1. Preventing and Educating: The first step in changing the course of the opioid epidemic is to educate our members, providers, and pharmacists on the health hazards related to opioid dependency and how to prevent opioid misuse. Opioid risk information and other educational materials are available to members on the Contractor's website. Pharmacies receive informational fax blasts and prescribers can access information through our provider portal. Prescribers may also receive faxed interventions, information on chronic pain management guidelines, as well as case management consultations based on retrospective review of member claims related to drugs of abuse. Opioid products dispensed by the Contractor's Home Delivery Pharmacy are provided in vials with special caps and labels that highlight the risk of opioid addiction and abuse.
2. Minimizing Early Exposure: An immediate effect on the opioid epidemic may be achieved by reducing the number of people who become dependent on opioids. A core component of the Contractor's Opioid Risk Management program focuses on minimizing early exposure to opioids and preventing conversion to chronic use. It includes a comprehensive utilization management (UM) program that is aligned with Centers for Disease Control and Prevention (CDC) guidelines and clinically based recommended Morphine Milligram Equivalents (MME) a member should receive at any given time on an opioid medication. Patients new to short-acting opioid therapy are limited to recommended amount and duration and may receive first fill letters that promote both safer medication alternatives and safe medication disposal. Over half of the United States population has leftover opioid painkillers in its households; therefore, the Contractor provides detailed steps for safe disposal, such as information on "take back" locations where members can safely dispose of leftover opioids to prevent diversion. The Contractor's efforts result in the prevention of member progression to dependency, thereby reducing diversion, serious adverse events, and hospitalizations. Additional member communications, such as an overview on proper usage of opioids,

expected side effects, and pain management alternatives, may be available to the Plan Sponsor.

3. Reducing Inappropriate Supplies: For members already on chronic opioid therapy, the Contractor's clinical rules engine identifies opportunities to reduce inappropriate supplies with aggressive utilization management (UM) edits based on recommended guidelines. Prior authorizations may also be implemented to facilitate valid opioid use with established treatment plans. Treatment plans promotes member-prescriber engagement and establish the safe Continuation of Therapy. Safer prescribing is encouraged through alignment with the most updated CDC guidelines (such as prescribing non-pharmacologic and non-opioid therapies first, starting at the lowest possible dosages, providing only the minimum quantity needed, and regularly monitoring patients). The Contractor's pharmacy network team has a strong focus on reducing misuse. Network pharmacies are subject to multi-faceted audits to identify and recoup aberrant claims. The Contractor identifies doctors who over-prescribe and pharmacies that illegally supply opioids. When suspicious activity on the part of a member or prescriber is detected during pharmacy claim reviews, the Contractor escalates to auditing where warranted, notify the State, and report or notify the appropriate law enforcement agencies when applicable. The Contractor's Home Delivery Pharmacy's operational standard includes limiting dispensing of opioid prescriptions to a 30-day supply per fill for commercial members. Members who receive more than a 30-day supply at home delivery need a new prescription or an authorized refill as appropriate from their prescriber. As a clinical safety protocol, the Contractor does not allow customers to opt out of the program. In addition, all prescriptions for controlled substances schedules II-V (which includes opioids) are only accepted from EPCS (Electronic Prescribing for Controlled Substances) certified ePrescribing providers.
4. Treating At-risk and High-risk Patients: Using pharmacy claims and demographic data, the Contractor identifies at-risk and high-risk members to help prevent progression to addiction or abuse. The Contractor's suite of enhanced retrospective drug utilization review (DUR) alerts addresses the double threat of opioids used in conjunction with benzodiazepines and other medications known to be associated with a high risk of abuse. Overuse is also addressed with outreach interventions to prevent pharmacy and prescriber shopping and stockpiling. In addition, the Contractor offers intensive case management consultations by identifying opioid overutilization by screening for higher than recommended Morphine Equivalent Dose (MED) per day and use of multiple pharmacies and prescribers that exceed normal thresholds. These consultations between prescribers and the Contractor's pharmacists include the potential to lock a member into a specific drug, thereby driving members to adhere to one medication and one dose, regardless of where their prescription is filled.
5. Supporting Chronic Populations and Recovery: The Contractor treats afflicted populations and provides ongoing support through multi-dimensional retrospective DUR outreach to providers, intensive case management, drug-level lock-ins, and advanced

point-of-service screening. Through advanced concurrent DUR edits, the Contractor reviews a member's pharmacy claims for opioid use secondary to medication assisted treatment (MAT) use, the Contractor alerts pharmacies of this potential clinical concern and flags the member for review. The Contractor's program prevents post-treatment relapse by providing members expanded access to emergency rescue medications for addiction treatment, such as not requiring a prior authorization for Naloxone.
The Contractor's aggressive intervention strategies leverage clinical capabilities:

- Concurrent DUR: Concurrent DUR capabilities screen for drug-drug and drug-age interaction, pregnancy, opioid use secondary to MAT-related prescriptions, excessive use, early refills, and stockpiling of controlled substances. Advanced concurrent review is available for drug-drug interaction for opioids and prenatal vitamins, and excessive supplies of acetaminophen.
- Retrospective DUR: Pharmacy claims are reviewed daily to identify members whose medication use shows patterns indicative of overuse, such as excessive refills, doctor and pharmacy shopping, therapeutic duplications, and drug-drug interactions, such as opioids and benzodiazepines. Upon retrospective review, fax interventions are sent to flagged prescribers.
- Medication-Assistance Treatment (MAT) Adherence: The Contractor's MAT Adherence program supports long-term recovery for members on life-saving MAT medications. Monitoring 22 disease categories, this program engages members and prescribers at critical touchpoints to help members adhere to their medication regimens. Program components include new to therapy member support, provider communications, and Interactive Voice Response (IVR) refill reminders.
- Narrowing the Refill Window on Opioids: Benefit adjustments may be used to tighten the refill thresholds on opioids. For instance, a customer may opt for a standard refill window of 75 percent. However, the Contractor can leverage their claims adjudication system to narrow the refill window on opioids to 90 percent reducing the potential for stockpiling, diversion, and abuse of the medications.
- Utilization Management: The Contactor's Utilization Management (UM) development process combines the expertise of clinical pharmacists, actively practicing physician specialists, and pharmacotherapy experts to:
- Implement additional quantity limit edits to encourage chronic users to consider safer alternatives
- Implement edits on short-acting and long-acting opioids that are in alignment with tighter CDC guidelines
- Implement edits on opioid-based cough and cold medications
- Implement claim system edits which flag prescribers with sanctions or limitations for prescribing controlled substances: claims are rejected for additional pharmacist review at the point of service
- Implement first-fill maximum duration limit of a three-day supply only for children 19 years old and younger

- Home Delivery Prescribing Limits: The Contractor's home delivery pharmacy limits dispensing of opioid prescriptions to a 30-day supply per fill. If a member already receives more than a 30-day supply through the home delivery pharmacy, a new prescription or an authorized refill is required as appropriate from their prescriber. Additionally, prior authorization or clinical exceptions are not applicable for this operational change. Members under unique circumstances regarding opioid supplies are encouraged to use local retail pharmacies.
- Member Education: Robust member outreach with a strong focus on prevention educates members about dependency risks associated with opioid use and information on chronic pain management; members are also provided information about safe disposal locations to make disposal of opioids simple and help prevent easy access to these medications. The Contractor does not notify members when an opioid clinical program is implemented by the customer, believing that it is more efficient and effective to manage the program through pharmacies and physicians.
- Case Management: A dedicated Contractor pharmacist evaluates cases and conducts prescriber interventions to evaluate unusual utilization patterns. Additional interventions at the prescriber level may be conducted, focusing on members with high-dose opioids, multiple physicians and pharmacies, and repeated early refills.
- Prescriber Surveillance: Enhanced point-of-service prescriber monitoring restrictions are implemented based on Drug Enforcement Administration prescriptive authority limits confirming that prescribers are licensed and authorized to prescribe controlled drugs within the scope of their practice.
- Drug Level Lock-in: Referrals from intensive case management lock a member into a specific medication and strength of a controlled drug, no matter where the drug is dispensed.

1.2.6 The Contractor must have a copay card program for specialty drugs that maximizes the funding from manufacturers for most drug categories. The Contractor must have a program to adjust accumulators (deductibles and/or maximum out of pocket amounts) to reflect the amount the member actually paid.

The Contractor supports pharmaceutical manufacturer copayment assistance programs for patients suffering from rare diseases or conditions that only have a single source or brand-name treatment without generic or lower-cost therapeutically equivalent alternatives while offering copayment management strategies, which enables the Plan Sponsor to prevent the use of coupons when lower-cost alternatives are available. The Contractor offers the flexibility to align with stakeholder interests to drive value to the pharmacy benefit.

COPAYMENT MANAGEMENT STRATEGIES

The Contractor's Copay Card Solutions enable the Plan Sponsor to prevent the use of coupons when lower-cost alternatives are available, excludes coupon dollars from member out-of-pocket maximums in real time (Coupon Card Accumulator Adjustment program) and maximize coupon funds on select drugs to decrease customer cost share on specialty drugs (Variable Copay Solution). These strategies include an accumulator adjustment solution that maintains the integrity and intention of the pharmacy benefit by providing a real-time solution to exclude copay card dollars from members' accumulators. Applying copay card dollars subsidized by a manufacturer towards a member's deductible and out-of-pocket maximums increases the Plan Sponsor's liability throughout the plan year. Preventing the application of the copay card towards a member's deductible and out-of-pocket maximums allows the benefit design to work as intended to drive Plan Sponsor savings.

The Contractor will utilize a Copay Card Accumulator Adjustment program (CCAA) for the State's High Deductible Health Plan.

The Contractor will utilize the CCAA and Variable Copay Solution for the commercial population as copay cards are statutorily prohibited for Medicare/EGWP plans.

REPORTING

The Contractor will provide outcome reporting for CCAA as part of the quarterly review and will add outcome reporting for Variable Copay Solution. This reporting consists of a utilization summary based on member activity after implementation and includes savings amounts tied to actual specialty prescription activity per applicable program requirements.

State specific reporting during the quarterly review will consist of:

- Overall volume of targeted medications
- Overall volume of corresponding lower-cost alternatives
- Number of claims processed with copayment cards for target and alternative medications

1.3 Formulary Requirements

1.3.1 The Contractor must maintain an open formulary without exclusions except as authorized by Plan Sponsor or as part of a clinical program approved by the Plan Sponsor. See **Schedule I1 and I2 – Formulary Documents.**

1.3.2 Contractor must support custom changes to the formulary at the request of the Plan Sponsor.

1.3.3 The Contractor must notify Plan Sponsor by July 1st of any anticipated drug exclusions planned for the following calendar year and provide the names of the drugs and member disruption by August 1st. The Plan Sponsor may reject the annual formulary suggested change with no changes to the stated financials during the lifetime of the contract. Any proposed changes may only improve the rebate guarantees.

1.3.4 The Contractor must never switch for a medication with a lower ingredient cost to a higher ingredient cost regardless of Rebate impact without Plan Sponsor's written approval.

1.4 Claims Processing

1.4.1 Contractor must process claims in conformity with Plan Design as described in **Schedule G (G1, G2, G3)**.

1.4.2 Contractor must only pay Eligible Claims for Eligible Members. If a paid claim or a Member is determined to be ineligible and can be identified, the Contractor must reimburse Plan Sponsor for such payments from Contractor's own funds.

1.4.3 Contractor must only charge against the Plan Sponsor's account Claim payments authorized under the Plan Sponsor's Plan Design.

1.4.4 Contractor must undertake responsibility for providing Organization Determinations, including full and fair review of Claims Appeals by Members, in compliance with CMS requirements.

The Contractor's Medicare coverage determination and redetermination process is as follows:

- Coverage determinations are accepted by fax, phone call, electronic submission, or written request from a member, authorized representative, or physician and are logged into Contractor's prior authorization system (PAS).
- Upon receipt of the coverage determination, the case is indexed by member, classified by urgency, routed to a technician for entry and detail gathering, and then either approved within the PAS system, or sent to a pharmacist for clinical decision.

Contractor coverage determination time frames are as follows:

- All urgent coverage determination requests for non-exceptions are processed within 24 hours from receipt of the request.

- All urgent coverage determination requests for exceptions are processed within 24 hours from receipt of the prescriber supporting statement.
- All standard coverage determination requests for non-exceptions are processed within 72 hours from receipt of the request.
- All standard coverage determination requests for exceptions are processed within 72 hours from receipt of the prescriber supporting statement.

Contractor redetermination time frames are as follows:

- All urgent redetermination requests are processed within 72 hours from the receipt of the request.
- All standard redetermination requests are processed within seven calendar days from the receipt of the request.

For coverage determinations of exception requests, the adjudication timeframe may be tolled pending receipt of the prescriber's supporting statement, up to a maximum time of 14 days per CMS guidance.

Contractor's outreach process:

- During the coverage determination tolling process, the Contractor makes three outreach attempts that are varied by method (fax/phone/fax) and appropriately spaced to retrieve additional information needed to make a determination.
- The same outreach policy is used for redeterminations (fax/phone/fax) when additional information is needed from the prescriber to make a determination.
- Outbound calls for coverage determinations and redeterminations are made at multiple points throughout the day.

Contractor's written notice process is as follows:

- Once a determination is made, notification of the approval or denial is provided to the prescriber by fax or written notification.
- If the Contractor determines that the case does not meet the CMS mandated time frame, the Contractor will package and send the case to Maximus for Independent Review Entity (IRE) review.

1.4.5 Contractor must undertake responsibility for providing Organization Determinations, including full and fair review of Claims Appeals by Members, for the active and non-Medicare population.

The Contractor will provide comprehensive appeals support that includes management and review of initial coverage determination. The Contractor will provide management of member appeals related to PA or claim denials, substitutions or other benefit limits. The Contractor's processes comply with state and federal regulations related to timeliness of standard and expedited appeals requests.

APPEALS MANAGEMENT

The Contractor's internal reviewers resolve requests according to state and federal guidelines through a two-tiered process:

1. Contractor's clinical pharmacists, who hold Doctor of Pharmacy degrees, conduct a review. In many cases, they decide based on new information received with the appeal request.
2. If they are unable to overturn the denial based on new information or additional clinical insight, the case is forwarded to a physician reviewer to render a medical necessity determination.

The Contractor has physician reviewers on staff and contracts with Medical Review Entities for access to specialist physician reviewers to render medical necessity determinations of member appeals that the Contractor's clinical pharmacists are unable to overturn. The Medical Review Entities hold national accreditation from URAC and NCQA certification in Utilization Management.
The Contractor manages a contract with the Medical Review Entity and coordinates exchange of information.

TIMING
Guidelines allow members to file an appeal up to 180 days after receiving a claim denial. The Contractor's appeal requests have a standard review period of 15 days. Additional review periods specific to the type of request are as follows:

- Pre-Service: Within a reasonable period of time appropriate to the medical circumstances; no more than 30 days from the time the appeal is filed.
- Post-Service: Within a reasonable period of time; no more than 60 days from the time the appeal is filed.
- Urgent: The Contractor provides expedited reviews if the Contractor's standard time period could:
  - Seriously jeopardize the life or health of the member or the ability to regain maximum function
  - Cause severe pain not adequately managed without the requested care or treatment
- Standard Internal Appeal Determinations - Standard: Redeterminations for standard prior authorizations are made within 15 calendar days of receipt of supporting documentation.
- Urgent Internal Appeal Determinations - Urgent: Redeterminations for urgent prior authorizations are made within 72 hours of receipt of supporting documentation.

1.4.6 Contractor must adjudicate Eligible Claims so as to reflect the status of Members' cost share amounts pursuant to the Plan, as of the commencement of its administration. The Contractor must be able to provide Members with an Explanation of Benefits that accurately reflects the approved listed items in a format that is easily understood by Members at no cost to the Plan Sponsor.

1.4.7 Contractor must maintain a claims processing department that can process high-volume and complex claims and have staff to handle claims that require manual intervention.

The Contractor's claims adjudication platform, RxClaim, is capable of adjudicating claims of virtually any level of complexity. Should the Plan Sponsor require a customized benefit that is beyond the current capability, the Contractor is able to develop solutions and processes to handle them. Its flexibility, capabilities, and capacity are unlimited. This claims processing system is designed for online, real-time adjudication of prescription drug claims at the point of service. Retail, home delivery, and specialty claims are adjudicated through the same fully integrated online system.

With operational support available 24 hours a day, seven days a week, Contractor staff constantly monitor the performance and availability of the system. Using sophisticated monitoring hardware and software, connections are automatically tested every five minutes to validate that the systems are performing as expected for the Plan Sponsor and the pharmacies that rely on the Contractor to process their claims.

The RxClaim online transaction processing system is used to adjudicate claims. RxClaim verifies the claim at the point of service prior to submission for payment. It checks that the claim is submitted in the correct format, that the member is eligible, that the pharmacy is in the network, and the drug is in the correct tier. Subsequent to a positive check, the claim is sent for further processing. If the claim does not pass the initial check, a rejection occurs.

As part of the claim adjudication process, 100 percent of claims are filtered through a Real Time Audit System at the point of service. A set of algorithms identifies outliers, and a notification is sent to members of the Contractor's auditing department, who then calls the pharmacy to resolve the concern. This process helps prevent mistakes and reduce fraud in prescription claims submission.

The Contractor's system also compares the requested reimbursement with the amounts the Contractor has on file. These amounts are based on negotiated usual and customary (U&C) cost, contracted dispensing rate, MAC pricing, and member copayment.

Less than 1 percent of claims are processed manually. The Contractor provides direct member reimbursement (DMR) or paper claims processing for instances when the electronic point-of-service system is not used. The DMR claim process is as follows:

- Member pays the pharmacy the full amount of the claim
- Member fills out a claim form

- Member sends the prescription receipt and claim form to Contractor's manual claims department
- The claim is manually entered into the system, adjudicated using the standard online edit and verification process, and the data is captured as part of the member's claim history
- The explanation of payment (EOP), along with reimbursement (if any) is sent to the member
- Reimbursement checks are batch processed and released in 10 cycles per month.

Capacity planning is part of the Contractor's proactive ongoing system management. This approach allows the Contractor to execute electronic claims adjudication transactions on average in less than one second.

The Contractor is able to process at least an average of 81 million electronic transactions per month and can handle a virtually limitless amount of transactions. The Contactor has the ability to add additional computer processing units, including servers, to meet expanding peak volumes, if necessary. The Contractor's system may have limitations in terms of external feed systems. Limitations can be easily rectified with additional BIN numbers and routers.

The pharmacy claims processing system runs on an IBM i production platform. It uses an average of 35 percent CPU capacity during peak hours. The Contractor uses this platform because of its serial and incremental scalability. The number of customers, members and claims is limited only by storage capacity, which is continuously reviewed by the Contractor.

Multiple high availability performance systems process up to three million transactions daily with response times of less than 0.5 seconds. The Contractor has the ability to support at least 200 percent of this published capacity.

The claims communication design features redundant geographically dispersed high speed links to Envoy and NDC with Integrated Services Digital Network (ISDN) dial backup as an added level of protection. A highly redundant, private Multiprotocol Label Switching (MPLS) network links to multiple datacenters of the Claims Switching companies. The IBM i systems are dispersed among the two data centers and are replicated to confirm smooth failover should one of the hosts become unavailable. This architecture provides maximum availability and performance for around the clock pharmacy claims processing.

The Contractor's claims processing hosts are connected to the QS1, Emdeon and RelayHealth claims switches by dedicated leased digital circuits. The Transmission Control Protocol (TCP) and Internet Protocol (IP) are used to transport claims to and from the switches. The Contractor's capacity planning review process supplies ample processing power on the IBM i hosts and supports the required bandwidth. Further, we

factor growth projections into the capacity planning process, which includes monthly and annual reviews of performance indicators.

The Contactor's CSAs have online access to real-time claim processing information and can adjust, approve or override claims depending on Plan Sponsor's specifications. The CSA's will work with the account team on requests for overrides for the following situations.

- Lost, damaged, or stolen medication
- Emergency circumstances
- When a member is traveling and cannot access a network pharmacy and thus needs an extended supply
- Drug safety recalls by the manufacturer
- Dosage change
- Waiting on a Home Delivery Pharmacy Program order

The account team will continue to partner with the Plan Sponsor and CSAs to develop override criteria as different needs arise. Once the Contractor establishes the criteria, staff adds the information to Plan Sponsor's benefit overview information in the Contractor's customer service system. CSAs then use this list to support members or pharmacists at the point of service or while responding to a Home Delivery Pharmacy Program order.

1.4.8 Contractor must maintain an online Claim processing system that interfaces with its Eligibility System to verify coverage when processing Claims. This system must be updated as Eligible Claims are paid and must include sufficient information to link Claims to Eligibility.

1.4.9 Contractor must maintain confidentiality of all data collected by the Contractor, according to all applicable laws, rules and regulations.

1.4.10 Contractor must capture and store all Claim data elements involved in the processing or payment of Claims.

1.4.11 Contractor must provide access to the Plan Sponsor to Claims data by means of a secured Internet portal.

1.4.12 Contractor must process Direct Member Reimbursement Claims.

1.4.13 Contractor must have processes in place to prevent, detect, and correct non-compliance with billing requirements as well as processes in place to detect,

prevent, and correct fraud, waste, and abuse. Where fraud and abuse are discovered, Contractor must attempt to make recoveries.

The Contractor's claims adjudication process includes a multi-tiered auditing program of standard auditing services that is available at no extra charge. The Contractor's fraud, waste, and abuse prevention and recovery strategies are spearheaded by the Contractor's real time audit system. In concert with audits occurring at multiple levels including on-site and desktop, this process provides sentinel monitoring for pharmacy, member, and physician fraud, waste and abuse through various system edits and algorithms which improves the health system for both members and customers by guarding against fraud, waste and abuse. This process includes real time auditing of every single claim adjudicated, escalated auditing where warranted, and reporting and notification to the appropriate law enforcement agencies when applicable.

Real Time Auditing
The Contractor's real-time audit system is the frontline process for detecting pharmacy fraud, waste and abuse. This desktop process examines 100 percent of paid claims upon adjudication; nearly 50 percent of the Contractor's network pharmacies receive outreach as a result of real time audit annually.

Claims are filtered through algorithms that screen for appropriate utilization patterns, cost information and other criteria that may indicate error or abuse. Each claim is then scored and ranked. The highest scored claims are flagged for further review and are routed into actionable queues within three seconds of detection, on average. The Contractor's audit team then investigates these flagged claims from this initial screening and, when deemed appropriate, the auditor performs an outreach to the pharmacy to verify the claim's accuracy against the actual prescription. If an inaccurate claims transaction is identified, the pharmacy reverses and resubmits the claim correctly.

The real-time audit process provides the Plan Sponsor with significantly more audit recoveries compared to using retrospective claims audit procedures alone. and provides auditors the ability to monitor claim submissions post-adjudication and proactively identify trends that may point toward fraud, waste, abuse and error. Since the strategic algorithms allow auditors to focus on claims with the most aberrant problems in near real time, this program returns high per-claim average recoveries.

In addition, having a small window of time between adjudication and the Contractor's audit processes may improve the likelihood that potentially serious mistakes that lead to unnecessary adverse events may be caught and corrected, prior to charges and the medication being dispensed to members.

Other real-time audit benefits include the following:

- Pharmacists are educated about billing errors in a timely manner, which may result in fewer errors in the future. The resulting sentinel effect, which is a natural side effect of the real-time audit process, may encourage stricter attention to policies and procedures on the part of pharmacy staff. It may also assist pharmacies with compliance to government regulations and health plan procedures.
- Questionable claim patterns are more easily identified, which allows for more timely development of additional audit screening criteria. Based on this, the Contractor is able to assess the need for new edits or quantity limits quickly.

DESKTOP AUDITING

The Contractor's desktop audits are initiated when a more expanded review, which consists of analyzing the pharmacy's historical data and considering member and prescriber information, is needed. Desktop audits are conducted consistently throughout each day to investigate the integrity of individual claims submitted by pharmacies and paid on the behalf of members. The desktop audits include filtering and examining prior claim transactions for aberrant issues where a larger number of source documents are requested from the pharmacy for review. In these cases, the Contractor notifies the pharmacy of the desktop audit and request for documentation to support the claims. Pharmacies are provided ample opportunity to provide documentation and are afforded the opportunity to appeal all findings. Over 5 percent of our pharmacy network is subjected to desktop auditing each year.

ON-SITE AUDITING

On-site audits are conducted throughout the year on over five percent of the Contractor's active pharmacy network that spreads over, on average, 35 or more states annually. Audit selection is based on complex analytics, referrals from other audit teams including Real Time, Desktop and Investigations as well as from internal or external referrals. Approximately 40 algorithms are used in combination to identify pharmacies where an on-site audit is appropriate and to select claims to be reviewed in those audits.

During an on-site audit an auditor reviews a targeted subset of claims. This may include review of; hardcopy prescription files; daily computer-generated transaction logs; purchase invoices; third-party signature logs; accuracy of data submission; compound and specialty medication orders; return to stock policy adherence; regulatory compliance; presence of expired medications; contract compliance; monitoring of foot traffic and inventory handling; pharmacy cleanliness; facility safety; and proper staffing.

The types of issues that may trigger the Contractor to conduct an on-site audit include

results of proprietary analytics; concerns about the validity of operations based on physician/member inquiry responses; detection of potential document alteration; findings from Contractor's real time audit system and potential inventory reconciliation issues.

INVESTIGATIVE AUDITING

The Contractor's investigations team employs a variety of tools and techniques to conduct fraud investigations in response to various drivers and triggers, including member complaints, tip lines, industry referrals, customer and/or Special Investigation Units referrals, referrals from within Contractor organization, and data analytics.

Examples of the type of retrospective analytics conducted by the investigations team consist of:

- Reports identifying outlier pharmacies based on criteria such as:
  - Geographic location
  - Defined drug therapies
  - DME claims
  - Multiple-ingredient compound claims
- Geospatial analytics to identify patterns where the distance between the member, prescribers and/or pharmacies are far beyond the norm
- Identification of other unusual patterns, such as:
  - Unusually high or low reversal rates
  - Unusually high rates for particular types of claims when compared to a pharmacy's peer groups (for example, high-cost compounds, specialty drugs)
  - Claims submitted at times when the pharmacy is not usually open (for example, late night, holidays)
  - Billing of drugs, or combinations of drugs, known to be associated with fraudulent billing schemes (for example, topical pain creams)
- Pharmacies billing for members whose claims were previously being billed by a pharmacy associated with another fraud investigation (also known as member crossover analyses)
- Pharmacies listed on CMS's High Risk Pharmacy list
- Pharmacies considered to have outlier behavior by CMS or other governmental entities
- Pharmacies with unusual changes in their billing patterns

The types of fraudulent billing identified and investigated vary, but include:

- Shipping medications to members without their knowledge or consent
- Phantom billing
- Pill shorting
- Dispensing generics but billing for brands
- Use of grey market drugs (for example, purchasing from illicit sources)

- Intentional inappropriate billing of compound claims to increase reimbursement or to allow otherwise non-covered medications to be paid
- Identity theft
- Billing for drugs other than those dispensed
- Collusion between pharmacies and patients and prescribers
- Re-dispensing unreversed medications
- Inappropriate dispensing of narcotics

The Contractor's investigation teams also participate in industry information sharing sessions, attend conferences related to health care fraud detection and foster relationships with the enforcement community through referrals as well as timely responses to requests for information.

ADVANCED PHARMACY AUDIT SERVICES (APAS)

The Contractor's Advanced Pharmacy Audit Services (APAS) with Proactive FWA prevention is a comprehensive offering of pharmacy audit services designed to maximize affordability and recovery savings. The Contractor deploys experts and technology aimed towards pharmacy claims level activity. Working in conjunction with the Contractor's standard auditing programs, APAS provides a greater degree of insight to uncover questionable claims that might otherwise go undetected. APAS helps customers improve affordability by increasing monetary recoveries by an average of 250 percent during the first year. The additional resources and focused attention of the APAS audit team on the State's pharmacy claims provides an added layer of scrutiny and protection against FWA.

PROACTIVE FWA - PHARMACY AND CLAIM LEVEL DETECTION AND PREVENTION

With APAS, the State receives the value and benefit of Proactive FWA which detects pharmacy fraud earlier and more accurately. Proactive FWA will target and detect fraud prospectively, using advanced analytic techniques of predictive modeling combined with the power of Artificial Intelligence (AI) machine learning technology. Proactive FWA is able to detect and predict high risk, potentially fraudulent pharmacy scenarios in near real time that traditional analytics does not. These advanced analytics continuously learn new trends and suspect patterns on an ongoing basis. Earlier detection of potentially fraudulent billing patterns enables fraud investigators to address questionable pharmacies and claims more quickly therefore deterring fraud and minimizing financial exposure.

Proactive FWA detects fraud on a pharmacy level. With this approach, Proactive FWA evaluates pharmacy claims activity across the entire pharmacy network using dozens of risk factors at once. Pharmacies exhibiting suspicious behaviors are then risk scored

and routed to a fraud investigator. Fraud investigators are able to focus on high risk-scored pharmacies, completing investigations earlier and deterring potentially suspicious behavior sooner.

Additionally, as part of the APAS offering, Proactive FWA also tackles fraud at the claim level, looking specifically at the State's pharmacy claims level activity. With the claim-level approach, the State's claims are evaluated daily and risk scored for potential fraud in near real time (post-adjudication, pre-payment) using predictive model technology. Claims are scored based on individual claim risk factors and not based on connection to highest risk pharmacies. High risk-scored claims are evaluated by designated fraud investigators who are pharmacy technicians specially trained to audit customer claims to detect potential fraud. If warranted, the member and prescriber may be contacted to verify claims and the appropriateness of the transaction. For instances where a member or prescriber does not validate the claims, the pharmacy is engaged to reverse the claim.

ADVANTAGES OF ADVANCED PHARMACY AUDIT SERVICES AND PROACTIVE FWA

With both pharmacy and claim level approaches, earlier and more accurate detection of potentially fraudulent cases and claims enables investigators to take corrective action sooner before suspicious or malicious pharmacies or individuals evade detection or accumulate unrecoverable dollars in fraudulent billing. APAS provides dedicated, focused resources, including assigned subject matter experts and other staff providing oversight over APAS implementation and operations. In addition, analytic reports specific to the State offer unique insight including:

- Member fill pattern report that may identify unusual and potentially abusive practices such as drug seeking behavior
- Scheduled pharmacy audit reports (quarterly, monthly and yearly) including summaries and claims detail
- Quarterly Business Review, which highlights specific audit results and activities for the prior quarter, cases of interest, emerging trends or issues and plan related recommendations (such as potential quantity limits for drugs where we may see a trend of over-billed quantities)

APAS and Proactive FWA support our core pharmacy auditing operations by providing a greater degree of focus on the State's specific data. This leads to increased cost avoidance, increased accuracy, shortened investigation timelines and greater opportunities to deter potential schemes and suspicious patterns. Shortened investigation times and a reduction of fraudulent pharmacy billing through earlier investigation and action are also advantages of our proactive approach.

Advanced Pharmacy Audit Services and proactive Fraud, Waste, and Abuse programs are provided at no additional cost.

1.4.14 Contractor must have procedures for handling overpayments and recoveries.

The Contractor returns any error recoveries and overpayments found during a customer's audit of the Contractor. An impact analysis is conducted after an error has been corrected. If a fully executed settlement agreement is in place, payment is made no less than 30 days after the parties agree to the recoveries and overpayments. Otherwise, payment is made 30 days after the settlement agreement is executed.

The Contractor's Real Time Audit System reduces billing errors by allowing the Contractor to react to issues or discrepancies before claims are adjudicated. However, when a dispute such as an overpayment does occur, the client management team obtains and documents all relevant information and notifies the Contractor's accounting department. The Contractor's accounting, IT or claims teams then researches the dispute. If the Contractor's investigation results in a billing change, the Contractor may make an adjustment on the next invoice after mutual agreement of dispute resolution. The client manager communicates the outcome of all billing disputes to the Plan Sponsor.

1.4.15 If there are administrative changes in the Contractor's systems, processes, or procedures that impact the Plan Sponsor or Members, the Contractor must notify the Plan Sponsor as soon as possible and provide written notification explaining the change, the impact to the Plan Sponsor and/or to Members and the related timeline, in writing, 60 Days prior to the change (or as soon as the Contractor is aware).

1.5 Pharmacy Requirements

1.5.1 The Contractor must be able to ensure full audit rights, including onsite or remote Rebate audits regardless of whether a Contractor uses a Rebate aggregator.

1.5.2 100% of on-site pharmacy audit recoveries made by the Contractor, must be reported and returned to the Plan Sponsor on an annual basis.

1.5.3 The Contractor must take action (e.g., notify patient and/or physician) if a patient attempts to reorder a prescription with no refills remaining.

To facilitate member therapy adherence, the member and physician can use the Contactor's standard renewal process when the member's prescription has no remaining refills.

The renewal process was created for members who receive the same maintenance medication on a consistent basis from the same physician. The member receives a bar-coded renewal form along with the last authorized refill. The form advises the member that the original prescription is no longer refillable and that a new prescription must be obtained from their doctor. The form then instructs the member to take the form to their doctor.

If the therapy is continued without changes, the physician completes the new prescription by attaching the bar-coded renewal label to the blank prescription form. If the therapy continues with changes, the doctor must write a new prescription and it is handled as such by the Contractor's system.

When the returned form is received, the prescription is processed through normal pharmacy channels. The pre-barcoded renewal form accelerates the prescription through the Home Delivery Pharmacy, reducing overall turnaround time to the individual and eliminating errors.

Members can also either renew or refill their Home Delivery Pharmacy prescriptions online at the Contractor's website. The member can enter their member number and the prescription numbers of the prescriptions they wish to renew or refill. A renewal request is then sent to the member's prescriber if the prescription has expired or has no refills remaining. Members can pay for their prescriptions by a credit card placed on file with the pharmacy or by receiving a billing statement.

1.5.4 Prescriptions cannot be returned to patients without either a telephonic or electronic notification to patient and/or physician notification.

1.5.5 The Contractor must proactively notify the Member by phone to advise them of a delay if prescription is in-house for more than five Days.

1.5.6 The Contractor must provide the ability to partial bill a Member for a 90-Day mail order prescription.

1.5.7 **Specialty Pharmacy Requirements**

1.5.7.1 Contractor must provide flexible, interactive specialty pharmacy outreach through not only telephonic, but video consultation at no cost to Plan Sponsor.

The Contractor's Specialty and Infusion Pharmacy focuses on helping our customers manage their specialty spend while helping their members live healthier lives.

- Contractor Specialty Pharmacy leverages a patient-centric model to serve oral, self-injectable and self-infused specialty patients.
- Contractor Infusion Pharmacy is the patient-first leader in home infusion that supports patients with chronic or acute infused medications.

Each pharmacy pairs invaluable expertise with an aligned focus on the patient to make the complex simple.

Through the Contractor's patient-first culture, patients are cared for on their own terms. Contractor Specialty and Infusion Pharmacy develops and enhances programs and tools to keep patients engaged, satisfied and on the road to better health. This includes a concierge model, Contractor's Therapy Solutions, that empowers patients to manage their medications with confidence. The Contractor assists patients with access to therapy, help them understand their treatments, coordinate care with their providers, and provide longitudinal clinical support. The Contractor's Therapy Solutions provide the right support at the right time, including:

- Contractor Connections: This set of engagement tools promotes therapy adherence through:
  - Virtual Visits: Virtual chat that allows patients to talk directly with a clinician by webcam. During the visit, clinicians use motivational interviewing skills to focus on patients' specific questions or concerns.
  - Video Series: These videos feature Contractor employees and patients, offering patients and caregivers condition and treatment information, lifestyle tips, and patient testimonials.
  - Patient Portal: Contractor's Specialty Pharmacy's Patient Portal simplifies complex care, allowing patients to manage their specialty prescriptions seamlessly. With the flexibility to use express checkout or log in for detailed information, patients can request refills, track and monitor prescriptions, and take clinical surveys anytime.
  - Texting and email campaigns: Contractor's messaging capabilities help patients stay on track with dosing and refill reminders, weekly progress reports, nutrition information and numerous other opt-in choices.
- Contractor Patient Exchange: Contractor's Infusion Pharmacy's breakthrough technology for home infusion services allows nurses to collect therapy- and disease-specific physical assessments beyond the typical infusion services, including fatigue, grip strength, lower extremity strength, pulmonary function, Rasch-Built Overall Disability Scale, and Short Form-36.

- Remote Patient Monitoring: These innovative adherence technologies allow Contractor Specialty Pharmacy clinicians to collect patient reported outcomes, track daily behaviors, and tailor support to the patient's needs. Targeted clinical engagement improves behavior changes in patients that helps increase adherence.
- Site of Care: Contractor Infusion Pharmacy collaborates with the Plan Sponsor to establish a site-of-care program that reduces provider-administered injectable and infusion drug costs and trend. Through recommendations and hospital outpatient code data, the Contractor supports Plan Sponsor's site-of-care process that moves the administration of these drugs to the most appropriate and cost-effective location. Contractor focuses on immunoglobulin, inflammatory, enzyme replacement, and other therapies that can safely be given in the prescriber's office or home health sites of service. Transitioning members to lower cost sites of care reduces infused costs under Plan Sponsor's medical benefit.
- Value Reporting: The Contractor's clinical reporting captures high-level and granular details on trends, assessments, interventions, and utilization. The Contractor presents quantifying and qualifying findings on the level of care Contractor invests in your members, and the Contractor demonstrates cost savings.

Telephonic outreach process:
Specific patient touchpoints are tailored to each patient's individual needs throughout the treatment journey.

Through Contractor's Therapy Solutions approach to care, patients receive personalized, condition-specific support from a dedicated team. This includes holistic education and counseling and connecting patients with broader health care resources. The Contractor informs all qualifying patients about manufacturer copayment assistance, should the patient's specialty plan design allow for such usage. In an effort to eliminate barriers to adherence, team members also work on a patient-by-patient basis to identify need, and arrange for, financial assistance.

The Contractor works with patients and their caregivers to resolve concerns throughout therapy. Starting with an introductory call, Contractor clinicians review therapy administration, disease-state education, and side-effect management. Through this initial consultation, the Contractor encourages the patient to ask any additional questions regarding their therapy.

During every patient outreach, the Contractor can educate patients and address their questions about side effects and other disease- or product-specific concerns. Contractor clinicians tailor patient education based on the patient's history and assess patients for:
- Adherence
- Concurrent medication

- Current allergies
- Current comorbidities
- Side effects

The Contractor has pharmacists on call 24 hours a day, 7 days a week, including holidays.

Below are the top five reasons for outbound calls made by Contractor's specialty pharmacy customer service team.

1. Remind of medication refill needed
2. Obtain new prescription
3. Resolve plan benefit issues
4. Communicate with retail pharmacy
5. Manage prior authorization requests

Contractor's automated phone dialer begins refill calls five days prior to the next anticipated refill date. The dialer makes several call attempts on three separate days. If the Contractor is unable to reach the member, the Contractor contacts the physician by fax. This integration of communication with the physician reinforces physician engagement and supports appropriate management of member utilization.

1.5.7.2 There must be no limitations on data that is required by Plan Sponsor for the purposes of analyzing specialty pharmacy costs and utilization.

1.5.7.3 The Contractor must offer Utilization Management or other programs to proactively address new Specialty Drugs entering the market.

The Contractor continually monitors the specialty drug pipeline for medication approvals or new indications for previously approved medications. The Contractor clinical team has access to data resources and analytic capabilities through OptumInsight, a wholly-owned subsidiary of UnitedHealth Group Incorporated (UnitedHealth Group).

Through OptumInsight and utilization of the world's largest private medical database, the Contractor assesses the impact of new products as they enter the market and analyze historically similar or competitive products to measure performance and cost effectiveness from a total health care perspective. The Contractor's Business Implementation Committee performs book-of-business modeling to estimate the financial impact and member disruption of plan design changes. This information is brought to the Plan Sponsor during quarterly review meetings to discuss Contractor identified drugs that are anticipated to launch in the near future. The Contractor's clinical consultant, provides Plan Sponsor specific analytics to support the drug pipeline and the Plan Sponsor's ability to make decisions on new drugs entering the market.

The Contractor will work with pharmaceutical manufacturers and Contractor's specialty pharmacies to determine the contracted price, often before a new product is introduced to the market. When pricing is not determined prior to the medication's release, Contractor contracts include a default rate.

The Contractor's proactive approach develops management programs, modifies benefit designs, and monitors emerging trends and products to predict future trend, estimate costs, and define strategies for maximizing value.

COLLABORATIVE CLINICAL ENGAGEMENT

The Contractor's clinical services department has developed evidence-based disease and drug-specific utilization programs to manage specialty medications. These programs, such as formulary tiering, dose optimization, prior authorization, step therapy and quantity limits, are approved by the Contractor's independent Pharmacy & Therapeutics Committee. To avoid inappropriate use and deliver associated savings, the Contractor only implements utilization management programs after extensive analysis of impact and ongoing validation, thereby preventing unnecessary prescriber and member disruption and delays in accessing necessary therapy.
The Contractor's Vigilant Drug Program helps safeguard customers and members from substantially higher-cost products that offer no additional clinical value over other medication choices.

The program removes certain medications from coverage while driving use of lower-cost alternatives. This promotes the use of clinically appropriate medications while minimizing drug spend. To protect the Plan Sponsor and members from unnecessary costs, the Contractor monitors the drug market closely to identify products to add to the Vigilant Drug Program.

SAFEGUARDS AGAINST SUDDEN MARKET IMPACT

The Contractor provides these components:

- New to Market Drugs: Temporarily excludes newly launched products until they can be formally reviewed by the Contractor Pharmacy & Therapeutics (P&T) Committee. This program is a standard component of Contractor's Premium Formulary. This helps minimize member disruption and decrease financial risk until the P&T Committee review is completed on new drugs with unproven benefits.
- Specialty Medical Benefit Exclusions: Excludes high-cost specialty medications primarily managed on medical benefit instead of the pharmacy benefit. These exclusions are determined by a Contractor committee of cross disciplinary clinicians and professionals. This is offered only as an exclusion product to drive coverage of these drugs through the medical benefit.

SAFEGUARDS AGAINST UNWARRANTED DRUG PRICES

The Contractor provides these components:

- Clinical Duplicates: Excludes newer, more costly medications that offer no clinical advantage over existing medications with similar chemical composition and possible generic options. Examples include unique dosage forms, combinations of two or more available medications, unique strengths, certain delivery devices and multiple product kits or packages.
- Non-Essential Drugs: Excludes select high-cost, non-FDA-approved products or those deemed medically unnecessary. This encourages the use of lower-cost, FDA-approved options with established safety and effectiveness for the same condition(s).
- High-cost Brands with Generics: Excludes select high-cost brand products when a lower-cost, therapeutically interchangeable generic product is available.
- High-cost Generics: Excludes high-cost generic products when lower-cost alternatives are available with the same active ingredients or belonging to the same drug class.

MEMBER EXPERIENCE AND PROGRAM SAVINGS

Members who attempt to fill a prescription for a medication included on Contractor's Vigilant Drug Lists are notified by the pharmacist that the medication is not covered. The Contractor Vigilant Drug Program components caused minimal disruption as a wide variety of prescription drugs have a number of brand and generic formulary alternatives.

1.5.8 Reserved.

1.6 Additional Requirements for EGWP

1.6.1. Contractor has filed, or must file, a Plan with CMS that mirrors the current Plan for Plan Sponsor. If Contractor does not have plan filed currently, Contractor must not charge to file the Plan Sponsor Plan.

1.6.2 Contractor must guarantee their Pharmacy and Therapeutics (P&T) Committee meets CMS' Prescription Drug Plan (PDP) requirements for objectivity and validity.

1.6.3 Contractor must guarantee their fraud, waste and abuse program meets all CMS required filings related to certification of compliance to the fraud, waste and abuse requirements.

1.6.4 Contractor must guarantee Member appeals process meets all CMS requirements.

1.6.5 Contractor must pass through any DIR (Direct and Indirect Remuneration) fees to the Plan Sponsor.

1.6.6 Contractor's EGWP service functions must not be separate from the Contractor's commercial account service functions.

1.6.7 Contractor must track Medicare Beneficiary Identifier numbers (MBIs) at no additional charge to Plan Sponsor

The Plan Sponsor is responsible for obtaining the member MBI and sending it on the eligibility file. Any retiree being submitted for enrollment into the EGWP must be included on the eligibility file in order to confirm timely enrollment. The Contractor performs a validation of the MBI once the Contractor submits the file to CMS for processing through the batch eligibility query (BEQ) process where invalid MBIs are identified. In that event, the Plan Sponsor receives notification of the rejected member. The Contractor's service manager will collaborate with the Plan Sponsor to resolve. In addition, the Contractor uses the Request for Information (RFI) process to outreach to the member to obtain the correct MBI.

1.6.8 Contractor must have a process in place to handle low-income subsidies with an EGWP that meets CMS requirements.

The Contractor passes through 100 percent of the Part D (EGWP) subsidies that are received from CMS to its self-funded EGWP PDP customers. The Contractor provides corresponding monthly, quarterly, and annual subsidy reporting, depending on the type of subsidy being paid.
Medicare Part D Direct Subsidy and Low-Income Premium Subsidy (LIPS) payments and reporting are provided to customers monthly.
Low-Income Cost Sharing Subsidy (LICS) payment and reporting is provided annually.

1.7 Member Support

1.7.1 Contractor must provide a United States based Customer Service call center where it will maintain staff dedicated to supporting the needs of the Plan Sponsor's Members. The Contractor's call center must be available to receive inbound calls 24 hours per day, 7 days per week, 365 days per year.

1.7.2 Contractor's Member Services support (call center) must have additional training in escalation policies for EGWP Member issues.

The Contractor's program is supported by an internal learning department and includes extensive initial and ongoing training that promotes quality, accuracy, and an enhanced customer experience.

Contractor's Learning Department

Includes experienced, professionally certified trainers with various instructional skills, such as, Facilitating adult learning, Assessing training needs, Presenting and designing training, and Organizing and planning of training programs

Contractor staff trainers complete a 40-hour professional development program, that is provided as part of Contractor's trainer certification course.

Initial Training

During the initial training phase, Contractor CSAs receive approximately 160 hours of materials-based, instructor-led classroom training and 40 hours of on-the-job training in a controlled environment.

Classroom training begins with instruction on key company expectations, systems, materials, and basic call-handling procedures. Next, trainers focus on a capability training, which includes detailed instruction on how to use Contractor 's integrated claims and Home Delivery Pharmacy systems.

Trainees receive detailed, hands-on training on specific tasks and view demonstrations on how to provide the following:

- Verify eligibility
- Check benefit design information
- Verify copayment structure
- Identify lower-cost alternatives
- Check formulary, benefit limits and deductibles
- Track order status of Home Delivery Pharmacy prescriptions
- Verify coinsurance pricing
- Provide information on appeals and grievance processes
- Provide forms
- Check member drug history
- Escalate calls to a member service supervisor
- Route calls to a pharmacist

Contractor trainers highlight skills that are designed to create an optimal member call experience. This segment of training focuses on customer advocacy and includes:

- Connecting with the Plan Sponsor's members
- Using tone of voice effectively
- Effective listening
- Understanding and meeting the Plan Sponsor member needs
- Educating the Plan Sponsor's members
- Problem solving

After successfully completing classroom training, new CSAs spend approximately 40 hours in a controlled environment taking live calls under the supervision of training

and operations professionals. The Contractor requires CSAs to pass a rigorous skills test before assigning them to a permanent role on the customer service team.

Ongoing Training

The Contractor continues to develop and reinforce the knowledge and skills of CSA trainees. This practice maintains quality of service, transfer of knowledge, and effective use of reference tools. The methods the Contractor uses include:

- Regular coaching and development.
- Side-by-side quality monitoring by supervisors.
- Remote call observations, conducted by a staff of dedicated analysts, using NICE's performance management system. This technology enables recording and playing back calls while observing the online screens used by the CSAs.
- Skill Gaps, a proactive system for identifying and correcting operational deficiencies.
- LearnSource, an eLearning system that makes training available to every employee through Contractor's corporate network.
- Bulletins that alert CSAs to the latest business developments. CSAs can also search Contractor's knowledge management system to research work instructions and other information about Contractor business processes.
- Message boards located throughout Contractor call centers that provide instant information and performance feedback.
- Continuing education courses to fine-tune call flow and workflow skills, and provide new knowledge, up to 48 hours per year per individual.

The Contractor uses coaching techniques and refresher training sessions to retrain call center staff members who do not meet Contractor identified performance levels.

The Contractor offers additional support to Contractor member service teams by providing online resources with the State-specific plan information and plan specifications that are routinely updated to reflect the latest information. These sources are complemented by electronic data to assist members with various inquiries. In addition, to maintain a continuous level of excellence, the Contractor holds frequent staff meetings to introduce and review plan specifications, medications, operating procedures, customer service skills and special topics.

Medicare-Focused Training

The Contractor supports Medicare Part D (for example, MA-PD, PDP, EGWP) call centers. Trainees receive detailed, hands-on training on specific Medicare guidelines. This segment of training includes such topics as:

- Medicare overview, types of benefits, and coverage rules
- Low-income subsidy
- Formulary requirements (and exclusions as part of Medicare Part D)
- Pharmacy networks
- Copayments and true out-of-pocket maximums
- Annual benefit changes
- Coverage gap

- Eligibility enrollment and disenrollment
- Member marketing material requests
- Transitional fills
- Best available evidence
- Coordination of benefits
- Grievance handling; coverage determination exceptions and appeals
- Medicare home delivery
- Limited income NET

The Contractor makes regular updates to the training curriculum for core business processes that are impacted by significant changes, such as regulatory requirements or process improvements.

Nature of training

Classroom training begins with instruction on key company expectations, systems, materials, and basic call-handling procedures. Next, Contractor trainers focus on a capability training, which includes detailed instruction on how to use Contractor's integrated claims and Home Delivery Pharmacy systems. Contractor's initial training program is a total of 200 hours.

Trainees receive detailed, hands-on training on specific member service tasks and view demonstrations on how to:

- Verify eligibility
- Check benefit design information

1.7.3 The Contractor must notify the Plan Sponsor, immediately, of any known or suspected system issues that may impact operations or service to Members.

1.7.4 Contractor must record 100% of calls. Contractor, or subcontractor, must provide phone, secure email/messaging, and written correspondence options for customer contacts. Contractor, or subcontractor, must provide a phone service system, for both Members and Providers that includes (at minimum) the following components:

1.7.4.1 The system must be toll-free

1.7.4.2 An IVR system.

1.7.4.3 Methods for logging all calls, recording all call data and content; all recorded calls must be attached to the customer account

1.7.4.4 Methods to report metrics, standards and ad hoc report generation

1.7.4.5 Methods to monitor calls for quality

1.7.4.6 All recorded calls must be made available to the Plan Sponsor within 24 hours of request

1.7.4.7 All recorded calls must be kept by Contractor for one year or until any appeal or member escalation is resolved, whichever is later.

The Contractor will provide a dedicated toll-free number to support member inquiries.

The Contractor's customer service technology infrastructure incorporates a variety of tools to assist Contractor's call center team in delivering a positive member and health care provider experience. The Contractor's systems are constantly upgraded to keep up with leading technologies and industry best practices. The table below outlines the technology used by the Contractor to respond to member and health care provider inquiries as quickly and efficiently as possible.

Work Management Tool	Functionality
OMNI Genesys	The Omni Program is a multi-year initiative that implements a single, cohesive Contact Center Technology (voice, chat, digital capabilities) strategy across the UnitedHealth Group enterprise. The Omni platform serves all lines of business, resolves challenges, prepares for future business needs, improves operational models, and enables anticipation of and responsiveness to market demands. The Omni capabilities provide the Contractor with automated, real-time redistribution of traffic with no impact to members. It consolidates and streamlines processes for business and technical support teams and provides improved visibility and supports future growth with a flexible, scalable architecture.
Interactive Voice Response (IVR)	Contractor's IVR provides intelligent, speech-enabled, self-service capabilities to the Plan Sponsor for member and health care provider services, mail service and prior authorization inquiries. To better meet the needs of the caller, the IVR customizes the experience for the caller. Members may select from self-service options or opt to speak to a customer service advocate (CSA) at any time during the call. The self-service IVR is enhanced for Spanish-speaking members, providers and pharmacies. Spanish-speaking members can now use self-service options within the telephony system without having to connect with a CSA for translation assistance. In the same way, pharmacies can now perform self-service functions from the IVR instead of having to speak with a pharmacy technician. Self-service options include point-of-service information such as BIN, PCN and submitted group information, accessing clarification codes and verifying prior authorization status.
Computer Telephony Integration (CTI)	The IVR technology relays information to the CSA through a "screen pop" so the call continues seamlessly with the authentication information previously entered by the caller. This enables the CSAs to quickly preview the caller's record in preparation for the interaction. The screen pop also includes the reason for the call when identified by the caller and the respective benefit and claims landing page is derived by IVR call reason scenarios. For example, if the member calls about prior authorization, then agents are shown the OVERRIDE/PA tab as default landing page.
IEX Scheduling Software	This software notifies CSAs on the desktop of their scheduled break, lunch and any training or meeting events. This enables the Contractor to provide a good member/provider experience by maintaining call answer service levels and targeted speed of answer for incoming calls.

IEX Back Office Support Tools	This tool enables Contractor team to schedule non-phone work so Contractor CSAs may complete the research, transactions or follow up necessary in response to a member or provider inquiry.
MyMetrics	MyMetrics provides a single web-based application that allows front line users as well as leadership to identify excellent performers as well as opportunities for improvement. Coaching sessions allow agents, supervisors and management to identify coaching effectiveness and provide a common platform that facilitates retrieving historic coaching information. This application includes all agent key performance initiatives as well as supporting metrics to enable users to drill into root cause behaviors for performance.
Customer Relationship Management (CRM)	The Customer Relationship Management (CRM) tool combines and organizes customer (plan) and member information for a unified presentation. The dashboard view enables CSAs to quickly access all details needed for a call, without losing visibility to key member or pharmacy data and without having to navigate between applications. Real-time information is presented on the desktop from the claims, eligibility and benefit systems, enabling CSAs to view plan benefits, perform call tracking, create cases, locate product details and locate pharmacies and clinics. CSAs can also view and process claims, view add and update prior authorization data, and access member portal accounts for Web support.
NICE Performance Management	Contractor's call monitoring program application that routinely records incoming and outgoing calls for Contractor's Customer Service center is NICE Performance Management system. The Contractor records a daily sampling of calls handled by the CSAs. It captures both voice and screens; both call and desktop activity can be simultaneously monitored for a complete view of a CSA's performance. The Contractor's development specialists perform independent assessments using synchronized voice and screen playback. The Contractor's auditors and supervisors can monitor interactions for performance and examine processes for best practice. Supervisors also have the ability to promptly record interactions on demand, or to monitor calls in a live setting.
Virtual Hold	This technology enables the Contractor to offer the member or provider the option for a callback when a CSA is not promptly available to assist him/her. The caller can schedule the callback for a specific date, time and phone number or may simply select to retain their place in line by a callback once a CSA becomes available.

The Contractor retains recorded calls from and to members, prescribers, and pharmacies for the length of the contract or four years, whichever is greater.

1.7.5 Secure email/Message Service: Contractor must provide a secure email/messaging service, for both Members and Providers, which include (at minimum) the following components:

1.7.5.1 Methods for receiving and transmitting messages

1.7.5.2 Methods for routing messages to properly trained responders

1.7.5.3 Methods for logging messages, recording message data and content; the message must be attached to the customer account

1.7.5.4 Methods to report metrics, standards and ad hoc report generation

1.7.5.5 Methods to monitor messaging for quality

The Contractor's email correspondence team receives and delivers messages to members through a secure messaging system in the member web portal. Members can correspond with customer service by logging in to the Contractor's secure website. When members submit emails through the member portal of the website, a CSA documents the inquiry in the member's profile in the customer service system. Once the member's inquiry has been researched and resolved, the CSA responds to the member's email through the secure messaging system. The Contractor uses a messaging system similar to those used by banking institutions to further safeguard member protected health information (PHI).

The Contractor tracks member inquiries, including provider service and prior authorization inquiries, by annotating the member's record in Contractor's online customer service system. These inquiries are received through phone calls, email messages and direct mail communications. The Contractor tracks multiple inquiry types and categories, including complaints and grievances and annotate notes on member records. the Contractor uses specific call tracking reason codes and sources (for example, member, pharmacy and physician).

The Contractor relies on several processes to track and improve on any reoccurring issues. The Contractor 's client advocate team tracks escalations, including complaints, root causes and resolutions and conducts trend analyses. The Contractor's management team meets weekly to review escalations from the previous week. This process verifies that escalations were resolved and identifies opportunities to improve people, process or technology to optimize the customer service experience.

<u>Open Issue Reports for Addressing Customer Complaints</u>
The Contractor's account management team manages the open issue report process for escalated plan issues. Available reporting includes information such as escalation date opened, date resolved, details regarding resolution of the inquiry, root cause and date and time of related member outreach.

1.7.6 Contractor must provide written correspondence Services, for both Members and Providers, which include (at minimum) the following components:
1.7.6.1 Methods for storing, tracking and routing correspondence to properly trained responders
1.7.6.2 Methods for logging correspondences, recording correspondence data and content; it is required that the correspondence be attached to the customer account
1.7.6.3 Methods to report metrics, standards and ad hoc report generation

1.7.6.4 Methods to monitor responses for quality

The Contractor will store written correspondence, and tracks written inquiries using their customer service system.
The correspondence processing team reviews the written inquiry and adds a note or request to the member's record in the customer service system. This note indicates that correspondence was received from the member and directed to the Contractor's business process team for processing. In addition, this team also updates the member's record with details about his or her inquiry.
The Contractor can share files of recorded member calls, call notes or call logs after the Contractor has reviewed and removed PHI and other confidential data discussed with members during business hours. The Contractor can provide redacted materials within five business days. This time frame enables the Contractor to review and exclude any member information "protected for privacy" by federal and state laws.

1.7.7 If the Contractor provides chat Services, the Contractor must include all the following:
1.7.7.1 Methods for storing, tracking and routing chats to properly trained responders
1.7.7.2 Methods for logging chats, recording chat data and content; it is required that the chat be attached to the customer account
1.7.7.3 Methods to report metrics, standards and ad hoc report generation
1.7.7.4 Methods to monitor chats for quality

The Contractor's customer service technology platform incorporates a variety of systems, applications and tools to assist the Contractor's call center team in delivering a positive member and health care provider experience. The Contractor's systems are constantly upgraded to remain current with manufacturer upgrades. The Contractor utilizes the technology below to respond to member inquiries as quickly and efficiently as possible.
See Section 1.7.4.7 for details on Contractor's Omni Genesys System.

<u>Chat Technology</u>
- The Omni Platform stores, tracks and routes chat requests to the Contractor's call center team.
- Tableau is used to view and create standard, ad hoc and metrics repots.
- The Contractor's quality auditors and supervisors are able to monitor interactions for performance and examine processes for best practice. The Contractor monitors a minimum of four chats per agent per month.

1.7.8 The Contractor must provide the following:

1.7.8.1 A single front-end toll-free telephone number with touch-tone routing (if necessary) for Customer Service staff to respond to Member requests and/or questions.

1.7.8.2 A voice response system with a user-friendly menu.

1.7.8.3 Separate toll-free numbers for Members and Providers.

1.7.8.4 An advanced telephone system that provides the Plan Sponsor with management tracking and reporting capabilities.

1.7.8.5 Web-based (Internet) support to the Plan Sponsor and its Members. This must be a Plan-specific website dedicated solely to the Plan Sponsor and Members. The web-based system must include, but not be limited to, the following:

1.7.8.5.1 Capabilities to provide Members with information specific to their own Claims and enrollment

1.7.8.5.2 Ability to list pharmacies based on accessibility to Member's home address

1.7.8.5.3 Capabilities to answer Member questions about the Plan (Q&A)

1.7.8.5.4 Contractor must be able to provide Member's access to designated electronic Plan-specific documents on the Contractor's Plan-specific website.

1.7.8.5.5 Contractor must provide Member's access to drug pricing and tier information.

1.7.8.6 A Customer Service system scalable to future demand, as will be defined by Contractor and Plan Sponsor during the Implementation Period.

See also Section 1.7.4.7 for details on Omni Genesys System, IVR, CTI, IEX software and support tools, MyMetrix, CRM Tool, NICE/Sentiment Performance Management, and Virtual Hold.

1.7.9 Contractor must have the capabilities of addressing special needs of Members, including TTY or relay services for the hearing impaired.

1.7.10 Contractor's Customer Service staff must have complete on-line access to all computer files and databases that support the system for applicable programs.

1.7.11 Information on how to access Customer Services must be clearly communicated in all Plan-specific booklets, claim kits/post-enrollment, newsletters and other Member Materials.

1.7.12 For those issues not resolved immediately, Contractor must contact Members about their issues within 24 hours of receipt of Member contact. This response must either resolve the outstanding issue(s) or inform the Member as to when resolution can be expected.

1.7.13 Written Member inquiries must be responded to in writing via letter or email correspondence.

1.8 Member Communication Materials and Meetings

1.8.1 Member Communication Materials:

1.8.1.1 All communication materials presented to the Plan Sponsor must allow for 10 business days for review and/or editing in advance of distribution. This applies to all information developed, provided, and/or distributed by Contractor to Members about the Plan — including those placed on the Contractor's Plan Sponsor-specific website.

1.8.1.2 Contractor must prepare and distribute these materials at its own cost. This includes planned custom and standard Member communications and ad hoc communications where desired by the Plan Sponsor, including postage charges.

1.8.1.3 All communications must be customizable to better address the specific needs of the Plan Sponsor and its Members. This includes co-branding materials with the name of the Contractor and the Plan Sponsor, where desired by the Plan Sponsor.

1.8.2 Contractor must provide a communication timeline that aligns with CMS requirements.

1.8.3 Plan Sponsor's EGWP Member communications must be customized, and that customization must meet CMS requirements.

The Contractor will customize member communications to meet the Centers for Medicare and Medicaid Services (CMS) as allowed by CMS.

Customizable documents include, but are not limited to:
• Pre- notification/Introduction letter (introduces the member to the Contractor and provides a general overview of what they can expect)

- Annual Notice of Change
- Evidence of Coverage (EOC)
- Summary of Benefits
- Formulary Drug Listing

Documents that CMS does not allow to be customized include, but are not limited to:

- Geo-coded pharmacy directory
- Explanation of Benefits (EOB)
- Transition benefit letter
- Low-Income Subsidy (LIS) riders and Late Enrollment Penalty (LEP) letters
- Clinical letters
- ID Cards
- Preclusion letter

1.8.4 Member Communication Meetings:

1.8.4.1 The Contractor must provide speakers at meetings designated by the Plan Sponsor at no additional charge to the Plan Sponsor. Meeting requests may vary from year to year. Each Contractor will be responsible for their own travel arrangements, but the planning and organizing of these meetings is the responsibility of the Plan Sponsor.

1.8.5 In addition to the Plan Sponsor's' designated meetings, the Plan Sponsor may request that the Contractor speak or present to Member support organizations. A reasonable effort must be made to accommodate requests for in-state meetings at no charge to the Member support organizations or the Plan Sponsor.

1.8.6 Contractor is expected to coordinate messaging with the Plan Sponsor, Office of Retirement Services (ORS), and Center for Medicare and Medicaid Services (CMS) and with other carriers such that Members are not confused by multiple messages from different sources.

1.9 Enrollment, Eligibility, and Data Interface

1.9.1 Plan Sponsor is responsible for transmitting eligibility and enrollment information for Members. The Plan Sponsor has the sole authority to determine the effective date of a Member, including retroactive adjustments. Enrollment information for Members will be transferred to Contractor from Plan Sponsor by electronic medium including all necessary information with respect to current enrollees at a date to be determined by Plan Sponsor. The Contractor must maintain a system

for enrollment and eligibility for this purpose. Payment of Administration Fee is predicated on the agreed upon method of enrollment records.

1.9.2 The Contractor's system, processes, subcontractors, and partners must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Contractor must sign Plan Sponsor's Business Associate Agreement (see **Schedule H – HIPAA BAA**), and may be required to recertify annually.

1.9.3 Contractor must have the ability to store Member information. Any changes, additions or terminations of Member enrollment information or changes or additions to Member demographic information must originate from the Plan Sponsor, unless otherwise specifically agreed upon. Any exceptions to this process must be agreed upon by the Plan Sponsor prior to any change in process. Contractor must not make any changes to Member information that would lead to Contractor and Plan Sponsor having different information for the same Member.

1.9.4 The Contractor must be able to accept multiple data files from two separate State Agencies (MCSC and ORS), as indicated the Plan Sponsor's electronic eligibility files in the file format indicated in **Schedule J - File Layouts**

1.9.5 Contractor must have the capability to accept electronic data transfer on a weekly basis, more frequently if necessary, from MCSC and ORS, in a HIPAA compliant 834 format, inclusive of all fields contained in the 834 file and which is provided through the State's data exchange gateway. Contractor must work with Plan Sponsor in the implementation of this data transfer.

1.9.6 Contractor is responsible for any changes, and any associated costs therein, to their systems or processes required to support the receipt and processing of Plan Sponsor's enrollment files. Contractor will work with Plan Sponsor to develop a timeline for implementation and testing of any system changes. Contractor must maintain a testing environment for such purpose.

1.9.7 Contractor must have validation edits in place to ensure, for each data load, that all fields are properly populated and readable.

1.9.8 Upon verbal or written notification from Plan Sponsor, Membership Demographic and Enrollment updates that pertain to the Commercial (Non-EGWP) plan must

be completed in real-time. For the Medicare (EGWP) plan, the Contractor must complete Membership Demographic updates in real-time and Enrollment updates upon CMS approval. If CMS approval is required for the update, the Contractor must complete the Member Enrollment within one business day from receipt of CMS approval. Demographic changes need to be sent on the electronic eligibility file to ensure all systems remain in sync, including CMS.

1.9.9 Contractor must provide to the Plan Sponsor, by means of a secured Internet portal, access and the ability to make real-time updates, as necessary, to the system used to maintain Demographics and Enrollment for the Commercial (Non-EGWP) plan and Medicare (EGWP) plan, except as it pertains to updates that require CMS approval. For the EGWP Plan, modify-access to eligibility records is not available as there would be no way to prevent inadvertent updates that are required to be sent to CMS, including demographic changes. Read-only access to EGWP eligibility data will be provided. The Plan Sponsor requires that all access be established using unique usernames and passwords (e.g., no shared or generic passwords).

1.9.10 Communication involving any identifiable Member information must be transmitted to the State through a secure channel defined by the Plan Sponsor.

1.9.11 Contractor must produce and issue membership cards to Members as needed and are subject to Plan Sponsor's approval. Plan Sponsor will need at least five business days for approval of the format of the ID Card.

1.9.12 Contractor must agree to work with the Plan Sponsor's Medical contractor - in a manner inclusive of, but not limited to, the following:

1.9.12.1 Contractor must provide the Medical Carrier claims data on a real-time basis for out-of-pocket accumulators.

1.9.12.2 Contractor is responsible for all expenses, including the cost of any subcontractors, related to producing the data and providing it to the Medical contractor. This includes any costs associated with resubmissions and processing costs incurred by the Medical contractor due to the transmittal of incomplete, inaccurate, or unreadable data files belonging to the Plan Sponsor.

1.9.12.3 Contractor is responsible to work with the Medical contractor, including developing any process improvement procedures needed, to correct all issues that impede or prevent accurate data for out-of-pocket accumulators.

1.9.13 If the Plan Sponsor adds additional contractors, the Contractor must provide data feeds to these contractors without additional costs.

1.10 Audits of the Contractor

1.10.1 Financial errors made by the Contractor that are identified outside of a normal audit process and which would result in a financial settlement to the Plan Sponsor must be paid to the Plan Sponsor within thirty (30) Days of discovery. Any payment — in part or in full — beyond thirty (30) Days is subject to the actuarially determined interest rate, compounded.

1.10.2 If necessary, the Contractor and the State will meet to review each audit report after issuance. The Contractor must respond to each audit report in writing within 30 Days from receipt of the report, unless a shorter response time is specified in the report. The Contractor and the State will develop, agree upon and monitor an action plan to address and resolve any deficiencies, concerns, and/or recommendations in the audit report.

1.10.3 If the audit demonstrates any errors in the documents provided to the State, then the amount in error must be reflected as a credit or debit on the next invoice and in subsequent invoices until the amount is paid or refunded in full. However, a credit or debit may not be carried for more than four invoices. If a balance remains after four invoices, then the remaining amount will be due as a payment or refund within 45 Days of the last quarterly invoice that the balance appeared on or termination of the Contract, whichever is earlier.

1.10.4 In addition to other available remedies, if the difference between the payment received and the correct payment amount is greater than 10.00%, then the Contractor must pay all of the reasonable costs of the audit. For example, if the actual total rebate payment for the year for the commercial or EGWP plan was supposed to be $10M, and the correct payment was supposed to be $11M or

more, the Contractor must pay for all the reasonable costs for the full audit, outside of using any management funds.

1.10.5 The Contractor cannot hold a Member, a Pharmacy or the Plan Sponsor financially responsible for the Contractor's errors that are identified in an audit. If a pattern of payment errors is identified for a particular Pharmacy, the Contractor must assume the cost of auditing that pharmacy.

1.10.6 The Contractor must pass through to Plan Sponsor 100% recovery of retail pharmacy audit recoveries and overpayments.

1.10.7 The Contractor must allow Plan Sponsor the right to audit all aspects of the pharmacy program managed by the Contractor including financial terms, the specialty program, service agreements, administration, guarantees and all transparent and pass-through components at no cost to Plan Sponsor. The review of all aspects of the pharmacy program may include, but must not be limited to: paid claims, the claim processing system, Rebate agreements, performance guarantees, pricing guarantees, retail network, Medicare Part D reconciliations, Transparency, pricing benchmarks (e.g., AWP source), on-site assessments, operational assessments, clinical assessments and customer service call monitoring for both the commercial Plan and EGWP Plan, if applicable. Audits must be conducted by a firm selected by Plan Sponsor. The Contractor cannot charge Plan Sponsor or audit firm for audit.

1.10.8 The Contract assumes no additional charges to Plan Sponsor for audits, including, but not limited to: on-site pre-implementation audit, annual claims audit, Rebate audit and annual benefit audit, etc.

1.10.9 Contractor must provide written confirmation acknowledging the Contractor's approval of the timeline, discussed at the audit kick-off meeting, for the claims audit five Days after the audit kick-off meeting.

1.10.10 Contractor must provide requested data elements required to complete a benefit and claims audit 30 Days from receipt of the data request by Plan Sponsor's auditor.

1.10.11 Contractor must provide their responses to the claims that require review within 30 Days of receipt of claim samples from the Plan Sponsor's auditor.

1.10.12 Contractor must provide their formal response to the audit findings within 30 Days of receipt of the audit Executive Summary report.

1.10.13 Contractor must allow full on-site auditability of claims payments and rebates, including if the Contractor utilizes a third-party Rebate aggregator. Audits may be done remotely at the direction of the Plan Sponsor.

1.10.14 Contractor must ensure that Rebate audits must include no less than the top five pharmaceutical manufacturers and/or 50% of Rebate spend.

1.10.15 Contractor must ensure that audit recovery overpayments must not be offset by any potential underpayments identified by the audit.

1.10.16 Contractor must allow Plan Sponsor, or Plan Sponsor's consultant, the right to review the internal testing completed for Plan Sponsor's Non-EGWP (actives and non-Medicare) Plan and EGWP Plan, if applicable, prior to the effective date of the plan on an annual basis.

1.10.17 Contractor must allow Plan Sponsor, or Plan Sponsor's consultant, the right to create and submit test claims for Plan Sponsor's Non-EGWP (active and non-Medicare) Plan and EGWP Plan, without limitations on the number of test claims, as part of a pre or post implementation audit or on an annual basis where there has been a significant plan change as determined by the Plan Sponsor and at no cost to the Plan Sponsor.

1.10.18 Contractor must provide 40 claims per Plan design that would typically be tested in advance of an implementation audit, to ensure the Plan is set up accurately.

1.10.19 Contractor and/or subcontractor must allow Plan Sponsor to audit the mail order service.

1.10.20 Contractor and/or subcontractor must allow Plan Sponsor to audit the specialty pharmacy.

1.10.21 Contractor and/or subcontractor must allow Plan Sponsor to audit the pharmaceutical manufacturer Rebate contracts regardless if Contractor utilizes a Rebate aggregator.

1.10.22 Contractor and/or subcontractor must allow Plan Sponsor to audit the retail pharmacies.

1.10.23 Contractor and/or subcontractor must allow Plan Sponsor to audit the clinical programs in place.

1.10.24 Contractor and/or subcontractor must allow Plan Sponsor to audit customer service center.

1.11 Service Organization Control (SOC) Audits

1.11.1 Contractor must have a SOC 1 Type 2 and/or SOC2 Type 2 evaluation conducted annually.

1.11.2 Contractor must supply Plan sponsor with an annual copy of the results of this audit including a corrective action plan (if applicable) with the quarterly reporting on the first date following report issuance by the auditor.

1.11.3 Contractor must provide to Plan Sponsor additional information pertaining to internal controls upon request.

1.11.4 Contractor must provide Plan Sponsor with a corrective action plan on all actionable items viewed as significant by the auditor and provide regular updates on those items until they are resolved.

1.11.5 If Contractor's current SOC report has qualifications which are viewed as significant by the auditor, the Contractor must provide the Plan Sponsor with the corrective action plan and provide regular updates until issues have been corrected. If the SOC reporting does not cover through September 30 of the current fiscal year, a bridge/gap letter to cover the full fiscal year must accompany it.

1.11.6. Contractor must obtain and review SOC 1 Type 2 and/or SOC 2 Type 2 or equivalent reports from subcontractors. For subcontractors that provide a service significant to the State, the contractor must review and attest to compliance with a corrective action plan for any qualified reports and for any exceptions noted for control activity applicable to operations applicable to Plan Sponsor. See **Section 5.6.6.5.7 Reporting**

1.12 Training

1.12.1 The Contractor must provide training, documentation and training materials, covering provider network, systems and tools including Contractor's online portal and reporting services, access, overall product offering, etc. to the Plan Sponsor, Call Center or ORS, depending on Plan Sponsor's need at the time and at no cost to the Plan Sponsor. Training must occur at location(s) or virtually as determined by the Plan Sponsor.

The Contractor's assigned Center of Excellence team manages all facets of training. The Contractor provides training related to reporting, plan set-up, prior authorizations and customize training related to system capabilities important to the State. Using a "train the trainer approach," the Contractor is able to provide training at the State's location or the Center of Excellence along with user and reference materials. In addition, the Contactor provides refresher courses on an as needed basis for new staff or to present system changes.

1.13 Transition – End of Contract

1.13.1 The Contractor must assist with and cooperate with activities associated with transition to a new contractor. See also **Standard Contract Terms, Section 31.**

1.13.2 Claims Run-Out: Following expiration/termination/cancellation of this Contract, the Contract Requirements and Terms shall continue to apply for up to 24 months following the end of the Contract Term, with respect to processing and payment for the 12-month Claims Run-Out period.

1.13.2.1 The Contractor must continue to perform Contract activities required to accommodate Claims Run-Out.

1.13.2.2 The Contractor must continue to provide reporting on Contract activities during the Claims Run-Out period following the end of the Contract term.

1.13.2.3 Administrative Fees or other Fees will not be paid to Contractor during the Transition Period.

2. Specific Standards

This is a Contract for Services with Software as a Service (SAAS) Solution(s).

2.1 IT Policies, Standards and Procedures (PSP)

Contractors are advised that the State has methods, policies, standards and procedures that have been developed over the years. Contractors are expected to provide proposals that conform to State IT policies and standards. All services and products provided as a result of this RFP must comply with all applicable State IT policies and standards. Contractor is required to review all applicable links provided below and state compliance in their response.
Public IT Policies, Standards and Procedures (PSP):
https://www.michigan.gov/dtmb/0,5552,7-358-82547_56579_56755---,00.html

2.2 Mobile Responsiveness

The Contractor's Member Solution(s) must utilize responsive design practices to ensure the application is accessible via a mobile device.

All devices that run on iOS and Android are compatible with the Critical Systems Solution.

The secure mobile application provides members with 24 hours a day, seven days a week access to their pharmacy benefit. The tools are designed to be easy to use and empower the member to make informed decisions about their health. The mobile application includes the following features:

- Pricing Transparency by allowing members to price a medication real-time
- A view of lower cost alternatives, if available
- Promote adherence through the option to set up refill reminders or automatic refills through mail order
- Options to refill a prescription through our mail order or specialty pharmacy as well as tracking of orders and where they are in the shipment process
- Drug information available through links that provide educational information about drugs i, such as appropriate dosage instructions, possible side effects and other general information about specific medications.
- Pharmacy search for members look for a pharmacy's location. Members can also receive navigation assistance by clicking "Get Directions" or call the pharmacy by clicking on the phone number.
- Designate a head of household to view benefit information for multiple family members through a single profile.
- Real-time personalized account information focused on ease-of-use
- Fingerprint and face recognition ID for easy HealthSafe® single secure sign-on
- Pop-ups, tips, and help screens to guide and educate members
- Member-first care - a single, centralized view that brings important information upfront
- Streamlined order process with a new cart order builder on the main navigation
- Simplified designed and proactive savings alerts
- Alerts to remind members of tasks to complete

The Contractor offers privacy settings for sensitive conditions to family members 13 years old and older. Examples of sensitive conditions include sexually transmitted diseases, pregnancy, communicable diseases, and alcohol or substance abuse. Through this feature, the designated head of household cannot view health benefit information for young adult family members without their consent. The member's spouse, once registered through the website, can also manage medications for minors. As with the head of household, the spouse must request access to the young adult's account to manage the account.

MOBILE - FUTURE ENHANCEMENTS

The Contractor will continually work to advance their digital capabilities in order to help members live healthier lives.

2.3 ADA Compliance

The State is required to comply with the Americans with Disabilities Act of 1990 (ADA), and has adopted a formal policy regarding accessibility requirements for websites and Critical System and software applications. The State is requiring that Contractor's proposed Critical System Solution(s), where relevant, to level AA of the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.0. Contractor may consider, where relevant, the W3C's Guidance on Applying WCAG 2.0 to Non-Web Information and Communications Technologies (WCAG2ICT) for non-web Critical System/software and content. The State may require that Contractor complete a Voluntary Product Accessibility Template for WCAG 2.0 (WCAG 2.0 VPAT) or other comparable document for the proposed Critical System Solution(s).
http://www.michigan.gov/documents/dmb/1650.00_209567_7.pdf?20151026134621

The Contractor designs, develops, and tests to WCAG 2.1 AA standards. Design documents include accessibility guidance. Best practices for accessibility are included in the development process. Once components and interfaces are developed, they are tested for accessibility using automated and manual testing. Issues identified in testing are then remediated.

2.4 User Type and Capacity

The Contractor must provide the type of use, access type, number of users, and number of concurrent users for **any solutions or systems provided for this Contract**. Contractor must be able to meet the expected number of concurrent Users. Concurrent users are to be defined as users accessing the system at the same time.

Type of User	Access Type	Number of Users	Number of Concurrent Users

Members	Client Level (CAG) Access segregated by client on internal UHG Oracle Database	Over 3.5 million users	Peak Load Testing – up to 10,000 concurrent users
Plan Sponsor	OptumRx Client Portal is supported by ServiceNow with access segregated by Client, Contractor Provisioning on the backend	15,710	5,000
Providers	Self-registration	8,363	300
Pharmacy	Self-registration	10,823	300

Support for concurrent users:
Plan Sponsor solution(s): OptumRx Client Portal - Client Portal application is built with continuous scalability in mind. The application is performance tested weekly to ensure the application can handle 2x peak simultaneous concurrent user load (5000 simultaneous concurrent users).

Member solution(s): Average concurrent users is 1k daily during peak with average volume of users at 100k per day. Application is scalable and can handle 10k concurrent users. Performance testing is performed weekly.

Pharmacy solution(s): Our Pharmacy and Provider solutions are the same (OptumRx Provider Portal). Monitoring tools will enable more resource when needed.

Provider solution(s): Monitoring tools will enable more resource when needed.

Scalability:

Plan Sponsor solution(s): OptumRx Client Portal - Client Portal application is built with continuous scalability in mind. The application is performance tested weekly to ensure the application can handle two times peak simultaneous concurrent user load (5,000 simultaneous concurrent users).

Member solution(s): Solution is built for scalability and performance tested weekly.

Pharmacy solution(s): The application can scale up by adding more resources when needed.

Provider solution(s): The application can scale up by adding more resources when needed.

Latency response time for Generating Page Load:

Plan Sponsor solution(s): OptumRx Client Portal: Response times average 800ms to 1.5 seconds via production metrics and performance testing.

Member solution(s): 300ms to 1.5 second average.

Pharmacy solution(s): Latency response time are constantly monitored. Average response time is 235ms to 3 seconds from production metrics.

Provider solution(s): Latency response time are constantly monitored. Average response time is 235ms to 3 seconds from production metrics.

Network connectivity or equipment type to meet the expected latency response time:

For Plan Sponsor, Member, Pharmacy and Provider Solutions: Internet connection with a suitable mbps transfer speed.

2.5 End-User Operating Environment

The SOM environment is X86 VMware, IBM Power VM and Oracle VM, with supporting enterprise storage monitoring and management.
The software must run under commonly used web browsers. At a minimum the software must support Internet Explorer v11 or higher, or Edge, Chrome v71 or higher, Firefox v62 or higher, and Safari v12 or higher for iOS operating systems. Contractor must support the current and future State standard environment at no additional cost to the State.

State system access requirements that are necessary for the Contractor to perform its obligations on a timely basis, including but not limited to, physical or remote access to State networks, servers, or individual workstations:

- Chrome (Latest version)
- Firefox (Latest version)
- Safari (Latest version)
- Edge (Latest version)

Browser performance is only guaranteed with the latest versions of the following browsers:

- Microsoft Edge Version 95.0
- Google Chrome Version 96.0
- Firefox Version 97.0
- Safari Version 15.0

Contractor plan to comply with current environment and any future changes to user environment for Plan Sponsor, Member, Pharmacy and Provider Solutions: Stage and production are updated bi-weekly during standard releases. Additional servers and databases are patched and updated on an automated basis.

Contractor plan to support original environment through the term of the Contract for Plan Sponsor, Member, Pharmacy and Provider Solutions: Contractor Development and Support Teams support the application in a 24 hour a day, seven day a week environment, with bi-weekly releases to enhance application functionality and new features.

Contractor plan for communicating changes to its roadmaps for Plan Sponsor, Member, Pharmacy and Provider Solutions:
Roadmap changes are communicated by the Client Account Management Team on a yearly basis. Any variations of the application will be communicated by Account Management.

For Plan Sponsor, Member, Pharmacy and Provider Solutions, plug-ins are not required. The browsers required are listed above.

Contractor collaboration plan for upgrades, maintenance, and change control for Plan Sponsor, Member, Pharmacy and Provider Solutions:

Plan Sponsor defects and upgrades are communicated to Contractors intake team and reviewed on a regular basis. Upgrades are determined based on the original contract stipulations (i.e. white label or and Plan Sponsor needs as/if can be accommodated). Plan Sponsor may submit a request to Account Management for submission to the business teams for intake, approvals and costs.

2.6 Critical System(s)

Contractor must provide a detailed description of the Critical System Solution(s) to be provided under the Contract including, but not limited to, a detailed description of Critical System(s) (name, type, version, release number, etc.), its functionality, optional add-on modules, Contractor's services and Critical System's ability to be rapidly configured or scaled as the State's business or

technical demands change. Any open source or third-party products in connection with the proposed Critical System(s) must be identified and approved by the State (There must be no charges to the State for any Critical System Solution).

RX Claim

Refer to Section 1.4.7 for details on this platform.

Contractor's CSAs have online access to real-time claim processing information and can adjust, approve or override claims depending on the Plan Sponsor's specifications. The Contractor will work with the Plan Sponsor during the implementation process to establish criteria for allowing CSAs to perform approvals or overrides.

We establish override criteria under the following situations:

- Lost, damaged, or stolen medication
- Emergency circumstances
- When a member is traveling and cannot access a network pharmacy and thus needs an extended supply
- Drug safety recalls by the manufacturer
- Dosage change
- Waiting on a Home Delivery Pharmacy Program order

Although the Contractor provides the Plan Sponsor with a list of frequently used overrides, the Plan Sponsor specifies which overrides CSAs can perform on their behalf while serving their plan participants. Once the criteria is established, Contractor staff adds the information to the State's benefit overview information in their customer service system. CSAs then use this list to support members or pharmacists at the point of service or while responding to a Home Delivery Pharmacy Program order.

Member Portal

The Contractor's website's member portal provides access to resources that empower members to actively manage their pharmacy benefit. From this site, members can:

- Learn about cost-savings opportunities available when they transfer through retail prescriptions to our Home Delivery Pharmacy Program
- Request new prescriptions, renew or refill existing prescriptions, transfer prescriptions from a retail pharmacy to our Home Delivery Pharmacy Program
- Request to switch to lower-cost alternatives through MyScript Finder
- Enroll in our auto refill program, which allows members to select automatic refills for some maintenance medications.
- Sign up for email or text message medication reminders
- View prescription status updates, including authorization requests sent to physicians
- Track mail service prescriptions
- Review detailed claim history
- Look up plan-specific prescription drug costs, copayment amounts, and savings opportunities

- Find benefit information, including coverage, plan and, member payment amounts, copayments, deductibles and drug costs
- Manage billing and shipping addresses
- View and pay mail service account balances

Client Portal

From the cloud-based client portal, plan administrators access information and resources to manage their benefit plan. Plan administrators commonly use the client portal to perform the following functions:

- Access customer applications, including RxClaim, RxView and RxTrack
- View our Pipeline Report and review information about drugs in development
- Request plan changes, data reports or submit questions
- Learn about drug recalls, expiring patents, and relevant clinical research
- Review our book-of-business trend data report
- Download invoices and other financial reports

OptumRx Mobile App

The more complex health care becomes, the greater the need for convenient access to easy-to-understand information. The mobile app simplifies the experience with self-service tools and provides actionable alerts along the member's journey.

- A Streamlined Integrated Digital Experience
- Contractor Commitment: Digital platforms designed for Plan Sponsor and members that support accessibility, affordability, and treatment adherence from anywhere, anytime.
- Affordability: Helping members find the medications they need at the lowest price available to them.
- Accessibility: Contractor focuses on getting members the medication they need, when they need it, their way.
- Advocacy: Contractor will be there to guide members any time needed, with compassionate care and a simple experience.

While the mobile app has many of the same tools and information as the member website, it also lets members use the power of their smartphone for additional pharmacy management tools. The Contractor facilitates this ease of access by putting the most commonly accessed self-service tools on the main screen and they can be completed in three clicks or less.

From the mobile app, members can:

- Click on links to read additional information about drug information, such as appropriate dosage instructions, possible side effects and other general information about specific medications.
- Use MyScript Finder to confirm pricing and medication coverage by plan at nearby pharmacy location. Members can also receive navigation assistance by clicking "Get Directions" or call the pharmacy by clicking on the phone number.

- Designate a head of household to view benefit information for multiple family members through a single profile.
- Real-time personalized account information focused on ease-of-use
- Fingerprint and face recognition ID for easy HealthSafe® single secure sign-on
- Pop-ups, tips, and help screens to guide and educate members
- Member-first care - a single, centralized view that brings important information upfront
- Streamlined order process with a new cart order builder on the main navigation
- Simplified designed and proactive savings alerts
- Alerts to remind members of tasks to complete

Contractor offers privacy settings for sensitive conditions to family members 13 years old and older. Examples of sensitive conditions include sexually transmitted diseases, pregnancy, communicable diseases, and alcohol or substance abuse. Through this feature, the designated head of household cannot view health benefit information for young adult family members without their consent. The member's spouse, once registered through the website, can also manage medications for minors. As with the head of household, the spouse must request access to the young adult's account to manage the account.
Beyond these resources, the app allows members enrolled in Contractor's Home Delivery Pharmacy Program to take advantage of the time and cost-saving functions described below.

Renew, Refill and Transfer Capabilities
The mobile app simplifies mail service management by allowing members to renew, refill or transfer prescriptions through simple screen taps. It shows members the number of refillable and renewable medications available. When members click on "Meds" to view the Medicine Cabinet for details, they see the prescriptions that are eligible for refill. In "Refills," members can fill all eligible refill and renew prescriptions by selecting the box beside each drug to refill or renew medications. Once the member submits the renew request, the Contractor contacts the member's physician to request authorization for additional refills. The Contractor does not process the member's payment until we receive approval from the physician. Members can also request to refill, renew and transfer prescriptions for members of their household without having to login to separate profiles.

Relevant Messaging
Members receive messaging about savings opportunities on the home page through switching to lower-cost alternatives or transferring prescriptions to Contractor's Home Delivery Pharmacy Program. Transferring prescriptions is easy: members simply click on "Switch your medications to home delivery" opportunity to see eligible medications and we contact the physician on the member's behalf to obtain approval.

Members with OptumRx benefits also see messaging about enrolling in applicable disease and care management, medication adherence and wellness programs. These messages help members take advantage of available health and savings opportunities and take the best next steps to manage their health.

Tracking Features
In the mobile app, members can see prescription requests (for example, refills, renewals) and where they are in the delivery process.

MyScript Finder
An enhanced consumer-focused drug search tool with precision drug pricing that delivers greater clarity, consistency, and transparency. The drug pricing tool allows members to easily compare prices between pharmacies and even between medication options. The tool is user friendly.

Members type in a few letters of the medication name, and the app use predictive search capabilities to pull up the name of the medication minimizing keystrokes. The tool will search around most common quantity, dosing and form and identifies the most common dosage based on big data analytics. MyScript Finder displays prices for their preferred pharmacy and nearby alternative pharmacies and home delivery if the member eligible and the drug is available.
Members can compare prices for their target medication across multiple pharmacies and will be presented with generic alternatives and therapeutic alternatives covered by their plan allowing the member to source their medication at the best cost and greatest convenience. This experience is more consistent with how members are used to shopping for other things online.
The tool also provides pharmacy details including operating hours, directions and contact information. It offers consistent pricing and pharmacy information since the digital pricing tool is also used by the healthcare provider using PCMS and the customer service agent.
Within the same tool, members can look up more information about any medication, including:

- Important details before taking medication
- The generic name if applicable
- Any warnings
- And how to use the medication

Supported Services
Contractor's mobile app is supported on devices that use the iOS and Android operating systems. Members can also set text message reminders for their medications, including general notifications (refill reminders or shipping information) or customized medication reminders (dosage amount or time of day to take a particular medication). Depending

on the type of account access, members may also set up reminders for other household members or caregivers.

Text Message Reminders
Members can request text message reminders for their medications, including general notifications (for example, refill reminders or shipping information) or unique medication reminders, such as a dosage amount or time of day to take a particular medication). Depending on the type of account access, members may also set up reminders for other household members or caregivers.

RxTrack
Refer to Section 5.6.12.1 for details on this web-based reporting platform.

Additional Detail:
Plan Sponsor solution(s):
OptumRx Client Portal does not have version or release numbers.
RxTrack v.10.2
RxClaim v21.08. Contractor uses a custom version of the RxClaim.

Member solution(s):
OptumRx Member Portal v.22.2.2
OptumRx Mobile App v.4.10.

Pharmacy solution(s) and Provider solution(s):
The OptumRx Provider Portal is an easy-to-use online gateway that gives pharmacies and prescribers convenient access to updated industry content, e-prescribing tools, prior authorization forms, member eligibility verification, claims history and other functions. The streamlined user experience with intuitive navigation helps pharmacies and prescribers find the information they need quickly, so they have more time to address other pressing challenges.

PHARMACIES
The Provider Portal helps pharmacies validate member eligibility and view a member's claim history and status. To speed payment and reduce administrative costs, pharmacies may enroll in electronic payment solutions such as the electronic funds transfer (EFT) and/or the electronic remittance advice (ERA) programs and view their payment information through the portal. They may also check MAC on a specific medication when working with members with Medicare Part D benefits. In addition, the Provider Portal offers pharmacies valuable online content including:

- Fraud, waste and abuse training and attestation
- List of National Compound Credentialing Program (NCCP)-credentialed pharmacies
- MAC appeal submission guide

- Notices about new rules and requirements such as Medicare changes and processing information for health care professionals
- Contractor drug formularies
- Contractor provider manual
- Payer sheets

PRESCRIBERS
The Provider Portal makes it easier for prescribers to manage their business and provide people with the best possible care. Prescribers may use the portal to view Contractor formularies and download medication-specific prior authorization fax forms and submit prior authorizations electronically through CoverMyMeds, if needed. In addition, prescribers can access online content including:

- Notices about industry best practices such as guidelines for prescribing opioid medications safely
- OptumRx drug formularies
- Prior authorization fax forms (for example, Medicare Part D, OptumRx and state-specific)

INDUSTRY INSIGHTS
The Contractor's Provider Portal features the most up-to-date news through several weekly, monthly and quarterly clinical publications including:

- RxHighlights: offers a monthly recap of key pharmacy news
- RxNews®: highlights medication approvals, safety, recalls and generic medications
- RxOutlook®: provides a quarterly review of brand and generic pipelines
- Providers can access the Contractor's Provider Portal by visiting: https://professionals.optumrx.com

The OptumRx Provider Portal is updated monthly and does not have version or release numbers.

2.6.1 For third-party Critical System products that include any end-user license agreement, the Contractor must provide to State for review and approval. This includes but is not limited to any pop-up type agreement to click-through upon the State staff and/or end-user entering a system or portal.

Contractor confirmed that there will not be any end-user license agreements.

2.6.2 The Contractor's Critical System Plan Sponsor and Member Solution(s) must not have any initial or re-occurring click-through agreements. Any such agreement was required to be provided upfront in Contractor's proposal for review and approval.

Contractor confirmed that there will not be any initial or re-occurring click-through agreements.

2.7 Critical Systems

2.7.1 Contractors (and any of their subcontractor's) providing Critical System solutions for services under this Contract, that are **at the Contractor's physical location or via cloud,** must comply with the State's standard Contractor Critical Systems attached as **Schedule D – Contractor Critical Systems.**

Contractor must indicate where all data (any and all State Data and information including but not limited to provider portal, member portal, State of Michigan system access/portal, and claims or eligibility or related information or data) under this Contract would be stored (e.g., cloud-based solution, on-premise/physical data center) and include city, state, and detail. Contractor must indicate if any portion of the contract has data store by third parties/subcontractors.

For Member, Pharmacy, and Provider solutions:
UnitedHealth Group has three technology centers located in central Minnesota. OptumRx Client Portal is hosted in the Microsoft Azure cloud.

Plan Sponsor solution, OptumRx Client Portal:
This solution is hosted in the Microsoft Azure cloud. Microsoft Azure is geographically dispersed locations within the U.S.

2.7.2 Service Availability: The Contractor must utilize the template in **Schedule L Service Availability Report**, to report service availability on all Critical Systems utilized under this Contract as required per **Schedule D, Exhibit 1**.

Note: The OptumRx Provider Portal serves as both our provider and pharmacy solutions.

2.8 Data Security: Data must be securely maintained. The Contractor must comply with **Schedule E – Data Security Requirements.**

2.9 Disaster Recovery Plan:
The Contractor must maintain and operate a backup and disaster recovery plan to achieve a Recovery Point Objective (RPO) of 24 hours, and a Recovery Time

Objective (RTO) of 24 hours. This plan is referred to as **EXHIBIT 1 TO SCHEDULE E, CONTRACTOR'S DISTASTER RECOVERY PLAN.**

The above RPO and RTO applies to the applications: RxClaim, Client Portal, and Member Portal.

Contractor will provide access to view the Contractor's Disaster Recovery Plan upon request of the State.

2.10 Back-Up of State Data:

2.10.1 The Contractor must keep back-up computer data files maintained in connection with this Contract in a place of safekeeping satisfactory to the State. Backup copies of State data must be kept off-site from the primary processing site, and the Contractor should aim to have this back-up location be at least 500 miles from the primary data repository location. All computer data files of the Plan Sponsor, as maintained by Contractor, must at all times remain the property of the State notwithstanding the fact that such records may be stored upon or within one or more computer or data retention systems owned, operated or leased by Contractor. The State, or its representatives, must, at all reasonable times, have access to the records. To the extent that any such records are to be maintained upon a computer system or any other data retention system which is not owned by the Contractor, the Contractor must provide the State with assurances from the owner of such computer facilities, satisfactory to the State, of continued availability and security of such records at all times. See also **Schedule E - Data Security Requirements.**

Contractor back-up location of data files: Refer also to Section 2.7.1.

Core to the recovery solution design for UnitedHealth Group (UHG) is a multiple data center approach. The primary data centers for UnitedHealth Group are located in the Minneapolis/St. Paul metro area which is not prone to large scale disasters such as hurricanes. UHG Information Technology chose an "in-region" strategy as the most effective approach to providing data center redundancy for Contractor needs.

2.10.2 Within five days of request by the State, the Contractor must provide the State access to all back- up source materials reports, books, records, computer programs and all other information and documentation relating to the Plan, as reasonably required so that the State and/or its designated officers, agents and accounts, can conduct a financial examination and/or audit of the plans.

2.11 Products and Services

There are no additional Contractor Critical System Solution(s) that are necessary to implement and support this solution:

2.12 Secure Web Application Standard

Contractor's Critical System Solution(s) must meet the State's Secure Application Development Standards as mandated by the State.

Secure Application Development Life Cycle (SADLC)

Contractor is required to meet the States Secure Application Development Life Cycle requirements that include:

2.12.1 **Security Accreditation**

Contractor is required to complete the State Security Accreditation process for the Critical System Solution(s).

2.12.2 **Application Scanning**

2.12.2.1 **External Critical System solutions**

Refer to **Schedule E Data Security Requirements**

2.12.3 **Infrastructure Scanning**

2.12.3.1 **External Critical System solutions**

Refer to **Schedule E Data Security Requirements**.

3. Acceptance

3.1 Acceptance, Inspection, and Testing

The State will use the following criteria to determine acceptance of the Contract Activities provided under this SOW: see **Standard Contract Terms, Section 20**.

4. Staffing

4.1 Contract Administrator

The Contract Administrator for each party is the only person authorized to modify any terms of this Contract, and approve and execute any change under this Contract (each a "**Contract Administrator**"):

State:	Contractor:
Mary Ostrowski 525 W Allegan St Lansing, MI 48913	Julie Fogarty 1600 McConnor Parkway Schaumburg, IL 60173-6801

ostrowskim@michigan.gov 517-249-0438	julie.fogarty@optum.com 224-231-1830

4.2 Key Personnel

Representatives of Contractor must have the authority to make binding commitments on Contractor's behalf within the bounds set forth in the Contract. The Contractor must provide an account team responsible for, at a minimum, the following functions:

1. Program Manager/Senior Account Manager (SAM)
2. Back-up SAM
3. Two dedicated Enrollment and Customer Service specialists
4. Clinical Pharmacist
5. Accounting/Financial Management
6. Implementation Project Manager

4.2.1 Program Manager

The Program Manager for each party must monitor and coordinate the day-to day activities of the Contract (each a "Program Manager"): The Contractor's Program Manager will also be referred to as the Senior Account Manager (SAM). This individual must

1. Be specifically assigned to the State of Michigan account
2. Serve as the single point of accountability for all projects initiated between the Contractor and the Plan Sponsor for management of the Contractor's Account Team
3. Have authority to make day-to-day decisions regarding service issues
4. Have ability to obtain the use of Contractor's resources, both direct and indirect, as necessary
5. Be knowledgeable on the contractual requirements and
6. Must respond to State inquiries within 24 hours.

State:	Contractor:
Bethany Beauchine 400 S. Pine St 3rd Floor Lansing, MI 48913 beauchineb@michigan.gov 800-505-5011 x 0086	Melissa Pulfer 1600 McConnor Parkway Schaumburg, IL 60173 melissa.pulfer@optum.com 224-231-2724

4.2.2. Back-up SAM

Contractor must identify a Back-up SAM whose role and responsibilities must include involvement in account management and who is capable of performing the responsibilities of the SAM in the event the SAM is unavailable. This back-up role may be filled by another Key Personnel staff person.

4.2.3 **Two dedicated Enrollment and Customer Service Specialists (CSS)**

These two specialists are responsible for addressing enrollment and customer service issues. The CSS must have the authority within the Contractor's organization to obtain and leverage the use of all Contractor's resources, both direct and indirect, as necessary including, but not limited to, the following:

1. Day-to-day issues
2. Member correspondence and escalations
3. Claims, Eligibility, Overrides, PAs
4. Member Materials
5. Call Center/Mail Service Escalation Point of Contact
6. Understand benefit dynamics
7. Manual enrollments
8. Contractual reports
9. Operational questions/projects
10. Participate in Member and retiree organization meetings as requested

4.2.4 **Clinical Pharmacist**

The Contractor must provide one Clinical Pharmacist who will work under the direction of the Plan Sponsor and must provide day-to-day assistance to the Plan Sponsor in interfacing with Contractor.

- The Clinical Pharmacist must develop and present the Annual report that includes Prescription Drug Program recommendations to the Plan Sponsor.
- The Clinical Pharmacist must assist with the following activities:
    1. Day-to-day clinical advice for member issues
    2. Present quarterly updates to the System regarding new generic launches, pending product launches and clinical savings noted in most recent time period. Plan performance reviews include outcomes, insights, and actionable recommendations presented to client, assessment of trend drivers, pipeline and industry monitoring
    3. Present general guidance for consideration across therapeutic categories – new recommendations for coverage, exclusion, tiering and rules for consistency and parity as new products come to market. Consultative engagement to recommend clinical programs and products; recommendation of clinical programs and products
    4. Oversee the administration of and present quarterly outcomes of clinical programs including, but not limited to, Medication Therapy Management, Retrospective Drug Utilization Review, and Medication Adherence
    5. Review Member and physician profiles quarterly for fraud, waste, and abuse issues including appropriate action steps. Reporting of such activity to the client at quarterly meetings
    6. Academic detailing/Physician education initiatives

7. Analytics and modeling to identify client-specific challenges and opportunities; formulary selection and design

4.2.5 **Accountant:** The Contractor must identify the Accountant who will be responsible for invoicing and financial reporting.

4.2.6 **Implementation Manager:** Contractor must provide one experienced Implementation Manager to manage the project implementation during the Implementation Period, in accordance with **Schedule A, Section 5.4**. Contractor's EGWP implementation manager must not manage more than the Plan Sponsor's EGWP implementation.

4.2.7 Key Personnel must be made available to the Plan Sponsor on a reasonably frequent basis (as determined or scheduled by Plan Sponsor or State Program Manager, as designated by the State).

4.2.8 The Contractor's must provide at a minimum, the 7 Key Personnel positions identified in the table below.

Key Personnel Table

Position	Name	Official Title	Role(s) / Responsibilities	Direct / Subcontract / Contract	FT/ PT/ T	% of Work Time	Physical Location
Senior Account Manager	Melissa Pulfer	Sr. Strategic Account Executive	●Mentoring and providing leadership support to the State's assigned account team. ●State specific strategic planning, preparation, and presentation of quarterly plan performance reviews including annual planning for the upcoming plan year. ●Oversees the account team members to ensure adherence to turn around times and project completion. ●Overseeing implementation of any new plan designs. ●Partnering with the clinical consultant, on recommendations, implementation, and overall execution of clinical programs. ●Ensuring operational excellence and execution of projects such as enhancements to the enrollment process. ●Ensures compliance with all contractual obligations by partnering with internal teams and supplying appropriate reporting outcomes when applicable. ●Facilitates monthly meetings with the State to review open items and projects.	Direct	FT	70%	Ohio

			●Works with customers' external health care providers and consultants to create a seamless continuum of care for members. ●Works closely with internal government programs team to support EGWP compliance activities. ●Partners with internal teams to support client auditing activities and pricing activities.				
Back-Up Senior Account Manager	Monica Valentine Pawlish	Director	●Responsible for the management and oversight of the assigned account management team. ●Responsible for strategic partnership planning and mentoring of the account management team, State specific planning activities and overall Plan Sponsor satisfaction. ●Assists the account team with identifying and building out strategic plans to help achieve the State's goals and objectives. ●Actively engages with the State during monthly, quarterly, and annual meetings and provides industry knowledge to the State when applicable. ●Supports the account team with all projects and initiatives to ensure execution and overall Plan Sponsor satisfaction. ●Works closely with the account team to remove any barriers and confirm access to the appropriate tools, knowledge, and support to ensure	Direct	FT	35%	Pennsylvania

			they provide outstanding service to the State. ●Directs the assigned account team and facilitates long term planning for each team member to create a development plan so they continue to grow the relationship working with the State. ●Serves as an escalation point to ensure matters requiring attention reach senior management.				
Customer Service Specialist (CSS)	Mack Wilson	Client Service Manager	●Executing on the State's custom procedures; such as vacation overrides and accumulator balance transfers. ●Collaborating with the State on the annual EGWP material review and updates as well as documenting benefit design template changes for the upcoming plan year. ●Presenting the member experience results to the State as part of the quarterly performance reviews. ●Managing the internal case process which includes creating custom reporting to support service level agreements and quarterly performance reviews. ●Provides support and is responsible for ensuring the web content within the State custom microsite is up to date according to the State's Plan booklets. ●Responsible for submitting and documenting all plan design updates	Direct	FT	100%	North Carolina

			and quality assurance activities to ensure the plan benefit has been set up as intended by the State. ●Directly assists Contractor's Member Service team with timely research and resolution of member-related questions, works directly with pharmacies to assist as needed with claim adjudication and with Plan Sponsor-directed overrides. ●Handles all Plan Sponsor escalated member cases and works with Contractor's internal partners to provide responsive and satisfactory resolution to the State. ●Responsible for updating State specific plan content within the Contractor's Member Services team to ensure current and accurate information is available to agents regarding the State's plan.				
Customer Service Specialist (CSS)	Ligia Sanchez	Client Service Manager	●Directly assisting Contractor Customer Service with research and resolution of member eligibility inquiries. ●Managing escalated member cases received from the State and working with Contractor internal partners to provide a responsive and satisfactory resolution to the State. ●Collaborates directly with Office of Retirement Services (ORS) to enroll, re-enroll, and terminate non-eligible EGWP members, focusing on compliance and maintaining accurate	Direct	FT	100%	Florida

			coverage for the State's membership to avoid any coverage gaps. ●Creates custom weekly files for the State and ORS such as the discrepancy report and EGWP enrollment reports to ensure member coverages are accurate and not duplicated. ●Reviews the quarterly reconciliation report and meets with the State and ORS to ensure precision in eligibility coverage. ●Creates a monthly enrollment Dashboard report that allows the State to stay up to date with enrollment activities. ●Partners with the State to build custom processes as needed with regards to eligibility file layout and any reporting needs.				
Clinical Pharmacist	Jocelyn Hain	Sr. Clinical Consultant	●Collaborating with the State and Plan Sponsor's consultant to establish achievable but aggressive clinical program goals, including implementation of utilization management programs, improvement in medication adherence rates, improvements in therapy gaps for key chronic disease states and formulary compliance targets. ●Providing superior clinical consultation and clinical account management with a focus on trend management. Through monthly meetings and quarterly reviews	Direct	FT	40%	Pennsylvania

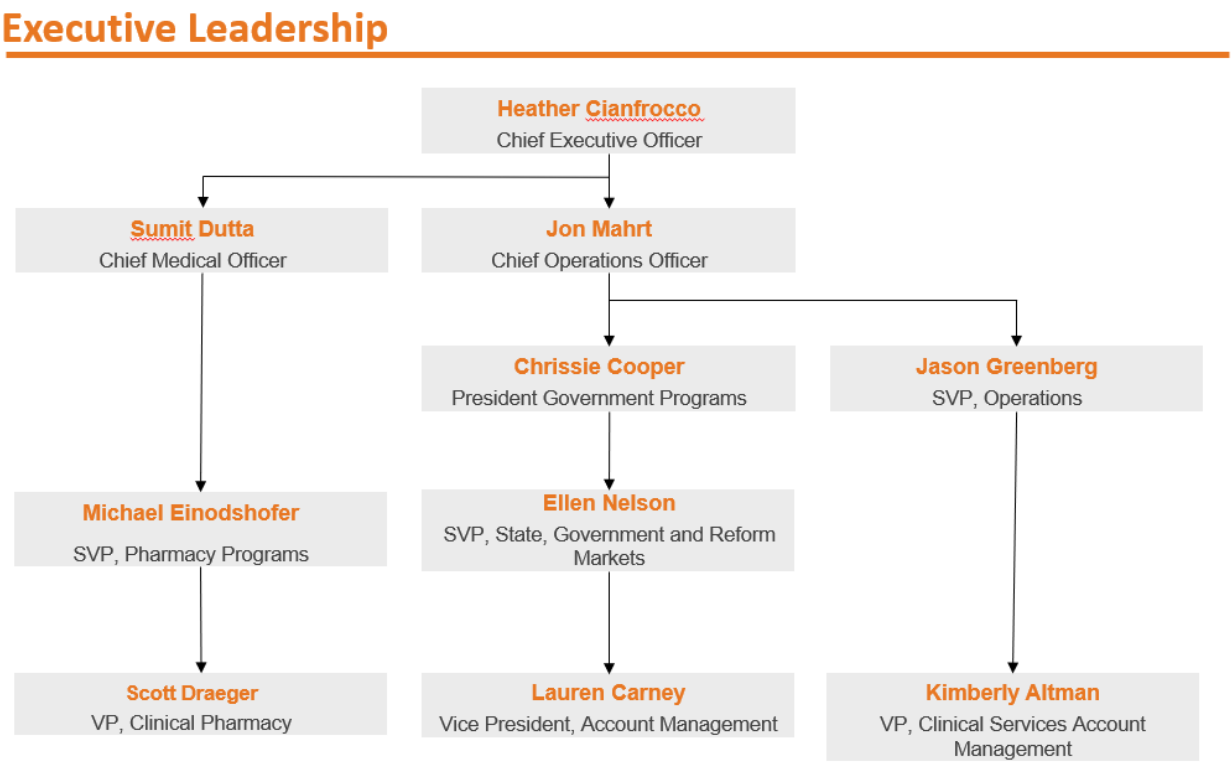
			provides detailed analysis of trend drivers and opportunities for plan improvement. ●Providing detailed overviews and documentation of formulary updates. ●Providing tailored clinical program recommendations to the State such as Vigilant Drug Program and Variable Copay Solution. ●Providing proactive clinical market intelligence to the State regarding potential and future medications through her pipeline reviews. ●Communicates drug information to the State and responds to plan-specific clinical inquiries.				
Accounting / Financial Management	Elissa Keane	Financial Analyst	●Supporting the State with Fiscal year and year-end reporting. ●Providing the State with documentation for monthly subsidy payments and quarterly GAP payments. ●Providing the State with documentation of rebate activities including payments and associated reporting. ●Works as liaison between the State and internal Contractor finance teams to track and monitor invoice and payment activity as well as any inquires. ●Supports internal accounting procedures for Plan Sponsor credit requests as well as notification to the State.	Direct	FT	35%	Minnesota

			●Actively participates with the creation and presentation of the State's quarterly and annual performance reviews. ●Oversees data-collection and analysis functions to confirm that reporting is completed accurately and delivered in a timely manner. ●Supports the account team with ad hoc State specific reporting needs.				
Implementation Manager	Cori Neal	Sr. Implementation Manager	●Primary contact for Plan Sponsor implementations. ●Management of project deliverables and cross-functional tasks. ●Reducing risk and eliminating obstacles. ●Effective communication with internal partners and Plan Sponsor throughout the implementation process.	Direct	FT	100%	Texas

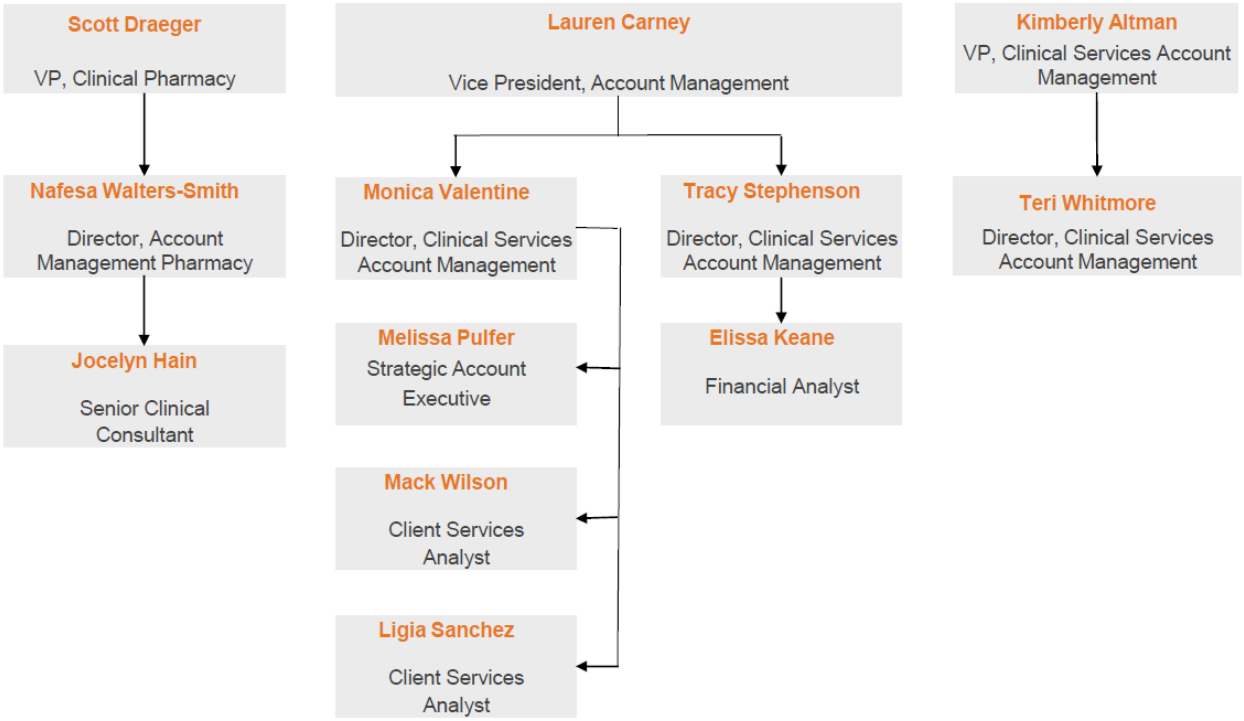
4.2.9 Reserved.

4.2.10 **Organizational Chart**

The Contractor must provide an overall organizational chart that details staff members, by name and title, and includes subcontractors.



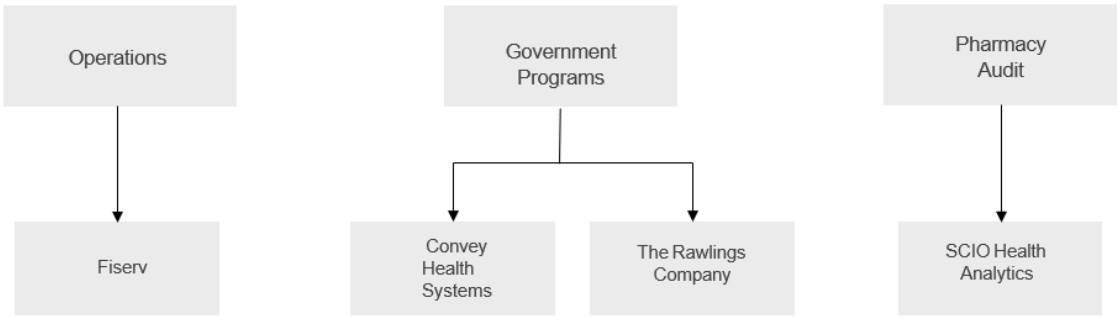
Account Team



Cross-Functional Internal Support Staff

Customer Service	Finance	Quality	Benefit Operations Management	Information Technology, Optum	Home Delivery Pharmacy Operations
Industry and Network Relations	Operations	Data Interfaces Analysts	Clinical Programs	Eligibility	Reporting Analysts

Subcontractors



4.3 Customer Service Toll-Free Number

The Contractor must specify its toll-free number for the Plan Sponsor to contact the Contractor SAM. The Contractor SAM must be available for calls during the hours of 8:00 am to 5:00 pm EST.

Contractor numbers:
Commercial toll-free number: 866-633-6433
EGWP toll-free number: 866-635-5941

4.4 Technical Support, Repairs and Maintenance

The Contractor must specify its toll-free number for the Plan Sponsor to contact the Contractor for technical support, repairs and maintenance. The Contractor must be available for calls and service during the hours of 8:00 am to 5:00 pm EST.

All technical support starts with the Contractor Account Team and funnels to the Contractor IT. The Contractor's assigned Account Team should be the first point of contact.

4.5 Work Hours

The Contractor must provide Contract Activities during the State's normal working hours Monday – Friday, 7:00 a.m. to 6:00 p.m. EST and possible night and weekend hours depending on the requirements of the project.

4.6 Disclosure of Subcontractors

4.6.1 If the Contractor intends to utilize subcontractors, the Contractor must disclose the following:

- The legal business name; address; telephone number; a description of subcontractor's organization and the services it will provide; and information concerning subcontractor's ability to provide the Contract Activities.
- The relationship of the subcontractor to the Contractor.
- Whether the Contractor has a previous working experience with the subcontractor. If yes, provide the details of that previous relationship.
- A complete description of the Contract Activities that will be performed or provided by the subcontractor.

The Contractor must include any subcontractor associated to the services under this contract as well as any subcontractor who will have access to, house, or even shred the State's Data, including any book of business subcontractors.

The legal business name, address, telephone number of the subcontractor(s).	Convey Health System 13621 NW 12th Street, Suite 100 Sunrise, FL 33323

	954-903-5245
The relationship of the subcontractor to the Contractor.	☐ **Used by entire Book of Business** ☐ **Used only for this contract** ☒ **Used for multiple contracts**
A complete description of the Contract Activities that will be performed or provided by the subcontractor.	Convey Health Solutions is a Medicare Part D enrollment service and is contracted directly with the EGWP PDP as required. OptumRx confirms there is a signed MSA and SOW in place with Convey Health Solutions.
The legal business name, address, telephone number of the subcontractor(s).	Fiserv 255 Fiserv Drive Brookfield, WI 53045 262-879-5000
The relationship of the subcontractor to the Bidder.	☒ **Used by entire Book of Business** ☐ **Used only for this contract** ☐ **Used for multiple contracts**
A complete description of the Contract Activities that will be performed or provided by the subcontractor.	Digital print vendor who prints membership cards as well as other various letters.
The legal business name, address, telephone number of the subcontractor(s).	The Rawlings Company One Eden Parkway LaGrange, KY 40031 502-814-2198
The relationship of the subcontractor to the Bidder.	☒ **Used by entire Book of Business** ☐ **Used only for this contract** ☐ **Used for multiple contracts**
A complete description of the Contract Activities that will be performed or provided by the subcontractor.	The Rawlings Company LLC and Rawlings Financial Services LLC perform retrospective claims audits and investigations related to B vs. D (ERSD/Dialyses), Hospice, LTI, MSP, Third Party Liability/Workmen Compensation, and coordination of benefits and retro-term eligibility.

The legal business name, address, telephone number of the subcontractor(s).	SCIO Health Analytics 433 S. Main St., Suite 203 West Hartford, CT 06110 954-416-2774
The relationship of the subcontractor to the Bidder.	☒ **Used by entire Book of Business** ☐ **Used only for this contract** ☐ **Used for multiple contracts**
A complete description of the Contract Activities that will be performed or provided by the subcontractor.	SCIO Health Analytics provides pharmacy audit program software support and onsite audit functions.

4.6.2 **Geographically Disadvantaged Business Enterprise Sub-Contractors:** If Contractors plan to utilize subcontractors to perform more than 20% of the deliverables under this contract, at least 20% of that subcontracted work must be awarded to Michigan-based Geographically Disadvantaged Business Enterprises (GDBE). Contractor must submit a plan detailing all subcontractors to be used, including the percentage of the work to be done by each. Contractor must inform the State to the name and address of the GDBE, the percentage of the work they will complete, the total amount estimated to be paid to the GDBE, and provide evidence for their qualifications as a GDBE. If Contractor cannot find GDBE subcontractors to meet this requirement they must provide reasoning and justification to receive an exemption from this requirement from the State. (Existing business relationships will not be an approved reason for this.)

The Contractor does not plan to utilize subcontractors to perform more than 20 percent of the deliverables under this contract.

4.7 State Facility Security

The Contractor's staff may be required to make deliveries to or enter State facilities. The Contractor must ensure the security of State Facilities. The State may require the Contractor's personnel to wear State issued identification badges.

Contractor's account team follows all State policies when entering State facilities. All Contractor employees require training on privacy and security, which includes their responsibilities of safeguarding the confidentiality of private information. Training is offered through corporate integrity and compliance training (privacy overview and information security modules) and through business training programs. In addition, various resources, including policies and procedures as well as the privacy office, are available to employees to provide guidance and address issues to support ongoing compliance with privacy and security requirements.
Contractor's background check scope:

The Contractor conducts pre-employment screenings on all individuals who are given conditional offers of employment. This includes all full-time and part-time employees, contingent workers (individuals hired by third parties who are assigned to work at Contractor's organization and independent contractors), and job candidates applying for temporary and contingent worker positions.
The Contractor conducts some or all the following searches as part of the screening process:

- Social Security number verification
- Criminal records check (federal, state, and local)
- National criminal check
- Exclusions from government health care programs
- Education, professional license and certification verification
- Employment verification
- Department of Motor Vehicles check
- Credit check
- Civil litigation records check
- Federal database of known terrorists
- National Sex Offenders Registry

The Contractor makes an official employment offer following the completion of this background check and a drug screening. The Contractor follows this process for all employees, regardless of position and also requires potential employees to pass a drug screening before beginning work.
Annually, the Contractor conducts post-hire criminal background checks on all employees and also conducts sanction and debarment checks on employees on a monthly basis or as deemed necessary. If an individual is sanctioned by the General Services Administration (GSA) or the Office of Inspector General (OIG), or if an individual is debarred from participating in any federal or state program, it may result in a review of responsibilities and consequences up to and including termination of employment or contingent worker engagement.

The Contractor also has employees sign confidentiality agreements where appropriate. HIPAA privacy and security training is delivered online within 30 days of hire for new employees and existing employees receive annual online HIPAA refresher training. The Contractor has documented policies and procedures for responding to security and privacy violations, which include appropriate disciplinary actions for any employee who violates the company's security and privacy practices, policies or procedures.

5. Project Management

5.1 The Contractor must obtain the Plan Sponsor's prior approval of any administrative changes in the Contractor's systems or procedures that impact the Plan Sponsor and/or Members.

The Contractor does not anticipate any major system-wide changes or procedures in the near future that would impact the State or its members. Any such plans are communicated to the State at least 30 days prior to execution.

5.2. The Contractor must carry out all services for this Contract, and Implementation, under the direction and control of the Plan Sponsor. All transition and implementation plans are subject to the approval of the State Program Manager.

5.3. There must be continuous liaising between the Plan Sponsor and Contractor during the implementation period and over the course of this Contract, particularly during any process involving MCSC partners or the Plan Sponsor. The Plan Sponsor will meet with the Contractor's SAM for initial review of the Contractor's work plan prior to beginning service delivery and then periodically, as needed. The meetings will provide for reviewing progress and providing necessary guidance to the Contractor regarding the timing of activities and solving issues or problems.

5.4 Project Plan/Implementation Plan

The Contractor must provide an implementation plan (also referred to as the project plan or the work plan) in order to commence Services, which will begin on September 1, 2022. The implementation plan must describe in detail:

1. All major project milestones.
2. The anticipated outcomes for each milestone.
3. A detailed corresponding calendar/timeline/schedule for the Implementation Period.
4. A Detailed discussion on how to manage a possible transition process from the current Contractor, if applicable.
5. All tasks, duties, or responsibilities associated with implementation and complete Contract administration which include but are not limited to:
    - Successful file testing using, at a minimum, scenarios defined by the State and the Contractor with detailed results by scenario.
    - Proof of accuracy for eligibility and enrollments.
    - Communication materials: All Member templates of communications and website content must be approved by the State during the implementation period and before use. Any changes to these items during the Contract period must be provided to, and approved by, the Plan Sponsor before use.
    - Plan summaries and booklets
    - Activation of Contractor call center and claims processing center.
    - Pre- or post-implementation audit of the Commercial and EGWP Plans at no cost to Plan Sponsor with no limit to the number of test claims.
    - Contractor must accept and load all open mail order and specialty pharmacy refills, Prior Authorization histories and up to 12 months of historical claims data.

6. The Contractor's project management approach, including identifying methods, tools, and processes intended for oversight and completion of the implementation.

The Contractor will work to drive value to the pharmacy benefit. The Contractor's synchronized and transparent approach will add value and align with customer goals. The Plan Sponsor's goals become the Contractor's goals, and the Contractor focuses on providing members a health care experience that is simple to navigate and improves health outcomes.

IMPLEMENTATION OVERVIEW

KICK-OFF MEETING
The Contractor will schedule an implementation kick-off meeting with the State to introduce client management and implementation team staff, confirm the roles of each team, and document customer approval of operational requirements. During this meeting, the Contractor will review the implementation process and applicable documentation needed to successfully implement the plan.

The Contractor's team uses their collective experience to provide a structured implementation approach. The Contractor creates a customized implementation project plan specific to the State's needs. The Contractor engages in extensive communication to gain a solid understanding of the current program, goals, culture and existing vendor arrangements.

IMPLEMENTATION PROCESS
The Contractor's team works closely to guide the State through the initial stages of discovery, benefit plan interpretation, benefit plan design structure and testing. From the loading of eligibility information to benefit testing, the Contractor's structured, technical approach results in an implementation that is executed efficiently, accurately and in a timely manner.

After the kick-off meeting, the implementation project manager creates a State specific project plan with delegated tasks and milestones. This project plan outlines all of the components and requirements of the implementation and is maintained throughout the implementation.

Along with the project plan, additional documentation in the implementation process includes:
- An Eligibility Configuration Setup details the eligibility files, member data components, and the process of securely feeding that data to the Contractor.
- Benefit and clinical design templates outline the benefit plan in detail (for example, copayments, drug coverage and exclusion, prior authorization, deductibles, maximums, stop/loss, step therapy, quantity limits, generic substitutions, maintenance medication management, and mandatory mail programs.)

• Meeting agendas are provided before each meeting. In addition, comprehensive meeting minutes are issued after each meeting to document the discussion and resulting action items.
• A comprehensive Tracking and Issue Log captures and tracks the progress of all risks, issues, action items, decisions and future considerations.
• A T-Minus schedule provides an illustrative milestone summary depicting all activities and deliverables that must occur during the end-to-end implementation process.
• A Weekly Status Executive Summary Report provides the overall status of the implementation, finished or in progress activities, issues and risks, and a milestone summary.

BENEFIT TESTING
The benefit process includes claims testing for all benefit plans with scripted claim scenarios that are performed by the benefit review team. These are scripted to the exact plans built for the State and reviewed by the implementation project manager for accuracy. They are then executed, and any issues are resolved prior to the effective date. If requested, the testing results can be shared with the customer for review.

As the incumbent the Contractor would review all of the steps upon contract renewal and update any areas with the Plan Sponsor.

7. Any anticipated issues/changes, when they may arise, and how those issues will be conveyed to the appropriate State staff, and include suggested resolution or risk mitigation strategies to the issue(s).

The Contractor Director of implementation team bears responsibility for issues that occur during implementation. This role also manages risk mitigation, executive engagement and issue resolution during the duration of the implementation. The assigned director and assigned implementation project managers oversee the implementation's requirements. They are also responsible for the following:
• Serving as the primary point of contact during the implementation
• Overseeing and escalating any material issues for resolution
• Managing the entire implementation from start to finish, using implementation team procedures and tool kits
• Facilitating status meetings and providing outcomes within written documentation
• Establishing project plan with key deliverables and dates
• Performing issue and risk tracking and management
• Providing internal and customer status reporting
• Coordinating and communicating with internal departments to validate that all implementation components are defined, completed and tested accurately and on time
• Monitoring and reporting post-production performance

The State's dedicated senior implementation project managers are supported by the core implementation team and are actively involved throughout the entire implementation phase.

8. A detailed protocol and escalation communication process; the plan must also provide escalation procedures and contact information for issues that may need to be escalated above the SAM.

In order to mitigate risk throughout the implementation, the Contractor will work with the Plan Sponsor to verify requirements are clearly defined and expectations are set with all members of the Implementation team. The Contractor is committed to confirming that all stakeholders are properly engaged through regular communication. The Contractor will utilize milestone tracking on the Contractor's project status readouts, so risks will be identified early and escalated appropriately through the green/yellow/red/blue milestone updates.

The implementation project manager works closely with the Plan Sponsor's assigned Strategic Account Executive, who would be the first contact for any issues that may require escalation. This Executive will ensure that any issues are escalated to the appropriate areas and will involve senior leadership as needed which includes the assigned Contractor Director and Vice President.

9. Plan Sponsor must have immediate and unlimited access to the Contractor's Implementation Manager.
10. Any additional information or considerations for Services to begin January 1, 2023, and continue thereafter for the Contract term.

The Contractor will review all of the steps upon Contract effective date and update any areas with the Plan Sponsor. The Contractor will work with the Plan Sponsor to customize the project plan and work together towards mutually agreed upon timelines and milestones.

POST-IMPLEMENTATION

Following January 1, 2023, the implementation team monitors claim and service activity to verify that all claims are processing according to the benefit plan design. The implementation team is also in contact with other stakeholders (for example, Home Delivery Pharmacy, member services, prior authorization, and specialty pharmacy) to identify and remedy any member disruption through daily conference calls with the customer. The implementation project manager provides a daily report that includes status on overall claim processing performance and other key metrics that offer a status on overall go live activities for two to four weeks following the effective date.

Once the implementation phase is finished, the implementation project manager transitions the State's program to the assigned Contractor management team. While

the Contractor management team is actively involved throughout the implementation and attends all implementation meetings, the implementation project manager serves as the primary contact during the implementation. The transition from implementation to Contractor management concludes the implementation phase.

As the incumbent we would review all of the steps upon contract renewal and update any areas with the Plan Sponsor. Contractor's standard implementation process includes claims testing. The audit language would be vetted out during contract or award of business.
There should definitely be activities delineated but for any pre-implementation audits, and there would be a formal scope document first and that would determine who would need to be pulled in and what activities would occur (e.g., universe files, samples, impact, remediation if needed, etc.).

5.4.1 The Contractor must submit a Final Implementation Plan to State Program Manager and Plan Sponsor within five business days from Contract award date, including Contractor's project plan management approach and detailed explanation of any identifying methods, tools, and processes, intended for oversight and completion of the implementation. The State Program Manager will provide final approval of the Implementation Plan within 14 calendar days after submission.

5.5 Meetings

5.5.1 All agendas and meeting materials created by the Contractor for meetings as required below must be provided to Plan Sponsor at least 5 calendar days prior to the meeting.

5.5.2 Contractor must participate in biweekly meetings with Plan Sponsor as determined by Plan Sponsor. Meeting frequency may change to monthly over the course of the Contract by mutual agreement. During these meetings, the Contractor must review all open projects and present the status, progress and results of each project. The Contractor must provide data and cost analysis upon request.

5.5.3 **Quarterly and Annual Performance and Financial Review meeting.** This meeting will be held in person onsite at Plan Sponsor's location, unless otherwise specified by Plan Sponsor. The purpose of this meeting will be to walk-through the Quarterly and Annual Review Report, Contractor's Service Level Agreement report outcomes and Quarterly/Annual Financial Report (see **Section 5.6 Reporting**). The Contractor must create the agenda, facilitate the meeting, and maintain notes.

5.5.4 **Annual Strategic Planning meeting at the request and discretion of the Plan Sponsor.** This meeting will be held in person at the Plan Sponsor's location, unless otherwise specified by the Plan Sponsor. The purpose of this meeting will be to review industry trends and recommend Plan changes to assist the Plan Sponsor in meeting its cost goals. The Contractor must create the agenda, facilitate the meeting, and maintain notes. This meeting will include, but is not limited to:

5.5.4.1 Data analysis with commensurate recommendations and cost-coverage analysis in support of Plan modifications.

5.5.4.2 Review of changes in the market, identification of emerging trends, and recommenced course of action for each trend identified.

5.5.5 **Annual CMS Call Letter Analysis meeting at the request and discretion of the Plan Sponsor.** This meeting will be held in person and at the Plan Sponsor's location, unless otherwise specified by the Plan Sponsor. The purpose of this meeting will be to discuss the CMS call letter and its impact on Plan Sponsor's plan. Contractor must provide a CMS Call Letter Analysis (**see Section 5.6.8.4**). The Contractor must create the agenda, facilitate the meeting, and maintain notes.

5.5.6 **Annual Site Visit.** This meeting is onsite at the Contractor's facility, upon the Plan Sponsor's request. Contractor must host representatives from the Plan Sponsor for a site visit to tour the facility and meet with Contractor's staff. Contractor must create the agenda and facilitate the tour. Tour must include, but is not limited to:

5.5.6.1 Call Center

5.5.6.2 Claims Processing Center

5.5.6.3 Mail Processing

5.5.6.4 Pharmacy and Therapeutics Committee observation

5.5.6.5 Any travel and accommodations expenses for State employees will be covered by the Contractor.

5.5.6.6 Additional meetings may be requested by the Plan Sponsor on an as-needed basis at Plan Sponsor's sole discretion. Plan Sponsor will determine the location of these meetings. Contractor must make account team and all necessary subject matter experts available for these meetings.

5.5.7 **Strategic Planning Seminars:** The Contractor must provide seminars on related topics from the Strategic Planning Sessions for the Plan Sponsor.

5.6 Reporting

5.6.1 **Reporting Schedule:**

Monthly Schedule **Contractor must provide complete monthly reports on the 15th of the second subsequent month (e.g., October reporting is due December 15th).**		
Quarterly and Annual Schedule		
CY Quarter Designation	**Date Range (inclusive)**	**Report Due Date**
First Quarter (Q1)	January 1 – March 31	May 30
Second Quarter (Q2)	April 1 – June 30	August 30
Third Quarter (Q3)	July 1 – September 30	November 30
Fourth Quarter (Q4) (Includes annual CY reporting)	October 1 – December 31	March 31
Fiscal Year (FY) Financial Reporting		
Projected claims trend factors for two upcoming FYs		August 31
Estimate of IBNR claims & total claims billed/paid (split by actives & retirees)		October 20

5.6.2 Contractor must provide analysis and reports in a format as determined by the Plan Sponsor.

5.6.3 **Monthly dashboard to summarize enrollment activity**

5.6.3.1 Number of new Members enrolled in plan.
5.6.3.2 Number of Medicare Age-ins enrolled in plan.
5.6.3.3 Number of CMS disenrollments by reason code.
5.6.3.4 Number of CMS-rejected enrollments.
5.6.3.5 Top 5 disenrollment reason codes.
5.6.3.6 Enrollment trend for current Plan year compared to prior Plan year.

5.6.4 **Quarterly Financial Report** that includes, but is not limited to, the following:

5.6.4.1 Claim Payments
5.6.4.2 Administration Fees
5.6.4.3 Non-claims related benefit costs
5.6.4.4 Prescription drug Rebates.

5.6.5 **Quarterly Performance Review Reports** for the Quarterly Performance Review meetings (Section 4.1B) with Plan Sponsor, that includes, but is not limited to, the following:

5.6.5.1 Contractor's comprehensive review of the cost and utilization experience of the Plan
- i. Trend analysis
- ii. Comparison to benchmarks
- iii. Opportunity analysis for low-performing areas

5.6.5.2 Summary of work and activity for Clinical Programs and Utilization Management Outcomes
- i. Physician Profiling and Other Clinical Effectiveness reports

ii. Number of Members targeted, reached, and engaged for programs
iii. Program completion rate
iv. Program outcomes/Clinical Savings
v. Planned improvements to programs

5.6.5.3 Drug Pipeline/Industry Update

5.6.5.4 Customer Service Update

i. Call Center Activity Summary
    1. Number of inquiries
    2. Summary of call issues
    3. Description of top complaints
ii. Inquiry, Grievances and Appeals Summary
    1. Inquiry analysis that details the number, type, date of receipt and date of resolution of Inquiries by month
    2. Grievance analysis that details the number, type, timeliness, and additional action taken regarding grievances that have been submitted by mail, telephone, or Internet by month received
    3. Appeals analysis that details the number, type, timeliness, and outcomes of Appeals that have been submitted by mail, telephone, or Internet by month received

5.6.6 **Annual Financial Reporting** that includes, but is not limited to, the following:

5.6.6.1 Annualized version of Quarterly Financial Reporting package

5.6.6.2 Class action recoveries

5.6.6.3 Prescription drug rebates

5.6.6.4 A revised trend factor for upcoming FY and new trend factor for following FY (e.g., revised FY23 & new FY24 trend factors due in August 2022) separated by Actives and Retirees for both years requested. This would be a percentage increase or decrease from the current FY cost in claims based on nationwide studies and trends, as well as taking into consideration the State's demographics for the members with coverage.

5.6.6.5 By October 20th of each year data as described below for the immediately prior state fiscal year of October 1st to September 30th:

5.6.6.5.1 An estimate of the incurred but not recorded (IBNR) EGWP and Commercial claims as of September 30th.

- Commercial IBNR claims need to be broken down between actives and retirees.
- IBNR must be broken down between long-term and short-term claims.
- IBNR claims are claims that took place on or before September 30th however, these claims have not been billed to or paid by the State of Michigan as of September 30th. These claims are not to be included in the total claims billed and paid report to be identified below.

5.6.6.5.2 Total claims billed to and paid by the State of Michigan for the period from October 1st through September 30th.

- Claims billed and paid for EGWP
- Claims billed and paid for Commercial

- Commercial claims must be split by retirees and actives. In addition, retiree paid claims by retiree system (e.g., State Employees' Retirement System, State Police Retirement System, Judges' Retirement System, and Military Retirement System).

5.6.6.5.3 Summary of drug rebates received and credited to the State of Michigan for the period from October 1st through September 30th.

- Rebate report for EGWP
- Rebate report for Commercial
  - Commercial rebates must be split by retirees and actives. In addition, retiree paid claims by retiree system, (e.g., State Employees' Retirement System, State Police Retirement System, Judges' Retirement System, and Military Retirement System).

5.6.6.5.4 Total EGWP CMS revenues paid to the State of Michigan, split by retiree systems.

5.6.6.5.5 An estimated receivable for outstanding federal revenues earned, but not yet collected as of September 30th. This usually includes the LICS and Gap Coverage collections. Estimated receivables must be split between the retiree systems.

5.6.6.5.6 A total of any cost savings settlements.

5.6.6.5.7 Affirmation that Contractor has provided the most recent audit of Contractor's organization covering internal control procedures and any agreed upon reports and/or attestations from subcontractor(s) who provide services significant to the State. The report(s) must be Service Organization Control (SOC) 1 Type 2 and/or SOC 2 Type 2 or equivalent audits. Note: if the report period ends prior to September 30th, please provide a bridge/gap letter to cover the September 30th fiscal year end for the State of Michigan. See also **Section 1.11.**

5.6.7 **Annual Performance Review Report** package that includes, but is not limited to, the following:

5.6.7.1 Annualized version of Quarterly Performance Review package

5.6.7.2 Summary of CMS Revenue

5.6.7.3 Top 100 Brand and Generic Drug report

5.6.8 **EGWP-Specific Reports** that are received from CMS must also be made available to the Plan Sponsor. In situations where reports received from CMS contain Members not under the purview of the Plan Sponsor, the Contractor must remove all Members not enrolled in the Plan Sponsor's Plan before sending the report to the Plan Sponsor. Reports include, but are not limited to:

5.6.8.1 Monthly EGWP Membership Report (CMS report)

5.6.8.2 Weekly Disenrollment Report

i. Disenrollments from Transaction Reply Report (CMS Report)
ii. Enrollment Rejections Report
    1. Members that fail the Batch Eligibility Queue (BEQ)
    2. Members in Request for Information (RFI) Final Denied Status
iii. Any other Member disenrollment from Plan Sponsor's Plan that did not

originate from Plan Sponsor

5.6.8.3 Monthly CMS Subsidy Detail Report
- i. CMS Direct Subsidy
- ii. Late Enrollment Penalty
- iii. Low-Income Premium Subsidy
- iv. Any other adjustment to direct subsidy amount

5.6.8.4 Annual CMS Call Letter Analysis
- i. Annual CMS Subsidy Projections
- ii. Manufacturer Coverage Gap Discount Projection
- iii. Catastrophic Reinsurance Projection
- iv. Low-Income Cost Sharing Reimbursement Projection
- v. Projected Plan cost on a net and PMPM basis

5.6.9 Annual Specialty Drug listing.

5.6.10 The Contractor must provide an ad hoc reporting tool that Plan Sponsor can use at their discretion to directly access utilization and other Plan-specific data. This includes training for a limited number of Plan Sponsor representatives.

5.6.11 Contractor must perform ad hoc reporting upon the request and specification of the Plan Sponsor including:

5.6.11.1 Follow up reporting on reports listed above where additional information and analysis is required.

5.6.11.2 Strategic Initiative analysis related to Plan performance and improvement opportunities.

5.6.11.3 Reports requested by Plan Sponsor that provide further information and analysis to Services not encompassed by specified reports above.

5.6.11.4 Upon request, Contractor will provide the State with the data necessary for any medication named in a lawsuit during the term of our contract and for up to two years post the State termination.

5.6.12 The Contractor must provide secure on-line or electronic reporting capability.

5.6.12.1 Plan Sponsor requires having direct access to invoicing, claims data and membership reporting at minimum via the portal.

The Contractor utilizes RxTrack, a web-based reporting platform. This platform provides flexibility to analyze and filter data through established parameters or create on-demand, ad hoc reports and customized views to meet Plan Sponsor needs. RxTrack captures claims data, utilization data and member eligibility files, as well as prescriber and pharmacy information to provide comprehensive analytics and reporting.

CREATING ON-DEMAND REPORTS

RxTrack provides an on-demand report resource with instant access to a broad range of plan metrics and performance data, including utilization and cost trends; prescriber and pharmacy metrics; member utilization; drug utilization, and more. Resources and features supporting the State's creation of on-demand reports include:

- Web-based information delivery: Access RxTrack on-demand reporting from anywhere using an Internet connection and web browser.
- Intuitive user interface: User-friendly interface facilitates easy navigation by dividing site functionality into five site sections:
  - Shared Reports (shows specific reports available to a group of users)
  - My Reports (shows reports available to an individual user)
  - Create Reports
  - History List
  - Preferences
- Extensive portfolio of flexible report wizards: On-demand reporting for the State provides navigation and guidance in creating your own reports to analyze data including the ability to download reports directly into Microsoft Excel.
- Drill up, down, across and through report data: A robust multidimensional data model enables users to drill in nearly any direction.
- Customized and ad hoc reporting: Users are able to focus on data that is important to your business. Further, most ad hoc reporting requests can be accommodated through our online reporting tool as part of our basic service.
- Secure data transmission: Firewall, filter and encryption technology protect the integrity and confidentiality of your data.

RxTrack is anchored by the Contractor's data warehouse and analytics technology. Claims data is updated daily in the data warehouse to provide the Plan Sponsor with up-to-date analytics to fit your specific reporting needs. The Plan Sponsor can create their own configurable report views and save reports in a variety of file formats. Security parameters also enable the Plan Sponsor to set different access levels for different user groups.
The Contractor will also provide consultative support services through the Contractor's Client Management team to collaborate with the Plan Sponsor on strategies for maximizing your pharmacy benefits.

5.6.13 Service Availability Report (See also **Schedule A, Section 2.7.2 Schedule L – Service Availability Report,** and **Schedule D, Exhibit 1**).

6. Financial Arrangements and Pricing Requirements

6.1 The Contractor must agree to a three-year financial arrangement with an annual market check, with a 1% threshold for each year of the Contract term. Financial arrangements are firm for the entire length of the Contract and apply to all lines of business unless specifically noted otherwise.

6.1.1 As part of any market check, Contractor must not make any changes to the Contractual language in this Contract that are unfavorable to Plan Sponsor. No headline discount rate guarantees must decrease, individual Specialty Drug level discounts must not decrease and Dispensing Fee guarantees and Administrative Fees must not increase - all proposed changes must only represent improvements to Plan Sponsor. Improvements proposed by the Contractor must be consistent with the categories provided for improvement in the market

benchmark (e.g., specialty discounts, retail discounts, mail discounts, etc.). Contractor agrees not to disproportionately make improvements to minimum Rebate guarantees to meet the overall percentage target of the market benchmark.

6.2 The Contractor is the Plan Sponsor's Fiduciary and must administer the Plan in accordance with the Contract in a transparent arrangement with full (100%) pass through of all discounts, Dispensing Fees, Rebates, and manufacturer Administrative Fees including specialty (i.e., no spread allowed), with minimum guarantees for each component (Retail, Retail 90, Mail Order, Specialty).

6.3 All guarantees are minimum "floor guarantees," and Plan Sponsor retains all upside cost savings where guarantees are exceeded.

6.4 The Contractor must not mandate that any particular medications be excluded in order to meet the stated financials in this proposal during the lifetime of this Contract.

6.5 The Contractor must offer Plan Sponsor the benefit of improved pricing terms if at any point during the Contract term it renegotiates any of its retail, mail order or specialty pharmacy contracts such that the terms are more favorable than what was initially proposed to Plan Sponsor. Contractor must provide Plan Sponsor with the projected savings and Member impact of such improvement and must implement within 30 calendar days of Plan Sponsor approval.

6.5.1 The Contractor must not make any unfavorable pricing changes to Plan Sponsor or its members if Plan Sponsor and/or Contractor makes changes to their formulary.

6.6 Contractor guarantees that the full value of all of Contractor's negotiated discounts and Dispensing Fees with contracted pharmacies must accrue to Plan Sponsor and its Members. No portion of the contracted discounts provided by these pharmacies must be accrued to Contractor. No separate agreement that compensates Contractor in any way based upon Plan Sponsor's prescription utilization and orders filled by contracted pharmacies will be permissible

6.7 The pricing proposal must be applicable to a broad retail network defined as that which includes all major chains (e.g., greater than 64,000 retail pharmacies) and must not require any copay incentives or differentials for particular pharmacies.

6.8 The Contractor must not increase the mail order Dispensing Fee for the term of the Contract. Increases in postage rates must not be charged to Plan Sponsor.

6.9 Contractor must provide Retail 90 pricing guarantees (e.g., discount, Dispensing Fee and Rebates) that apply to all retail claims with Days of supply of 31 and greater.

6.9.1 The Contractor must provide pricing terms for a Retail 90-day Network. Contractor must provide a list of participating pharmacies in the proposed Retail 90-Day Network. A Retail 90-Day Network provides Plan Sponsor Members the option to fill a 90-day supply of maintenance medication at a Retail pharmacy at same pricing, nearly the same discounts, fees and Rebates, as Mail Order.

6.10 Contactor must use one pricing source (i.e., Medi-Span) to determine brand and generic designations without exception.

Contractor's AWP and WAC pricing source to determine brand and generic designations for both pharmacy and customer billing is the Medi-Span Master Drug Data Base (MDDB)

6.11 House Generics (brand drugs dispensed by Contractor instead of generics using a DAW 5 code) must be included in the generic discount calculation and not in the brand discount calculation.

6.11.1 The Contractor must establish Maximum Allowable Costs (MAC) prices in order to: (i) enable the Contractor to generate cost-effective and market competitive prices, and (ii) decrease such prices as Covered Product prices decrease in the marketplace. Accordingly, the Contractor must establish such prices, and thereafter adjust such prices, to provide the Plan Sponsor with prices accurately reflecting Contractor's acquisition and/or reimbursement costs.

6.11.1.1 The Contractor represents that it currently has only one proprietary MAC list used to reimburse all retail, Mail Order and Specialty Pharmacies and to invoice all clients (other than those few clients who may have created certain customized changes to the Contractor's MAC list). Should the Contractor in the future establish multiple MAC lists as alternative proprietary MAC lists for Participating Pharmacies, the Contractor must provide to the Plan Sponsor the lowest MAC price for each Covered Product on any of its MAC lists.

6.11.1.2 The Contractor also represents that it currently reviews adjustments to its proprietary MAC list at least weekly, and that it will continue to do so, using Pass-Through Pricing as defined herein as a basis for its adjustments.

6.11.1.3 The Contractor must pass-through to the Plan Sponsor all financial benefits obtained from all pharmaceutical manufacturers, wholesalers, and any other sources, and all amounts paid to Participating Pharmacies, without any markup.

6.11.2 Contractor must use the same MAC list and prices for both pharmacy reimbursement and charges to Plan Sponsor, for both retail and mail order. The same drugs will be on the MAC list for both retail and mail order. For every drug subject to MAC, the mail order MAC must be less than or equal to the retail MAC list such that, in the aggregate, the discount for mail order drugs subject to MAC is higher than the discount of retail drugs subject to MAC relative to AWP.

6.11.3 Retail guarantees must not be changed to be less favorable for Plan Sponsor based on changes in number or composition of retail participating pharmacies for the term of the Contract or for changes made by Contractor to the Contractor’s retail networks.

6.11.4 The Contractor must provide financial guarantees and/or pricing (including, but not limited to all financial elements such as fees, Rebates, discounts reconciliation methodologies, definitions, etc.) that must not change in the event of change in enrollment for the term of the Contract.

6.11.5 The Contractor must provide financial guarantees and/or pricing (including, but not limited to all financial elements such as fees, Rebates, discounts, reconciliation methodologies, definitions, etc.) that must not change in the event of patent expirations, actions by drug manufacturers or wholesalers, recalls or withdrawals, actions by retail pharmacies, brand products moving off-patent to generic status, unexpected generic introductions, or changes made by the Contractor to the Contractor’s standard formulary for the term of the Contract.

6.11.6 The pricing must not change if Plan Sponsor's drug mix changes. The Contractor cannot revise Rebate, brand or generic discount guarantees if there is a shift in mix.

6.11.7 For any modification outside the control of the Contractor resulting in any action or guarantee less favorable to Plan Sponsor, Contractor must provide Plan Sponsor with at least 90 Days advance written notice along with detailed reports to substantiate any such modification. Any changes would be made on a prospective basis only and must be based solely on the triggering event and must reflect the actual impact related to that event. If Plan Sponsor does not believe that the Contractor has modified the pricing terms so as to maintain the parties' relative economic positions, the State may terminate for cause. See Standard Contract Terms, Section 28.

6.11.8 Contractor must not require any shared savings programs as any part of this Contract.

6.11.9 The Contractor's mail order pharmacies and specialty pharmacies must not accept manufacturer-sponsored coupons except as part of a clinical program authorized by Plan Sponsor.

6.11.10 The Contractor must place inflationary caps on Specialty Drugs and must support this for the Plan Sponsor.

6.11.11 The Contractor must provide an annual Specialty Drugs savings guarantee. This guarantee may include items such as price inflation caps where additional Rebates are passed back through to Plan Sponsor.

6.11.12 Contractor must administer the EGWP on a self-insured basis, with pass-back to Plan Sponsor of all third-party funding sources including CMS direct subsidies, pharmaceutical coverage gap discounts, CMS catastrophic reinsurance, and CMS low-income subsidies.

6.11.13 Contractor must pass through any DIR (Direct and Indirect Remuneration) fees to the Plan Sponsor.

6.11.14 Contractor must ensure its Part B solution must maximize Part B reimbursement prior to coordinating benefits with Plan Sponsor's EGWP and Wrap plans pursuant to CMS guidelines.

6.11.15 All claims, including any wrap or supplemental coverage claims, must be included in all guarantee true-ups at year end.

6.11.16 All EGWP generics must be included in the generic pricing guarantees, including generics in the EGWP wrap/supplemental coverage.

6.11.17 Plan Sponsor will not be responsible for any Member contributions owed to the Contractor. Collecting such fees must be the sole responsibility of the Contractor.

7. Ordering

7.1. Authorizing Document

The appropriate authorizing document for the Contract will be Master Agreement and Signed Contract.

8. Invoice and Payment

8.1 All invoices submitted to the State must include:

(a) Date of Invoice
(b) Period Covered
(c) Invoice Number
(d) Any associated State Delivery Order (DO) number (State's term for Purchase Order)
(e) Itemization: Total Quantities and Fixed Rates associated to all itemized costs detailed below for product/service line type and with Plan type distinguishment:

- (Medicare pharmacy, etc.)
- Pass-through Manufacturer payment

- Pass-through DIR fees
- Retail audit recoveries
- Pharmacy audit recoveries and overpayments
- Dispensing Fee Retail
- Dispensing Fee Mail Order
- Administrative Fee
- Implementation Credit Allowance
- Competitive Development Fund
- Pass-back of CMS direct subsidies
- Pass-back of pharmaceutical coverage gap discounts
- Pass-back of CMS catastrophic reinsurance
- Pass-back of CMS low-income subsidies

(f) Unit price
(g) Total price.
(h) Prompt Payment Discount
(i) Supporting Documentation: Invoices may be provided in any electronic format (Word, Excel, PDF, etc.). Supporting documentation for the invoice must be provided using Microsoft Excel.

Overtime, holiday pay, and travel expenses will not be paid.

The following field is provided with Rebate payments:
- Pass-through Manufacturer payment

The following fields are provided with CMS subsidy payments:
- Pass-through DIR fees
- Pass-back of CMS direct subsidies
- Pass-back of pharmaceutical coverage gap discounts
- Pass-back of CMS catastrophic reinsurance
- Pass-back of CMS low-income subsidies

8.2 The making of final payment by the State to Contractor must not constitute a waiver by either party of any rights or other claims as to the other party's continuing obligations under the Contract, nor will it constitute a waiver of any claims by one party against the other arising from unsettled claims or failure by a party to comply with the Contract, including claims for Services and Deliverables not reasonably known until after acceptance to be defective or substandard.

8.3 The Contractor must allow for Plan Sponsor to submit payment for claims and administrative invoices, within 10 Business Days.

8.4 The Contractor must invoice Plan Sponsor for prescription claims on a weekly basis.

8.5 Rebates must not be held in the case that a contract amendment is not signed, but State Administrative Board approval has been received or the amendment

has been submitted for State Administrative Board approval.

Rebates would be passed through retroactive to the beginning of the amendment period.

8.6 **Payment Method:** The State will make payment for Contract Activities via Electronic Funds Transfer (EFT).

9. Service-Level Agreement (SLA)

9.1 The Contractor must ensure that the SLAs are measurable using the Contractor's standard management information systems. Every SLA must have a report provided that is deemed adequate by the Plan Sponsor to verify the SLA has been met. SLAs without a corresponding report will be deemed unmet and subject to the credits indicated for each specific SLA. As permitted by HIPAA and applicable state privacy laws, the Plan Sponsor reserves the right to independently verify the Contractor's assessment of its performance, either by State employee or third-party review. Disagreements regarding SLAs will be subject to Dispute Resolution under Standard Contract Terms.

9.2 The Contractor must provide the Plan Sponsor with a report assessing the Contractor's performance under each SLA for the Plan Sponsor on a quarterly basis by the due dates indicated in the Timely Production of Reports SLA #23A – 23C below. Credits for missed SLA(s) will be against the administrative fees billed by the Contractor and will be reflected on an invoice as soon as administratively feasible, but no later than the end of the next quarterly reporting period. By mutual agreement between Plan Sponsor and Contractor, the credit may be made annually before the end of the first quarter of the next year. The following SLAs relate to on-going services and will apply throughout the duration of the Contract, including any optional renewal periods (if exercised).

9.3 SLAs are for all Services provided under this Contract for Plan Sponsor's membership (not Contractor's Book of Business) unless otherwise indicated in the 9.8 SLA tables below.

9.4 Unless stated otherwise, any missed measurement period will result in the stated prorated amount of the stated credit being assessed. For instance, if an SLA is measured monthly and reported/assessed quarterly and one month is missed, one third of the quarterly credit will be assessed.

9.5 The following SLAs are related to ongoing Services and will apply throughout the duration of the Contract, including any optional renewal periods (if exercised). SLAs are for all Services provided under this Contract for the Plan Sponsor. No individual SLA will be assessed more than one credit for the month, quarter, or year in which performance was assessed.

9.6 Plan Sponsor has the right to reallocate the total amount at risk among the

various individual guarantees annually. Reallocation cannot increase the annual value of any one component by more than 10% of the original value. Reallocation will not increase the overall aggregate value of the penalties. Any such reallocation must be received by Contractor at least 10 business days prior to the applicable calendar year, otherwise attempted reallocations will be of no effect.

9.7 For SLA purposes, the Non-EGWP group is defined as the active and pre-65 populations. The SLA reporting needs to be separate for the Non-EGWP group (actives versus pre-65). The credit for any missed SLA for this group, will be the total amount noted for the active and pre-65 population.

9.8 Service Level Agreements

9.8.1 Non-EGWP and EGWP Service Level Agreements

SLA #1A – 1B
Eligibility Files and Discrepancy Reporting
Guarantee
A.) 100.00% of all records, provided by Plan Sponsor and that pass Contractor's validation edits must be uploaded with one business day of receipt. B.) Any records that do not pass the Contractor's validation must be reported to the Plan Sponsor within two business days after the file has been uploaded, including the EGWP Load Report. Non-EGWP discrepancy reporting will be provided in the format specified by the Plan Sponsor. EGWP discrepancies will be provided on the weekly TRR report within four business days after the file has been uploaded. The quarterly SLA report must show the number of days from the time of the file upload to the submission of the defined discrepancy reports to the Plan Sponsor for both Non-EGWP and EGWP. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #1A - 1B is as follows: **Non-EGWP:** The credit for failure to meet this SLA is $10,000.00 quarterly. **EGWP:** The credit for failure to meet this SLA is $15,000.00 quarterly.

SLA #2A – 2B
Membership Cards
Guarantee

A.) Membership Cards for all new Contract Holders must be mailed within seven business days of Contractor loading eligibility record. Performance must be substantiated by documentation providing proof of eligibility record receipt date and mailing date.

B.) Membership Cards must have an accuracy rate of 100.00%. Accuracy must be measured by sampling no less than 25.00% of ID card production to ensure 100.00% accuracy of information.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #2A- 2B is as follows:

Non-EWGP:
The credit for failure to meet this SLA is $5,000.00 quarterly.

EGWP:
The credit for failure to meet this SLA is $7,500.00 quarterly.

SLA #3

Average Speed of Answer

Guarantee

The Contractor must maintain an average speed of answer (ASA) of 30 seconds for 100.00% of calls. The ASA standard must be applied to the speed at which the initial call is answered by a Customer Service Representative (CSR). Should the caller need to be transferred to another level CSR, the time associated with that transfer must not be included in the ASA calculation.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #3 is as follows:

Non-EGWP:
The credit for failure to meet this SLA is $5,000.00 quarterly.

EGWP:
The credit for failure to meet this SLA is $7,500.00 quarterly.

SLA #4A – 4D

Response Time to Written Inquiries

Guarantee

A.) The Contractor must respond to 95.00% or more of written inquiries (e.g., emails, faxes, and letters) within five business days of receipt. Written inquiries also must include those submitted to the Contractor by the Plan Sponsor.

B.) 98.00% of all member inquiries must be resolved within 10 business days unless it is identified as an EGWP grievance.

C.) 100.00% of EGWP grievances must be resolved within 30 calendar days.

D.) 100.00% of written inquiries must be resolved within 60 calendar days.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #4A – 4D is as follows:

Non-EGWP:
The credit for failure to meet this SLA is $3,500.00 quarterly.

EGWP:
The credit for failure to meet this SLA is $5,000.00 quarterly.

SLA #5

Point of Sale (POS) Claims Payment Accuracy – Retail

Guarantee

The Contractor must process and pay 100.00% of POS claims accurately.

The Contractor must measure its performance on this SLA on a monthly basis and report on an annual basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #5 is as follows:

Non-EGWP:
The credit for failure to meet this SLA is $20,000.00 annually.

EGWP:
The credit for failure to meet this SLA is $20,000.00 annually.

SLA #6

Point-of-Sale Pharmacy Network – Desk Audits

Guarantee

The Contractor must perform desk audits on 10% of pharmacies annually based on Plan Sponsor specific line-of-business Claim volume with a minimum of 600 claims per year. Progress towards the annual standard (10%) will be reported for the first three quarters and the annual metric reported for the fourth quarter, following completion of the respective quarter.

The Contractor must measure and report its performance on this SLA on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #6 is as follows:

Non-EGWP:
The credit for failure to meet this SLA is $50,000.00 annually.

EGWP:
The credit for failure to meet this SLA is $75,000.00 annually.

SLA #7

Point-of-Sale Pharmacy Network – On-site Audits

Guarantee

The Contractor must perform on-site audits on 3% of pharmacies annually based on Plan Sponsor specific line-of-business Claim volume with a minimum of 200 claims per year. Progress towards the annual standard (3%) will be reported for the first three quarters and the annual metric reported for the fourth quarter, following completion of the respective quarter.

The Contractor must measure and report its performance on this SLA on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #7 is as follows:

Non-EGWP: The credit for failure to meet this SLA is $50,000.00 annually.

EGWP: The credit for failure to meet this SLA is $75,000.00 annually.

SLA #8

Timeliness of Data Transmission to Plan Sponsor's Medical Contractor(s) for Out-of-Pocket Accumulation

Guarantee

The Contractor must deliver daily files to the Plan Sponsor's medical carrier(s) for integration of out-of-pocket accumulators in an agreed upon format.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #8 is as follows:

Non-EGWP: The credit for failure to meet this SLA is $5,000.00 quarterly.

EGWP: The credit for failure to meet this SLA is $7,500.00 quarterly.

SLA #9A – 9B

Timeliness of Rebates

Guarantee

A.) All Rebate payments must be made to Plan Sponsor within 90 days of the close of the quarter.

B.) The Contractor must provide 100.00% of all manufacturer revenue, whereas the Contractor must remit to Plan Sponsor 100.00% of all such revenues or the minimum guaranteed values, whichever is greater, for Covered Products.

The Contractor must measure its performance on this SLA on a quarterly basis and provide a quarterly Rebate report as described in **Schedule A, Section 5.6.4.4.**

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #9A – 9B is as follows:

Non-EGWP:
The credit for failure to meet this reporting requirement of the SLA is $150,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.

EGWP:
The credit for failure to meet this reporting requirement of the SLA is $225,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.

SLA #10

Member Satisfaction Survey

Guarantee

One random sample Member satisfaction survey must be completed annually at no additional cost.

The survey must be completed within each calendar year for the current calendar year. The survey instrument must be presented to the Plan Sponsor for approval of questions and scoring methodology 90 days prior to deployment. Plan Sponsor has the authority to request changes and customization to the survey and scoring methodology. The respondent pool must be statistically valid based on the Plan Sponsor's total population (randomly generated sample size sufficient to produce a 95.00% confidence interval with a margin of error of not greater than +/-5.00%). Survey results must be available to the Plan Sponsor by March 31st of the year following the year surveyed unless a different date is agreed upon.

The Contractor must achieve a score greater than 3.00 on a 5.00-point scale (other scoring scales may be used as long as they are equivalent) from 85.00% of the responders.

The Contractor must measure and report its performance on this SLA on an annual basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #10 is as follows:

Non-EGWP: The credit for failure to meet this SLA is $150,000.00 annually.

EGWP: The credit for failure to meet this SLA is $200,000.00 annually.

SLA #11A – 11B

Prior Authorizations (PA)

Guarantee

A.) The Contractor must provide a final determination of all requests for PA within 72 hours upon receiving all information required for review.

B.) If completed information for making a final determination is not received on the initial PA request, the physician's office will be contacted within 48 business hours to request the missing information in order to close out the PA.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #11A – 11B is as follows:

Non-EGWP:
The credit for failure to meet this SLA is $3,500.00 quarterly.

EGWP:
The credit for failure to meet this SLA is $5,000.00 quarterly.

SLA #12A – 12C
Paper Claim Processing Time
Guarantee
A.) Non-EGWP: The Contractor guarantees 95.00% of all retail paper claims will be processed within seven business days B.) Non-EGWP: The Contractor guarantees 100.00% will be processed within 15 business days, measured from the date of receipt to the date the claim is processed in the system. C.) EGWP: The Contractor guarantees 100.00% of all retail paper claims will be processed within 14 calendar days. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #12A – 12C is as follows: **Non-EGWP:** The credit for failure to meet this SLA is $50,000.00 annually. **EGWP:** The credit for failure to meet this SLA is $50,000.00 annually.

9.8.2 **Mail Order Pharmacy Service Level Agreements**

SLA #13
Routine Claims Processing Time – Mail Order
Guarantee
The Contractor must dispense and ship 97.50% of routine prescriptions (those prescriptions not requiring intervention) within two business days of receipt of the order at the Mail Service Pharmacy. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit

The credit due by the Contractor for failure to meet the requirement for SLA #13 is as follows:

Non-EGWP: The credit for failure to meet this SLA is $5,000.00 quarterly.

EGWP: The credit for failure to meet this SLA is $7,500.00 quarterly.

SLA #14
Exception Claims Processing Time – Mail Order
Guarantee
The Contractor must dispense and ship 99.00% of all prescriptions requiring intervention within five business days of receipt of the order at the Mail Service. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #14 is as follows: **Non-EGWP:** The credit for failure to meet this SLA is $5.000.00 quarterly. **EGWP:** The credit for failure to meet this SLA is $7.500.00 quarterly.

SLA #15
All Claims Dispensing Accuracy – Mail Order
Guarantee
The Contractor's mail order pharmacy must meet a Dispensing Accuracy Rate of 99.99%. "Dispensing Accuracy Rate" means (i) the number of all mail order pharmacy prescriptions dispensed by Contractor's Mail Service pharmacy less the number of those prescriptions dispensed by Contractor's Mail Service pharmacy which are reported to Contractor's Mail Service pharmacy and verified by Contractor's Mail Service pharmacy as having been dispensed with the incorrect drug, strength, patient, form, or directions, divided by (ii) the number of all mail order pharmacy prescriptions dispensed by Contractor's Mail Service pharmacy. The SLA is measured on book of business results. Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit

The credit due by the Contractor for failure to meet the requirement for SLA #15 is as follows:

Non-EGWP: The credit for failure to meet this SLA is $5,000.00 quarterly.

EGWP: The credit for failure to meet this SLA is $7,500.00 quarterly.

SLA #16
Routine Claims Processing Time – Specialty
Guarantee
The Contractor must dispense and ship 100.00% of routine prescriptions by the member requested "needs by" date. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #16 is as follows: **Non-EGWP:** The credit for failure to meet this SLA is $5,000.00 quarterly. **EGWP:** The credit for failure to meet this SLA is $7,500.00 quarterly.

SLA #17
Exception Claims Processing Time – Specialty
Guarantee
The Contractor must dispense and ship 98.00% of all prescriptions that require intervention by the member requested "needs by" date. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #17 is as follows: Non-EGWP: The credit for failure to meet this SLA is $5,000.00 quarterly. EGWP: The credit for failure to meet this SLA is $7,500.00 quarterly.

SLA #18
All Claims Dispensing Accuracy – Specialty
Guarantee
Contractor's Specialty Pharmacy guarantees 99.95% accuracy in prescription dispensing including correct patient, correct medication, correct strength, correct dosage, and correct signature. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #18 is as follows: **Non-EGWP:** The credit for failure to meet this SLA is $5,000.00 quarterly. **EGWP:** The credit for failure to meet this SLA is $7,500.00 quarterly.

9.8.3 Combined EGWP and Non-EGWP Service Level Agreements

SLA #19
Account Management Satisfaction Survey
Guarantee
Plan Sponsor's satisfaction with Contractor performance must be rated an average of 4.00 or above on a scale of 1.00 to 5.00. The Contractor will be measured using the agreed upon annual survey to assess the Contractor's Performance within the following categories: Senior Account Manager Performance Communications Data Reporting Clinical Management Customer Service Administrative Support The Contractor's total performance score will be determined by weighting equally the overall satisfaction scores of each of the six categories. The Contractor must measure and report its performance on this SLA on an annual basis.
Credit

The credit due by the Contractor for failure to meet the requirement for SLA #19 is as follows:

Non-EGWP & EGWP:
The credit for failure to meet this SLA is $45,833.33 per category annually for an overall score less than 4.00.

SLA #20
Point-of-Sale Downtime
Guarantee
The Contractor's POS system must be available 99.90% of the time with the exception of pre-established scheduled downtimes. Metric is based on book of business results. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #20 is as follows: **Non-EGWP & EGWP:** The credit for failure to meet this SLA is $275,000.00 annually.

SLA #21:
Network POS Guarantee
Guarantee
The Contractor must provide one or more Participating Pharmacies located within a convenient distance of 100.00% of Member residences, provided there is a pharmacy available using the following parameters: Two-mile distance for urban areas – 99.90% Five-mile distance for suburban areas – 99.90% Fifteen-mile distance for rural areas – 98.30% The Contractor must measure its performance on this SLA on a quarterly basis and report on an annual basis.
Credit

The credit for failure to meet the requirement for SLA #21 is as follows:

Non-EGWP & EGWP:
The credit for failure to meet this SLA is $275,000.00 annually.

SLA #22

Member Access to Pharmacist in Call Center

Guarantee

The Contractor must ensure that 100.00% of callers requesting to speak to a pharmacist are connected within an average of 60 seconds of making the request.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #22 is as follows:

Non-EGWP & EGWP:
The credit for failure to meet this SLA is $275,000.00 annually.

SLA #23A – 23C

Timely Production of Reports

Guarantee

A.) Contractor must provide complete monthly reports on the 15th of the second subsequent month. (e.g., March reporting is due May 15th).

B.) Contractor must provide complete quarterly reports as defined in **Schedule A, Section 5.6.1.**:

C.) Contractor must provide complete annual reports on 03/31 of the next calendar year.

The Contractor must measure and report its performance on this SLA on a monthly, quarterly, or annual basis, depending on the report. Fourth quarter reports may be submitted with the annual reports.

Credit

The credit due by the Contractor for failure to meet the requirement for SLA #23A – 23C is as follows:

Non-EGWP & EGWP:

The credit for failure to meet this SLA is $75,000.00 annually.

SLA #24
First Call Resolution
Guarantee
The Contractor must resolve 92.00% of calls during the first call. Members following up on the same issue within seven calendar days cannot be considered resolved. SLA is measured on book of business results. The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.
Credit
The credit due by the Contractor for failure to meet the requirement for SLA #24 is as follows: **Non-EGWP & EGWP:** The credit for failure to meet this SLA is $75,000.00 annually.

10. Additional Requirements

10.1 During the RFP process, the Contractor agrees to timely (maximum of 10 business day) turnaround for Contract language reviews during negotiations.

10.2 During the RFP process, the Contractor agrees to providing a designated legal contact to State for contract negotiations, who can commit to onsite or virtual meetings at Plan Sponsor as needed.

10.3 The Contractor will provide the State with any available prescription claims data that will help support its position or claim of the State in a class action lawsuit that is Pharma related based on drug pricing or therapy; brought by the State. Contractor will provide this data during the existing term of the contract and for up to one year following termination of the contract

SCHEDULE B - PRICING

Contract No. 220000001116

1. Reserved.

2. Reserved.

3. Contract Pricing includes all costs, including but not limited to, any one-time or set-up charges, fees, and potential costs that Contractor may charge the State (e.g., shipping and handling, per piece pricing, and palletizing).
Contractual Elements to Be Included at No Additional Cost to Plan Sponsor (at a minimum)

3.1 The all-inclusive Base Administrative Fee includes, at the minimum, the following:

- 3.1.1 Administrative Core Service Package
  - 3.1.1.1 Maintenance of Medicare Part D benefit set up parameters
  - 3.1.1.2 Programming and maintenance of Medicare electronic claims adjudication
  - 3.1.1.3 Claims adjustment activities in Medicare Part D program
  - 3.1.1.4 Prescription Drug Event (PDE) file submission and response administration
  - 3.1.1.5 Pre-Enrollment contact center support
  - 3.1.1.6 Eligibility management Services
  - 3.1.1.7 MTM Program
  - 3.1.1.8 PDP Pre-Enrollment website
- 3.1.2 Clinical Programs
  - 3.1.2.1 Prior Authorizations
  - 3.1.2.2 Grievances
  - 3.1.2.3 Coverage Determinations
  - 3.1.2.4 Re-determinations
- 3.1.3 New enrollee communications as required by CMS
- 3.1.4 Renewal communications as required by CMS
- 3.1.5 Ongoing communications as required by CMS
- 3.1.6 Pharmacy Directories provided to members
- 3.1.7 LIS communications
- 3.1.9 Transition communications
- 3.1.10 Medicare Post-Enrollment Calls
- 3.1.11 Website setup and ongoing maintenance fees
- 3.1.12 Communication assistance for Plan Sponsor employed customer service and HR staff
- 3.1.13 Communication and on-site assistance for Plan Sponsor Benefit Fairs
- 3.1.14 Template language and assistance in creating Plan Sponsor sponsored communications

3.2 Contractor must accept and load all open mail order and specialty pharmacy refills, Prior Authorization histories and up to 12 months of historical claims data at no additional cost to Plan Sponsor.

3.4 Contractor must not assess charges for the:

- 3.4.1 Implementation to the Contractor (including, but not limited to ID cards, communications, postage for welcome packets/communication, and other materials)
- 3.4.2 Member Services
- 3.4.3 Prospective DUR
- 3.4.4 Concurrent DUR
- 3.4.5 Retrospective and Advanced Retrospective DUR
- 3.4.6 Reporting (Ad hoc excluded)
- 3.4.7 Communications development
- 3.4.8 Development of communications for new clinical programs implemented by Plan Sponsor throughout the contract term
- 3.4.9 Access to the Contractor's on-line reporting tool for Plan Sponsor and third-party consultant
- 3.4.10 Summary of Benefits and Coverage

Commercial and EGWP:

Claims Processing Services

- Eligibility management
- Eligibility verification
- Online electronic Claims processing/administration
- Data retention – 15 months
- Operational Online Data – 12 months
- Accumulator for deductibles and maximums data – batch method
- Real-Time Audit System – filters 100 percent of claims before payment
- Enhanced Savings Program
- Lower Cost Alternatives
- PreCheck MyScript ePrescribing
- Copay Card Accumulator Adjustment ***Commercial Plan Only***

Termination Services and File Transfer

- Up to 12 files included in standard format, $1,500 per additional file thereafter

Contractor Pharmacy Network Services

- Administration of the Contractor Pharmacy Network
- Pharmacy Help Desk – available 24 hours a day, seven days a week

Pharmaceutical Manufacturer Rebate Services

- Contractor Standard Formularies
- Collection and Distribution of Manufacturer Rebates

Clinical Services

- Administrative Prior Authorization, Step Therapy, Quantity Limits
- Drug Recall Reporting
- Concurrent Drug Utilization Review (CDUR)
- Administration of Contractor Formularies
- Administration of Contractor standard Utilization Management programs
- Vigilant Drug Program ***Commercial Plan Only***

- Split Fill ***Commercial Plan Only***

Benefit Plan Administration

Member Services

- Toll-free Member Services Help Desk - available 24 hours a day, seven days a week
- Member Website and mobile app

Plan Sponsor Services

- Client Management Team
- Implementation support
- Standard Reporting Package

Member Communications

- Welcome Booklet with ID cards (two per family); Postage, shipping and handling cost are pass through

Online Plan Sponsor Access to Member Eligibility

- Verifying, entering, and updating member eligibility
- Viewing Member Claims history

Online Plan Sponsor Website Access

- Access to general and plan-specific information
- Setup and training for up to twenty users
- $400 per additional license each year
- Website access through optumrx.com
    - Pharmacy locator, refill Home Delivery Pharmacy, claims history
    - Health, wellness and disease education

Home Delivery/Mail Service and Specialty Pharmacy

- Standard postage included
- Member directed Home Delivery express shipments may incur additional charge

4. Quick Payment Terms: The Contractor is not providing quick payment terms.

5. Reserved.

6. **Credits**

6.1 Implementation Credits: The Contractor is not providing implementation credits.

6.2 Pharmacy Management Allowance (PMA): Contractor must provide Plan Sponsor with a PMA of $5.00 per member annually that can be used for a variety of Services during the term of the Contract for the Non-EGWP (actives and non-Medicare) population and EGWP population separately.

This PMA allowance is to be used by the Plan Sponsor to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees (excluding market checks), and engagement of relevant vendors that impact the pharmacy program strategy and results. Plan Sponsor will be

required to submit documentation to support the expenses for which it seeks reimbursement. If Plan Sponsor terminates this Agreement for any reason before the end of the Initial Term, Plan Sponsor shall refund to the Contractor within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a- 7b(b)(3)(A). To the extent required by Laws or contractual commitment, Plan Sponsor agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

6.3 Audit Credit: $125,000 split between Commercial and EGWP population for Pre/Post Audit Fund.

Commercial Plan Pricing

Administrative Fees	Administrative Fees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Base Administrative fee Per Member Per Month (PMPM)	$ 1.25	$ 1.30	$ 1.35

Discount Guarantees	Retail 30						Retail 90						Mail					
	Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed minimum % Discount off of AWP	19.50%	19.60%	19.70%	86.50%	86.60%	86.70%	23.00%	23.10%	23.20%	88.00%	88.10%	88.20%	25.00%	25.00%	25.00%	88.75%	88.85%	88.95%

Dispensing Fee Guarantees	Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum Dispensing Fee per script (PNPC)	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Rebate Guarantees	Rebate Guarantee			Rebate Guarantee				Rebate Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)		Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Minimum rebate guarantees: Per Net Paid Brand (PNPB) Rx	Select Comprehensive: $281 Premium: $327	Select Comprehensive: $307 Premium: $354	Select Comprehensive: $340 Premium: $390	Select Comprehensive : $635 Premium: $840	Select Comprehensive : $710 Premium: $915	Select Comprehensive : $760 Premium: $965		Select Comprehensive : $835 Premium: $940	Select Comprehensive : $910 Premium: $1,040	Select Comprehensive : $960 Premium: $1,120

Specialty Discount Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed overall specialty discount:									
Brand	21.75%	21.85%	21.95%	Not applicable.	Not applicable.	Not applicable.	21.75%	21.85%	21.95%
Generic	21.75%	21.85%	21.95%	Not applicable.	Not applicable.	Not applicable.	21.75%	21.85%	21.95%

Specialty Dispensing Fee Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum dispensing fee for specialty claims:	$ -	$ -	$ -	Not applicable.	Not applicable.	Not applicable.	$ -	$ -	$ -

Specialty Rebate Guarantees - Based on PBM's standard formulary without exclusions	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Minimum rebate guarantees (Per Brand Rx)	Select Comprehensive: $3,500 Premium: $3,800	Select Comprehensive: $3,975 Premium: $4,400	Select Comprehensive: $4,425 Premium: $5,000	Not applicable.	Not applicable.	Not applicable.	Select Comprehensive : $3,500 Premium: $3,800	Select Comprehensive : $3,975 Premium: $4,400	Select Comprehensive : $4,425 Premium: $5,000

Generic Dispensing Rate Guarantee	Generic Dispensing Rate Guarantees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Retail GDR guarantee	88.2%	88.3%	88.4%
Mail Order GDR guarantee	86.4%	86.5%	86.6%

EGWP Pricing

Administrative Fee Guarantees	Administrative Fees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Base Administration fee (PMPM)	$ -	$ -	$ -
EGWP Administrative fee (PMPM)	$ 8.40	$ 8.40	$ 8.40

Discount Guarantees	Retail 30						Retail 90						Mail					
	Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee			Brand Discount Guarantee			Generic Discount Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed minimum % Discount off of AWP	19.00%	19.10%	19.20%	86.50%	86.60%	86.70%	22.95%	22.95%	22.95%	88.00%	88.10%	88.20%	25.00%	25.00%	25.00%	88.75%	88.85%	88.95%

Dispensing Fee Guarantees	Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee			Brand Dispensing Fee Guarantee			Generic Dispensing Fee Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum Dispensing Fee per script	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ 0.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Rebate Guarantees	Rebate Guarantee			Rebate Guarantee			Rebate Guarantee		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Minimum rebate guarantees: (Per Brand Rx)	$ 225.00	$ 263.00	$ 303.00	$ 565.00	$ 695.00	$ 775.00	$ 635.00	$ 765.00	$ 845.00

Specialty Discount Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed overall specialty discount:						
Brand	20.50%	20.60%	20.70%	20.50%	20.60%	20.70%
Generic	20.50%	20.60%	20.70%	20.50%	20.60%	20.70%

Specialty Dispensing Fee Guarantees	Retail (Outside of PBM Specialty Pharmacy Channel			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Guaranteed maximum dispensing fee for specialty claims:	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50

Specialty Rebate Guarantees - Based on PBM's standard formulary without exclusions	Retail (Outside of PBM Specialty Pharmacy Channel)			Mail Non-Exclusive (Dispensed through PBM Specialty Pharmacy Channel)			Mail Exclusive (Dispensed through PBM Specialty Pharmacy Channel)		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Minimum rebate guarantees: (Per Brand Rx)	$ 1,895.00	$ 2,005.00	$ 2,105.00	$ 1,895.00	$ 2,005.00	$ 2,105.00	Not applicable.	Not applicable.	Not applicable.

Generic Dispensing Rate Guarantee	Generic Dispensing Rate Guarantees		
	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)
Retail GDR guarantee	83.2%	83.3%	83.4%
Mail Order GDR guarantee	85.9%	86.0%	86.1%

Financial Terms:

Commercial and EGWP:

- Under the Pass-Through Pricing Model, Plan Sponsor shall pay the actual retail pharmacy rates paid by Contractor for Prescription Drugs electronically processed and dispensed to a Member through Contractor's retail Pharmacy Network, which are estimated to be the effective rates set forth above. Contractor's compensation for its services shall be the Claims Administration Fees set forth above and a fee in an amount agreed to by the parties for any additional services authorized by Plan Sponsor.
- Contractor applies, where applicable, zero balance pricing logic, also referred to as minimum copay. The Member will pay the lower of (i) Member Cost-Sharing Amount or (ii) the pharmacy's Usual and Customary charge for the product.
- Discounts are based on published AWP.
- Discounted ingredient costs are based upon the actual 11-digit National Drug Code, specific to the quantity dispensed submitted by a Network Pharmacy at the time of adjudication.
- Retail 90 pricing is for retail Claims with greater than 31+ days' supply.
- Discount and dispensing fee guarantees are reconciled at the component level and are effective average annual rates, which may include the value of any and all other discounts, savings and reimbursements achieved. Such discount and dispensing fee guarantees are not reconciled on an individual Claim basis. Excess discounts in one line-item category cannot be credited to another category for purposes of satisfying the guarantee applicable to the other category. Any credits due to Plan Sponsor relating to the discount guarantees set forth above shall be issued ninety (90) days after the measurement period.
- Contractor will have no obligation under any financial guarantees under the contract for the contract year (that is, each 12-month period following the Effective Date) in which Plan Sponsor terminates, if the portion of the contract year before the effective date of Plan Sponsor's termination is less than 12 full months.
- The effective overall Generic Drug discount rate includes MAC, and non-MAC Generic Drug Claims subject to the discount and dispensing fee guarantee exclusions set forth herein.
- Compound Prescription Drug Claims, 340B Claims, Indian health services and tribal Claims, direct member reimbursement Claims, coordination of benefit Claims, long term care Claims, infusion Claims, Claims with ancillary charges such as vaccines, New to Market Limited Distribution Products, Claims filled at in-house or Client-owned pharmacies, fraudulent Claims, and Claims filled outside the Contractor Pharmacy Network will be excluded from the guarantees.
- Usual & Customary Claims are excluded in the discount guarantees.
- Zero balance Claims are included in the discount guarantees prior to the application of Member Cost-Sharing Amount.

  Refer to Schedule N Definitions for Brand Drug, Generic Drug, Single-Source Generic Drug definitions, Rebate(s) (and more).
- Compound Prescription Drugs shall be adjudicated using the standards in the most recent version of NCPDP guidelines which includes individual multi-ingredient pricing, the lower of U&C, MAC, or AWP minus and a dispensing fee of $10. Multi-ingredient Compound Prescription Drugs filled through NCCP approved providers may also be charged a level of effort (LOE) compounding fee based on the Claim's LOE code.
- Claims filled at multi-pack pharmacies, including Optum affiliated multi-pack pharmacies,

are included in theRetail 30 guarantee

- Certain conditions such as pharmacies with “Most Favored Nations pricing” obligations, remote area pharmacies, in-house or Client-owned pharmacies, and Plan Sponsor requests for additions to a selected network may result in a rate change or differential with respect to the affected pharmacy(ies) that will be passed on to Plan Sponsor, plus an administrative fee.
- Contractor may, from time to time, receive and retain reimbursement from pharmacies for its costs in connection with transmitting Claims and discounts on its own behalf from wholesalers and Drug Manufacturers as a purchaser of pharmaceutical products for its Home Delivery and Specialty Pharmacies.
- Contractor may pay a commission or other remuneration (e.g., fees to compensate for costs of administration)to a broker, consultant or administrator in connection with this Agreement, which commission or other remuneration may vary depending on plan design or other factors, and the Plan Sponsor acknowledges and expressly consents to the payment of said commission or other remuneration. Information regarding said commission or other remuneration will be provided by Contractor upon written request.
- Home Delivery pricing guarantees require an average days’ supply of at least 83 days in the aggregate.
- Specialty guarantees cover both Claims filled at Optum Specialty Pharmacy and retail pharmacies limited distribution products that Contractor has access to.
- Non-specialty Claims filled at Optum Specialty Pharmacy are reconciled under the retail guarantees.
- Contractor has provided a guaranteed drug-by-drug level discount list for specialty drugs (Specialty Drug List guarantees) as well as a minimum guarantee for New-to-Market Limited Distribution products (12%). The Specialty Drug List guarantees and specialty aggregate guarantees provided within will be reconciled annually to the better of the aggregate or Specialty Drug List guarantee.
- Transplant products will be considered non-specialty.
- Retail and Home Delivery guarantees exclude Specialty Drug Claims.
- Newly introduced pharmaceutical products will be added to Contractor’s systems and to Plan Sponsor’s PrescriptionDrug coverage (provided the new product is in a category covered by the Plan Sponsor) promptly following receipt by Contractor from the Pricing Source. Newly FDA-approved Specialty products will be billed and reimbursedat the default rate of AWP – 14%.
- Contractor will remit to Plan Sponsor 100% of the Rebates received by Contractor. Contractor guarantees that the Rebates remitted to Plan Sponsor during a contract year shall not be less than the Per Net Paid Brand Drug Claim (PNPBDC) Rebate amounts specified in the Rebate table above (“Guaranteed Rebate Amount”). In the event that the Rebates paid to Plan Sponsor during a contract year are less than the Guaranteed Rebate Amount, Contractor shall pay to Plan Sponsor, as an additional rebate from Contractor, the amount of such deficiency within 180 days following the end of the contract year. Contractor may withhold Rebates until this Agreement is signed.
- Calculation of the Guaranteed Rebate Amount excludes: Claims where the plan is not the primary payer, Vaccines, House generic Claims (DAW 5), devices except for insulin pumps and diabetic test strips, over the counter products, Claims from 340B, long term care, or federal government pharmacies, consumer card or discount card program Claims, or Prescription Claims otherwise not eligible for Rebates, Formulary Exclusions, Invalid Service Provider Identification or Prescription Numbers, Stale dated claims submitted more

than 2 quarters prior to the current quarter, Non-FDA approved products regardless of identification, Direct Member Submitted Claims, Re-Packaged NDCs (using Medi-Span's re-packer indicator), Compounds, Claims for plans where after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50 percent of the claim when evaluated in aggregate at the therapeutic class level, Claims Exclusions for Indian Health, Smart Fill & Split Claims Less than 20 DS. The Guaranteed Rebate Amount is reconciled in the aggregate annually.

- The effective date of any changes to Rebate arrangements shall be at the beginning of a calendar quarter.
- Contractor reserves the right to modify or amend the financial provisions of this document upon prior notice with appropriate documentation to Plan Sponsor in the event of (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make Contractor's performance of its duties hereunder materially more burdensome or expensive, including changes made to the AWP benchmark or methodology; (b) a change in the scope of services to be performed under this document upon which the financial provisions included in this document are based, including a change in the plan design and the exclusion of a service line (i.e. retail, mail, specialty) from Plan Sponsor's service selection; (c) a reduction of greater than fifteen percent in the total number of members from the number provided to Contractor during pricing negotiations upon which the financial provisions included in this document are based; (d) unexpected movement of a branded product to off-patent or where there are generic, or Authorized Brand Alternative Drug substitutes available; or (e) implementation or addition of 100 percent Member paid plans; or (f) Contractor is no longer the exclusive specialty pharmacy provider.
- If Plan Sponsor makes any change to its formulary, not initiated by Contractor, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by Contractor under its formulary or utilization management programs, Contractor may adjust the Rebate guarantees in this pricing summary, effective the date of the change.
- The financial guarantees set forth in this exhibit are subject to all of the terms contained in this exhibit.

Commercial Plan Specific:

- Optum Specialty Pharmacy shall be the exclusive specialty providers under this Agreement and Members will receive Specialty Drug Covered Prescription Services only from Optum Specialty Pharmacy and not any other retail, Home Delivery, or specialty pharmacy. Notwithstanding the foregoing, Limited Distribution Drugs not dispensed by Optum Specialty Pharmacy may be obtained from other Network Pharmacies. Under an exclusive arrangement, grace fills at retail will not be allowed. The Specialty Drug List will be provided to Plan Sponsor upon request and may be updated from time to time.
- Premium Rebates: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary, exclusions and utilization management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non-preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).
- Select Comprehensive Rebates: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary and utilization

management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non-preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

EGWP Specific:

- Optum Specialty Pharmacy shall be specialty providers under this Agreement and Members will receive Specialty Drug Covered Prescription Services only from a Network Pharmacy, including Optum Specialty Pharmacy. Specialty dispensing fees and Specialty Drug pricing shall apply for any Specialty Drugs filled atretail and Home Delivery. The Specialty Drug List will be provided to Plan Sponsor upon request may be updated from time to time.
- Silver Formulary: The Guaranteed Rebate Amount is contingent upon Plan Sponsor's adoption, without deviation, of Contractor's Formulary and utilization management programs. Plan Sponsors must have a Rebate qualifying benefit design which includes a minimum of $10 difference in member cost between preferred and non- preferred drugs, and that Members, after the deducible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g., a 50% or more co-insurance plan).

Generic Dispensing Rate Details:

Commercial and EGWP:

For each channel referenced with a Generic Dispense Rate (GDR) guarantee above (i.e., retail and mail), the Generic Dispense Rate (GDR) guarantee means for any full Contract Year, the number of Prescription Claims for Generic Drugs, as adjusted below ("GDR Utilization") divided by the number of Prescription Claims for the Contract Year, as adjusted below ("Adjusted Total Prescription Claims") , i.e., [GDR = GDR Utilization for Contract Year/Adjusted Total Prescription Claims for Contract Year]. The GDR guarantee willbe expressed as a percentage. GDR Utilization and Adjusted Total Prescription Claims will be adjusted by excluding: (i) all Prescription Claims from the categories listed as exclusions to the discount and dispensingfee guarantees; and (ii) all Prescription Claims for Specialty Drugs.

To be eligible for the GDR guarantee, Plan Sponsor must comply with each of the following for each Plan Sponsor BenefitPlan:

- Maintain an average copayment differential between tier 1 and tier 2 Formulary products of $15 or more.
- Adopt the Contractor Formulary referenced on Exhibit C without exceptions and implement all required clinical programs associated with the Formulary; and
- Implement dispense as written penalties for DAW 2 claims for the majority of Members.

The GDR guarantee will be measured and reconciled for each channel referenced with a GDR guarantee inthe table above in the aggregate on an annual basis. Overachievement in one channel may be used to offset underperformance in another channel. The penalty for failure to achieve a GDR guarantee for a Contract Year will be calculated as the product of:
[Adjusted Total Prescription Claims] x (GDR guarantee– GDR achieved (each expressed as a percentage) x(average cost to Plan Sponsor for non-Specialty Brand Drugs for Contract Year minus average Member Cost ShareAmount minus average applicable Rebate guarantee) – (average cost to Plan Sponsor for non-Specialty Generic Drugs for Contract Year minus average Member Cost Share Amount)]

The final penalty shall never exceed more than $1.50 per Member per Contract Year.

The GDR guarantee reporting will be provided in conjunction with the pricing discount and dispensing fee guarantee reporting.

Additional Fees

- Contractor may charge for any new products or services as they become available.

Commercial and EGWP:

Clinical Bundle Fee ***Commercial Plan Only*** Bundle includes the following Clinical Programs: • RDUR • Opioid Risk Management	$0.29 PMPM
Clinical Services and Programs	
Clinical Prior Authorizations -Technician/Pharmacist Review	Included at No Charge
Polypharmacy Value Management ***Commercial Plan Only***	$0.35 PMPM
Orphan Drug Management ***Commercial Plan Only***	$300 per intervened member per year
Prior Authorization Appeals -Internal Clinical Appeals Not Requiring Physician Review -Internal Clinical Appeals Requiring Physician Review -External clinical appeal	 $150 per review $300 per review $400 per review
Peer to Peer Physician Review -Peer to Peer Review Service -Physician Review Service	 $75 per review $150 per review
Administration of Appeals Process Managed by Plan Sponsor	$35 per review
Medication Therapy Management Program ***EGWP Only*** -MTM Program	 Included at No Charge
Contractor Medical Insights Management -Contractor Medical Insights Management -Performance Guarantee (Both Plans)	Commercial: $0.25 PMPM EGWP $0.41 PMPM Included at No Charge
-Contractor Medication Safety Management -Performance Guarantee Included (Both Plans)	Commercial: $0.11 PMPM EGWP $0.20 PMPM Included at No Charge
-Contractor Care Gap Management	Commercial: $0.05 PMPM EGWP $0.11 PMPM

-Performance Guarantee	Included at No Charge
Contractor Stars Quality Management ***EGWP Only***	
-Contractor Stars Quality Management	$0.15 PMPM
-Performance Guarantee	$0.15 PMPM
Patterns of Care Program	$0.08 PMPM plus one-time $5,000 setup fee
Medication Adherence Program	
-Top 3 Conditions + Chronic Non-Specialty + Specialty Medications + Behavior Health Medications + Medication Adherence Program for Medication Assisted Therapy	$0.25 PMPM
-Top 3 Conditions + Chronic Non-Specialty + Specialty Medications	$0.18 PMPM
-Top 3 Conditions	$0.13 PMPM
-MAP Performance Guarantee	Included
-Medication Adherence Behavior Health conditions + Medication Adherence Program for Medication Assisted Therapy (MAT) - ROI not offered for this program.	$0.12 PMPM
Diabetes Management Program Options ***Commercial Plan Only"**	
-High-Risk member counseling + Medication Adherence + RDUR Gaps in Care programs	$195 per counseled member per year + $0.08 PMPM
-High-Risk member counseling + Medication Adherence	$195 per counseled member per year + $0.06 PMPM
-High-Risk member counseling + RDUR Gaps in Care programs	$195 per counseled member per year + $0.02 PMPM
-High-Risk member counseling	$195 per counseled member per year
Opioid Risk Management Solution	
-Utilization Management	Standard UM/transactional fees
-Enhanced cDUR	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced Benefit Design	
-Adjust Refill Window	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced DEA edit by scope of practice	Standard – Included at No Charge Customization: $1,000 per edit.
Opioid Risk Management Solution (Add-On offerings) ***Commercial Plan Only***	

-Refill Window 90% Scheduled II-V Controlled Drugs (80% Specialty-Mail)	Included at No Charge
-Comprehensive UM option	Included at No Charge, PA fees will apply
-UM à la carte option	Included at No Charge, PA fees will apply
-Opioid Risk Management Solution (Member Opioid Risk Analysis) • Monthly Subscription • One-Time Request	 $500 per month + $1,500 implementation fee $3,000 per request
Opioid Risk Management Solution ***EGWP Only***	
-Utilization Management	Standard UM/transactional fees
-Enhanced cDUR	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced Benefit Design	
-Adjust Refill Window	Standard - Included at No Charge Customization: $1,000 per edit.
-Enhanced DEA edit by scope of practice	Standard - Included at No Charge Customization: $1,000 per edit.
Personalized Rx Counselor Program (MTM Program) – ***Commercial Only***	
-On Demand Comprehensive Medication Review	$0.05 PMPM + $100 per On Demand CMR consultation
-Comprehensive Medication Review + Targeted Medication Review	$0.27 PMPM
Comprehensive Medication Review + Targeted Medication Review Performance Guarantees	Included at No Charge
-Comprehensive Medication Review + Targeted Medication Review + On Demand Comprehensive Medication Review	$0.27 PMPM + $100 per On Demand CMR consultation
-Comprehensive Medication Review + Targeted Medication Review + On Demand Comprehensive Medication Review Performance Guarantees	Included at No Charge
Specialty Medication Optimization– ***Commercial Only***	One-Time Initial Medical Claims Set Up Fee
• Specialty Redirection	
• MedicalRx Benefit Optimization	No Program Fee
• Medical Specialty Provider Network	No Program Fee 15% Medical Rebate Retention
Medicare Drug Management Program – ***EGWP Only***	
• Member Identification Only	

• Member Identification + full Case Management	$1,000 per month $1,000 per month + $450 per case
Clinical Analytics Services	Quoted upon request
Trend Forecast	Quoted upon request
Custom Formulary and Utilization Management Services	Quoted upon request
Pharmacy &Therapeutics (P&T) Support Services	Quoted upon request
Custom Publication Support Services	Quoted upon request
Other Fees	
Variable Copay Program	$95 per impacted Rx
Plan Sponsor Website Additional Users	Twenty included, $400 per year per additional user
Direct Member Reimbursement (DMR)	$2.50 per processed paper Claim plus the Administrative Fee
Ad-hoc Reporting	$150 per hour, with a minimum of $500
Manual Eligibility Maintenance	$0.50 per record
ID cards - Subsequent mailings, replacements, or additional	$2 per ID card plus postage, shipping and handling
Explanation of Benefits (EOB)	$2 per EOB plus postage, shipping and handling
Custom Mailings	Production plus postage, shipping and handling
Advanced Pharmacy Audit Services	Included
RxTRACK License Fee	$500 per seat annual fee
RDS Support Services	$1.25 PMPM
Integrated Accumulator - Near Real Time Method	$0.15 PMPM
COVID-19 OTC Test Kit Fee	$2.00 per test kit claim
Consolidated Appropriations Act Section 204 RxDC Premium 1 Reporting (See **Schedule P Transparency CAA Section 204 Reporting Services Addendum**)	$1,000 per reporting year

Additional EGWP Services and Fees

EGWP Services	
• Enrollment / Finance Functions	Included in EGWP Fee
• Standard Plan Sponsor Reporting	Included in EGWP Fee
Explanation of Benefits (EOB)	
• CMS compliant document monthly print and mail (where applicable) • Spanish translated EOB, per Eligible Participant's request • Plan Sponsor variable information (plan logo, hours ofoperation, customer service information) • Programming changes as required for CMS requirements. • Data management and processing	Standard Package included in EGWP fee. Customization requirements may incur additional fees for production and postage.

• Application to enter formulary change information and message to appear on EOBs • Viewer tool for OptumRx call center • Document retention on-line for 18 months and 10 year archiving	
Transition Member Services	
• Eligible Participant and Physician letter	Included in EGWP Fee
• Daily Transmission Claims Data file	Included in EGWP Fee
• Programming changes as required for CMS requirements	Included in EGWP Fee
• Data management and processing	Included in EGWP Fee
• Daily transition file(s), critical error if applicable	Included in EGWP Fee
• Eligible Participant or customer inquiry support	Included in EGWP Fee
PDE Management	
• CMS Attestations	Included in EGWP Fee
• PDE Creation	Included in EGWP Fee
• Error oversight, trend analysis, and prevention	Included in EGWP Fee
• Error resolution support and best practices	Included in EGWP Fee
• PDE reprocessing as required	Included in EGWP Fee
• CMS report distribution (i.e., P2P, Accum)	Included in EGWP Fee
• Programming as needed for CMS required changes	Included in EGWP Fee
• Reports (i.e., summary, statistics, pre-edit errors)	Included in EGWP Fee
• Report Catalog of CMS generated files	Included in EGWP Fee
Clinical Programs	
• CDUR & Level 1 (THERDOSE)	Included in EGWP Fee
• Medicare Drug Management Program	Included in EGWP Fee
• Overutilization Monitoring System	Included in EGWP Fee

• RDUR Star Focused	Included in EGWP Fee
• Orphan Drug Program	Included in EGWP Fee
• EGWP Medication Therapy Management	Included in EGWP Fee
• Basic Medication Adherence (Late to refill IVR) is not required under Part D, but we automatically include it in our standard EGWP offering.	Included in EGWP Fee
• Medicare Fraud, Waste, and Abuse Program	Included in EGWP Fee
• Medication Error Identification and Reduction (MEIR)	Included in EGWP Fee
• E-Prescribing Services	Included in EGWP Fee
• Opioid Risk Management - Medicare Member Education Program	Included in EGWP Fee
• Prior Authorizations (includes clinical Prior Authorization and B vs. D coverage determinations)	$50 per Prior Authorization
• Grievances (pharmacy benefit related grievance)	Included in EGWP Fee
• Re-determination of coverage (second level appeals) - Medical or Administrative	Included in EGWP Fee
• OptumRx Base Formulary	Included in EGWP Fee
Print Fulfillment (as applicable)	
• ID Cards	Standard Package included in EGWP fee. Customization requirements may incur additional fees.
• Welcome Kits	Standard Package included in EGWP fee. Customization requests must be approved by OptumRx-EGWP and may incur additional fees.
• ANOC/Evidence of Coverage (EOC) Mailing / Fulfillment	Standard Package included in EGWP fee. Customization requirements may incur additional fees
• Summary of Benefits & Opt Out letter	Included in EGWP Fee
• Geo-Coded Pharmacy Directories	Included in EGWP Fee
• Formulary Drug List	Included in EGWP Fee
• Payment distribution to Eligible Participants and LTC's for adjustments that identified previous overpayments of the Eligible Participant cost share / Drug Refund Checks	Included in EGWP Fee
• Other Eligible Participant or physician communications	Production and Postage at cost
• Eligible Participant requested materials	Production and Postage at cost
• Medicare Secondary Payer Letters/Survey	Included in EGWP Fee
• All CMS-required CMS Transaction Reply Code (TRC) letters (post enrollment; including disenrollment, LEP, LIS, etc.)	Included in EGWP Fee
• Return Mail Charge	Included in EGWP Fee
Add-On Medicare Part D Services	

• Specialized support for Medicare Post-enrollment Calls (Benefits, eligibility, EOB review, letters, claim resolution)	Included in EGWP Fee
• Manual Eligibility Data entry	$0.50 per record
• Loading of the required 3-6 months of pharmacy data	Included in EGWP Fee
• Website with standard design: Access for Eligible Participants and Physicians.	Included in EGWP Fee
• Custom Website Development	$250 per Hour
• PBP And Plan Changes	Included in EGWP Fee
• Batch processing of Plan Sponsor-caused/initiated adjustments (includes analysis and preparation ofdata files for processing, adjustment of TrOOP/Drug Spend balances and creation of overpayment and underpayment reports as appropriate)	Included in EGWP Fee
• Coordination of Benefits with SPAP's or other mandated programs	Included in EGWP Fee
• GeoAccess report (in excess of one annually provided in Core Services)	$5,000 per Report
• DMR Coverage letter (paper claim)	Included in EGWP Fee

SCHEDULE D - CONTRACTOR CRITICAL SYSTEMS

Contract No. 220000001116

1. **Definitions.** In addition to the definitions found in the Contract Terms, for the purposes of this Contract, the following terms have the following meanings: **"Authorized Users**" means all Persons authorized by the State to access and use the Software under this Contract, subject to the maximum number of users specified in the applicable Statement of Work.

   "**Harmful Code**" means any software, hardware or other technologies, devices or means, the purpose or effect of which is to: (a) permit unauthorized access to, or to destroy, disrupt, disable, encrypt, modify, copy, or otherwise harm or impede in any manner, any (i) computer, software, firmware, data, hardware, system or network, or (ii) any application or function of any of the foregoing or the integrity, use or operation of any data Processed thereby; or (b) prevent the State or any Authorized User from accessing or using the Services as intended by this Contract, and includes any virus, bug, trojan horse, worm, backdoor or other malicious computer code and any time bomb or drop dead device.

   "**Hosted Services"** means the hosting, management and operation of the Operating Environment, Software, other services (including support and subcontracted services), and related resources for remote electronic access and use by the State and its Authorized Users, including any services and facilities related to disaster recovery obligations as described in one or more written, sequentially numbered, statements of work referencing this Contract, including all Specifications set forth in such statements of work, which, upon their execution will be attached as **Schedule A** to this Contract and by this reference are incorporated in and made a part of this Contract. For this Contract, Hosted Services is, and will be referred to as a **"Critical System".**

   "**Open-Source Components**" means any software component that is subject to any open-source copyright license agreement, including any GNU General Public License or GNU Library or Lesser Public License, or other obligation, restriction or license agreement that substantially conforms to the Open Source Definition as prescribed by the Open Source Initiative or otherwise may require disclosure or licensing to any third party of any source code with which such software component is used or compiled.

   "**Open-Source License**" has the meaning set forth in **Section 1.4.**

   "**Operating Environment**" means, collectively, the platform, environment and conditions on, in or under which the Software is intended to be installed and operate, as set forth in a Statement of Work, including such structural, functional and other features, conditions and components as hardware, operating software, system architecture, configuration, computing hardware, ancillary equipment, networking, software, firmware, databases, data, and electronic systems (including database management systems).

"**Service Error**" means any failure of any Critical System to be Available or otherwise perform in accordance with this Schedule.

"**Specifications**" means the specifications for the Software set forth in the applicable Statement of Work and, to the extent consistent with and not limiting of the foregoing, the Documentation.

"**State Materials**" means all materials and information, including documents, data, know-how, ideas, methodologies, specifications, software, content and technology, in any form or media, directly or indirectly provided or made available to Contractor by or on behalf of the State in connection with this Contract.

"**Support Services**" means the Software maintenance and support services Contractor is required to or otherwise does provide to the State pursuant to this **Schedule D** and **Exhibit 1** to this **Schedule D**.

"**User Data**" means all data, information and other content of any type and in any format, medium or form, whether audio, visual, digital, screen, GUI or other, that is input, uploaded to, placed into or collected, stored, processed, generated or output by any device, system or network by or on behalf of the State, including any and all works, inventions, data, analyses and other information and materials resulting from any use of the Software by or on behalf of the State under this Contract, except that User Data does not include the Software or data, information or content, including any GUI, audio, visual or digital or other display or output, that is generated automatically upon executing the Software without additional user input.

2. Critical System License Grant and Source Code Escrow

2.1 Contractor License Grant. Contractor hereby grants to the State, exercisable by and through its Authorized Users, a nonexclusive, royalty-free, irrevocable (except as provided herein) right and license during the Term and such additional periods, if any, as Contractor is required to perform Services under this Contract or any Statement of Work, to:

(a) access and use the Critical Systems, including in operation with other software, hardware, systems, networks and services, for the State's business purposes, including for Processing State Data;

(b) generate, print, copy, upload, download, store and otherwise Process all GUI, audio, visual, digital and other output, displays and other content as may result from any access to or use of the Critical Systems;

(c) prepare, reproduce, print, download and use a reasonable number of copies of the Specifications and Documentation for any use of the Critical Systems under this Contract; and

(d) access and use the Critical Systems for all such non-production uses and applications as may be necessary or useful for the effective use of the Critical Systems hereunder, including for purposes of analysis, development, configuration, integration, testing, training, maintenance, support and repair, which access and use will be without charge and not included for any purpose in any calculation of the State's or its Authorized Users' use of the Critical Systems, including for purposes of assessing any

Fees or other consideration payable to Contractor or determining any excess use of the Critical Systems as described in **Section 2.2**.

2.2 License Restrictions. The State will not: (a) rent, lease, lend, sell, sublicense, assign, distribute, publish, transfer or otherwise make the Critical Systems available to any third party, except as expressly permitted by this Contract or in any Statement of Work; or (b) use or authorize the use of the Critical Systems or Documentation in any manner or for any purpose that is unlawful under applicable Law.

2.3 Use. The State will pay Contractor the corresponding Fees set forth in the Statement of Work for all Authorized Users access and use of the Critical Systems or Software. Such Fees will be Contractor's sole and exclusive remedy for use of the Critical Systems or Software, including any excess use.

2.4 Open-Source Licenses. For Contractor Hosted Software only (and not for the provision of Software-as-a-Service), any use hereunder of Open-Source Components shall be governed by, and subject to, the terms and conditions of the applicable open-source license ("Open-Source License"). Contractor shall identify and describe in an exhibit to the Statement of Work each of the Approved Open-Source Components of the Software, and include an exhibit attaching all applicable Open-Source Software Licenses or identifying the URL where these licenses are publicly available.

2.5 Source Code Escrow. The parties may enter into a separate intellectual property escrow agreement. Such escrow agreement will govern all aspects of Source Code escrow and release. Contractor hereby grants the State a license to use, reproduce, and create derivative works from the deposit material, provided the State may not distribute or sublicense the deposit material or make any use of it whatsoever except for such internal use as is necessary to maintain and support the Software. Copies of the deposit material created or transferred pursuant to this Contract are licensed, not sold, and the State receives no title to or ownership of any copy or of the deposit material itself. The deposit material constitutes Confidential Information of Contractor pursuant to Section 38.a of this Contract (provided no provision of Section 38.e calling for return of Confidential Information before termination of this Contract will apply to the deposit material).

3. Critical Systems Testing and Acceptance.

3.1 Critical System Preparation. Promptly upon the parties' execution of a Statement of Work, Contractor will take all steps necessary to make the Critical Systems procured thereunder ready and available for the State's use in accordance with the Statement of Work and this Contract, including any applicable milestone date or dates set forth in such Statement of Work.

3.2 Testing and Acceptance.

(a) When Contractor notifies the State in writing that the Critical Systems are ready for use in a production environment, the State will have thirty (30) days (or such other period as may be agreed upon by the Parties in writing) from receipt of the notice to test the Critical Systems to determine whether

they comply in all material respects with the requirements of this Contract and the Specifications.

(b) Upon completion of the State's testing, the State will notify Contractor of its acceptance ("**Accept**" or "**Acceptance**") or, if it has identified any noncompliance with the Specifications, rejection ("**Reject**" or "**Rejection**") of the Critical Systems. If the State Rejects the Critical Systems, the State will provide a written list of items that must be corrected. On receipt of the State's notice, Contractor will promptly commence, at no additional cost or charge to the State, all reasonable efforts to complete, as quickly as possible and in any event within twenty (20) days (or such other period as may be agreed upon by the Parties in writing) from receipt of the State's notice, such necessary corrections, repairs and modifications to the Critical Systems to bring them into full compliance with the Specifications.

(c) If any corrective measures are required under **Section 3.2(b)**, upon completion of all such measures, Contractor will notify the State in writing and the process set forth in **Section 3.2(a)** and **Section 3.2(b)** will be repeated; provided that if the State determines that the Critical Systems, as revised, still do not comply in all material respects with the Specifications, the State may, in its sole discretion:

(i) require the Contractor to repeat the correction, repair and modification process set forth in **Section 3.2(b)** at no additional cost or charge to the State; or

(ii) terminate any and all of the relevant Statement of Work, this Contract and any other Statements of Work hereunder.

(d) The parties will repeat the foregoing procedure until the State Accepts the Critical Systems or elects to terminate the relevant Statement of Work as provided in **Section 3.2(c)(ii)** above. If the State so terminates the relevant Statement of Work, Contractor must refund to the State all sums previously paid to Contractor under such Statement of Work within ten (10) Business Days of the State's written notice of termination, and the State will be relieved of all obligations thereunder.

4. Support Services.

4.1 Maintenance and Support Services. Contractor will provide Critical System maintenance and support services (collectively, "**Support Services**") in accordance with the provisions set forth in this **Schedule D** and in the Service Level Agreement, attached as **Exhibit 1** to this **Schedule D** (the "**Support Services and Service Level Agreement**").

4.2 Maintenance Services. Contractor will provide Critical System maintenance and support services (collectively, "**Software Support Services**") in accordance with the provisions of this **Schedule D**, including **Exhibit 1** to this **Schedule D**. The Software Support Services are included in the Services, and Contractor may not assess any additional fees, costs or charges for such Software Support Services. Contractor will continuously maintain the Critical

Systems to optimize Availability that meets or exceeds the Availability Requirement as defined in **Exhibit 1** to this **Schedule D**. Such maintenance services include providing to the State and its Authorized Users:

(a) all updates, bug fixes, enhancements, new releases, new versions and other improvements to the Critical Systems, including the Software, that Contractor provides at no additional charge to its other similarly situated customers; and

(b) all such services and repairs as are required to maintain the Critical Systems or are ancillary, necessary or otherwise related to the State's or its Authorized Users' access to or use of the Critical Systems, so that the Critical Systems operate properly in accordance with the Contract and this **Schedule D**.

5. Support Service Responsibilities. Contractor will:

(a) correct all Service Errors in accordance with the Support Service Level Requirements as defined in **Exhibit 1** to this **Schedule D**, including by providing defect repair, programming corrections and remedial programming;

(b) provide unlimited telephone support between the hours of 7 am and 7 pm, EST;

(c) provide unlimited online support 24 hours a day, seven days a week;

(d) provide online access to technical support bulletins and other user support information and forums, to the full extent Contractor makes such resources available to its other customers; and

(e) respond to and Resolve Support Requests as specified in **Exhibit 1** to this **Schedule D**.

6. Software and Service Warranties.

6.1 Contractor represents and warrants to the State that:

(a) Contractor has, and throughout the Term and any additional periods during which Contractor does or is required to perform the Services, including Critical Systems, will have, the unconditional and irrevocable right, power and authority, including all permits and licenses required, to provide the Services and grant and perform all rights and licenses granted or required to be granted by it under this Contract;

(b) neither Contractor's grant of the rights or licenses hereunder nor its performance of any Services or other obligations under this Contract does or at any time will: (i) conflict with or violate any applicable law, including any law relating to data privacy, data security or personal information; (ii) require the consent, approval or authorization of any governmental or regulatory authority or other third party; or (iii) require the provision of any payment or other consideration by the State or any Authorized User to any third party, and Contractor shall promptly notify the State in writing if it

becomes aware of any change in any applicable law that would preclude Contractor's performance of its material obligations hereunder;

(c) as accessed and used by the State or any Authorized User in accordance with this Contract and the Specifications, the Critical Systems, Documentation and all other Services and materials provided by Contractor under this Contract will not infringe, misappropriate or otherwise violate any Intellectual Property Right or other right of any third party;

(d) there is no settled, pending or, to Contractor's knowledge as of the Effective Date, threatened action, and it has not received any written, oral or other notice of any action (including in the form of any offer to obtain a license): (i) alleging that any access to or use of the Services, Critical Systems, or Software does or would infringe, misappropriate or otherwise violate any Intellectual Property Right of any third party; (ii) challenging Contractor's ownership of, or right to use or license, any software or other materials used or required to be used in connection with the performance or receipt of the Services, or alleging any adverse right, title or interest with respect thereto; or (iii) that, if decided unfavorably to Contractor, would reasonably be expected to have an actual or potential adverse effect on its ability to perform the Services, including Critical Systems, or its other obligations under this Contract, and it has no knowledge after reasonable investigation of any factual, legal or other reasonable basis for any such litigation, claim or proceeding;

(e) the Software, Services (including Critical Systems) will in all material respects conform to and perform in accordance with the Specifications and all requirements of this Contract, including the Availability and Availability Requirement provisions set forth in Exhibit 1 to this **Schedule D**;

(f) all Specifications are, and will be continually updated and maintained so that they continue to be, current, complete and accurate and so that they do and will continue to fully describe the Critical Systems in all material respects such that at no time during the Term or any additional periods during which Contractor does or is required to perform the Services will the Critical Systems have any material undocumented feature;

(g) the Contractor Systems and Services (including Critical Systems) are and will remain free of Harmful Code;

(h) Contractor will not advertise through the Critical Systems (whether with adware, banners, buttons or other forms of online advertising) or link to external web sites that are not approved in writing by the State;

(i) Contractor will perform all Services in a timely, professional and workmanlike manner with a level of care, skill, practice and judgment consistent with generally recognized industry standards and practices for similar services, using personnel with the requisite skill, experience and

qualifications, and will devote adequate resources to meet Contractor's obligations (including the Availability Requirement and Support Service Level Requirements) under this Contract;

(j) During the term of this Contract, any audit rights contained in any third-party software license agreement or end user license agreement for third-party software incorporated in or otherwise used in conjunction with the Services, will apply solely to Contractor's (or its subcontractors) facilities and systems that host the Services (including any disaster recovery site), and regardless of anything to the contrary contained in any third-party software license agreement or end user license agreement, third-party software providers will have no audit rights whatsoever against State systems or networks; and

(k) Contractor acknowledges that the State cannot indemnify any third parties, including but not limited to any third-party software providers that provide software that will be incorporated in or otherwise used in conjunction with the Services, and that notwithstanding anything to the contrary contained in any third-party software license agreement or end user license agreement, the State will not indemnify any third-party software provider for any reason whatsoever.

7. **DISCLAIMER.** EXCEPT FOR THE EXPRESS WARRANTIES IN THIS CONTRACT, CONTRACTOR HEREBY DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE UNDER OR IN CONNECTION WITH THIS CONTRACT OR ANY SUBJECT MATTER HEREOF.

SCHEDULE D - EXHIBIT 1 - SUPPORT SERVICES AND SERVICE LEVEL AGREEMENT FOR CRITICAL SYSTEMS

Contract No. 220000001116

1. **Definitions.** For purposes of this **Exhibit 1** to **Schedule D**, the following terms have the meanings set forth below. All initial capitalized terms in this Schedule that are not defined in this **Section 1** shall have the respective meanings given to them in the Contract or its associated respective Schedules.

"**Actual Uptime**" means the total minutes in the Service Period that the Hosted Services are Available.

"**Availability**" has the meaning set forth in **Section 3(a)**.

"**Availability Requirement**" has the meaning set forth in **Section 3(a)**.

"**Available**" has the meaning set forth in **Section 3(a)**.

"**Contractor Service Manager**" has the meaning set forth in **Section 2.1**.

"**Corrective Action Plan**" has the meaning set forth in **Section 4.3**.

"**Critical Service Error**" has the meaning set forth in **Section 4**.

"**Exceptions**" has the meaning set forth in **Section 3.2**.

"Force Majeure Event" has the meaning set forth in **Section 5.1**.

"**High Service Error**" has the meaning set forth in **Section 4**.

"**Hosted Services" also referred to as "Critical Systems**" has the meaning set forth in **Schedule E**.

"**Low Service Error**" has the meaning set forth in **Section 4**.

"**Medium Service Error**" has the meaning set forth in **Section 4**.

"**Resolve**" has the meaning set forth in **Section 4.1(a)**.

"**Scheduled Downtime**" has the meaning set forth in **Section 3.3**.

"**Scheduled Uptime**" means the total minutes in the Service Period.

"**Service Availability Credits**" has the meaning set forth in **Section 3.6(a)**.

"**Service Level Credits**" has the meaning set forth in **Section 4.2**.

"**Service Level Failure**" means a failure to perform the Software Support Services fully in compliance with the Support Service Level Requirements.

"**Service Period**" has the meaning set forth in **Section 3(a)**.

"**Software**" has the meaning set forth in the Contract.

"**Software Support Services**" has the meaning set forth in **Section 4.1**.

"**State Service Manager**" has the meaning set forth in **Section 2.2**.

"**State Systems**" means the information technology infrastructure, including the computers, software, databases, electronic systems (including database management systems) and networks, of the State or any of its designees.

"**Support Request**" has the meaning set forth in **Section 4**.

"**Support Service Level Requirements**" has the meaning set forth in **Section 4**.

2. Personnel

2.1 Contractor Personnel for the Critical Systems. Contractor will appoint a Contractor employee to serve as a primary contact with respect to the Services who will have the authority to act on behalf of Contractor in matters pertaining to the receipt and processing of Support Requests and the Software Support Services (the "**Contractor Service Manager"). The Contractor Service Manager** will be considered Key Personnel under the Contract.

2.2 State Service Manager for the Critical Systems. The State will appoint and, in its reasonable discretion, replace, a State employee to serve as the primary contact with respect to the Services who will have the authority to act on behalf of the State in matters pertaining to the Software Support Services, including the submission and processing of Support Requests (the "**State Service Manager**").

3. Service Availability and Service Availability Credits.

3.1 Availability Requirement. Contractor will make the Critical Systems Available, as measured over the course of each calendar month during the Term and any additional periods during which Contractor does or is required to perform any Critical Systems (each such calendar month, a "**Service Period**"), at least 99.98% of the time, excluding only the time the Critical Systems are not Available solely as a result of one or more Exceptions (the "**Availability Requirement**"). "**Available**" means the Critical Systems are available and operable for access and use by the State and its Authorized Users over the Internet in material conformity with the Contract. "**Availability**" has a correlative meaning. The Critical Systems are not considered Available in the event of a material performance degradation or inoperability of the Critical Systems, in whole or in part. The Availability Requirement will be calculated for the Service Period as follows: (Actual Uptime – Total Minutes in Service Period Critical Systems are not Available Due to an Exception) ÷ (Scheduled Uptime – Total Minutes in Service Period Critical Systems are not Available Due to an Exception) x 100 = Availability.

3.2 Exceptions. No period of Hosted Service degradation or inoperability will be included in calculating Availability to the extent that such downtime or degradation is due to any of the following ("**Exceptions**"):

(a) failures of the State's or its Authorized Users' internet connectivity;

(b) Scheduled Downtime as set forth in **Section 3.3**.

3.3 Scheduled Downtime. Contractor must notify the State at least twenty-four (24) hours in advance of all scheduled outages of the Critical Systems in whole or in part ("**Scheduled Downtime**"). All such scheduled outages will: (a) last no longer than seven (7) hours; (b) be scheduled between the hours of 12:00 a.m.

and 7:00 a.m., Eastern Time; and (c) occur no more frequently than once per week; provided that Contractor may request the State to approve extensions of Scheduled Downtime above seven (7) hours, and such approval by the State may not be unreasonably withheld or delayed.

3.4 Software Response Time. Software response time, defined as the interval from the time the end user sends a transaction to the time a visual confirmation of transaction completion is received, must be less than two (2) seconds for 98% of all transactions. Unacceptable response times shall be considered to make the Software unavailable and will count against the Availability Requirement.

3.5 Service Availability Reports. Within forty-five (45) days after the end of each calendar quarter, Contractor will provide to the State a report describing the Availability and other performance of the Critical Systems during each calendar month as compared to the Availability Requirement. The report must be in electronic or such other form as the State may approve in writing and shall include, at a minimum: (a) the actual performance of the Critical Systems relative to the Availability Requirement; and (b) if Hosted Service performance has failed in any respect to meet or exceed the Availability Requirement during the reporting period, a description in sufficient detail to inform the State of the cause of such failure and the corrective actions the Contractor has taken and will take to ensure that the Availability Requirement are fully met.

3.6 Remedies for Service Availability Failures.

(a) If the actual Availability of the Critical Systems is less than the Availability Requirement for any Service Period, such failure will constitute a Service Error for which Contractor will issue to the State the following credits on the fees payable for Critical Systems provided during the Service Period ("**Service Availability Credits**"):

Availability	Credit of Fees
≥99.98%	None
<99.98% but ≥99.0%	15%
<99.0% but ≥95.0%	50%
<95.0%	100%

(b) Any Service Availability Credits due under this **Section 3.6** will be applied in accordance with payment terms of the Contract.

(c) If the actual Availability of the Critical Systems is less than the Availability Requirement in any two (2) of four (4) consecutive Service Periods, then, in addition to all other remedies available to the State, the State may terminate the Contract on written notice to Contractor with no liability, obligation or penalty to the State by reason of such termination.

3.7 Service Monitoring and Management. Contractor will continuously monitor and manage the Critical Systems to optimize Availability that meets or exceeds the Availability Requirement. Such monitoring and management includes:

(a) proactively monitoring on a twenty-four (24) hour by seven (7) day basis all Hosted Service functions, servers, firewall and other components of Hosted Service security;

(b) if such monitoring identifies, or Contractor otherwise becomes aware of, any circumstance that is reasonably likely to threaten the Availability of the Hosted Service, taking all necessary and reasonable remedial measures to promptly eliminate such threat and ensure full Availability; and

(c) if Contractor receives knowledge that the Hosted Service or any Hosted Service function or component is not Available (including by written notice from the State pursuant to the procedures set forth herein):

(d) confirming (or disconfirming) the outage by a direct check of the associated facility or facilities;

(e) if Contractor's facility check in accordance with clause (i) above confirms a Hosted Service outage in whole or in part: (A) notifying the State in writing pursuant to the procedures set forth herein that an outage has occurred, providing such details as may be available, including a Contractor trouble ticket number, if appropriate, and time of outage; and (B) working all problems causing and caused by the outage until they are Resolved as Critical Service Errors in accordance with the Support Request Classification set forth in **Section 4**, or, if determined to be an internet provider problem, open a trouble ticket with the internet provider; and

(f) notifying the State that Contractor has fully corrected the outage and any related problems, along with any pertinent findings or action taken to close the trouble ticket.

4. Support Service Level Requirements.

Contractor will correct all Service Errors and respond to and Resolve all Support Requests in accordance with the required times and other terms and conditions set forth in this **Section 4** ("**Support Service Level Requirements**"), and the Contract.

4.1 Support Requests. The State will classify its requests for Service Error corrections in accordance with the descriptions set forth in the chart below (each a "**Support Request**"). The State Service Manager will notify Contractor of Support Requests by email, telephone or such other means as the parties may hereafter agree to in writing.

Support Request Classification	Description: Any Service Error Comprising or Causing any of the Following Events or Effects
Critical Service Error	• Issue affecting entire system or single critical production function; • System down or operating in materially degraded state; • Data integrity at risk; • Declared a Critical Support Request by the State; or • Widespread access interruptions.
High Service Error	• Primary component failure that materially impairs its performance; or • Data entry or access is materially impaired on a limited basis.
Medium Service Error	• Hosted Service is operating with minor issues that can be addressed with an acceptable (as determined by the State) temporary work around.
Low Service Error	• Request for assistance, information, or services that are routine in nature.

(a) Response and Resolution Time Service Levels. Response and Resolution times will be measured from the time Contractor receives a Support Request until the respective times Contractor has (i) responded to, in the case of response time and (ii) Resolved such Support Request, in the case of Resolution time. “Resolve” (including “Resolved”, “Resolution” and correlative capitalized terms) means that, as to any Service Error, Contractor has provided the State the corresponding Service Error correction and the State has confirmed such correction and its acceptance thereof. Contractor will respond to and Resolve all Service Errors within the following times based on the severity of the Service Error:

Support Request Classification	Service Level Metric (Required Response Time)	Service Level Metric (Required Resolution Time)	Service Level Credits (For Failure to Respond to any Support Request Within the Corresponding Response Time)	Service Level Credits (For Failure to Resolve any Support Request Within the Corresponding Required Resolution Time)
Critical Service Error	One (1) hour	Three (3) hours	$25,000.00 credit for the month in which the initial Service Level Failure begins and $25,000.00 credit for each additional hour or portion thereof that the corresponding Service Error is not responded to within the required response time, up to a maximum annual credit of $275,000.00 per year.	Five percent (5%) of the Fees for the month in which the initial Service Level Failure begins and five percent (5%) of such monthly Fees for the first additional hour or portion thereof that the corresponding Service Error remains un-Resolved, which amount will thereafter double for each additional one-hour increment, up to a maximum annual credit of $275,000.00 per year.
High Service Error	One (1) hour	Four (4) hours	$15,000.00 credit for the month in which the initial Service Level Failure begins and $15,000.00 credit for each additional hour or portion thereof that the corresponding Service Error is not responded to within the required response, up to a	Three percent (3%) of the Fees for the month in which the initial Service Level Failure begins and three percent (3%) of such monthly Fees for the first additional hour or portion thereof that the corresponding Service Error remains un-Resolved, which

Support Request Classification	Service Level Metric (Required Response Time)	Service Level Metric (Required Resolution Time)	Service Level Credits (For Failure to Respond to any Support Request Within the Corresponding Response Time)	Service Level Credits (For Failure to Resolve any Support Request Within the Corresponding Required Resolution Time)
			maximum annual credit of $275,000.00 per year.	amount will thereafter double for each additional one-hour increment, up to a maximum annual credit of $275,000.00 per year.
Medium Service Error	Three (3) hours	Two (2) Business Days	N/A	N/A
Low Service Error	Three (3) hours	Five (5) Business Days	N/A	N/A

(b) Escalation. With respect to any Critical Service Error Support Request, until such Support Request is Resolved, Contractor will escalate that Support Request within sixty (60) minutes of the receipt of such Support Request by the appropriate Contractor support personnel, including, as applicable, the Contractor Service Manager and Contractor's management or engineering personnel, as appropriate.

4.2 Support Service Level Credits. Failure to achieve any of the Support Service Level Requirements for Critical and High Service Errors will constitute a Service Level Failure for which Contractor will issue to the State the corresponding service credits set forth in **Section 4.1(a)** ("**Service Level Credits**") in accordance with payment terms set forth in the Contract.

4.3 Corrective Action Plan. If two or more Critical Service Errors occur in any thirty (30) day period during (a) the Term or (b) any additional periods during which Contractor does or is required to perform any Critical Systems, Contractor will promptly investigate the root causes of these Service Errors and provide to the State within five (5) Business Days of its receipt of notice of the second such Support Request an analysis of such root causes and a proposed written

corrective action plan for the State's review, comment and approval, which, subject to and upon the State's written approval, shall be a part of, and by this reference is incorporated in, the Contract as the parties' corrective action plan (the "**Corrective Action Plan**"). The Corrective Action Plan must include, at a minimum: (a) Contractor's commitment to the State to devote the appropriate time, skilled personnel, systems support and equipment and other resources necessary to Resolve and prevent any further occurrences of the Service Errors giving rise to such Support Requests; (b) a strategy for developing any programming, software updates, fixes, patches, etc. necessary to remedy, and prevent any further occurrences of, such Service Errors; and (c) time frames for implementing the Corrective Action Plan. There will be no additional charge for Contractor's preparation or implementation of the Corrective Action Plan in the time frames and manner set forth therein.

5. Force Majeure.

5.1 Force Majeure Events. Subject to **Section 5.3**, neither party will be liable or responsible to the other party, or be deemed to have defaulted under or breached the Contract, for any failure or delay in fulfilling or performing any term hereof, when and to the extent such failure or delay is caused by: acts of God, flood, fire or explosion, war, terrorism, invasion, riot or other civil unrest, embargoes or blockades in effect on or after the date of the Contract, national or regional emergency, or any passage of law or governmental order, rule, regulation or direction, or any action taken by a governmental or public authority, including imposing an embargo, export or import restriction, quota or other restriction or prohibition (each of the foregoing, a "**Force Majeure Event**"), in each case provided that: (a) such event is outside the reasonable control of the affected party; (b) the affected party gives prompt written notice to the other party, stating the period of time the occurrence is expected to continue; (c) the affected party uses diligent efforts to end the failure or delay and minimize the effects of such Force Majeure Event.

5.2 State Performance; Termination. In the event of a Force Majeure Event affecting Contractor's performance under the Contract, the State may suspend its performance hereunder until such time as Contractor resumes performance. The State may terminate the Contract by written notice to Contractor if a Force Majeure Event affecting Contractor's performance hereunder continues substantially uninterrupted for a period of five (5) Business Days or more. Unless the State terminates the Contract pursuant to the preceding sentence, any date specifically designated for Contractor's performance under the Contract will automatically be extended for a period up to the duration of the Force Majeure Event.

5.3 Exclusions; Non-suspended Obligations. Notwithstanding the foregoing or any other provisions of the Contract or this Schedule:

(a) in no event will any of the following be considered a Force Majeure Event:

(i) shutdowns, disruptions or malfunctions of Contractor Systems or any of Contractor's telecommunication or internet services other than as a

result of general and widespread internet or telecommunications failures that are not limited to the Contractor Systems; or

(ii) the delay or failure of any Contractor Personnel to perform any obligation of Contractor hereunder unless such delay or failure to perform is itself by reason of a Force Majeure Event.

SCHEDULE E - DATA SECURITY REQUIREMENTS

Contract No. 220000001116

1. **Definitions**. For purposes of this Schedule, the following terms have the meanings set forth below. All initial capitalized terms in this Schedule that are not defined in this Schedule shall have the respective meanings given to them in the Contract.

   "**Contractor Security Officer**" has the meaning set forth in **Section 2** of this Schedule.

   "**FedRAMP**" means the Federal Risk and Authorization Management Program, which is a federally approved risk management program that provides a standardized approach for assessing and monitoring the security of cloud products and services.

   "**FISMA**" means the Federal Information Security Modernization Act of 2014 (Pub.L. No. 113-283 (Dec. 18, 2014.).

   "**Hosted Provider**" means any Permitted Subcontractor that is providing any or all of the Hosted Services under this Contract.

   "Hosted Services" means the hosting, management and operation of the Operating Environment, Software, other services (including support and subcontracted services), and related resources for remote electronic access and use by the State and its Authorized Users, including any services and facilities related to disaster recovery obligations.

   "**NIST**" means the National Institute of Standards and Technology.

   "**PCI**" means the Payment Card Industry.

   "**PSP**" or "PSPs" means the State's IT Policies, Standards and Procedures

   "**SSAE**" means Statement on Standards for Attestation Engagements.

   "**Security Accreditation Process**" has the meaning set forth in **Section 6** of this Schedule.

2. **Security Officer.** Contractor will appoint a Contractor employee to respond to the State's inquiries regarding the security of the Hosted Services who has sufficient knowledge of the security of the Hosted Services and the authority to act on behalf of Contractor in matters pertaining thereto **("Contractor Security Officer").**

3. **Contractor Responsibilities**. Contractor is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to:

   (a) ensure the security and confidentiality of the State Data;

(b) protect against any anticipated threats or hazards to the security or integrity of the State Data;

(c) protect against unauthorized disclosure, access to, or use of the State Data;

(d) ensure the proper disposal of any State Data in Contractor's or its subcontractor's possession; and

(e) ensure that all Contractor Representatives comply with the foregoing.

The State has established Information Technology (IT) PSPs to protect IT resources under the authority outlined in the overarching State 1305.00 Enterprise IT Policy. In no case will the safeguards of Contractor's data privacy and information security program be less stringent than the safeguards used by the State, and Contractor must at all times comply with all applicable public and non-public State IT policies and standards, of which the publicly available ones are at: https://www.michigan.gov/dtmb/0,5552,7-358-82547_56579_56755---,00.html

4. **Acceptable Use Policy**. To the extent that Contractor has access to the State's IT environment, Contractor must comply with the State's Acceptable Use Policy, see **ents/dtmb/1340.00.01_Acceptable_Use_of_Information_Technology_Standard_458958_7.pdf**. All Contractor Personnel will be required, in writing, to agree to the State's Acceptable Use Policy before accessing State systems. The State reserves the right to terminate Contractor's and/or subcontractor(s) or any Contractor Personnel's access to State systems if the State determines a violation has occurred.

5. Protection of the State's Information. Throughout the Term and at all times in connection with its actual or required performance of the Services, Contractor will:

5.1 If Hosted Services are provided by a Hosting Provider, ensure each Hosting Provider maintains FedRAMP authorization for all Hosted Services environments throughout the Term, and in the event a Hosting Provider is unable to maintain FedRAMP authorization, the State, at its sole discretion, may either a) require the Contractor to move the Software and State Data to an alternative Hosting Provider selected and approved by the State at Contractor's sole cost and expense without any increase in Fees, or b) immediately terminate this Contract for cause pursuant to **Section 15.1** of the Contract;

5.2 for Hosted Services provided by the Contractor, maintain either a FedRAMP authorization or an annual SSAE SOC 2 Type II audit based on State required NIST Special Publication 800-53 MOD Controls using identified controls and minimum values as established in applicable State PSPs;

5.3 ensure that the Software and State Data is securely hosted, supported, administered, accessed, and backed up in the continental United States, and the

data center(s) in which the data resides minimally meet Uptime Institute Tier 3 standards (https://www.uptimeinstitute.com/), or its equivalent;

5.4 maintain and enforce an information security program including safety and physical and technical security policies and procedures with respect to its Processing of the State Data that complies with the requirements of the State's data security policies as set forth in this Contract, and must, at a minimum, remain compliant with FISMA and NIST Special Publication 800-53 MOD Controls using identified controls and minimum values as established in applicable State PSPs;

5.5 provide technical and organizational safeguards against accidental, unlawful or unauthorized access to or use, destruction, loss, alteration, disclosure, encryption, transfer, commingling or processing of such information that ensure a level of security appropriate to the risks presented by the processing of State Data and the nature of such State Data, consistent with best industry practice and applicable standards (including, but not limited to, compliance with FISMA, NIST, CMS, IRS, FBI, SSA, HIPAA, FERPA and PCI requirements as applicable);

5.6 take all reasonable measures to:

(e) secure and defend all locations, equipment, systems and other materials and facilities employed in connection with the Services against "hackers" and others who may seek, without authorization, to disrupt, damage, modify, access or otherwise use Contractor Systems or the information found therein; and

(f) prevent (i) the State and its Authorized Users from having access to the data of other customers or such other customer's users of the Services; (ii) State Data from being commingled with or contaminated by the data of other customers or their users of the Services; and (iii) unauthorized access to any of the State Data;

5.7 ensure that State Data is encrypted in transit and at rest using FIPS validated AES encryption modules and a key size of 256 bits or higher;

5.8 ensure the Hosted Services support Identity Federation/Single Sign-on (SSO) capabilities using Security Assertion Markup Language (SAML), Open Authentication (OAuth) or comparable State approved mechanisms;

5.9 ensure the Hosted Services implements NIST compliant multi-factor authentication for privileged/administrative and other identified access.

6. Security Accreditation Process. Throughout the Term, Contractor will assist the State, at no additional cost, with its **Security Accreditation Process**, which includes

the development, completion and on-going maintenance of a system security plan (SSP) using the State's automated governance, risk and compliance (GRC) platform, which requires Contractor to submit evidence, upon request from the State, in order to validate Contractor's security controls within two weeks of the State's request. On an annual basis, or as otherwise required by the State such as for significant changes, re-assessment of the system's controls will be required to receive and maintain authority to operate (ATO). All identified risks from the SSP will be remediated through a Plan of Action and Milestones (POAM) process with remediation time frames based on the risk level of the identified risk. For all findings associated with the Contractor's solution, at no additional cost, Contractor will be required to create or assist with the creation of State approved POAMs and perform related remediation activities. The State will make any decisions on acceptable risk, Contractor may request risk acceptance, supported by compensating controls, however only the State may formally accept risk. Failure to comply with this section will be deemed a material breach of the Contract.

7. **Unauthorized Access.** Contractor may not access, and shall not permit any access to, State systems, in whole or in part, whether through the Hosted Services or otherwise, without the State's express prior written authorization. Such authorization may be revoked by the State in writing at any time in its sole discretion. Any access to State systems must be solely in accordance with the Contract and this Schedule, and in no case exceed the scope of the State's authorization pursuant to this Section. All State-authorized connectivity or attempted connectivity to State systems shall be only through the State's security gateways and firewalls and in compliance with the State's security policies set forth in the Contract as the same may be supplemented or amended by the State and provided to Contractor from time to time.

8. **Security Audits**.

   8.1 During the Term, Contractor will maintain complete and accurate records of its data protection practices, IT security controls, and the security logs relating to State Data, including but not limited to any backup, disaster recovery or other policies, practices or procedures relating to the State Data and any other information relevant to its compliance with this Contract.

   8.2 Without limiting any other audit rights of the State, the State has the right to review Contractor's data privacy and information security program prior to the commencement of Services and from time to time, but no more than once every twelve months, or as required by law, Executive Order or Executive Directive, during the term of this Contract. The State, at its own expense, is entitled to perform, or to have performed, an on-site audit of Contractor's data privacy and information security program. If the State chooses to perform an on-site audit,

Contractor will, make all such records, appropriate personnel and relevant materials available during normal business hours for inspection and audit by the State or an independent data security expert that is reasonably acceptable to Contractor, provided that the State: (i) gives Contractor at least five (5) Business Days prior notice of any such audit; (ii) undertakes such audit no more than once per calendar year, except for good cause shown; and (iii) conducts or causes to be conducted such audit in a manner designed to minimize disruption of Contractor's normal business operations and that complies with the terms and conditions of all data confidentiality, ownership, privacy, security and restricted use provisions of the Contract. The State may, but is not obligated to, perform such security audits, which shall, at the State's option and request, include security tests, of any and all Hosted Services and their housing facilities and operating environments. Contractor shall conduct annual third-party penetration testing and shall provide a summary report including number of vulnerabilities by severity and remediation timeframes of such testing to the state in conjunction with any audit.

8.3 During the Term, Contractor will, when requested by the State, provide a copy of a HITRUST certification letter and if necessary review a copy of Contractor's or Hosting Provider's HITRUST CSF Validated Certified report in an online meeting with the State within two weeks of the State's request. The System Security Plan and SSAE audit reports will be recognized as Contractor's Confidential Information.

8.4 With respect to State Data, Contractor must implement any required safeguards as identified by the State or by any audit of Contractor's data privacy and information security program.

8.5 The State reserves the right, at its sole election, to immediately terminate this Contract or a Statement of Work without limitation and without liability if the State determines that Contractor fails or has failed to meet its obligations under this **Section 8**.

9. Application Scanning. During the Term, Contractor must, at its sole cost and expense, scan all Contractor provided applications, and must analyze, remediate and validate all vulnerabilities identified by the scans as required by the State Secure Web Application and other applicable PSPs.

Contractor's application scanning and remediation must include each of the following types of scans and activities.:

9.1 Dynamic Application Security Testing (DAST) – Scanning interactive application for vulnerabilities, analysis, remediation, and validation.

(a) Contractor must dynamically scan a deployed version of the Software using an Industry Standard application scanning tool and provide the State a summary vulnerabilities assessment after Contractor has completed such scan. A summary with mutually agreeable detail of scans and assessments i) must be completed bi-annually for externally accessed applications and annually for internal applications and results provided to the State during the annual audit meeting and after a scan for each major release; and ii) scans must be completed in a non-production environment with matching source code and supporting infrastructure configurations or the actual production environment.

9.2 Static Application Security Testing (SAST) - Scanning Source Code for vulnerabilities, analysis, remediation, and validation.

(a) For Contractor provided applications, Contractor, at its sole expense, must provide resources to complete static application source code scanning, including the analysis, remediation and validation of vulnerabilities identified by application Source Code scans. These scans must be completed for all Source Code initially, for all updated Source Code and for all Source Code for each major release and Contractor must provide the State a mutually agreeable vulnerability assessment (summary) bi-annually for external accessed applications and annually for internal applications after Contractor has completed the required scans.

9.3 Software Composition Analysis (SCA) – Third Party and/or Open Source Scanning for vulnerabilities, analysis, remediation, and validation.

(a) For Software that includes third party and open source software, all included third party and open source software must be documented and the source supplier must be monitored by the Contractor for notification of identified vulnerabilities and remediation. SCA scans may be included as part of SAST and DAST scanning or employ the use of an SCA tool to meet the scanning requirements. These scans must be completed for all third party and open source software initially, for all updated third party and open source software, and for all third party and open source software in each major release and Contractor must provide the State a vulnerability assessment after Contractor has completed the required scans if not provided as part of SAST and/or DAST reporting.

9.4 In addition, application scanning and remediation may include the following types of scans and activities if required by regulatory or industry requirements, data classification or otherwise identified by the State.

(a) If provided as part of the solution, all native mobile application software must meet these scanning requirements including any interaction with an application programing interface (API).

(b) Penetration Testing – Simulated attack on the application and infrastructure to identify security weaknesses.

10. Infrastructure Scanning.

10.1 For Hosted Services, Contractor must ensure the infrastructure and applications are scanned using an approved scanning tool (Qualys, Tenable, or other PCI Approved Vulnerability Scanning Tool) at least monthly and provide the scan's assessments to the State in a format that is specified by the State and used to track the remediation. Contractor will ensure the remediation of issues identified in the scan according to the remediation time requirements documented in the State's PSPs.

11. Nonexclusive Remedy for Security Breach.

11.1 Any failure of the Services to meet the requirements of this Schedule with respect to the security of any State Data or other Confidential Information of the State, including any related backup, disaster recovery or other policies, practices or procedures, is a material breach of the Contract for which the State, at its option, may terminate the Contract immediately upon written notice to Contractor without any notice or cure period, and Contractor must promptly reimburse to the State any Fees prepaid by the State prorated to the date of such termination.

SCHEDULE E - EXHIBIT 1 - CONTRACTOR'S DISASTER RECOVERY PLAN

Contractor has provided the State with visual evidence of its Disaster Recovery Plan (DR Plan), which is incorporated herein by reference. The DR Plan is statutorily exempt from disclosure through FOIA request for security reasons.

Schedule G - Plan Design and Utilization
Administration of Prescription Drug Services for the Non-Medicare and Medicare-Eligible Members
Contract No. 220000001116

G1 - RESERVED

Schedule G - Plan Design and Clinical Programs
Administration of Prescription Drug Services for the Non-Medicare and Medicare-Eligible
Members Contract No. 220000001116
Schedule G2 - Plan Designs

Plan Designs
Plan must have an open formulary; EGWP Wrap must replicate Commercial formulary except where a clinical program is in place or as expressly authorized by Plan Sponsor.

State Health Plan PPO Group	Retail Generic	Retail Formulary Brand	Retail Non-Formulary Brand	Retail 90 and Mail Order Generic	Retail 90 and Mail Order Formulary Brand	Retail 90 and Mail Order Non-Formulary Brand	Maximum Out Of Pocket (MOOP)
Pre 1/1/1987 Retirees	$7	$15	$30	$14	$30	$60	$2,000/$4,000
Actives	$10	$30	$60	$20	$60	$120	$2,000/$4,000
Post 1/1/1987 Retirees	$10	$30	$60	$20	$60	$120	$2,000/$4,000
EGWP	$10	$30	$60	$20	$60	$120	$2,000/$4,000
SHP PPO prescription drug coverage is not subject to deductible or coinsurance.							

State High Deductible Health Plan*	Retail Generic	Retail Formulary Brand	Retail Non-Formulary Brand	Retail 90 and Mail Order Generic	Retail 90 and Mail Order Formulary Brand	Retail 90 and Mail Order Non-Formulary Brand	Maximum Out Of Pocket (MOOP) Embedded	Deductible (aggregate)
Actives	$10	$30	$60	$20	$60	$120	$4,000/$8,000	$1 500/$3,000
*State HDHP prescription drug coverage is subject to deductible but coinsurance does not apply.								

Schedule G - Plan Design and Clinical Programs
Administration of Prescription Drug Services for the Non-Medicare and Medicare-Eligible Members
Contract No. 220000001116
Schedule G3 - Clinical Programs

Clinical Programs			
Clinical Program	**Brief Description**	**Commercial (Y/N)**	**EGWP (Y/N)**
Concurrent Drug Utilization Review (cDUR)	Performed during the point of sale when members are filling their prescriptions. This includes ongoing monitoring of drug therapy to drive positive patient outcomes. It presents dispensing pharmacists with the opportunity to alert prescribers or to resolve potential clinical concerns associated with the member's prescription.	Y	Y
Retrospective Drug Utilization Review (RDUR)	**Safety**: Identifies and helps reduce possible safety management issues. Interventions include drug-drug interactions, dose per day, drug-age, drug-disease, therapeutic duplication, and overutilization. **Gaps in Care:** Identifies and closes gaps in medication therapy. Conditions targeted include: asthma, cardiovascular, diabetes, rheumatoid arthritis, migraine, HIV, osteoporosis, and COPD	Y	Y
Medication Therapy Management (MTM)	**Comprehensive Medication Review (CMR):** MTM pharmacists evaluate active medications in a member's profile for appropriateness and to identify potential issues. After consulting with the pharmacist, members receive a packet containing a personalized medication list and action plan. **Targeted Medication Review (TMR):** Medications are monitored on an ongoing basis and providers are advised of potential concerns.	N	Y
Opioid Risk Management	Comprehensive solution that uses advanced analytics and evidence-based clinical rules to decrease overprescribing, prevent opioid misuse, identify and intervene with high-risk members, and support those with dependency through successful recovery.	Y	N
Vigilant Drug Program	Helps manage the pharmacy benefit with greater precision by limiting access to certain categories of drugs. These strategies are vetted and maintained by OptumRx's Pharmacy & Therapeutics Committee.	Y	N
Utilization Management (UM)	Utilization management (UM) edits ensure members meet appropriate clinical criteria before initiation of certain drug therapies. This confirms your member's therapy is safe and consistent with accepted therapeutic guidelines; resuling in plan savings. UM may include Prior Authorization (PA), Step Therapy (ST), and Quantity Limits (QL).	Y	Y
Split Fill	Targets new starts on oral oncology medications. Requires 15-day supply for first 3 months to allow member to adjust to medication and avoid waste.	Y	N
Copay Card Accumulator Adjustment Program	Provides clients with real-time solution to prevent copay card dollars from being included in members' accumulators (deductibles and out-of-pocket maximums) to help maintain the integrity and intention of the pharmacy benefit.	Y	N
PreCheck My Script	Simplifies the prescribing experience for members and physicians by providing real-time, member-specific medication pricing and coverage information as well as formulary-specific alternatives at the point of prescribing.	Y	Y
Advanced Pharmacy Audit Solutions (APAS)	Provides real-time audit, desktop audit, on-site audit, investigative audit, and reporting.	Y	Y

SCHEDULE H – HIPAA BAA

Contract No. 2200000001116

HIPAA BUSINESS ASSOCIATE AGREEMENT

The parties to this Business Associate Agreement ("Agreement") are the State of Michigan Prescription Drug Carve-Out Plans in the State Health Plan PPO, Employer Group Waiver Plan, and State High Deductible Health Plan ("Covered Entity") and OptumRx, Inc. ("Business Associate").

RECITALS

A. Under this Agreement, Business Associate will collect or receive certain information on the Covered Entity's behalf, some of which may constitute Protected Health Information ("PHI"). In consideration of the receipt of PHI, Business Associate agrees to protect the privacy and security of the information as set forth in this Agreement.

B. Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI collected or received by Business Associate under the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and the HIPAA Rules, as amended.

C. The HIPAA Rules require the Covered Entity to enter into an agreement containing specific requirements with Business Associate before Business Associate's receipt of PHI.

AGREEMENT

1. Definitions.

   a. The following terms used in this Agreement have the same meaning as those terms in the HIPAA Rules: Breach; Data Aggregation; Designated Record Set; Disclosure; Health Care Obligations; Individual; Minimum Necessary; Notice of Privacy Practices; Protected Health Information; Required by Law; Secretary; Security Incident; Security Measures, Subcontractor; Unsecured Protected Health Information, and Use.

   b. "Business Associate" has the same meaning as the term "business associate" at 45 CFR 160.103, and as used in this agreement refers to OptumRx, Inc.

   c. "Covered Entity" has the same meaning as the term "covered entity" at 45 CFR 160.103 and regarding this Agreement means the State of Michigan Prescription Drug Carve-Out Plans in the State Health Plan PPO and State High Deductible Health Plan.

   d. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

2. Obligations of Business Associate.

Business Associate agrees to:

a. use and disclose PHI only as permitted or required by HIPAA and this Agreement or as required by law.

b. implement and use appropriate safeguards and comply with Subpart C of 45 CFR 164 regarding electronic protected health information, to prevent use or disclosure of PHI other than as provided in this Agreement. Business Associate must maintain, and provide a copy to the Covered Entity within 10 days of a request from the Covered Entity (no more than once annually, except as required by law or executive order), a comprehensive written information privacy and security program that includes security measures that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI relative to the size and complexity of Business Associate's operations and the nature and the scope of its activities under this Agreement.

c. report to the Covered Entity within five (5) calendar days of any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of Unsecured Protected Health Information as required by 45 CFR 164.410, and any Security Incident of which it becomes aware. For the purposes of reporting under this Agreement, a reportable Security Incident does not include unsuccessful phishing, pings, or probes. If Business Associate is responsible for any unauthorized use or disclosure of PHI, it must promptly act as required by applicable federal and State laws and regulations. Covered Entity and Business Associate will cooperate in investigating whether a breach has occurred, to decide how to provide breach notifications to individuals, the federal Health and Human Services' Office for Civil Rights, and potentially the media.

d. ensure, according to 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree to the restrictions, conditions, and requirements that apply to Business Associate regarding such information. Each subcontractor must sign an agreement with Business Associate containing substantially the same provisions as this Agreement. Business Associate must implement and maintain sanctions against subcontractors that violate such restrictions and conditions and must mitigate the effects of any such violation.

e. make available PHI in a Designated Record Set to the Covered Entity within ten (10) days of a request from the Covered Entity to satisfy the Covered Entity's obligations under 45 CFR 164.524.

f. within ten (10) days of a request from the Covered Entity, amend PHI in a Designated Record Set under, 45 CFR § 164.526. If any individual

requests an amendment of PHI directly from Business Associate or its agents or subcontractors, Business Associate must notify the Covered Entity in writing within five (5) days of the request and amend the information within ten (10) days of the request. Any denial of amendment of PHI maintained by Business Associate or its agents or subcontractors is the responsibility of Business Associate.

g. maintain, and within ten (10) days of a request from the Covered Entity make available, the information required to provide an accounting of disclosures to enable the Covered Entity to fulfill its obligations under 45 CFR § 164.528. Business Associate is not required to provide an accounting to the Covered Entity of disclosures: (i) to carry out treatment, payment or health care operations, as set forth in 45 CFR § 164.506; (ii) to individuals of PHI about them as set forth in 45 CFR § 164.502; (iii) under an authorization as provided in 45 CFR § 164.508; (iv) to persons involved in the individual's care or other notification purposes as set forth in 45 CFR § 164.510; (v) for national security or intelligence purposes as set forth in 45 CFR § 164.512(k)(2); (vi) to correctional institutions or law enforcement officials as set forth in 45 CFR § 164.512(k)(5); (vii) as part of a limited data set according to 45 CFR 164.514(e); or (viii) that occurred before the compliance date for the Covered Entity. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by Business Associate and its agents or subcontractors for at least six (6) years before the request, but not before the compliance date of the Privacy Rule. At a minimum, such information must include: (i) the date of disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or a copy of the written request for disclosure. If the request for an accounting is delivered directly to Business Associate or its agents or subcontractors, Business Associate must, within ten (10) days of the receipt of the request, forward it to the Covered Entity in writing.

h. to the extent Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity when performing those obligations.

i. make its internal practices, books, and records relating to Business Associate's use and disclosure of Covered Entity's PHI available to the Secretary for purposes of determining compliance with the HIPAA Rules. Business Associate must concurrently provide to the Covered Entity a copy of any PHI that Business Associate provides to the Secretary.

j. retain all PHI throughout the term of the Agreement and for a period of six (6) years from the date of creation or the date when it last was in

effect, whichever is later, or as required by law. This obligation survives the termination of the Agreement.

k. implement policies and procedures for the final disposition of PHI and the hardware and equipment on which it is stored, including but not limited to, removal of PHI before re-use.

l. within thirty (30) days of a written request by the Covered Entity, Business Associate and its agents or subcontractors must allow the Covered Entity to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of PHI under this Agreement. Business Associate and the Covered Entity will mutually agree in advance upon the scope, timing and location of such an inspection. Covered Entity and Business Associate will execute a nondisclosure agreement, if requested by the other party. The fact that the Covered Entity inspects, or fails to inspect, or has the right to inspect, Business Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve Business Associate of its responsibility to comply with this Agreement. Covered Entity's (i) failure to detect or (ii) detection, but failure to notify Business Associate or require Business Associate's remediation of any unsatisfactory practices, does not constitute acceptance of such practice or a waiver of the Covered Entity's enforcement rights under this Agreement.

3. Permitted Uses and Disclosures by the Business Associate.

a. Business Associate may use or disclose PHI:

(1) for the proper management and administration of Business Associate or to carry out its legal responsibilities; provided, however, either (A) the disclosures are required by law, or (B) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(2) as required by law;

(3) for Data Aggregation services relating to the health care operations of the Covered Entity;

(4) to de-identify, consistent with 45 CFR 164.514(a) – (c), PHI it receives from the Covered Entity. If Business Associates de-identifies the PHI it receives from the Covered Entity, Business Associate may use the de-identified information for any purpose not prohibited by the HIPAA Rules; and

(5) In conformance with the provisions and requirements set forth in HIPAA, Business Associate may use PHI to create De-Identified Health Information and Limited Data Sets containing the minimum necessary amount of PHI reasonably needed for Research, Public Health or Health Care Operations activities; and

(6) may use and disclose a Limited Data Set for Research, Public Health or Health Care Operations purposes. Business Associate may make such use and disclosure of the Limited Data Set after any cancellation, termination, expiration, or other conclusion of the underlying agreement between Business Associate and Covered Entity.

b. Business Associate agrees to make uses and disclosures and requests for PHI consistent with the requirements set forth under HIPPA.

b. Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by the Covered Entity except for the specific uses and disclosures described above in 3(a)(i) and (iii).

4. Covered Entity's Obligations

Covered entity agrees to:

a. use its Security Measures to reasonably and appropriately maintain and ensure the confidentiality, integrity, and availability of PHI transmitted to Business Associate under this Agreement until the PHI is received by Business Associate.

b. provide Business Associate with a copy of its Notice of Privacy Practices and must notify Business Associate of any limitations in the Notice of Privacy Practices of the Covered Entity under 45 CFR 164.520 to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

c. notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose the individual's PHI to the extent that such changes may affect Business Associate's use or disclosure of PHI.

d. notify Business Associate of any restriction on the use or disclosure of PHI that the Covered Entity has agreed to or is required to abide by under 45 CFR 164.522 to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

e. Covered Entity shall ensure that the data it transmits, or direct another entity to transmit, to Business Associate, is timely, complete, minimum necessary and accurate, contains no social security numbers.

5. Term. This Agreement continues in effect until terminated or is replaced with a new agreement between the parties containing provisions meeting the requirements of the HIPAA Rules, whichever first occurs.

6. Termination.

   a. Material Breach. In addition to any other provisions in the Agreement regarding breach, a breach by Business Associate of any provision of this Agreement, as determined by the Covered Entity, constitutes a material breach of the Agreement and provides grounds for Covered Entity to terminate this Agreement for cause.

      Termination for cause is subject to 6.b:

      (1) Default. If Business Associate refuses or fails to timely perform any of the provisions of this Agreement, the Covered Entity may notify Business Associate in writing of the non-performance, and if not corrected within 30 days, Covered Entity may immediately terminate the Agreement. Business Associate must continue performance of the Agreement to the extent it is not terminated.

      (2) Business Associate's Duties. Notwithstanding termination of the Agreement, and subject to any directions from the Covered Entity, Business Associate must protect and preserve property in the possession of Business Associate in which the Covered Entity has an interest.

      (3) Erroneous Termination for Default. If Covered Entity terminates this Agreement under Section 6(a) and after such termination it is determined, for any reason, that Business Associate was not in default, then such termination will be treated as a termination for convenience, and the rights and obligations of the parties will be the same as if the Agreement had been terminated for convenience.

   b. Reasonable Steps to Cure Breach. If the Covered Entity knows of a pattern of activity or practice of Business Associate that constitutes a material breach or violation of Business Associate's obligations under the provisions of this Agreement or another arrangement and does not terminate this Agreement under Section 6(a), then Covered Entity must notify Business Associate of the pattern of activity or practice. Business Associate must then take reasonable steps to cure such breach or end such violation, as applicable. If the Business Associate's efforts to cure such breach or end such violation are unsuccessful, Covered Entity may terminate this Agreement.

   c. Effect of Termination. After termination of this Agreement for any reason, Business Associate, with respect to PHI it received from the Covered Entity, or PHI created, maintained, or received by Business Associate on behalf of the Covered Entity, must:

      (1) retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(2) return to Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the remaining PHI that Business Associate still maintains in any form;

(3) continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;

(4) not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 3(a)(1) which applied before termination; and

(5) return to Covered Entity (or, if agreed to by Covered Entity in writing, destroy) the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

7. No Waiver of Immunity. The parties do not intend to waive any of the immunities, rights, benefits, protection, or other provisions of the Michigan Governmental Immunity Act, MCL 691.1401, *et seq*., the Federal Tort Claims Act, 28 U.S.C. 2671 *et seq*., or the common law.

8. Data Ownership. Business Associate has no ownership rights in the PHI. Covered Entity retains all ownership rights of the PHI. Covered Entity acknowledges that Business Associate retains rights in its operational records.

9. Disclaimer. Covered Entity does not warrant or represent that compliance by Business Associate with this Agreement, HIPAA, or the HIPAA Rules will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.

10. Compliance Confirmation. If Covered Entity determines an examination is necessary to comply with Covered Entity's legal obligations under HIPAA relating to certification of its security practices, Covered Entity or its authorized agents or contractors may, at Covered Entity's expense, reasonably examine Business Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to confirm to Covered Entity the extent to which Business Associate's security safeguards comply with HIPAA, the HIPAA Rules or this Agreement ("Compliance Confirmation"). Such Compliance Confirmation shall occur no more than once annually, except as required by law or executive order.

11. Amendment. Upon the compliance date of any final regulation or amendment to final regulations with respect to PHI, Standard Transactions, the security of

electronic PHI, or other aspects of HIPAA applicable to this Agreement or to the ASC, the parties agree to remain in compliance with such obligations imposed on Covered Entity and Business Associate and this Agreement will be amended to reflect the imposed obligations in writing to be signed by the parties

12. Assistance in Litigation or Administrative Proceedings. Business Associate must make itself, and any subcontractors, employees or agents assisting Business Associate in the performance of its obligations under this Agreement, available to Covered Entity at no cost to Covered Entity to testify as witnesses, or otherwise, if litigation or administrative proceedings are commenced against Covered Entity, its directors, officers or employees, departments, agencies, or divisions based upon a claimed violation of HIPAA or the HIPAA Rules or other laws relating to Business Associate's or its subcontractors' use or disclosure of PHI under this Agreement, except where Business Associate or its subcontractor, employee or agent is a named adverse party.

13. No Third-Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer upon any person other than the Covered Entity, Business Associate, and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

14. Interpretation and Order of Precedence. Any ambiguity in this Agreement must be interpreted to permit compliance with the HIPAA Rules. In the event of any conflict between the mandatory provisions of the HIPAA Regulations and the HITECH Act and the provisions of this Agreement, the HIPAA Regulations and the HITECH Act shall control. Where the provisions of this Agreement differ from those mandated by the HIPAARules, but are nonetheless permitted by the HIPAA Rules, the provisions of this Agreement control.

15. Effective Date. This Agreement is effective upon receipt of the last approval necessary and the affixing of the last signature required.

16. Survival of Certain Agreement Terms. Notwithstanding any contrary provision in this Agreement, Business Associate's obligations under Section 6(c) and record retention laws ("Effect of Termination") and Section 13 ("No Third Party Beneficiaries") survive termination of this Agreement and are enforceable by Covered Entity.

17. Representatives and Notice.

    a. Representatives. The individuals listed below are designated as the parties' respective representatives for purposes of this Agreement. Either party may from time to time designate in writing new or substitute representatives.

    b. Notices. All required notices must be in writing and must be hand delivered or given by certified or registered mail to the representatives at the addresses set forth below.

Covered Entity Representative:

Bethany Beauchine
Director, Bureau of Benefits Administration
Michigan Civil Service Commission
P.O. Box 30002
Lansing, MI 48909
(800)505-5011 x0086
beauchineb@michigan.gov

with copy to:

Mary Ostrowski
Category Specialist, Services
DTMB CPS
525 W Allegan St
Lansing, MI 48933
(517) 249-0438
ostrowskim@michigan.gov

Business Associate Representative:
Name:
Title: Privacy Office
Department:
Address: 1600 McConnor Parkway Schaumburg, IL 60173
Phone:
Email:

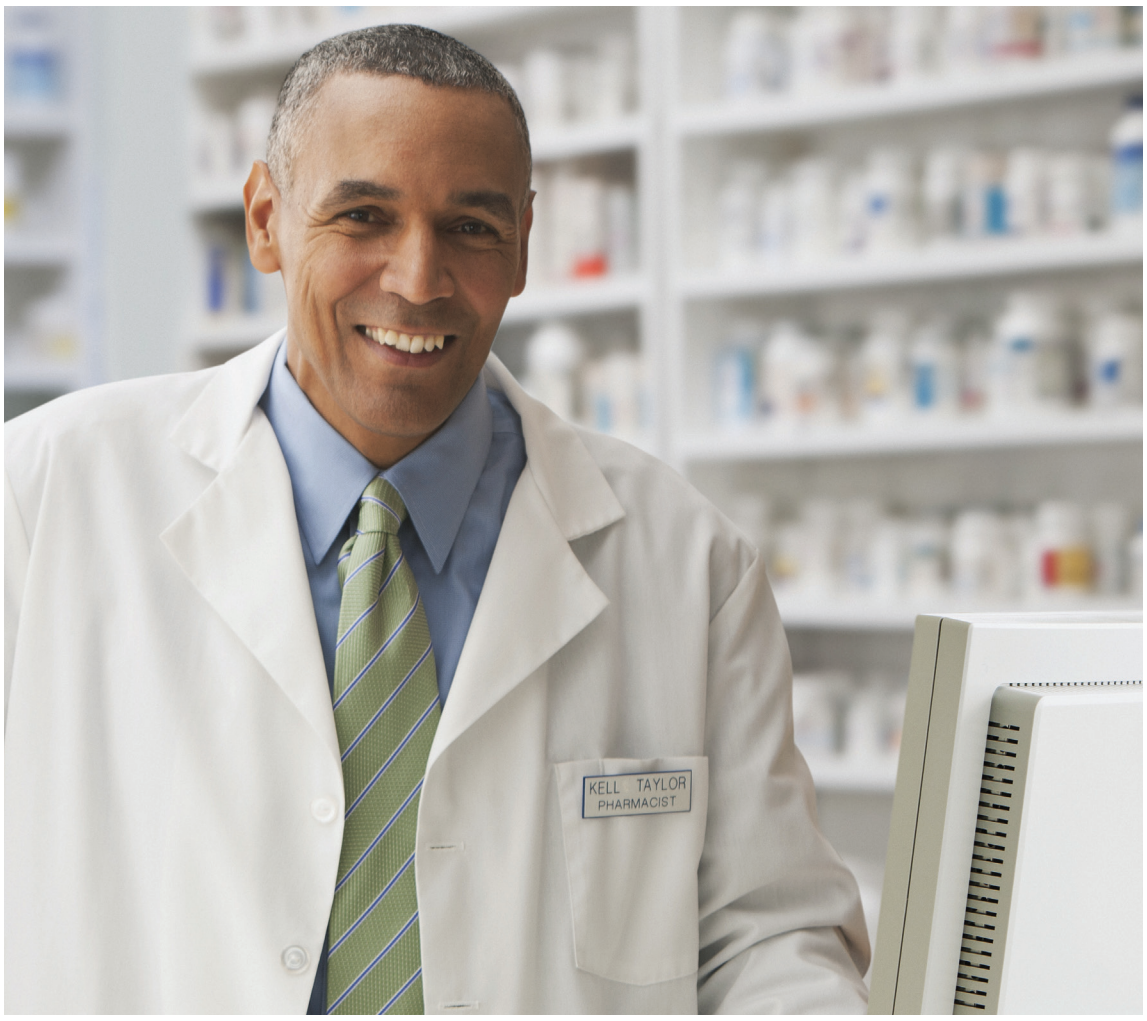
Any notice given to a party under this Agreement shall be deemed effective, if addressed to such party, upon: (i) delivery, if hand delivered; or (ii) the third Business Day after being sent by certified or registered mail.

Covered Entity	**Business Associate**
Prescription Drug Carve-Out Plans in the State Health Plan PPO and State High Deductible Health Plan	**OptumRx, Inc.**
By: _____	By: _____
Date: _____	Date: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____

OPTUMRx®

Your 2021 Select Standard Formulary

Effective July 1, 2021



For the most current list of covered medications or if you have questions:

Call the number on your member ID card

Visit your plan's website on your member ID card or log on to the OptumRx app to:

- Find a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, OptumRx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors, nurses, and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

About this formulary

When differences between this formulary and your benefit plan exist, the benefit plan documents rule. This formulary may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and ask how you can have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug Tier	Includes		Helpful Tips
Tier 1	$	**Lower-cost** generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$	**Mid-range cost** preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	$$$	**Higher-cost** brand name and some generics	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

PA	**Prior Authorization** – Your doctor is required to give OptumRx more information to determine coverage.
QL	**Quantity Limit** – Medication may be limited to a certain quantity.
SP	**Specialty Medication** – Medication is designated as specialty.
ST	**Step Therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered.
3P	Tier 3 preferred

Table of Contents

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral solution	1	QL
NUCYNTA	3	QL
oxycodone hcl oral tablet	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	QL

Drug Name	Drug Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
etodolac oral tablet	1	
ibuprofen oral tablet	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	ST
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet	1	
Anesthetics		
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
ZUBSOLV	2	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	

Drug Name	Drug Tier	Notes
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral tablet	1	
XENLETA	3	
XEPI	3	
XIMINO	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine oral tablet	1	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	QL
oxcarbazepine oral tablet	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
TROKENDI XR	3	ST
VALTOCO	3	QL
VIMPAT	3	
XCOPRI	3	ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	ST; QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
fluvoxamine maleate	1	
FORFIVO XL	3	ST; QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet 10 mg	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclopirox external solution	1	
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	

Drug Name	Drug Tier	Notes
fluconazole oral tablet	1	
GYNAZOLE-1	3	
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
febuxostat	1	ST
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
NURTEC	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA; QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	1	
CABOMETYX	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
CALQUENCE	3	PA; SP
capecitabine	1	PA; SP
IBRANCE ORAL TABLET	3	PA; SP
IDHIFA	3	PA; SP; QL
KANJINTI	2	PA; SP
KEYTRUDA	3	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
PHESGO	2	PA; SP
REVLIMID	2	PA; SP
ROZLYTREK	3	PA; SP
RUBRACA	2	PA; SP
RUXIENCE	2	PA; SP
SPRYCEL	2	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral	1	
TARGRETIN EXTERNAL	3	PA; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	2	PA; SP
VELCADE	2	PA; SP
VITRAKVI	3	PA; SP
XTANDI ORAL CAPSULE	3	PA; SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP

Drug Name	Drug Tier	Notes
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
KYNMOBI	3	PA; SP; QL
KYNMOBI TITRATION KIT	3	PA; SP; QL
NOURIANZ	3	PA
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
PERSERIS	3	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	PA
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
PREZCOBIX	2	
RUKOBIA	3	
SYMFI	2	
SYMFI LO	2	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	3	PA
valacyclovir hcl oral	1	QL
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL

Drug Name	Drug Tier	Notes
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
JIVI	3	SP
KOATE	2	SP
MULPLETA	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NPLATE	3	PA; SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
SOLIRIS	3	PA; SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ANTARA	3	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
torsemide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
guanfacine hcl er	1	
JORNAY PM	3	PA; ST; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
methylphenidate hcl er (xr)	1	PA; QL
methylphenidate hcl er oral tablet extended release	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
GILENYA	3	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; QL
AUSTEDO	3	PA; SP; QL
GRALISE ORAL TABLET	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	3	PA; SP; QL
phentermine hcl oral tablet	1	PA
pregabalin oral capsule	1	QL
QSYMIA	3	PA
SAXENDA	3	PA
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; SP; QL
VYLEESI	3	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ABSORICA LD	3	PA
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	PA
AMZEEQ	3	
betamethasone dipropionate external cream	1	
BRYHALI	3	
claravis	1	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
DUPIXENT	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST

Drug Name	Drug Tier	Notes
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external cream	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 5 %	1	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
ONEXTON	3	
pimecrolimus	1	ST
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
TACLONEX	3	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
tacrolimus external ointment	1	
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
ZILXI	3	ST
Diabetes - Antidiabetic Agents		
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKANA	3	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl er (mod)	1	PA
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; QL

Drug Name	Drug Tier	Notes
pioglitazone hcl	1	
RYBELSUS	2	ST; QL
SOLIQUA	2	ST; QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK GUIDE TEST STRIPS	3	ST; QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR	2	
FREESTYLE LIBRE READER	2	
FREESTYLE LIBRE SENSOR SYSTEM	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
glucagon emergency kit 1 mg injection 1 mg	1	

Drug Name	Drug Tier	Notes
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	Made by Lilly
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
Diabetes - Insulins		
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	2	
LEVEMIR U-100 VIAL	2	
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG PENFILL	2	
NOVOLOG U-100 VIAL	2	
NOVOTWIST PEN NEEDLE	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
LOKELMA	3	
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
DEXILANT	2	QL
esomeprazole magnesium oral capsule delayed release	1	QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
lansoprazole oral capsule delayed release	1	QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	

Drug Name	Drug Tier	Notes
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	3	ST; QL
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
ORFADIN	3	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	2	PA; SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DEPEN TITRATABS	2	SP
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
solifenacin succinate	1	
STENDRA	3	QL
tadalafil oral	1	QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
Hormonal Agents - Adrenal		
dexamethasone oral tablet	1	
hydrocortisone oral	1	
methylprednisolone oral tablet therapy pack	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Notes
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
XYOSTED	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
clomiphene citrate oral	1	
FENSOLVI (6 MONTH)	3	PA; SP; QL
FOLLISTIM AQ	2	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; Made by Organon; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOCDURNA	3	
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
ORILISSA	2	PA; QL
SOMATULINE DEPOT	3	PA; SP
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	
aurovela fe 1/20	1	
aviane	1	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA PRO	2	
cryselle-28	1	
DIVIGEL	3	

Drug Name	Drug Tier	Notes
dotti	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
eluryng	1	
ENDOMETRIN	2	
enskyce	1	
estarylla	1	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	
EVAMIST	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kurvelo	1	
larin fe 1/20	1	
larissia	1	
lessina	1	
levonorgest-eth est & eth est	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	3	
loryna	1	
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
MIRENA (52 MG)	3	
mono-linyah	1	
NATAZIA	2	
nikki	1	
norethin ace-eth estrad-fe oral tablet	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	
norethindrone oral	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
ORIAHNN	2	PA; QL
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	

Drug Name	Drug Tier	Notes
sprintec 28	1	
syeda	1	
tri femynor	1	
tri-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-sprintec	1	
vienva	1	
xulane	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
euthyrox	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid oral tablet 30 mg, 60 mg	1	
SYNTHROID	3	ST
TIROSINT	3	
TIROSINT-SOL	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
AVSOLA	2	PA; SP
azathioprine oral	1	
CIMZIA	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX SENSOREADY (300 MG)	3	PA; SP
COSENTYX SENSOREADY PEN	3	PA; SP
cyclosporine modified oral capsule	1	SP
ENBREL MINI	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP; QL
GAMMAGARD	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
HUMIRA PEN-PSOR/UVEIT STARTER	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA CLICKJECT	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA; 3P; SP
OTEZLA	2	PA; SP
RASUVO	2	PA; QL
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	SP
TAKHZYRO	3	PA; SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
DIPENTUM	3	
hydrocortisone (perianal)	1	
mesalamine oral tablet delayed release	1	
PENTASA	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
FORTEO	3	PA; SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
RAYALDEE	3	
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	2	PA; SP
XGEVA	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
ENDARI	3	PA
EUFLEXXA	2	PA; SP
GELSYN-3	2	PA; SP

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
FLAREX	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX SM	3	
MOXEZA	2	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
moxifloxacin hcl ophthalmic solution	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	ST
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy relief oral tablet 5 mg	1	
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
NUCALA	2	PA; SP; QL
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XOLAIR	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; QL
albuterol sulfate inhalation	1	QL
ALVESCO	3	ST; QL
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	PA; QL
COMBIVENT RESPIMAT	2	QL
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	3	ST
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL

Drug Name	Drug Tier	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
ipratropium-albuterol	1	QL
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	2	QL
wixela inhub	1	QL
YUPELRI	3	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
PULMOZYME	2	PA; SP
TOBI PODHALER	3	SP; QL
TRIKAFTA	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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OPTUMRx®

2022 Preventive medications and your plan

Effective January 1, 2022

Managing your health with preventive medications

Your pharmacy benefit plan includes special coverage for preventive medications.

The drugs on your plan's preventive medications list do not have a deductible. This means you'll pay your copayment/coinsurance or nothing at all, depending on your plan.

To check the cost of any medication, call the number on your member ID card, visit your plan's website on your member ID card, or log on to the OptumRx app.

Potential savings with generic medications

To get the most from your benefits, ask your doctor if a generic medication is right for you. Generics normally cost less than brand medications, and the Food and Drug Administration (FDA) requires them to be just as safe and effective.

A list of covered preventive medications begins on the next page.

Medications are listed by therapeutic category. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will rule.

For questions on injectable preventive medications administered by your doctor or healthcare provider, please call the number on your ID card.

2022 Select HDHP Preventive Medication List

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2022 Select HDHP Preventive Medication List

Drug Name	Notes
Anti-Addiction / Substance Abuse Treatment Agents	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	++
Anticoagulants	
enoxaparin sodium injection solution	SP
enoxaparin sodium subcutaneous solution	SP
fondaparinux sodium subcutaneous solution	SP
heparin sodium (porcine) injection solution	
heparin sodium (porcine) injection solution prefilled syringe	
heparin sodium (porcine) pf injection solution	
jantoven oral tablet	
warfarin sodium oral tablet	
Antidepressants	
citalopram hydrobromide oral solution	
citalopram hydrobromide oral tablet	
escitalopram oxalate oral solution	
escitalopram oxalate oral tablet	
fluoxetine hcl oral capsule	
fluoxetine hcl oral capsule delayed release	
fluoxetine hcl oral solution	
fluoxetine hcl oral tablet	
fluvoxamine maleate er oral capsule extended release 24 hour	
fluvoxamine maleate oral tablet	
olanzapine-fluoxetine hcl oral capsule	
paroxetine hcl er oral tablet extended release 24 hour	
paroxetine hcl oral tablet	
sertraline hcl oral concentrate	
sertraline hcl oral tablet	
Antineoplastics - Drugs for Cancer	
exemestane oral tablet	
letrozole oral tablet	
tamoxifen citrate oral tablet	
toremifene citrate oral tablet	

Drug Name	Notes
Antiplatelets	
aspirin-dipyridamole er oral capsule extended release 12 hour	
cilostazol oral tablet	
clopidogrel bisulfate oral tablet	
dipyridamole oral tablet	
prasugrel hcl oral tablet	
Antipsychotics - Drugs for Mood Disorders	
aripiprazole oral solution	
aripiprazole oral tablet	
aripiprazole oral tablet dispersible	
asenapine maleate sublingual tablet sublingual	
chlorpromazine hcl oral concentrate	
chlorpromazine hcl oral tablet	
clozapine oral tablet	
clozapine oral tablet dispersible	
fluphenazine hcl oral concentrate	
fluphenazine hcl oral elixir	
fluphenazine hcl oral tablet	
haloperidol lactate oral concentrate	
haloperidol oral tablet	
loxapine succinate oral capsule	
molindone hcl oral tablet	
olanzapine intramuscular solution reconstituted	++
olanzapine oral tablet	
olanzapine oral tablet dispersible	
paliperidone er oral tablet extended release 24 hour	
quetiapine fumarate er oral tablet extended release 24 hour	
quetiapine fumarate oral tablet	
risperidone oral solution	
risperidone oral tablet	
risperidone oral tablet dispersible	
thioridazine hcl oral tablet	
thiothixene oral capsule	

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).
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Drug Name	Notes
trifluoperazine hcl oral tablet	
ziprasidone hcl oral capsule	
ziprasidone mesylate intramuscular solution reconstituted	++
Antivirals	
abacavir sulfate oral solution	
abacavir sulfate oral tablet	
abacavir sulfate-lamivudine oral tablet	
abacavir-lamivudine-zidovudine oral tablet	
atazanavir sulfate oral capsule	
efavirenz oral capsule	
efavirenz oral tablet	
efavirenz-emtricitab-tenofovir oral tablet	
efavirenz-lamivudine-tenofovir oral tablet	
emtricitabine oral capsule	
emtricitabine-tenofovir df oral tablet	
etravirine oral tablet	
fosamprenavir calcium oral tablet	
lamivudine oral solution	
lamivudine oral tablet 150 mg, 300 mg	
lamivudine-zidovudine oral tablet	
lopinavir-ritonavir oral solution	
lopinavir-ritonavir oral tablet	
nevirapine er oral tablet extended release 24 hour	
nevirapine oral suspension	
nevirapine oral tablet	
ritonavir oral tablet	
stavudine oral capsule	
tenofovir disoproxil fumarate oral tablet	
zidovudine oral capsule	
zidovudine oral syrup	
zidovudine oral tablet	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	
acebutolol hcl oral capsule	
aliskiren fumarate oral tablet	
amiloride hcl oral tablet	
amiloride-hydrochlorothiazide oral tablet	
amlodipine besylate oral tablet	
amlodipine besylate-benazepril hcl oral capsule	

Drug Name	Notes
amlodipine besylate-valsartan oral tablet	
amlodipine-atorvastatin oral tablet	
amlodipine-olmesartan oral tablet	
amlodipine-valsartan-hctz oral tablet	
atenolol oral tablet	
atenolol-chlorthalidone oral tablet	
atorvastatin calcium oral tablet	
benazepril hcl oral tablet	
benazepril-hydrochlorothiazide oral tablet	
betaxolol hcl oral tablet	
bisoprolol fumarate oral tablet	
bisoprolol-hydrochlorothiazide oral tablet	
bumetanide oral tablet	
candesartan cilexetil oral tablet	
candesartan cilexetil-hctz oral tablet	
captopril oral tablet	
cartia xt oral capsule extended release 24 hour	
carvedilol oral tablet	
carvedilol phosphate er oral capsule extended release 24 hour	
chlorthalidone oral tablet	
cholestyramine light oral packet	
cholestyramine light oral powder	
cholestyramine oral packet	
cholestyramine oral powder	
clonidine hcl oral tablet	
clonidine transdermal patch weekly	
colesevelam hcl oral packet	
colesevelam hcl oral tablet	
colestipol hcl oral granules	
colestipol hcl oral packet	
colestipol hcl oral tablet	
digitek oral tablet	
digox oral tablet	
digoxin oral solution	
digoxin oral tablet	
diltiazem hcl er beads oral capsule extended release 24 hour	
diltiazem hcl er coated beads oral capsule extended release 24 hour	

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Drug Name	Notes
diltiazem hcl er coated beads oral tablet extended release 24 hour	
diltiazem hcl er oral capsule extended release 12 hour	
diltiazem hcl er oral capsule extended release 24 hour	
diltiazem hcl oral tablet	
dilt-xr oral capsule extended release 24 hour	
doxazosin mesylate oral tablet	
enalapril maleate oral tablet	
enalapril-hydrochlorothiazide oral tablet	
eplerenone oral tablet	
ethacrynic acid oral tablet	
ezetimibe oral tablet	
ezetimibe-simvastatin oral tablet	
felodipine er oral tablet extended release 24 hour	
fenofibrate micronized oral capsule	
fenofibrate oral capsule	
fenofibrate oral tablet	
fenofibric acid oral capsule delayed release	
fenofibric acid oral tablet	
fluvastatin sodium er oral tablet extended release 24 hour	
fluvastatin sodium oral capsule	
fosinopril sodium oral tablet	
fosinopril sodium-hctz oral tablet	
furosemide oral solution	
furosemide oral tablet	
gemfibrozil oral tablet	
guanfacine hcl oral tablet	
hydralazine hcl oral tablet	
hydrochlorothiazide oral capsule	
hydrochlorothiazide oral tablet	
icosapent ethyl oral capsule	
indapamide oral tablet	
irbesartan oral tablet	
irbesartan-hydrochlorothiazide oral tablet	
isosorbide dinitrate oral tablet	
isosorbide mononitrate er oral tablet extended release 24 hour	

Drug Name	Notes
isosorbide mononitrate oral tablet	
isradipine oral capsule	
labetalol hcl oral tablet	
lisinopril oral tablet	
lisinopril-hydrochlorothiazide oral tablet	
losartan potassium oral tablet	
losartan potassium-hctz oral tablet	
lovastatin oral tablet	
matzim la oral tablet extended release 24 hour	
methyldopa oral tablet	
metolazone oral tablet	
metoprolol succinate er oral tablet extended release 24 hour	
metoprolol tartrate oral tablet	
metoprolol-hydrochlorothiazide oral tablet	
metyrosine oral capsule	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	
minoxidil oral tablet	
moexipril hcl oral tablet	
nadolol oral tablet	
niacin (antihyperlipidemic) oral tablet	
niacin er (antihyperlipidemic) oral tablet extended release	
niacor oral tablet	
nicardipine hcl oral capsule	
nifedipine er oral tablet extended release 24 hour	
nifedipine er osmotic release oral tablet extended release 24 hour	
nifedipine oral capsule	
nimodipine oral capsule	
nisoldipine er oral tablet extended release 24 hour	
nitroglycerin sublingual tablet sublingual	
nitroglycerin transdermal patch 24 hour	
nitroglycerin translingual solution	
olmesartan medoxomil oral tablet	
olmesartan medoxomil-hctz oral tablet	
olmesartan-amlodipine-hctz oral tablet	
OMEGA-3 RX COMPLETE ORAL THERAPY PACK	
omega-3-acid ethyl esters oral capsule	

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Drug Name	Notes
perindopril erbumine oral tablet	
phenoxybenzamine hcl oral capsule	
pindolol oral tablet	
pravastatin sodium oral tablet	
prazosin hcl oral capsule	
prevalite oral packet	
prevalite oral powder	
propranolol hcl er oral capsule extended release 24 hour	
propranolol hcl oral solution	
propranolol hcl oral tablet	
quinapril hcl oral tablet	
quinapril-hydrochlorothiazide oral tablet	
ramipril oral capsule	
ranolazine er oral tablet extended release 12 hour	
rosuvastatin calcium oral tablet	
ROSZET ORAL TABLET	
simvastatin oral tablet	
sorine oral tablet	
sotalol hcl (af) oral tablet	
sotalol hcl oral tablet	
spironolactone oral tablet	
spironolactone-hctz oral tablet	
taztia xt oral capsule extended release 24 hour	
telmisartan oral tablet	
telmisartan-amlodipine oral tablet	
telmisartan-hctz oral tablet	
tiadylt er oral capsule extended release 24 hour	
timolol maleate oral tablet	
torsemide oral tablet	
trandolapril oral tablet	
trandolapril-verapamil hcl er oral tablet extended release	
triamterene oral capsule	
triamterene-hctz oral capsule	
triamterene-hctz oral tablet	
valsartan oral tablet	
valsartan-hydrochlorothiazide oral tablet	

Drug Name	Notes
verapamil hcl er oral capsule extended release 24 hour	
verapamil hcl er oral tablet extended release	
verapamil hcl oral tablet	
Diabetes - Antidiabetic Agents	
acarbose oral tablet	
glimepiride oral tablet	
glipizide er oral tablet extended release 24 hour	
glipizide oral tablet	
glipizide xl oral tablet extended release 24 hour	
glipizide-metformin hcl oral tablet	
glyburide micronized oral tablet	
glyburide oral tablet	
glyburide-metformin oral tablet	
metformin hcl er (mod) oral tablet extended release 24 hour	
metformin hcl er (osm) oral tablet extended release 24 hour	
metformin hcl er oral tablet extended release 24 hour	
metformin hcl oral solution	
metformin hcl oral tablet	
miglitol oral tablet	
nateglinide oral tablet	
pioglitazone hcl oral tablet	
pioglitazone hcl-glimepiride oral tablet	
pioglitazone hcl-metformin hcl oral tablet	
PRECOSE ORAL TABLET	
repaglinide oral tablet	
tolbutamide oral tablet 500 mg	
Electrolytes / Minerals / Metals / Vitamins	
adc/f (0.5mg/ml) oral solution	++
multi-vitamin/fluoride oral solution	++
multivitamin/fluoride oral tablet chewable	++
multi-vitamin/fluoride/iron oral solution	++
prenatal oral tablet 27-1 mg	++
prenatal plus iron oral tablet	++
prenatal vitamin plus low iron oral tablet	++
preplus oral tablet	++
tri-vite/fluoride oral solution	++

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Drug Name	Notes
vitamins acd-fluoride oral solution	++
vp-pnv-dha oral capsule	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	
cimetidine hcl oral solution	++
cimetidine oral tablet	++
esomeprazole magnesium oral capsule delayed release	++
esomeprazole magnesium oral packet	++
famotidine oral suspension reconstituted	++
famotidine oral tablet 20 mg, 40 mg	++
lansoprazole oral capsule delayed release	++
lansoprazole oral tablet delayed release dispersible	++
misoprostol oral tablet	
nizatidine oral capsule	++
nizatidine oral solution	++
omeprazole oral capsule delayed release	
omeprazole-sodium bicarbonate oral capsule	++
omeprazole-sodium bicarbonate oral packet	++
pantoprazole sodium oral packet	++
pantoprazole sodium oral tablet delayed release	
rabeprazole sodium oral tablet delayed release	++
sucralfate oral suspension	
sucralfate oral tablet	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	
amoxicill-clarithro-lansopraz oral	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	
raloxifene hcl oral tablet	
Hormonal Agents - Sex Hormones and Birth Control	
afirmelle oral tablet	++
altavera oral tablet	++
alyacen 1/35 oral tablet	++
alyacen 7/7/7 oral tablet	++
amabelz oral tablet	
amethia oral tablet	++
amethyst oral tablet	++
apri oral tablet	++
aranelle oral tablet	++

Drug Name	Notes
ashlyna oral tablet	++
aubra eq oral tablet	++
aubra oral tablet	++
aurovela 1.5/30 oral tablet	++
aurovela 1/20 oral tablet	++
aurovela 24 fe oral tablet	++
aurovela fe 1.5/30 oral tablet	++
aurovela fe 1/20 oral tablet	++
aviane oral tablet	++
ayuna oral tablet	++
azurette oral tablet	++
balziva oral tablet	++
blisovi 24 fe oral tablet	++
blisovi fe 1.5/30 oral tablet	++
blisovi fe 1/20 oral tablet	++
briellyn oral tablet	++
camila oral tablet	++
camrese lo oral tablet	++
camrese oral tablet	++
caziant oral tablet	++
charlotte 24 fe oral tablet chewable	++
chateal eq oral tablet	++
chateal oral tablet	++
cryselle-28 oral tablet	++
cyclafem 1/35 oral tablet	++
cyclafem 7/7/7 oral tablet	++
cyred eq oral tablet	++
cyred oral tablet	++
dasetta 1/35 oral tablet	++
dasetta 7/7/7 oral tablet	++
daysee oral tablet	++
deblitane oral tablet	++
delyla oral tablet	++
desogestrel-ethinyl estradiol oral tablet	++
dolishale oral tablet	++
dotti transdermal patch twice weekly	
drospiren-eth estrad-levomefol oral tablet	++
drospirenone-ethinyl estradiol oral tablet	++
elinest oral tablet	++

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Drug Name	Notes
eluryng vaginal ring	++
emoquette oral tablet	++
enpresse-28 oral tablet	++
enskyce oral tablet	++
errin oral tablet	++
est estrogens-methyltest ds oral tablet	
est estrogens-methyltest hs oral tablet	
est estrogens-methyltest oral tablet	
estarylla oral tablet	++
estradiol oral tablet	
estradiol transdermal patch twice weekly	
estradiol transdermal patch weekly	
estradiol valerate intramuscular oil	
estradiol-norethindrone acet oral tablet	
ethynodiol diac-eth estradiol oral tablet	++
etonogestrel-ethinyl estradiol vaginal ring	++
falmina oral tablet	++
fayosim oral tablet	++
femynor oral tablet	++
fyavolv oral tablet	
gemmily oral capsule	++
hailey 1.5/30 oral tablet	++
hailey 24 fe oral tablet	++
hailey fe 1.5/30 oral tablet	++
hailey fe 1/20 oral tablet	++
heather oral tablet	++
iclevia oral tablet	++
incassia oral tablet	++
introvale oral tablet	++
isibloom oral tablet	++
jaimiess oral tablet	++
jasmiel oral tablet	++
jencycla oral tablet	++
jinteli oral tablet	
jolessa oral tablet	++
juleber oral tablet	++
junel 1.5/30 oral tablet	++
junel 1/20 oral tablet	++
junel fe 1.5/30 oral tablet	++
junel fe 1/20 oral tablet	++
junel fe 24 oral tablet	++
kaitlib fe oral tablet chewable	++
kalliga oral tablet	++
kariva oral tablet	++
kelnor 1/35 oral tablet	++
kelnor 1/50 oral tablet	++
kurvelo oral tablet	++
larin 1.5/30 oral tablet	++
larin 1/20 oral tablet	++
larin 24 fe oral tablet	++
larin fe 1.5/30 oral tablet	++
larin fe 1/20 oral tablet	++
larissia oral tablet	++
layolis fe oral tablet chewable	++
leena oral tablet	++
lessina oral tablet	++
levonest oral tablet	++
levonorgest-eth est & eth est oral tablet	++
levonorgest-eth estrad 91-day oral tablet	++
levonorgestrel-ethinyl estrad oral tablet	++
levonorg-eth estrad triphasic oral tablet	++
levora 0.15/30 (28) oral tablet	++
lillow oral tablet	++
lojaimiess oral tablet	++
loryna oral tablet	++
low-ogestrel oral tablet	++
lo-zumandimine oral tablet	++
lutera oral tablet	++
lyleq oral tablet	++
lyllana transdermal patch twice weekly	
lyza oral tablet	++
marlissa oral tablet	++
medroxyprogesterone acetate intramuscular suspension	++
medroxyprogesterone acetate intramuscular suspension prefilled syringe	++
merzee oral capsule	++
mibelas 24 fe oral tablet chewable	++
microgestin 1.5/30 oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).
Refer to benefit plan documents to make sure listed medication is included in your benefit.
++: Refer to benefit plan documents to make sure listed medication is included in your benefit.
SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
microgestin 1/20 oral tablet	++
microgestin 24 fe oral tablet	++
microgestin fe 1.5/30 oral tablet	++
microgestin fe 1/20 oral tablet	++
mili oral tablet	++
mimvey oral tablet	
mono-linyah oral tablet	++
necon 0.5/35 (28) oral tablet	++
nikki oral tablet	++
nora-be oral tablet	++
norethin ace-eth estrad-fe oral capsule	++
norethin ace-eth estrad-fe oral tablet	++
norethin ace-eth estrad-fe oral tablet chewable	++
norethindrone acet-ethinyl est oral tablet	++
norethindrone oral tablet	++
norethindrone-eth estradiol oral tablet	
norethin-eth estradiol-fe oral tablet chewable	++
norgestimate-eth estradiol oral tablet	++
norgestimate-ethinyl estradiol triphasic oral tablet	++
norlyda oral tablet	++
norlyroc oral tablet	++
nortrel 0.5/35 (28) oral tablet	++
nortrel 1/35 (21) oral tablet	++
nortrel 1/35 (28) oral tablet	++
nortrel 7/7/7 oral tablet	++
nylia 7/7/7 oral tablet	++
nymyo oral tablet	++
ocella oral tablet	++
orsythia oral tablet	++
philith oral tablet	++
pimtrea oral tablet	++
pirmella 1/35 oral tablet	++
pirmella 7/7/7 oral tablet	++
portia-28 oral tablet	++
previfem oral tablet	++
reclipsen oral tablet	++
rivelsa oral tablet	++
setlakin oral tablet	++
sharobel oral tablet	++

Drug Name	Notes
simliya oral tablet	++
simpesse oral tablet	++
sprintec 28 oral tablet	++
sronyx oral tablet	++
syeda oral tablet	++
tarina 24 fe oral tablet	++
tarina fe 1/20 eq oral tablet	++
tarina fe 1/20 oral tablet	++
taysofy oral capsule	++
tilia fe oral tablet	++
tri femynor oral tablet	++
tri-estarylla oral tablet	++
tri-legest fe oral tablet	++
tri-linyah oral tablet	++
tri-lo-estarylla oral tablet	++
tri-lo-marzia oral tablet	++
tri-lo-mili oral tablet	++
tri-lo-sprintec oral tablet	++
tri-mili oral tablet	++
tri-nymyo oral tablet	++
tri-previfem oral tablet	++
tri-sprintec oral tablet	++
trivora (28) oral tablet	++
tri-vylibra lo oral tablet	++
tri-vylibra oral tablet	++
tulana oral tablet	++
tyblume oral tablet chewable	++
tydemy oral tablet	++
velivet oral tablet	++
vestura oral tablet	++
vienva oral tablet	++
viorele oral tablet	++
volnea oral tablet	++
vyfemla oral tablet	++
vylibra oral tablet	++
wera oral tablet	++
wymzya fe oral tablet chewable	++
xulane transdermal patch weekly	++
zafemy transdermal patch weekly	++

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).
Refer to benefit plan documents to make sure listed medication is included in your benefit.
++: Refer to benefit plan documents to make sure listed medication is included in your benefit.
SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
zarah oral tablet	++
zovia 1/35 (28) oral tablet	++
zovia 1/35e (28) oral tablet	++
zumandimine oral tablet	++
Immunological Agents - Drugs for Immune System Stimulation or Suppression	
azathioprine oral tablet	
cyclosporine modified oral capsule	SP
cyclosporine modified oral solution	SP
cyclosporine oral capsule	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP
gengraf oral capsule	SP
gengraf oral solution	SP
mycophenolate mofetil oral capsule	SP
mycophenolate mofetil oral suspension reconstituted	SP
mycophenolate mofetil oral tablet	SP
mycophenolate sodium oral tablet delayed release	SP
sirolimus oral solution	SP
sirolimus oral tablet	SP
tacrolimus oral capsule	SP
Metabolic Bone Disease Agents - Drugs for Osteoporosis	
alendronate sodium oral solution	
alendronate sodium oral tablet	
calcitonin (salmon) nasal solution	
ibandronate sodium oral tablet	
risedronate sodium oral tablet	
risedronate sodium oral tablet delayed release	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	
albuterol sulfate inhalation nebulization solution	
albuterol sulfate oral syrup	
albuterol sulfate oral tablet	
arformoterol tartrate inhalation nebulization solution	
budesonide inhalation suspension	
cromolyn sodium inhalation nebulization solution	

Drug Name	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	
formoterol fumarate inhalation nebulization solution	
ipratropium bromide inhalation solution	
ipratropium-albuterol inhalation solution	
levalbuterol hcl inhalation nebulization solution	
montelukast sodium oral packet	
montelukast sodium oral tablet	
montelukast sodium oral tablet chewable	
terbutaline sulfate oral tablet	
theophylline er oral tablet extended release 12 hour	
theophylline er oral tablet extended release 24 hour	
theophylline oral solution	
wixela inhub inhalation aerosol powder breath activated	
zafirlukast oral tablet	
zileuton er oral tablet extended release 12 hour	

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).
Refer to benefit plan documents to make sure listed medication is included in your benefit.
++: Refer to benefit plan documents to make sure listed medication is included in your benefit.
SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Index of Drugs

Refer to benefit plan documents to make sure listed medication is included in your benefit. This list should be used as a reference and may not include all medications. Brand or generic availability may not be current because of market changes. Using generics may be required based on your plan benefit.

Quality drives our decisions

To create this list, OptumRx is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews medications and coverage under pharmacy benefit plans. They also suggest which medications should be on your plan's preventive medications list.

Your health is important. Taking preventive medications as prescribed by your doctor or healthcare provider can help you avoid serious illness and high healthcare costs.

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State Health Plan PPO Medicare Prescription Drug Plan (PDP)

Your 2021 Comprehensive Formulary

Administered by OptumRx®

Effective January 1, 2021

Please read: this document contains information about the drugs we cover in this plan. This comprehensive formulary was updated on August 6, 2020, and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

OptumRx Member Services

Phone (toll-free)**:**	**1-866-635-5941**
TTY users:	**711**
Hours of operation:	24 hours a day, 7 days a week
Website:	**optumrx.com**

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means OptumRx. When it refers to “plan” or “our plan,” it means State Health Plan PPO Medicare Prescription Drug Plan.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2022.

Last Updated Date: August 2020
Formulary ID 21106
Version 7
S8841_21_MC-DS11_C_MCC

What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by State Health Plan PPO in consultation with OptumRx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an OptumRx network pharmacy, and other plan rules are followed.

Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2021 formulary that is covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less-expensive generic drug becomes available, or when new adverse information about the safety or effectiveness of a drug is released.

If we make a negative change to our formulary (i.e. add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, when applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2021. To get updated information about covered drugs, please contact OptumRx. You may also visit our website at optumrx.com where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab). Our contact information is shown on the front and back cover pages.

How do I use the formulary?

There are two ways to find your drug within the formulary:

- **Medical Condition**

  The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then, look under the category name for your drug.

- **Alphabetical Listing**

  If you are not sure what category to look under, you should look for your drug in the Index that begins on page 118. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

The formulary structure features generic drugs, preferred brand-name drugs, and non-preferred brand-name drugs.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*.

* High-cost (or some Specialty) drugs are those that cost $670 or more for up to a 30-day maximum supply. These types of drugs are labeled in the formulary as "NDS" under the Requirements/Limits column, and will not be dispensed in more than a 30-day supply.

Please refer to your *Evidence of Coverage* for more information.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA)	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from OptumRx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug we will cover.
Step Therapy (ST)	In some cases, it is required that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 7. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling OptumRx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask OptumRx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” on page 4 for additional information.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If your drug is not covered, you have 2 options:

- You can ask OptumRx for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.

- You can ask OptumRx to make an exception and cover your drug. See below for information about how to request an exception.

State Health Plan PPO offers supplemental coverage (also called WRAP coverage) on **some** prescription drugs not normally covered under Medicare Part D. Please contact OptumRx for any questions regarding your supplemental coverage.

How do I request an exception to the formulary?

You can ask OptumRx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, the drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan’s formulary, or if additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact OptumRx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.**

Generally, we must make our decision within 72 hours of getting your doctor’s (or other prescriber’s) supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor (or other prescriber).

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary, or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor (or other prescriber) to decide if you should switch to an appropriate drug that we cover or request a formulary exception. While you talk to your doctor (or other prescriber) to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you get a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call OptumRx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week. You may also visit medicare.gov.

Formulary

The formulary below provides information about your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on page 118.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The abbreviations in the "Requirements/Limits" column tell you if there are any special requirements for coverage of your drug

Requirements/Limits	Helpful Tips
B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from OptumRx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
ST	Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
CELEBREX ORAL CAPSULE	3	QL (60 EA per 30 days)
celecoxib oral capsule	1	QL (60 EA per 30 days)
diclofenac epolamine transdermal patch	1	PA; QL (60 EA per 30 days)
diclofenac potassium oral tablet	3	
diclofenac sodium er oral tablet extended release 24 hour	3	
diclofenac sodium oral tablet delayed release	3	
diclofenac sodium transdermal gel 1 %	1	QL (1000 GM per 30 days)
diclofenac sodium transdermal solution	1	PA
diclofenac-misoprostol oral tablet delayed release	3	
diflunisal oral tablet	1	
DUEXIS ORAL TABLET	3	QL (90 EA per 30 days); NDS
etodolac er oral tablet extended release 24 hour	1	
etodolac oral capsule	1	
etodolac oral tablet	1	
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet	1	
FLECTOR TRANSDERMAL PATCH	3	PA; QL (60 EA per 30 days)
flurbiprofen oral tablet	1	
ibu oral tablet	1	
ibuprofen lysine intravenous solution	1	NDS
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin sodium intravenous solution reconstituted	1	
ketoprofen er oral capsule extended release 24 hour	1	
ketoprofen oral capsule	1	
ketorolac tromethamine injection solution	1	
ketorolac tromethamine intramuscular solution	1	
ketorolac tromethamine nasal solution	1	QL (5 EA per 30 days); NDS
ketorolac tromethamine oral tablet	1	QL (20 EA per 30 days)
klofensaid ii transdermal solution 1.5 %	1	PA
lodine oral tablet	3	NDS
meclofenamate sodium oral capsule	1	
mefenamic acid oral capsule	1	
meloxicam oral tablet	1	
nabumetone oral tablet	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	NDS
naproxen dr oral tablet delayed release	1	
naproxen oral tablet	1	
naproxen sodium er oral tablet extended release 24 hour	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole oral tablet delayed release	1	PA; QL (60 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
NEOPROFEN INTRAVENOUS SOLUTION	3	NDS
oxaprozin oral tablet	1	
PENNSAID TRANSDERMAL SOLUTION	3	PA; NDS
piroxicam oral capsule	1	
profeno oral tablet 600 mg	1	
relafen ds oral tablet	3	NDS
SPRIX NASAL SOLUTION	3	QL (5 EA per 30 days); NDS
sulindac oral tablet	1	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet	1	
VIMOVO ORAL TABLET DELAYED RELEASE	3	PA; QL (60 EA per 30 days); NDS
VOLTAREN TRANSDERMAL GEL	3	QL (1000 GM per 30 days)
ZIPSOR ORAL CAPSULE	3	NDS
Opioid Analgesics, Long-acting		
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT	3	ST; NDS
BELBUCA BUCCAL FILM	3	QL (60 EA per 30 days); NDS
buprenorphine transdermal patch weekly	1	QL (4 EA per 28 days); NDS
BUTRANS TRANSDERMAL PATCH WEEKLY	3	QL (4 EA per 28 days); NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; NDS
DOLOPHINE ORAL TABLET	3	NDS
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR	3	NDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	3	NDS
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG	3	NDS
fentanyl transdermal patch 72 hour	1	NDS
hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent	1	NDS
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	1	NDS
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	ST; NDS
INFUMORPH 200 INJECTION SOLUTION	3	NDS
INFUMORPH 500 INJECTION SOLUTION	3	NDS
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	NDS
levorphanol tartrate oral tablet	1	NDS
methadone hcl injection solution	3	NDS
methadone hcl intensol oral concentrate	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
methadone hcl oral concentrate	1	NDS
methadone hcl oral solution	1	NDS
methadone hcl oral tablet	1	NDS
methadose oral concentrate 10 mg/ml	1	NDS
methadose sugar-free oral concentrate	1	NDS
mitigo injection solution	1	NDS
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG	3	ST; NDS
morphine sulfate er beads oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral tablet extended release	1	NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 50 MG	2	NDS
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 250 MG	3	NDS
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG	3	NDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	2	NDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 60 mg, 80 mg	3	NDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST; NDS
oxymorphone hcl er oral tablet extended release 12 hour	1	NDS
tramadol hcl er (biphasic) oral tablet extended release 24 hour	1	NDS
tramadol hcl er oral capsule extended release 24 hour	3	PA; NDS
tramadol hcl er oral tablet extended release 24 hour	1	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	2	NDS
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	ST; NDS
Opioid Analgesics, Short-acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; NDS
acetaminophen-codeine #3 oral tablet	1	NDS
acetaminophen-codeine oral solution	1	NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	NDS
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; NDS
APADAZ ORAL TABLET	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
apap-caff-dihydrocodeine oral capsule	1	QL (300 EA per 30 days); NDS
apap-caff-dihydrocodeine oral tablet	1	NDS
ascomp-codeine oral capsule	1	PA; NDS
butalbital-apap-caff-cod oral capsule	1	PA; NDS
butalbital-asa-caff-codeine oral capsule	1	PA; NDS
butorphanol tartrate injection solution	1	NDS
butorphanol tartrate nasal solution	1	NDS
CODEINE SULFATE ORAL TABLET 15 MG	1	NDS
codeine sulfate oral tablet 30 mg, 60 mg	1	NDS
DEMEROL INJECTION SOLUTION	3	PA; NDS
DEMEROL ORAL TABLET 100 MG	3	NDS
DILAUDID INJECTION SOLUTION	3	NDS
DILAUDID ORAL LIQUID	3	NDS
DILAUDID ORAL TABLET	3	NDS
DURAMORPH INJECTION SOLUTION	1	NDS
dvorah oral tablet	3	NDS
endocet oral tablet	1	NDS
fentanyl citrate (pf) injection solution	1	B/D; NDS
fentanyl citrate (pf) injection solution cartridge	1	B/D; NDS
fentanyl citrate buccal lozenge on a handle	1	PA; NDS
fentanyl citrate buccal tablet	3	PA; NDS
FENTORA BUCCAL TABLET	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
fioricet/codeine oral capsule	3	PA; NDS
FIORINAL/CODEINE #3 ORAL CAPSULE	3	PA; NDS
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	NDS
hydrocodone-acetaminophen oral tablet	1	NDS
hydrocodone-ibuprofen oral tablet	1	NDS
hydromorphone hcl injection solution	1	NDS
hydromorphone hcl oral liquid	1	NDS
hydromorphone hcl oral tablet	1	NDS
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml	1	NDS
hydromorphone hcl rectal suppository	1	NDS
IBUDONE ORAL TABLET 10-200 MG	3	NDS
ibudone oral tablet 5-200 mg	1	NDS
LAZANDA NASAL SOLUTION	3	PA; NDS
lorcet hd oral tablet	1	NDS
lorcet oral tablet	1	NDS
lorcet plus oral tablet 7.5-325 mg	1	NDS
LORTAB ORAL ELIXIR	3	NDS
meperidine hcl injection solution	1	PA; NDS
meperidine hcl oral solution	1	NDS
meperidine hcl oral tablet	1	NDS
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 2 mg/ml	1	NDS
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	B/D; NDS
morphine sulfate (pf) intravenous solution	1	NDS
morphine sulfate injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	NDS
morphine sulfate intramuscular device	1	NDS
morphine sulfate intravenous solution 1 mg/ml, 150 mg/30ml	1	B/D; NDS
morphine sulfate intravenous solution 25 mg/ml, 50 mg/ml	1	NDS
morphine sulfate oral solution	1	NDS
morphine sulfate oral tablet	1	NDS
morphine sulfate rectal suppository	1	NDS
nalbuphine hcl injection solution	1	NDS
NALOCET ORAL TABLET	3	NDS
norco oral tablet	3	NDS
NUCYNTA ORAL TABLET	3	NDS
OPANA ORAL TABLET	3	NDS
OXAYDO ORAL TABLET ABUSE-DETERRENT	3	NDS
oxycodone hcl oral capsule	1	NDS
oxycodone hcl oral concentrate 100 mg/5ml	1	NDS
oxycodone hcl oral solution	1	NDS
oxycodone hcl oral tablet	1	NDS
oxycodone-acetaminophen oral solution 5-325 mg/5ml	1	NDS
oxycodone-acetaminophen oral tablet	1	NDS
oxycodone-aspirin oral tablet	1	NDS
oxycodone-ibuprofen oral tablet 5-400 mg	1	NDS
oxymorphone hcl oral tablet	1	NDS
panlor oral tablet 325-30-16 mg	1	NDS
pentazocine-naloxone hcl oral tablet	1	NDS
percocet oral tablet	3	NDS
primlev oral tablet	3	NDS
prolate oral tablet	3	NDS
ROXICODONE ORAL TABLET	3	NDS
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	3	NDS
SUBSYS SUBLINGUAL LIQUID	3	PA; NDS
tramadol hcl oral tablet	1	NDS
tramadol-acetaminophen oral tablet	1	NDS
trezix oral capsule	3	QL (300 EA per 30 days); NDS
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG	3	NDS
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG	3	NDS
ULTRACET ORAL TABLET	3	NDS
ULTRAM ORAL TABLET	3	NDS
vicodin es oral tablet 7.5-300 mg	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
vicodin hp oral tablet 10-300 mg	1	NDS
vicodin oral tablet 5-300 mg	1	NDS
xylon oral tablet 10-200 mg	1	NDS
Anesthetics		
Local Anesthetics		
bupivacaine fisiopharma injection solution	1	
bupivacaine hcl (pf) injection solution	1	
bupivacaine hcl injection solution 0.5 %	1	
glydo external prefilled syringe	1	PA; QL (30 ML per 30 days)
lidocaine external ointment	1	PA; QL (150 GM per 30 days)
lidocaine external patch 5 %	1	PA
lidocaine hcl external solution	1	PA; QL (250 ML per 30 days)
lidocaine hcl urethral/mucosal external gel	1	PA; QL (30 ML per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe	1	PA; QL (30 ML per 30 days)
lidocaine in dextrose solution	1	
lidocaine-epinephrine injection solution	1	
lidocaine-prilocaine external cream	1	PA; QL (30 GM per 30 days)
LIDOCAINE-TETRACAINE EXTERNAL CREAM 7-7 %	3	PA; QL (30 GM per 30 days); NDS
LIDODERM EXTERNAL PATCH	3	PA
PLIAGLIS EXTERNAL CREAM	3	PA; QL (30 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
QUTENZA (2 PATCH) EXTERNAL KIT	3	PA; QL (4 EA per 90 days); NDS
QUTENZA EXTERNAL KIT	3	PA; QL (4 EA per 90 days); NDS
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	1	
sensorcaine injection solution 0.5 %	1	
sensorcaine-mpf injection solution 0.5 %, 0.75 %	1	
SYNERA EXTERNAL PATCH	3	NDS
xylocaine dental injection solution	1	
ZTLIDO EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium oral tablet delayed release	1	
disulfiram oral tablet	1	
naltrexone hcl oral tablet	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NDS
Opioid Dependence		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	ST; QL (180 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	3	ST; QL (90 EA per 30 days)
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	ST; QL (60 EA per 30 days)
BUPRENEX INJECTION SOLUTION	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl injection solution	1	NDS
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	3	QL (224 EA per 14 days); NDS
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	NDS
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG	3	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG	3	ST; QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	ST; QL (360 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	ST; QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	ST; QL (180 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	ST; QL (60 EA per 30 days)
Opioid Reversal Agents		
EVZIO INJECTION SOLUTION AUTO-INJECTOR	3	ST; NDS
naloxone hcl injection solution	1	
naloxone hcl injection solution auto-injector	1	
naloxone hcl injection solution prefilled syringe	1	
NARCAN NASAL LIQUID	3	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET	2	QL (504 EA per 365 days)
CHANTIX ORAL TABLET	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	2	QL (504 EA per 365 days)
NICOTROL INHALATION INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS NASAL SOLUTION	2	QL (360 ML per 365 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	3	QL (60 EA per 30 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution	1	
ARIKAYCE INHALATION SUSPENSION	3	NDS
gentamicin sulfate external cream	1	
gentamicin sulfate external ointment	1	
gentamicin sulfate injection solution	1	
neomycin sulfate oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
paromomycin sulfate oral capsule	1	
streptomycin sulfate intramuscular solution reconstituted	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml	1	
tobramycin sulfate injection solution reconstituted	1	
ZEMDRI INTRAVENOUS SOLUTION	3	NDS
Antibacterials, Other		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA
ALTABAX EXTERNAL OINTMENT	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	3	NDS
aztreonam injection solution reconstituted 1 gm	1	
aztreonam injection solution reconstituted 2 gm	1	NDS
CLEOCIN VAGINAL SUPPOSITORY	3	
clindacin etz external swab	1	
clindacin-p external swab	1	
clindamycin hcl oral capsule	1	
clindamycin palmitate hcl oral solution reconstituted	1	
clindamycin phosphate external swab	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	
clindamycin phosphate vaginal cream	1	
colistimethate sodium (cba) injection solution reconstituted	1	
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
daptomycin intravenous solution reconstituted	1	NDS
IMPAVIDO ORAL CAPSULE	3	NDS
lincomycin hcl injection solution	1	
linezolid in sodium chloride intravenous solution	1	NDS
linezolid intravenous solution	1	NDS
linezolid oral suspension reconstituted	1	QL (1800 ML per 28 days); NDS
linezolid oral tablet	1	QL (56 EA per 28 days)
methenamine hippurate oral tablet	1	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
MONUROL ORAL PACKET	3	
nitrofurantoin macrocrystal oral capsule	1	

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin monohydrate macrocrystals oral capsule	1	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
polymyxin b sulfate injection solution reconstituted	1	
PRIMSOL ORAL SOLUTION	3	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (6 EA per 30 days); NDS
SIVEXTRO ORAL TABLET	3	QL (6 EA per 30 days); NDS
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
tigecycline intravenous solution reconstituted	1	NDS
tinidazole oral tablet	1	
trimethoprim oral tablet	1	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
VANCOCIN HCL ORAL CAPSULE	3	QL (120 EA per 30 days); NDS
VANCOCIN ORAL CAPSULE	3	QL (240 EA per 30 days); NDS
vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	
vancomycin hcl oral capsule 125 mg	1	QL (120 EA per 30 days)
vancomycin hcl oral capsule 250 mg	1	QL (240 EA per 30 days); NDS
vancomycin hcl oral solution reconstituted	1	
VANDAZOLE VAGINAL GEL	1	
XENLETA INTRAVENOUS SOLUTION	3	NDS
XENLETA ORAL TABLET	3	NDS
ZYVOX INTRAVENOUS SOLUTION	3	NDS
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL (1800 ML per 28 days); NDS
ZYVOX ORAL TABLET	3	QL (56 EA per 28 days); NDS
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
cefaclor oral capsule	3	
cefaclor oral suspension reconstituted	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	1	
cefazolin sodium injection solution reconstituted 1 gm	1	
cefdinir oral capsule	1	
cefdinir oral suspension reconstituted	1	
cefepime hcl injection solution reconstituted	1	
cefepime hcl intravenous solution	1	

Drug Name	Drug Tier	Requirements/ Limits
cefepime-dextrose intravenous solution reconstituted	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
cefotaxime sodium injection solution reconstituted	1	
cefotetan disodium injection solution reconstituted	1	
cefoxitin sodium injection solution reconstituted	1	
cefoxitin sodium intravenous solution reconstituted	1	
cefpodoxime proxetil oral suspension reconstituted	1	
cefpodoxime proxetil oral tablet	1	
cefprozil oral suspension reconstituted	1	
cefprozil oral tablet	1	
ceftazidime injection solution reconstituted	1	
ceftibuten oral capsule 400 mg	1	
ceftibuten oral suspension reconstituted 180 mg/5ml	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted	1	
cefuroxime sodium intravenous solution reconstituted	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet 250 mg	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
suprax oral tablet chewable	2	
tazicef injection solution reconstituted	1	
tazicef intravenous solution reconstituted	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin-potassium clavulanate oral tablet chewable	1	
ampicillin oral capsule	1	
ampicillin sodium injection solution reconstituted 1 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted	1	
ampicillin-sulbactam sodium intravenous solution reconstituted	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	NDS
AUGMENTIN ORAL TABLET	3	NDS
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG	3	NDS
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
dicloxacillin sodium oral capsule	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	NDS
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
nafcillin sodium intravenous solution reconstituted 1 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm, 2 gm	1	NDS
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
oxacillin sodium injection solution reconstituted	1	
oxacillin sodium intravenous solution reconstituted	1	NDS
penicillin g sodium injection solution reconstituted	1	NDS
penicillin v potassium oral solution reconstituted	1	
penicillin v potassium oral tablet	1	
pfizerpen injection solution reconstituted	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Carbapenems		
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	3	
ertapenem sodium injection solution reconstituted	1	
imipenem-cilastatin intravenous solution reconstituted	1	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	
meropenem intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements/ Limits
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML	3	NDS
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	NDS
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
Macrolides		
azithromycin intravenous solution reconstituted	1	
AZITHROMYCIN ORAL PACKET	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
clarithromycin er oral tablet extended release 24 hour	1	
clarithromycin oral suspension reconstituted	1	
clarithromycin oral tablet	1	
DIFICID ORAL TABLET	3	NDS
e.e.s. 400 oral tablet	1	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	3	NDS
ery-tab oral tablet delayed release	2	
erythrocin stearate oral tablet	3	
erythromycin base oral capsule delayed release particles	1	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin ethylsuccinate oral tablet	1	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG	3	
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM	3	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
BAXDELA ORAL TABLET	3	NDS
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	1	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	1	
levofloxacin intravenous solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
moxifloxacin hcl in nacl intravenous solution	1	
moxifloxacin hcl oral tablet	1	
ofloxacin oral tablet	1	
Sulfonamides		
sulfacetamide sodium (acne) external lotion	3	
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric oral suspension	1	
Tetracyclines		
demeclocycline hcl oral tablet	1	
DORYX ORAL TABLET DELAYED RELEASE 200 MG	3	NDS
doxy 100 intravenous solution reconstituted	1	
doxycycline hyclate intravenous solution reconstituted	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet delayed release 200 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
doxycycline oral capsule delayed release	1	

Drug Name	Drug Tier	Requirements/ Limits
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
MINOCIN ORAL CAPSULE	3	NDS
minocycline hcl er oral tablet extended release 24 hour 105 mg, 65 mg, 80 mg	1	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 55 mg	1	NDS
minocycline hcl oral capsule	1	
mondoxyne nl oral capsule 100 mg, 50 mg	1	
morgidox oral capsule	1	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
NUZYRA ORAL TABLET	3	NDS
SEYSARA ORAL TABLET	3	NDS
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	NDS
tetracycline hcl oral capsule	1	
VIBRAMYCIN ORAL SYRUP	3	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS SOLUTION	3	PA; NDS
BRIVIACT ORAL SOLUTION	3	PA; NDS
BRIVIACT ORAL TABLET	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
DEPAKENE ORAL SOLUTION 250 MG/5ML	3	NDS
EPIDIOLEX ORAL SOLUTION	3	PA; NDS
felbamate oral suspension	1	NDS
felbamate oral tablet	1	
FELBATOL ORAL SUSPENSION	3	NDS
FELBATOL ORAL TABLET	3	NDS
FINTEPLA ORAL SOLUTION	3	PA; NDS
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	3	NDS
FYCOMPA ORAL TABLET 2 MG, 8 MG	3	
KEPPRA INTRAVENOUS SOLUTION	3	NDS
KEPPRA ORAL SOLUTION	3	NDS
KEPPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	3	NDS
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	NDS
LAMICTAL ODT ORAL KIT 42 X 50 MG & 14X100 MG	3	NDS
LAMICTAL ORAL TABLET	3	NDS
LAMICTAL ORAL TABLET CHEWABLE 25 MG	3	NDS
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	3	NDS
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 250 MG, 300 MG, 50 MG	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
lamotrigine er oral tablet extended release 24 hour	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg	1	
lamotrigine oral kit 42 x 50 mg & 14x100 mg	1	NDS
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue oral kit	1	
lamotrigine starter kit-green oral kit	1	
lamotrigine starter kit-orange oral kit	1	
levetiracetam er oral tablet extended release 24 hour	1	
levetiracetam intravenous solution	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
NAYZILAM NASAL SOLUTION	3	QL (10 EA per 30 days); NDS
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG	3	NDS
roweepra oral tablet	1	
roweepra xr oral tablet extended release 24 hour	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
subvenite oral tablet	1	
subvenite starter kit-blue oral kit	1	
subvenite starter kit-green oral kit	1	

Drug Name	Drug Tier	Requirements/ Limits
subvenite starter kit-orange oral kit	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG	3	NDS
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG	3	NDS
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	3	NDS
valproic acid oral capsule	1	
valproic acid oral solution	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA
XCOPRI ORAL TABLET 200 MG	3	PA; NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	3	PA; NDS
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements/ Limits
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension	1	NDS
clobazam oral tablet	1	
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	3	PA; NDS
DIACOMIT ORAL PACKET	3	PA; NDS
diazepam rectal gel	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule 100 mg, 300 mg	1	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	1	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	1	QL (150 EA per 30 days)
GABITRIL ORAL TABLET 4 MG	3	NDS
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
KLONOPIN ORAL TABLET 2 MG	3	QL (300 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
MYSOLINE ORAL TABLET	3	NDS
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	3	QL (360 EA per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	QL (270 EA per 30 days)
NEURONTIN ORAL SOLUTION	3	QL (2160 ML per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	QL (150 EA per 30 days)
ONFI ORAL SUSPENSION	3	NDS
ONFI ORAL TABLET	3	NDS
phenobarbital oral elixir	1	PA
phenobarbital oral tablet	1	PA
phenobarbital sodium injection solution	1	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	1	QL (60 EA per 30 days)
pregabalin oral solution	1	QL (900 ML per 30 days)
primidone oral tablet	1	
SABRIL ORAL PACKET	3	PA; NDS
SABRIL ORAL TABLET	3	PA; NDS
SYMPAZAN ORAL FILM	3	NDS
tiagabine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 10 MG DOSE NASAL LIQUID	3	QL (10 EA per 30 days); NDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	QL (10 EA per 30 days); NDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	QL (10 EA per 30 days); NDS
VALTOCO 5 MG DOSE NASAL LIQUID	3	QL (10 EA per 30 days); NDS
vigabatrin oral packet	1	PA; NDS
vigabatrin oral tablet	1	PA; NDS
vigadrone oral packet	1	PA; NDS
Sodium Channel Agents		
APTIOM ORAL TABLET	3	NDS
BANZEL ORAL SUSPENSION	3	NDS
BANZEL ORAL TABLET	3	NDS
carbamazepine er oral capsule extended release 12 hour	1	
carbamazepine er oral tablet extended release 12 hour	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
dilantin infatabs oral tablet chewable	3	
dilantin oral capsule	3	
DILANTIN ORAL SUSPENSION	3	
epitol oral tablet	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	3	NDS
PEGANONE ORAL TABLET	3	
phenytek oral capsule	3	
phenytoin infatabs oral tablet chewable	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium injection solution	1	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TRILEPTAL ORAL SUSPENSION	3	NDS
TRILEPTAL ORAL TABLET 600 MG	3	NDS
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	3	NDS
VIMPAT ORAL TABLET 50 MG	3	
ZONEGRAN ORAL CAPSULE	3	NDS
zonisamide oral capsule	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl oral tablet	1	
donepezil hcl oral tablet dispersible	1	
galantamine hydrobromide er oral capsule extended release 24 hour	1	
galantamine hydrobromide oral solution	1	
galantamine hydrobromide oral tablet	1	
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	1	QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (30 EA per 30 days)
bupropion hcl oral tablet	1	
chlordiazepoxide-amitriptyline oral tablet	1	PA
maprotiline hcl oral tablet	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1	QL (30 EA per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1	QL (90 EA per 30 days)
perphenazine-amitriptyline oral tablet	1	PA
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; NDS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; NDS
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	3	QL (30 EA per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	QL (90 EA per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	QL (90 EA per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	3	QL (60 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3	QL (90 EA per 30 days); NDS
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	QL (30 EA per 30 days); NDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	3	ST; QL (30 EA per 30 days); NDS
MARPLAN ORAL TABLET	3	
PARNATE ORAL TABLET	3	NDS
phenelzine sulfate oral tablet	1	
tranylcypromine sulfate oral tablet	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
BRISDELLE ORAL CAPSULE	3	QL (30 EA per 30 days)
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	3	QL (60 EA per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (120 EA per 30 days)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	QL (120 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg	1	QL (90 EA per 30 days)
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 20 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour	1	QL (60 EA per 30 days)
fluvoxamine maleate oral tablet	1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (120 EA per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; QL (30 EA per 30 days)
nefazodone hcl oral tablet	3	
paroxetine hcl er oral tablet extended release 24 hour	1	
paroxetine hcl oral tablet	1	
paroxetine mesylate oral capsule	1	QL (30 EA per 30 days)
PAXIL ORAL SUSPENSION	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	QL (120 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	NDS
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet	1	
TRINTELLIX ORAL TABLET	3	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	
venlafaxine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD ORAL TABLET	3	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT	3	QL (60 EA per 365 days)
Tricyclics		
amitriptyline hcl oral tablet	1	PA
amoxapine oral tablet	1	
ANAFRANIL ORAL CAPSULE	3	NDS
clomipramine hcl oral capsule	1	
desipramine hcl oral tablet	1	
doxepin hcl oral capsule	1	PA
doxepin hcl oral concentrate	1	PA
imipramine hcl oral tablet	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	1	
PAMELOR ORAL CAPSULE	3	NDS
protriptyline hcl oral tablet	1	
TOFRANIL ORAL TABLET 25 MG, 50 MG	3	NDS
trimipramine maleate oral capsule	1	
Antiemetics		
Antiemetics, Other		
compro rectal suppository	1	
DICLEGIS ORAL TABLET DELAYED RELEASE	3	PA; QL (120 EA per 30 days)
doxylamine-pyridoxine oral tablet delayed release	1	PA; QL (120 EA per 30 days)
meclizine hcl oral tablet	1	
phenadoz rectal suppository 12.5 mg, 25 mg	1	PA
phenergan rectal suppository 12.5 mg, 25 mg, 50 mg	1	PA
prochlorperazine edisylate injection solution	1	
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	
promethazine hcl oral syrup	1	PA
promethazine hcl oral tablet	1	PA
promethazine hcl rectal suppository	1	PA
promethegan rectal suppository	1	PA
scopolamine transdermal patch 72 hour	1	
TIGAN ORAL CAPSULE	3	B/D
trimethobenzamide hcl oral capsule	1	B/D
Emetogenic Therapy Adjuncts		
AKYNZEO INTRAVENOUS SOLUTION	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	
AKYNZEO ORAL CAPSULE	3	B/D; QL (2 EA per 30 days)
ALOXI INTRAVENOUS SOLUTION	3	NDS
ANZEMET ORAL TABLET 100 MG	3	B/D; QL (5 EA per 30 days); NDS
ANZEMET ORAL TABLET 50 MG	3	B/D; QL (5 EA per 30 days)
aprepitant oral capsule 125 mg	1	B/D; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	1	B/D; QL (1 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
aprepitant oral capsule 80 & 125 mg	1	B/D; QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	1	B/D; QL (8 EA per 30 days)
CESAMET ORAL CAPSULE 1 MG	3	PA; QL (60 EA per 30 days); NDS
dronabinol oral capsule	1	PA; QL (60 EA per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D; QL (2 EA per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D; QL (1 EA per 30 days)
EMEND ORAL CAPSULE 80 MG	3	B/D; QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D; QL (6 EA per 30 days)
EMEND TRI-PACK ORAL CAPSULE	3	B/D; QL (6 EA per 30 days)
granisetron hcl oral tablet	1	B/D; QL (30 EA per 30 days)
MARINOL ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
ondansetron hcl oral solution	1	B/D; QL (450 ML per 30 days)
ondansetron hcl oral tablet 24 mg	1	B/D; QL (14 EA per 28 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D
ondansetron odt oral tablet dispersible	1	B/D
palonosetron hcl intravenous solution 0.25 mg/5ml	1	NDS
palonosetron hcl intravenous solution prefilled syringe	1	
SANCUSO TRANSDERMAL PATCH	3	QL (2 EA per 30 days); NDS
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	QL (1.2 ML per 30 days); NDS
SYNDROS ORAL SOLUTION	3	PA; QL (120 ML per 30 days); NDS
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	B/D; QL (4 EA per 30 days)
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5ML	3	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG	3	B/D; NDS
ZOFRAN ORAL SOLUTION 4 MG/5ML	3	B/D; QL (450 ML per 30 days)
ZOFRAN ORAL TABLET	3	B/D; NDS
ZUPLENZ ORAL FILM 4 MG	3	B/D
ZUPLENZ ORAL FILM 8 MG	3	B/D; NDS
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	3	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	B/D; NDS
AMPHOTEC INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG, 50 MG	3	NDS
amphotericin b intravenous solution reconstituted	1	B/D
ANCOBON ORAL CAPSULE	3	NDS
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
caspofungin acetate intravenous solution reconstituted	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole external cream	1	
clotrimazole mouth/throat troche	1	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
CRESEMBA ORAL CAPSULE	3	NDS
DIFLUCAN ORAL TABLET 200 MG	3	NDS
econazole nitrate external cream	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	NDS
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	
ERTACZO EXTERNAL CREAM	3	NDS
EXTINA EXTERNAL FOAM	3	NDS
fluconazole in dextrose intravenous solution 200 mg/100ml	1	
fluconazole in sodium chloride intravenous solution	1	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	NDS
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
gynazole-1 vaginal cream	3	

Drug Name	Drug Tier	Requirements/ Limits
itraconazole oral capsule	1	PA
itraconazole oral solution	1	PA; NDS
JUBLIA EXTERNAL SOLUTION	3	
KERYDIN EXTERNAL SOLUTION	3	PA; NDS
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo	1	
ketoconazole oral tablet	1	
ketodan external foam	1	
micafungin sodium intravenous solution reconstituted	1	NDS
miconazole 3 vaginal suppository	1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
naftifine hcl external cream	1	
naftifine hcl external gel	1	
NAFTIN EXTERNAL GEL 2 %	3	
NOXAFIL INTRAVENOUS SOLUTION	3	NDS
NOXAFIL ORAL SUSPENSION	3	NDS
NOXAFIL ORAL TABLET DELAYED RELEASE	3	NDS
nyamyc external powder	1	
nyata external powder 100000 unit/gm	1	
nystatin external cream	1	
nystatin external ointment	1	

Drug Name	Drug Tier	Requirements/ Limits
nystatin external powder	1	
nystatin mouth/throat suspension	1	
nystatin oral tablet	1	
nystop external powder	1	
ONMEL ORAL TABLET 200 MG	3	NDS
OXISTAT EXTERNAL LOTION	3	
posaconazole oral tablet delayed release	1	NDS
SPORANOX ORAL CAPSULE	3	PA; NDS
SPORANOX ORAL SOLUTION	3	PA; NDS
SPORANOX PULSEPAK ORAL CAPSULE	3	PA; NDS
sulconazole nitrate external cream	1	
sulconazole nitrate external solution	1	
terbinafine hcl oral tablet	1	QL (84 EA per 180 days)
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
TOLSURA ORAL CAPSULE	3	PA; NDS
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
VFEND ORAL SUSPENSION RECONSTITUTED	3	NDS
VFEND ORAL TABLET	3	NDS
voriconazole intravenous solution reconstituted	1	NDS
voriconazole oral suspension reconstituted	1	NDS
voriconazole oral tablet 200 mg	1	NDS
voriconazole oral tablet 50 mg	1	
XOLEGEL EXTERNAL GEL	3	NDS
Antigout Agents		
Antigout Agents		
allopurinol oral tablet	1	
COLCHICINE ORAL CAPSULE	2	
colchicine oral tablet	2	
colchicine-probenecid oral tablet	1	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	3	
febuxostat oral tablet	1	
GLOPERBA ORAL SOLUTION	3	ST
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; NDS
probenecid oral tablet	1	
ZURAMPIC ORAL TABLET 200 MG	3	
Antimigraine Agents		
Ergot Alkaloids		
D.H.E. 45 INJECTION SOLUTION	3	PA; NDS
dihydroergotamine mesylate injection solution	1	PA; NDS
dihydroergotamine mesylate nasal solution	1	PA; QL (8 ML per 30 days); NDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	2	
ergotamine-caffeine oral tablet	1	
migergot rectal suppository	3	NDS
MIGRANAL NASAL SOLUTION	3	PA; QL (8 ML per 30 days); NDS
Prophylactic		

Drug Name	Drug Tier	Requirements/ Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days)
AIMOVIG	3	PA; QL (2 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (4.5 ML per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (4.5 ML per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	3	PA; QL (15 EA per 30 days); NDS
timolol maleate oral tablet	1	
UBRELVY ORAL TABLET	3	PA; QL (16 EA per 30 days); NDS
Serotonin (5-HT) Receptor Agonist		
almotriptan malate oral tablet	1	QL (12 EA per 30 days)
AMERGE ORAL TABLET	3	QL (9 EA per 30 days)
AXERT ORAL TABLET 6.25 MG	3	QL (12 EA per 30 days); NDS
eletriptan hydrobromide oral tablet	1	QL (12 EA per 30 days)
FROVA ORAL TABLET	3	QL (12 EA per 30 days)
frovatriptan succinate oral tablet	1	QL (12 EA per 30 days)
IMITREX NASAL SOLUTION	3	QL (12 EA per 30 days)
IMITREX ORAL TABLET	3	QL (9 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	QL (5 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	QL (5 ML per 30 days); NDS
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	QL (5 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	3	QL (5 ML per 30 days); NDS
IMITREX SUBCUTANEOUS SOLUTION	3	QL (5 ML per 30 days)
MAXALT ORAL TABLET	3	QL (18 EA per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE	3	QL (18 EA per 30 days)
naratriptan hcl oral tablet	1	QL (9 EA per 30 days)
RELPAX ORAL TABLET	3	QL (12 EA per 30 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (4 EA per 30 days)
rizatriptan benzoate oral tablet	1	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible	1	QL (18 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan nasal solution	1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet	1	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe	1	QL (5 ML per 30 days)
sumatriptan-naproxen sodium oral tablet	1	QL (9 EA per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 6 MG/0.5ML	3	QL (6 ML per 30 days); NDS
TOSYMRA NASAL SOLUTION	3	QL (12 EA per 30 days)
TREXIMET ORAL TABLET	3	QL (9 EA per 30 days); NDS
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL (8 ML per 30 days); NDS
zolmitriptan oral tablet	1	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg	1	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 5 mg	1	QL (9 EA per 30 days)
ZOMIG ORAL TABLET	3	QL (12 EA per 30 days)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG	3	QL (12 EA per 30 days)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 5 MG	3	QL (9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL ORAL TABLET	3	
MESTINON ORAL SOLUTION	3	NDS
MESTINON ORAL TABLET	3	NDS
MESTINON ORAL TABLET EXTENDED RELEASE	3	NDS
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral solution	1	NDS
pyridostigmine bromide oral tablet 30 mg	1	NDS
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	1	
MYCOBUTIN ORAL CAPSULE	3	NDS
rifabutin oral capsule	1	
Antituberculars		
ethambutol hcl oral tablet	1	
isoniazid oral syrup	1	
isoniazid oral tablet	1	
paser oral packet	3	
PRIFTIN ORAL TABLET	3	
pyrazinamide oral tablet	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
rifampin intravenous solution reconstituted	1	
rifampin oral capsule	1	
SIRTURO ORAL TABLET	3	NDS
TRECATOR ORAL TABLET	3	

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastics		
Alkylating Agents		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
BELRAPZO INTRAVENOUS SOLUTION	3	NDS
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	3	NDS
BENDEKA INTRAVENOUS SOLUTION	3	NDS
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
busulfan intravenous solution	1	NDS
BUSULFEX INTRAVENOUS SOLUTION	3	NDS
carboplatin intravenous solution 150 mg/15ml, 50 mg/5ml, 600 mg/60ml	1	
carmustine intravenous solution reconstituted	1	NDS
cisplatin intravenous solution	1	
cyclophosphamide injection solution reconstituted	1	NDS
cyclophosphamide oral capsule	1	B/D
dacarbazine intravenous solution reconstituted	1	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
GLEOSTINE ORAL CAPSULE	3	
HEXALEN ORAL CAPSULE 50 MG	3	NDS
ifosfamide intravenous solution reconstituted 3 gm	1	
LEUKERAN ORAL TABLET	3	NDS
MATULANE ORAL CAPSULE	3	NDS
melphalan hcl intravenous solution reconstituted	1	NDS
oxaliplatin intravenous solution	1	NDS
oxaliplatin intravenous solution reconstituted	1	NDS
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	NDS
thiotepa injection solution reconstituted	1	NDS
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
VALCHLOR EXTERNAL GEL	3	PA; NDS
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
Antiandrogens		
abiraterone acetate oral tablet	1	PA; NDS
bicalutamide oral tablet	1	
ERLEADA ORAL TABLET	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
flutamide oral capsule	1	
NILANDRON ORAL TABLET	3	NDS
nilutamide oral tablet	1	NDS
NUBEQA ORAL TABLET	3	PA; NDS
XTANDI ORAL CAPSULE	3	PA; NDS
YONSA ORAL TABLET	3	PA; NDS
ZYTIGA ORAL TABLET	3	PA; NDS
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	3	PA; NDS
QINLOCK ORAL TABLET	3	PA; NDS
REVLIMID ORAL CAPSULE	3	PA; NDS
TABRECTA ORAL TABLET	3	PA; QL (120 EA per 30 days); NDS
THALOMID ORAL CAPSULE	3	PA; NDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	NDS
FARESTON ORAL TABLET	3	NDS
FASLODEX INTRAMUSCULAR SOLUTION	3	NDS
fulvestrant intramuscular solution	1	NDS
SOLTAMOX ORAL SOLUTION	3	NDS
tamoxifen citrate oral tablet	1	
toremifene citrate oral tablet	1	NDS
Antimetabolites		
adrucil intravenous solution 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	1	B/D

Drug Name	Drug Tier	Requirements/ Limits
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
ARRANON INTRAVENOUS SOLUTION	3	NDS
cladribine intravenous solution	1	B/D; NDS
clofarabine intravenous solution	1	NDS
CLOLAR INTRAVENOUS SOLUTION	3	NDS
cytarabine (pf) injection solution	1	B/D
cytarabine injection solution	1	B/D
DROXIA ORAL CAPSULE	3	
floxuridine injection solution reconstituted	1	B/D; NDS
fluorouracil intravenous solution	1	B/D
FOLOTYN INTRAVENOUS SOLUTION	3	PA; NDS
gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	1	NDS
gemcitabine hcl intravenous solution reconstituted	1	NDS
GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 200 MG	3	NDS
hydroxyurea oral capsule	1	
INFUGEM INTRAVENOUS SOLUTION	3	NDS
mercaptopurine oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
PURIXAN ORAL SUSPENSION	3	NDS
SIKLOS ORAL TABLET 100 MG	3	PA
SIKLOS ORAL TABLET 1000 MG	3	PA; NDS
TABLOID ORAL TABLET	3	
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; NDS
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	NDS
adriamycin intravenous solution	1	B/D
adriamycin intravenous solution reconstituted	1	B/D
AMIFOSTINE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	NDS
arsenic trioxide intravenous solution 10 mg/10ml	1	
arsenic trioxide intravenous solution 12 mg/6ml	1	NDS
ASPARLAS INTRAVENOUS SOLUTION	3	NDS
azacitidine injection suspension reconstituted	1	NDS
BLEO 15K INJECTION SOLUTION RECONSTITUTED 15 (15000 IU) UNIT	3	B/D
bleomycin sulfate injection solution reconstituted	1	B/D
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
dactinomycin intravenous solution reconstituted	1	NDS
daunorubicin hcl intravenous solution 50 mg/10ml	1	
decitabine intravenous solution reconstituted	1	PA; NDS
DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	3	NDS
docetaxel intravenous concentrate	1	NDS
docetaxel intravenous solution	1	NDS
DOXIL INTRAVENOUS INJECTABLE	3	NDS
doxorubicin hcl intravenous solution	1	B/D
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	1	B/D
doxorubicin hcl liposomal intravenous injectable	1	NDS
ELLENCE INTRAVENOUS SOLUTION	3	NDS
ELZONRIS INTRAVENOUS SOLUTION	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
epirubicin hcl intravenous solution	1	
ERWINAZE INJECTION SOLUTION RECONSTITUTED	3	NDS
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
fludarabine phosphate intravenous solution	1	NDS
FUSILEV INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	NDS
HALAVEN INTRAVENOUS SOLUTION	3	PA; NDS
IBRANCE ORAL TABLET	3	PA; NDS
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	NDS
idarubicin hcl intravenous solution	1	NDS
IDHIFA ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
INREBIC ORAL CAPSULE	3	PA; NDS
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
JEVTANA INTRAVENOUS SOLUTION	3	PA; NDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
leucovorin calcium injection solution 100 mg/10ml	1	B/D
leucovorin calcium injection solution 500 mg/50ml	1	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral tablet	1	
levoleucovorin calcium intravenous solution 175 mg/17.5ml	1	NDS
levoleucovorin calcium intravenous solution reconstituted	1	NDS
levoleucovorin calcium pf intravenous solution	1	NDS
lipodox 50 intravenous injectable 2 mg/ml	1	NDS
LONSURF ORAL TABLET	3	PA; NDS
MARQIBO INTRAVENOUS SUSPENSION	3	NDS
mitomycin intravenous solution reconstituted	1	NDS
mutamycin intravenous solution reconstituted	1	NDS
NINLARO ORAL CAPSULE	3	PA; NDS
paclitaxel intravenous concentrate 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1	
PEMAZYRE ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
PHESGO SUBCUTANEOUS SOLUTION	3	PA; NDS
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
RETEVMO ORAL CAPSULE	3	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	3	PA; NDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
TAXOTERE INTRAVENOUS CONCENTRATE	3	NDS
TAZVERIK ORAL TABLET	3	PA; NDS
THERACYS INTRAVESICAL SUSPENSION RECONSTITUTED 81 MG/VIAL	3	NDS
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	
TRISENOX INTRAVENOUS SOLUTION	3	NDS
TUKYSA ORAL TABLET	3	PA; NDS
valrubicin intravesical solution	1	NDS
VALSTAR INTRAVESICAL SOLUTION	3	NDS
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA; NDS
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	NDS
vinblastine sulfate intravenous solution	1	B/D
vincasar pfs intravenous solution 1 mg/ml	1	B/D
vincristine sulfate intravenous solution	1	B/D
vinorelbine tartrate intravenous solution	1	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; NDS
ZALTRAP INTRAVENOUS SOLUTION	3	PA; NDS
ZOLINZA ORAL CAPSULE	3	PA; NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
AROMASIN ORAL TABLET	3	NDS
exemestane oral tablet	1	
letrozole oral tablet	1	
Enzyme Inhibitors		
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
etoposide intravenous solution	1	
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
irinotecan hcl intravenous solution	1	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ONIVYDE INTRAVENOUS INJECTABLE	3	NDS
toposar intravenous solution	1	
topotecan hcl intravenous solution	1	NDS
topotecan hcl intravenous solution reconstituted	1	NDS
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA; NDS
AFINITOR ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
ALECENSA ORAL CAPSULE	3	PA; NDS
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 EA per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (120 EA per 30 days); NDS
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (60 EA per 365 days); NDS
AYVAKIT ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
BALVERSA ORAL TABLET	3	PA; NDS
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
BOSULIF ORAL TABLET	3	PA; NDS
BRAFTOVI ORAL CAPSULE	3	PA; NDS
BRUKINSA ORAL CAPSULE	3	PA; NDS
CABOMETYX ORAL TABLET	3	PA; NDS
CALQUENCE ORAL CAPSULE	3	PA; NDS
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (60 EA per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	3	PA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	3	PA; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	3	PA; NDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; NDS
COPIKTRA ORAL CAPSULE	3	PA; NDS
COTELLIC ORAL TABLET	3	PA; NDS
DAURISMO ORAL TABLET	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ERIVEDGE ORAL CAPSULE	3	PA; NDS
erlotinib hcl oral tablet	1	PA; NDS
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	1	PA; QL (30 EA per 30 days); NDS
FARYDAK ORAL CAPSULE	3	PA; NDS
GILOTRIF ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
GLEEVEC ORAL TABLET	3	PA; NDS
IBRANCE ORAL CAPSULE	3	PA; NDS
ICLUSIG ORAL TABLET 15 MG	3	PA; QL (60 EA per 30 days); NDS
ICLUSIG ORAL TABLET 45 MG	3	PA; NDS
imatinib mesylate oral tablet	1	PA; NDS
IMBRUVICA ORAL CAPSULE	3	PA; NDS
IMBRUVICA ORAL TABLET	3	PA; NDS
INLYTA ORAL TABLET	3	PA; NDS
IRESSA ORAL TABLET	3	PA; NDS
JAKAFI ORAL TABLET 10 MG	3	PA; QL (60 EA per 30 days); NDS
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	3	PA; NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
KOSELUGO ORAL CAPSULE	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; NDS
LORBRENA ORAL TABLET	3	PA; NDS
LYNPARZA ORAL CAPSULE 50 MG	3	NDS
LYNPARZA ORAL TABLET	3	PA; NDS
MEKINIST ORAL TABLET	3	PA; NDS
MEKTOVI ORAL TABLET	3	PA; NDS
NERLYNX ORAL TABLET	3	PA; QL (180 EA per 30 days); NDS
NEXAVAR ORAL TABLET	3	PA; NDS
ODOMZO ORAL CAPSULE	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; NDS
ROZLYTREK ORAL CAPSULE	3	PA; NDS
RUBRACA ORAL TABLET	3	PA; NDS
RYDAPT ORAL CAPSULE	3	PA; NDS
SPRYCEL ORAL TABLET	3	PA; NDS
STIVARGA ORAL TABLET	3	PA; NDS
SUTENT ORAL CAPSULE	3	PA; NDS
TAFINLAR ORAL CAPSULE	3	PA; NDS
TAGRISSO ORAL TABLET 40 MG	3	PA; QL (30 EA per 30 days); NDS
TAGRISSO ORAL TABLET 80 MG	3	PA; NDS
TALZENNA ORAL CAPSULE	3	PA; NDS
TARCEVA ORAL TABLET	3	PA; NDS
TASIGNA ORAL CAPSULE	3	PA; NDS
temsirolimus intravenous solution	1	NDS
TIBSOVO ORAL TABLET	3	PA; NDS
TORISEL INTRAVENOUS SOLUTION	3	NDS
TURALIO ORAL CAPSULE	3	PA; NDS
TYKERB ORAL TABLET	3	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	2	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	3	PA; NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; NDS
VERZENIO ORAL TABLET	3	PA; NDS
VITRAKVI ORAL CAPSULE	3	PA; NDS
VITRAKVI ORAL SOLUTION	3	PA; NDS
VIZIMPRO ORAL TABLET	3	PA; NDS
VOTRIENT ORAL TABLET	3	PA; NDS
XALKORI ORAL CAPSULE	3	PA; NDS
XOSPATA ORAL TABLET	3	PA; NDS
ZEJULA ORAL CAPSULE	3	PA; NDS
ZELBORAF ORAL TABLET	3	PA; NDS
ZYDELIG ORAL TABLET	3	PA; NDS
ZYKADIA ORAL CAPSULE 150 MG	3	PA; NDS
ZYKADIA ORAL TABLET	3	PA; NDS
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
AVASTIN INTRAVENOUS SOLUTION	3	PA; NDS
BAVENCIO INTRAVENOUS SOLUTION	3	PA; NDS
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
CYRAMZA INTRAVENOUS SOLUTION	3	PA; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA; NDS
DARZALEX INTRAVENOUS SOLUTION	3	PA; NDS
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ERBITUX INTRAVENOUS SOLUTION	3	PA; NDS
GAZYVA INTRAVENOUS SOLUTION	3	PA; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	PA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
IMFINZI INTRAVENOUS SOLUTION	3	PA; NDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	PA; NDS
LARTRUVO INTRAVENOUS SOLUTION	3	PA; NDS
LIBTAYO INTRAVENOUS SOLUTION	3	PA; NDS
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
MVASI INTRAVENOUS SOLUTION	3	PA; NDS
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
OPDIVO INTRAVENOUS SOLUTION	3	PA; NDS
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
PERJETA INTRAVENOUS SOLUTION	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
PORTRAZZA INTRAVENOUS SOLUTION	3	PA; NDS
POTELIGEO INTRAVENOUS SOLUTION	3	PA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	PA; NDS
RITUXAN INTRAVENOUS SOLUTION	3	PA; NDS
RUXIENCE INTRAVENOUS SOLUTION	3	PA; NDS
SARCLISA INTRAVENOUS SOLUTION	3	PA; NDS
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; NDS
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
TRUXIMA INTRAVENOUS SOLUTION	3	PA; NDS
UNITUXIN INTRAVENOUS SOLUTION	3	NDS
VECTIBIX INTRAVENOUS SOLUTION	3	NDS
YERVOY INTRAVENOUS SOLUTION	3	PA; NDS
ZEVALIN Y-90 INTRAVENOUS KIT	3	NDS
ZIRABEV INTRAVENOUS SOLUTION	3	PA; NDS
Retinoids		
bexarotene oral capsule	1	PA; NDS
PANRETIN EXTERNAL GEL	3	NDS
TARGRETIN EXTERNAL GEL	3	PA; NDS
TARGRETIN ORAL CAPSULE	3	PA; NDS
tretinoin oral capsule	1	NDS
Treatment Adjuncts		
dexrazoxane hcl intravenous solution reconstituted	1	NDS
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
mesna intravenous solution	1	
MESNEX ORAL TABLET	3	NDS
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
ZINECARD INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG	3	NDS
Antiparasitics		
Anthelmintics		
albendazole oral tablet	1	NDS
ALBENZA ORAL TABLET	3	NDS
emverm oral tablet chewable	3	NDS
ivermectin oral tablet	1	
praziquantel oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	NDS
ALINIA ORAL TABLET	3	NDS
atovaquone oral suspension	1	NDS
atovaquone-proguanil hcl oral tablet	1	
BENZNIDAZOLE ORAL TABLET	2	
chloroquine phosphate oral tablet	1	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	PA; NDS
hydroxychloroquine sulfate oral tablet	1	
mefloquine hcl oral tablet	1	
MEPRON ORAL SUSPENSION	3	NDS
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	B/D
pentamidine isethionate inhalation solution reconstituted	1	B/D
pentamidine isethionate injection solution reconstituted	1	
primaquine phosphate oral tablet	1	
pyrimethamine oral tablet	1	PA; NDS
QUALAQUIN ORAL CAPSULE	3	PA
quinine sulfate oral capsule	1	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection solution	1	
benztropine mesylate oral tablet	1	
COGENTIN INJECTION SOLUTION	3	NDS
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet	1	
Antiparkinson Agents, Other		
carbidopa-levodopa-entacapone oral tablet	1	
COMTAN ORAL TABLET	3	NDS
entacapone oral tablet	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; NDS
NOURIANZ ORAL TABLET	3	PA; NDS
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
STALEVO 100 ORAL TABLET	3	NDS
STALEVO 125 ORAL TABLET	3	NDS
STALEVO 150 ORAL TABLET	3	NDS
STALEVO 200 ORAL TABLET	3	NDS
TASMAR ORAL TABLET	3	NDS
tolcapone oral tablet	1	NDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL (90 ML per 30 days); NDS
bromocriptine mesylate oral capsule	3	
bromocriptine mesylate oral tablet	3	

Drug Name	Drug Tier	Requirements/ Limits
KYNMOBI SUBLINGUAL FILM	3	PA; QL (150 EA per 30 days); NDS
KYNMOBI TITRATION KIT SUBLINGUAL KIT	3	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	ST
pramipexole dihydrochloride er oral tablet extended release 24 hour	1	
pramipexole dihydrochloride oral tablet	1	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	3	NDS
ropinirole hcl er oral tablet extended release 24 hour	1	
ropinirole hcl oral tablet	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	1	NDS
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	1	
DUOPA ENTERAL SUSPENSION	3	PA; NDS
INBRIJA INHALATION CAPSULE	3	PA; NDS
LODOSYN ORAL TABLET	3	NDS
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral tablet	1	
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
XADAGO ORAL TABLET	3	ST; QL (30 EA per 30 days)
ZELAPAR ORAL TABLET DISPERSIBLE	3	NDS
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl injection solution	1	
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
loxapine succinate oral capsule	1	
molindone hcl oral tablet	1	
perphenazine oral tablet	1	
pimozide oral tablet	1	
thioridazine hcl oral tablet	1	PA
thiothixene oral capsule	1	
trifluoperazine hcl oral tablet	1	
2nd Generation/Atypical		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	NDS
ABILIFY MYCITE ORAL TABLET	3	ST; QL (30 EA per 30 days); NDS
ABILIFY ORAL TABLET	3	QL (30 EA per 30 days); NDS
aripiprazole oral solution	1	QL (750 ML per 30 days)
aripiprazole oral tablet	1	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	1	QL (60 EA per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	NDS
CAPLYTA ORAL CAPSULE	3	ST; QL (30 EA per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	3	ST; QL (60 EA per 30 days); NDS
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL (8 EA per 180 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
GEODON ORAL CAPSULE	3	QL (60 EA per 30 days); NDS
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG	3	QL (30 EA per 30 days); NDS
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	3	QL (60 EA per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	3	NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 EA per 30 days); NDS
LATUDA ORAL TABLET 80 MG	3	QL (60 EA per 30 days); NDS
NUPLAZID ORAL CAPSULE	3	PA; NDS
NUPLAZID ORAL TABLET	3	PA; NDS
olanzapine intramuscular solution reconstituted	1	
olanzapine oral tablet	1	QL (30 EA per 30 days)
olanzapine oral tablet dispersible	1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (60 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 9 mg	1	QL (30 EA per 30 days); NDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET	3	QL (30 EA per 30 days); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	3	NDS
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 3 MG, 4 MG	3	QL (60 EA per 30 days); NDS
RISPERDAL ORAL SOLUTION	3	QL (240 ML per 30 days)
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	QL (60 EA per 30 days)
RISPERDAL ORAL TABLET 2 MG, 3 MG, 4 MG	3	QL (60 EA per 30 days); NDS
risperidone oral solution	1	QL (240 ML per 30 days)
risperidone oral tablet	1	QL (60 EA per 30 days)
risperidone oral tablet dispersible	1	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	QL (60 EA per 30 days); NDS
SECUADO TRANSDERMAL PATCH 24 HOUR	3	PA; QL (30 EA per 30 days); NDS
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	QL (90 EA per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 400 MG, 50 MG	3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	3	QL (90 EA per 30 days)
VRAYLAR ORAL CAPSULE	3	ST; QL (30 EA per 30 days); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL (14 EA per 365 days)
ziprasidone hcl oral capsule	1	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted	1	
ZYPREXA ORAL TABLET	3	QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	3	NDS
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	3	QL (30 EA per 30 days)
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	1	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	1	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
clozapine oral tablet 50 mg	1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 25 mg	1	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 EA per 30 days); NDS
clozapine oral tablet dispersible 200 mg	1	QL (120 EA per 30 days); NDS
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	QL (270 EA per 30 days)
CLOZARIL ORAL TABLET 200 MG	3	QL (120 EA per 30 days); NDS
CLOZARIL ORAL TABLET 50 MG	3	QL (180 EA per 30 days); NDS
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 25 MG	3	QL (270 EA per 30 days)
FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG	3	QL (90 EA per 30 days)
FAZACLO ORAL TABLET DISPERSIBLE 150 MG	3	QL (180 EA per 30 days); NDS
FAZACLO ORAL TABLET DISPERSIBLE 200 MG	3	QL (120 EA per 30 days); NDS
VERSACLOZ ORAL SUSPENSION	3	QL (540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen intrathecal solution	1	B/D
baclofen oral tablet	1	
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
dantrolene sodium intravenous solution reconstituted	1	
dantrolene sodium oral capsule	1	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML	3	B/D
GABLOFEN INTRATHECAL SOLUTION 40000 MCG/20ML	3	B/D; NDS
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	3	B/D
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML	3	B/D
LIORESAL INTRATHECAL SOLUTION 10 MG/5ML, 40 MG/20ML	3	B/D; NDS
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML	3	PA; NDS
MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML	3	PA
revonto intravenous solution reconstituted	1	
tizanidine hcl oral capsule	1	
tizanidine hcl oral tablet	1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	3	PA

Drug Name	Drug Tier	Requirements/ Limits
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA; NDS
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous solution	1	NDS
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED	3	B/D
FOSCAVIR INTRAVENOUS SOLUTION	3	B/D
ganciclovir sodium intravenous solution	1	B/D
ganciclovir sodium intravenous solution reconstituted	1	B/D
PREVYMIS INTRAVENOUS SOLUTION	3	NDS
PREVYMIS ORAL TABLET	3	NDS
VALCYTE ORAL SOLUTION RECONSTITUTED	3	NDS
VALCYTE ORAL TABLET	3	NDS
valganciclovir hcl oral solution reconstituted	1	NDS
valganciclovir hcl oral tablet	1	NDS
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet	1	NDS
BARACLUDE ORAL SOLUTION	3	QL (600 ML per 30 days); NDS
BARACLUDE ORAL TABLET	3	QL (30 EA per 30 days); NDS
entecavir oral tablet	1	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	3	
HEPSERA ORAL TABLET	3	NDS
lamivudine oral tablet 100 mg	1	
VEMLIDY ORAL TABLET	3	NDS
Anti-hepatitis C (HCV) Agents		
COPEGUS ORAL TABLET 200 MG	3	NDS
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	3	QL (168 EA per 365 days); NDS
EPCLUSA ORAL TABLET	3	PA; QL (84 EA per 365 days); NDS
HARVONI ORAL PACKET 33.75-150 MG	3	PA; QL (168 EA per 365 days); NDS
HARVONI ORAL PACKET 45-200 MG	3	PA; QL (336 EA per 365 days); NDS
HARVONI ORAL TABLET 45-200 MG	3	PA; QL (336 EA per 365 days); NDS
HARVONI ORAL TABLET 90-400 MG	3	PA; QL (168 EA per 365 days); NDS
ledipasvir-sofosbuvir oral tablet	3	PA; QL (168 EA per 365 days); NDS
MAVYRET ORAL TABLET	3	PA; QL (336 EA per 365 days); NDS
MODERIBA (1200 MG PACK) ORAL TABLET THERAPY PACK 600 MG	3	NDS
MODERIBA (600 MG PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	3	NDS
MODERIBA (800 MG PACK) ORAL TABLET THERAPY PACK 400 MG	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
moderiba oral tablet 200 mg	1	
MODERIBA ORAL TABLET THERAPY PACK 400 & 600 MG	3	NDS
OLYSIO ORAL CAPSULE 150 MG	3	QL (168 EA per 365 days); NDS
REBETOL ORAL SOLUTION 40 MG/ML	3	NDS
ribasphere oral capsule 200 mg	1	
ribasphere oral tablet 200 mg	1	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	3	NDS
RIBASPHERE RIBAPAK (1000 PACK) ORAL TABLET THERAPY PACK 400 & 600 MG	3	NDS
RIBASPHERE RIBAPAK (1200 PACK) ORAL TABLET THERAPY PACK 600 MG	3	NDS
RIBASPHERE RIBAPAK (600 PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	3	NDS
RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK 400 MG	3	NDS
ribavirin oral capsule	1	
ribavirin oral tablet	1	
sofosbuvir-velpatasvir oral tablet	3	PA; QL (84 EA per 365 days); NDS
SOVALDI ORAL PACKET 150 MG	3	PA; QL (168 EA per 365 days); NDS
SOVALDI ORAL PACKET 200 MG	3	PA; QL (336 EA per 365 days); NDS
SOVALDI ORAL TABLET	3	PA; QL (336 EA per 365 days); NDS
TECHNIVIE ORAL TABLET 12.5-75-50 MG	3	QL (168 EA per 365 days); NDS
VIEKIRA PAK ORAL TABLET THERAPY PACK	3	PA; QL (672 EA per 365 days); NDS
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	3	PA; QL (504 EA per 365 days); NDS
VOSEVI ORAL TABLET	3	PA; QL (84 EA per 365 days); NDS
ZEPATIER ORAL TABLET	3	PA; QL (112 EA per 365 days); NDS
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D
acyclovir sodium intravenous solution reconstituted 500 mg	1	B/D
famciclovir oral tablet	1	
valacyclovir hcl oral tablet	1	QL (120 EA per 30 days)
VALTREX ORAL TABLET	3	QL (120 EA per 30 days)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET	3	QL (30 EA per 30 days); NDS
DOVATO ORAL TABLET	3	QL (30 EA per 30 days); NDS
GENVOYA ORAL TABLET	3	QL (30 EA per 30 days); NDS
ISENTRESS HD ORAL TABLET	3	NDS
ISENTRESS ORAL PACKET	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS ORAL TABLET	3	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	
JULUCA ORAL TABLET	3	QL (30 EA per 30 days); NDS
STRIBILD ORAL TABLET	3	QL (30 EA per 30 days); NDS
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	3	NDS
TIVICAY PD ORAL TABLET SOLUBLE	3	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA ORAL TABLET	3	QL (30 EA per 30 days); NDS
COMPLERA ORAL TABLET	3	QL (30 EA per 30 days); NDS
DELSTRIGO ORAL TABLET	3	QL (30 EA per 30 days); NDS
EDURANT ORAL TABLET	3	NDS
efavirenz oral capsule 200 mg	1	NDS
efavirenz oral capsule 50 mg	1	
efavirenz oral tablet	1	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	3	NDS
INTELENCE ORAL TABLET 25 MG	3	
nevirapine er oral tablet extended release 24 hour	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
PIFELTRO ORAL TABLET	3	NDS
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3	
SUSTIVA ORAL CAPSULE	3	NDS
SUSTIVA ORAL TABLET	3	NDS
SYMFI LO ORAL TABLET	3	QL (30 EA per 30 days); NDS
SYMFI ORAL TABLET	3	QL (30 EA per 30 days); NDS
VIRAMUNE ORAL SUSPENSION	3	NDS
VIRAMUNE ORAL TABLET	3	NDS
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	1	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine oral tablet	1	QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine oral tablet	1	QL (60 EA per 30 days); NDS
CIMDUO ORAL TABLET	3	QL (30 EA per 30 days); NDS
COMBIVIR ORAL TABLET	3	QL (60 EA per 30 days); NDS
DESCOVY ORAL TABLET	3	QL (30 EA per 30 days); NDS
didanosine oral capsule delayed release	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
EPZICOM ORAL TABLET	3	QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet	1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	3	QL (30 EA per 30 days); NDS
RETROVIR INTRAVENOUS SOLUTION	3	
stavudine oral capsule	1	
TEMIXYS ORAL TABLET	3	QL (30 EA per 30 days); NDS
tenofovir disoproxil fumarate oral tablet	1	
TRIUMEQ ORAL TABLET	3	QL (30 EA per 30 days); NDS
TRIZIVIR ORAL TABLET	3	QL (60 EA per 30 days); NDS
TRUVADA ORAL TABLET	3	QL (30 EA per 30 days); NDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3	
VIREAD ORAL POWDER	3	NDS
VIREAD ORAL TABLET	3	NDS
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	NDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	NDS
SELZENTRY ORAL SOLUTION	3	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	3	NDS
SELZENTRY ORAL TABLET 25 MG	3	
TROGARZO INTRAVENOUS SOLUTION	3	NDS
TYBOST ORAL TABLET	2	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	3	NDS
APTIVUS ORAL SOLUTION	3	NDS
atazanavir sulfate oral capsule	1	
CRIXIVAN ORAL CAPSULE	2	
EVOTAZ ORAL TABLET	3	QL (30 EA per 30 days); NDS
fosamprenavir calcium oral tablet	1	NDS
INVIRASE ORAL CAPSULE 200 MG	3	NDS
INVIRASE ORAL TABLET	3	NDS
KALETRA ORAL SOLUTION	3	NDS
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	3	NDS
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	3	NDS
lopinavir-ritonavir oral solution	1	NDS
NORVIR ORAL CAPSULE 100 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
PREZCOBIX ORAL TABLET	3	QL (30 EA per 30 days); NDS
PREZISTA ORAL SUSPENSION	3	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	NDS
REYATAZ ORAL CAPSULE	3	NDS
REYATAZ ORAL PACKET	3	NDS
ritonavir oral tablet	1	
SYMTUZA ORAL TABLET	3	QL (30 EA per 30 days); NDS
VIRACEPT ORAL TABLET	3	NDS
Anti-influenza Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral syrup	1	
amantadine hcl oral tablet	1	
oseltamivir phosphate oral capsule 30 mg	1	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	1	QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	1	QL (110 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (240 EA per 365 days)
rimantadine hcl oral tablet	1	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (168 EA per 365 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (84 EA per 365 days)
TAMIFLU ORAL CAPSULE 75 MG	3	QL (110 EA per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	QL (1080 ML per 365 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	2	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	2	QL (4 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet	1	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	PA; QL (30 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg	1	PA; QL (150 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 3 mg	1	PA; QL (90 EA per 30 days)
alprazolam intensol oral concentrate	1	PA
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	PA; QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	1	PA; QL (150 EA per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	1	PA; QL (120 EA per 30 days)
alprazolam oral tablet dispersible 2 mg	1	PA; QL (150 EA per 30 days)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1	PA; QL (30 EA per 30 days)
alprazolam xr oral tablet extended release 24 hour 2 mg	1	PA; QL (150 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
alprazolam xr oral tablet extended release 24 hour 3 mg	1	PA; QL (90 EA per 30 days)
ATIVAN INJECTION SOLUTION	3	PA
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; QL (90 EA per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg	1	PA; QL (900 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	1	PA; QL (360 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	1	PA; QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (360 EA per 30 days)
diazepam injection solution	1	
diazepam oral concentrate	1	
diazepam oral solution	1	
diazepam oral tablet 10 mg	1	QL (120 EA per 30 days)
diazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
diazepam oral tablet 5 mg	1	QL (240 EA per 30 days)
lorazepam injection solution	1	PA
lorazepam intensol oral concentrate	1	PA
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	1	PA; QL (150 EA per 30 days)
midazolam hcl (pf) injection solution	1	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 50 mg/10ml	1	
oxazepam oral capsule	1	PA; QL (120 EA per 30 days)
TRANXENE-T ORAL TABLET	3	QL (360 EA per 30 days)
VALIUM ORAL TABLET 10 MG	3	QL (120 EA per 30 days)
VALIUM ORAL TABLET 2 MG	3	QL (300 EA per 30 days)
VALIUM ORAL TABLET 5 MG	3	QL (240 EA per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	PA; QL (120 EA per 30 days)
XANAX ORAL TABLET 2 MG	3	PA; QL (150 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	PA; QL (30 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	3	PA; QL (150 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	3	PA; QL (90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
lithium carbonate er oral tablet extended release	1	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
LITHIUM ORAL SOLUTION	1	

Drug Name	Drug Tier	Requirements/ Limits
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	1	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	3	ST; QL (12 ML per 365 days)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (6 ML per 28 days)
alogliptin benzoate oral tablet	3	ST
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	3	ST
alogliptin-pioglitazone oral tablet	3	ST
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	QL (3.4 ML per 28 days)
BYDUREON PEN	3	QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN	3	QL (2.4 ML per 28 days)
BYETTA 5 MCG PEN	3	QL (4.8 ML per 28 days)
CYCLOSET ORAL TABLET	3	
FARXIGA ORAL TABLET	3	ST
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR	3	NDS
glimepiride oral tablet	1	
glipizide er oral tablet extended release 24 hour	1	
glipizide oral tablet	1	
glipizide xl oral tablet extended release 24 hour	1	
glipizide-metformin hcl oral tablet	1	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; NDS
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
glyburide-metformin oral tablet	1	
GLYXAMBI ORAL TABLET	2	ST
INVOKAMET ORAL TABLET	2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
INVOKANA ORAL TABLET	2	
JANUMET ORAL TABLET	2	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST
JANUVIA ORAL TABLET	2	ST
JARDIANCE ORAL TABLET	2	
JENTADUETO ORAL TABLET	2	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST
KAZANO ORAL TABLET	3	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
metformin hcl er (mod) oral tablet extended release 24 hour	1	PA

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl er (osm) oral tablet extended release 24 hour	1	
metformin hcl er oral tablet extended release 24 hour	1	
metformin hcl oral solution	1	
metformin hcl oral tablet	1	
miglitol oral tablet	1	
nateglinide oral tablet	1	
NESINA ORAL TABLET	3	ST
ONGLYZA ORAL TABLET	3	ST
OSENI ORAL TABLET	3	ST
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (3 ML per 28 days)
pioglitazone hcl oral tablet	1	
pioglitazone hcl-glimepiride oral tablet	1	
pioglitazone hcl-metformin hcl oral tablet	1	
PRANDIN ORAL TABLET 2 MG	3	NDS
QTERN ORAL TABLET 5-5 MG	3	ST
repaglinide oral tablet	1	
repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	ST; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	ST; QL (60 EA per 365 days)
SEGLUROMET ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements/ Limits
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
STEGLATRO ORAL TABLET	3	ST
STEGLUJAN ORAL TABLET	3	ST
SYMLINPEN 120	3	PA; NDS
SYMLINPEN 60	3	PA; NDS
SYNJARDY ORAL TABLET	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
tolazamide oral tablet 250 mg, 500 mg	1	
tolbutamide oral tablet	1	
TRADJENTA ORAL TABLET	2	ST
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (2 ML per 28 days)
VICTOZA	2	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; NDS
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	2	
BAQSIMI TWO PACK NASAL POWDER	2	
diazoxide oral suspension	1	NDS
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGON EMERGENCY KIT INJECTION KIT	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
PROGLYCEM ORAL SUSPENSION	3	NDS
Insulins		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
ADMELOG SUBCUTANEOUS SOLUTION	3	ST
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT	3	PA; NDS
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST
FIASP SUBCUTANEOUS SOLUTION	3	ST

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG VIAL SUBCUTANEOUS SOLUTION	2	
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	2	
HUMULIN R VIAL INJECTION SOLUTION	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	2	
INSULIN ASPART SUBCUTANEOUS SOLUTION	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LANTUS U-100 SOLOSTAR	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	2	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements/ Limits
MYXREDLIN INTRAVENOUS SOLUTION	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R RELION INJECTION SOLUTION	2	
NOVOLIN R VIAL INJECTION SOLUTION	2	
NOVOLOG U-100 FLEXPEN	2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
NOVOLOG U-100 PENFILL	2	
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION	2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
Blood Products and Modifiers		
Anticoagulants		
argatroban intravenous solution	1	NDS
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML	3	QL (28 ML per 90 days); NDS
ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML	3	QL (17.5 ML per 90 days); NDS
ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML	3	QL (14 ML per 90 days); NDS
ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/0.6ML	3	QL (21 ML per 90 days); NDS
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	3	QL (43 EA per 180 days)
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (90 EA per 30 days)
enoxaparin sodium injection solution	1	QL (105 ML per 90 days)
enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml	1	QL (35 ML per 90 days)
enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml	1	QL (28 ML per 90 days)
enoxaparin sodium subcutaneous solution 30 mg/0.3ml	1	QL (10.5 ML per 90 days)
enoxaparin sodium subcutaneous solution 40 mg/0.4ml	1	QL (14 ML per 90 days)
enoxaparin sodium subcutaneous solution 60 mg/0.6ml	1	QL (21 ML per 90 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	1	QL (28 ML per 90 days); NDS
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	1	QL (17.5 ML per 90 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	1	QL (14 ML per 90 days); NDS
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	1	QL (21 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	3	QL (35 ML per 90 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML	3	QL (17.5 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 15000 UNIT/0.6ML	3	QL (21 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 18000 UNT/0.72ML	3	QL (25.3 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 7500 UNIT/0.3ML	3	QL (10.5 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	QL (22.8 ML per 90 days); NDS
heparin (porcine) in nacl injection solution 2-0.9 unit/ml-%	1	
heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-%	1	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%	1	
heparin sodium (porcine) injection solution 5000 unit/ml	1	
jantoven oral tablet	1	
LOVENOX INJECTION SOLUTION	3	QL (105 ML per 90 days); NDS
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 150 MG/ML	3	QL (35 ML per 90 days); NDS
LOVENOX SUBCUTANEOUS SOLUTION 120 MG/0.8ML, 80 MG/0.8ML	3	QL (28 ML per 90 days); NDS
LOVENOX SUBCUTANEOUS SOLUTION 30 MG/0.3ML	3	QL (10.5 ML per 90 days); NDS
LOVENOX SUBCUTANEOUS SOLUTION 40 MG/0.4ML	3	QL (14 ML per 90 days); NDS
LOVENOX SUBCUTANEOUS SOLUTION 60 MG/0.6ML	3	QL (21 ML per 90 days); NDS
PRADAXA ORAL CAPSULE	3	QL (60 EA per 30 days)
TISSEEL EXTERNAL KIT	3	NDS
TISSEEL VH EXTERNAL KIT 10 ML, 2 ML, 4 ML	3	NDS
warfarin sodium oral tablet	1	
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
ADAKVEO INTRAVENOUS SOLUTION	3	PA; NDS
anagrelide hcl oral capsule	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	3	PA; NDS
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	3	PA; NDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION	3	ST; NDS
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; NDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; NDS
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; QL (38.4 ML per 365 days); NDS
MULPLETA ORAL TABLET	3	PA; NDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; NDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
NEUPOGEN INJECTION SOLUTION	3	ST; NDS
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	ST; NDS
NIVESTYM INJECTION SOLUTION	3	ST; NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	ST; NDS
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
OXBRYTA ORAL TABLET	3	PA; QL (90 EA per 30 days); NDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	3	PA; NDS
PROMACTA ORAL PACKET	3	PA; NDS
PROMACTA ORAL TABLET	3	PA; NDS
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements/ Limits
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; NDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	NDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
Hemostasis Agents		
AMICAR ORAL SOLUTION	3	NDS
AMICAR ORAL TABLET	3	NDS
aminocaproic acid oral solution	1	NDS
aminocaproic acid oral tablet	1	
LYSTEDA ORAL TABLET	3	NDS
tranexamic acid oral tablet	1	
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE	3	QL (30 EA per 30 days); NDS
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	3	PA; QL (30 EA per 30 days); NDS
cilostazol oral tablet	1	
clopidogrel bisulfate oral tablet	1	
dipyridamole oral tablet	1	
DOPTELET ORAL TABLET	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
eptifibatide intravenous solution	1	NDS
INTEGRILIN INTRAVENOUS SOLUTION	3	NDS
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
prasugrel hcl oral tablet	1	
TAVALISSE ORAL TABLET	3	PA; NDS
YOSPRALA ORAL TABLET DELAYED RELEASE	3	QL (30 EA per 30 days); NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral tablet	1	
clonidine transdermal patch weekly	1	
guanfacine hcl oral tablet	1	
methyldopa oral tablet	1	
methyldopate hcl intravenous solution 250 mg/5ml	1	
midodrine hcl oral tablet	1	
NORTHERA ORAL CAPSULE	3	PA; NDS
Alpha-adrenergic Blocking Agents		
DIBENZYLINE ORAL CAPSULE	3	NDS
phenoxybenzamine hcl oral capsule	1	NDS
prazosin hcl oral capsule	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil oral tablet	1	
EDARBI ORAL TABLET	3	
eprosartan mesylate oral tablet 600 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
irbesartan oral tablet	1	
losartan potassium oral tablet	1	
olmesartan medoxomil oral tablet	1	
telmisartan oral tablet	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral tablet	1	
captopril oral tablet	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous injectable	1	
EPANED ORAL SOLUTION	3	NDS
fosinopril sodium oral tablet	1	
lisinopril oral tablet	1	
moexipril hcl oral tablet	1	
perindopril erbumine oral tablet	1	
quinapril hcl oral tablet	1	
ramipril oral capsule	1	
trandolapril oral tablet	1	
VASOTEC ORAL TABLET 10 MG, 20 MG	3	NDS
Antiarrhythmics		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1	
amiodarone hcl oral tablet	1	
BETAPACE AF ORAL TABLET 120 MG	3	NDS
BETAPACE ORAL TABLET 120 MG	3	NDS
digitek oral tablet	1	
digox oral tablet	1	
digoxin injection solution	1	
digoxin oral solution	1	
digoxin oral tablet	1	
disopyramide phosphate oral capsule	1	
dofetilide oral capsule	1	
flecainide acetate oral tablet	1	
LANOXIN ORAL TABLET	3	
lidocaine hcl (cardiac) intravenous solution 20 mg/ml	1	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml	1	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
mexiletine hcl oral capsule	1	
MULTAQ ORAL TABLET	2	
NEXTERONE INTRAVENOUS SOLUTION 360-4.14 MG/200ML-%	3	NDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
pacerone oral tablet	1	
propafenone hcl er oral capsule extended release 12 hour	1	
propafenone hcl oral tablet	1	
quinidine gluconate er oral tablet extended release	1	
quinidine sulfate oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 325 MG, 425 MG	3	NDS
sorine oral tablet	1	
sotalol hcl (af) oral tablet	1	
sotalol hcl oral tablet	1	
SOTYLIZE ORAL SOLUTION	3	NDS
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule	1	
atenolol oral tablet	1	
betaxolol hcl oral tablet	1	
bisoprolol fumarate oral tablet	1	
BYSTOLIC ORAL TABLET	2	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	1	
HEMANGEOL ORAL SOLUTION	3	NDS
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG	3	NDS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
labetalol hcl intravenous solution	1	
labetalol hcl oral tablet	1	
metoprolol succinate er oral tablet extended release 24 hour	1	
metoprolol tartrate intravenous solution	1	
metoprolol tartrate intravenous solution cartridge 5 mg/5ml	1	
metoprolol tartrate oral tablet	1	
nadolol oral tablet	1	
pindolol oral tablet	1	
propranolol hcl er oral capsule extended release 24 hour	1	
propranolol hcl oral solution	1	
propranolol hcl oral tablet	1	
Calcium Channel Blocking Agents, Dihydropyridines		
afeditab cr oral tablet extended release 24 hour	1	
amlodipine besylate oral tablet	1	
felodipine er oral tablet extended release 24 hour	1	
isradipine oral capsule	3	
nicardipine hcl oral capsule	3	
nifedipine er oral tablet extended release 24 hour	1	
nifedipine er osmotic release oral tablet extended release 24 hour	1	
nifedipine oral capsule	3	
nimodipine oral capsule	1	
nisoldipine er oral tablet extended release 24 hour	1	
NYMALIZE ORAL SOLUTION	3	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
CARDIZEM ORAL TABLET 120 MG, 60 MG	3	NDS
cartia xt oral capsule extended release 24 hour	1	
diltiazem hcl er beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral tablet	1	
dilt-xr oral capsule extended release 24 hour	1	
matzim la oral tablet extended release 24 hour	1	
taztia xt oral capsule extended release 24 hour	1	
tiadylt er oral capsule extended release 24 hour	1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral tablet	1	
Cardiovascular Agents, Other		
acetazolamide oral tablet 250 mg	1	
acetazolamide sodium injection solution reconstituted	1	NDS
ADRENALIN INJECTION SOLUTION	3	
ALDACTAZIDE ORAL TABLET 50-50 MG	3	
aliskiren fumarate oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine besylate-benazepril hcl oral capsule	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	
amlodipine-olmesartan oral tablet	1	
amlodipine-valsartan-hctz oral tablet	1	
atenolol-chlorthalidone oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1	
BIDIL ORAL TABLET	2	
bisoprolol-hydrochlorothiazide oral tablet	1	
BYVALSON ORAL TABLET 5-80 MG	3	
candesartan cilexetil-hctz oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	3	
CONSENSI ORAL TABLET	3	QL (30 EA per 30 days); NDS
CORLANOR ORAL SOLUTION	3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	3	PA; QL (60 EA per 30 days)
DEFITELIO INTRAVENOUS SOLUTION	3	NDS
DEMSER ORAL CAPSULE	3	NDS
dobutamine hcl intravenous solution 500 mg/40ml	1	B/D
dobutamine in d5w intravenous solution	1	B/D
dopamine hcl intravenous solution	1	B/D
dopamine in d5w intravenous solution	1	B/D
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
EDARBYCLOR ORAL TABLET	3	
enalapril-hydrochlorothiazide oral tablet	1	
ENTRESTO ORAL TABLET	2	QL (60 EA per 30 days)
epinephrine injection solution	1	
fosinopril sodium-hctz oral tablet	1	
irbesartan-hydrochlorothiazide oral tablet	1	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan potassium-hctz oral tablet	1	
methyldopa-hydrochlorothiazide oral tablet	1	
METOPROLOL-HCTZ ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	3	NDS
metoprolol-hydrochlorothiazide oral tablet	1	
metyrosine oral capsule	1	NDS
milrinone lactate in dextrose intravenous solution	1	B/D
milrinone lactate intravenous solution 10 mg/10ml, 50 mg/50ml	1	B/D
milrinone lactate intravenous solution 20 mg/20ml	1	B/D; NDS
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	1	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	1	
olmesartan medoxomil-hctz oral tablet	1	
olmesartan-amlodipine-hctz oral tablet	1	
pentoxifylline er oral tablet extended release	3	
propranolol-hctz oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1	
ranolazine er oral tablet extended release 12 hour	1	
spironolactone-hctz oral tablet	1	
telmisartan-amlodipine oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
telmisartan-hctz oral tablet	1	
trandolapril-verapamil hcl er oral tablet extended release	1	
triamterene-hctz oral capsule	1	
triamterene-hctz oral tablet	1	
valsartan-hydrochlorothiazide oral tablet	1	
vecamyl oral tablet	3	NDS
VYNDAMAX ORAL CAPSULE	3	PA; QL (30 EA per 30 days); NDS
Diuretics, Loop		
bumetanide injection solution	1	
bumetanide oral tablet	1	
EDECRIN ORAL TABLET	3	NDS
ethacrynate sodium intravenous solution reconstituted	1	NDS
ethacrynic acid oral tablet	1	
furosemide injection solution	1	
furosemide oral solution	1	
furosemide oral tablet	1	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
torsemide oral tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl oral tablet	1	
eplerenone oral tablet	1	
spironolactone oral tablet	1	
Diuretics, Thiazide		
chlorothiazide oral tablet 250 mg, 500 mg	1	
chlorthalidone oral tablet	1	
DIURIL ORAL SUSPENSION	3	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
methyclothiazide oral tablet 5 mg	1	
metolazone oral tablet	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 50 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
fenofibric acid oral tablet	1	
gemfibrozil oral tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
atorvastatin calcium oral tablet	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	3	ST
FLOLIPID ORAL SUSPENSION	3	ST
fluvastatin sodium er oral tablet extended release 24 hour	1	
fluvastatin sodium oral capsule	1	
LIVALO ORAL TABLET	2	ST
lovastatin oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
pravastatin sodium oral tablet	1	
rosuvastatin calcium oral tablet	1	
SIMVASTATIN ORAL SUSPENSION 20 MG/5ML	3	ST
simvastatin oral tablet	1	
ZYPITAMAG ORAL TABLET	3	ST
Dyslipidemics, Other		
cholestyramine light oral packet	1	
cholestyramine light oral powder	1	
colesevelam hcl oral packet	1	
colesevelam hcl oral tablet	1	
colestipol hcl oral granules	1	
colestipol hcl oral packet	1	
colestipol hcl oral tablet	1	
ezetimibe oral tablet	1	
ezetimibe-simvastatin oral tablet	1	
JUXTAPID ORAL CAPSULE	3	PA; QL (30 EA per 30 days); NDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	3	PA; QL (4 ML per 28 days); NDS
LOVAZA ORAL CAPSULE	3	PA
NEXLETOL ORAL TABLET	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET	3	PA; QL (30 EA per 30 days)
niacin (antihyperlipidemic) oral tablet	1	
niacin er (antihyperlipidemic) oral tablet extended release	1	
niacor oral tablet	1	
omega-3-acid ethyl esters oral capsule	1	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
prevalite oral packet	1	
prevalite oral powder	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
triklo oral capsule 1 gm	1	PA
VASCEPA ORAL CAPSULE	2	PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl injection solution	1	
hydralazine hcl oral tablet	1	
minoxidil oral tablet	3	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG	3	NDS
isosorbide dinitrate er oral tablet extended release 40 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	1	NDS
isosorbide mononitrate er oral tablet extended release 24 hour	1	
isosorbide mononitrate oral tablet	1	
minitran transdermal patch 24 hour	1	
nitro-bid transdermal ointment	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
nitroglycerin intravenous solution	1	
nitroglycerin sublingual tablet sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	PA; QL (90 EA per 30 days)
adderall oral tablet 20 mg, 5 mg, 7.5 mg	3	PA; QL (90 EA per 30 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	1	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
DESOXYN ORAL TABLET	3	PA; QL (150 EA per 30 days); NDS
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	PA; QL (180 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	3	PA; QL (120 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3	PA; QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	PA; QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	PA; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	PA; QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	1	PA; QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	1	PA; QL (90 EA per 30 days)
methamphetamine hcl oral tablet	1	PA; QL (150 EA per 30 days); NDS
zenzedi oral tablet 10 mg	3	PA; QL (180 EA per 30 days)
zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	3	PA; QL (90 EA per 30 days)
zenzedi oral tablet 30 mg	3	PA; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		

Drug Name	Drug Tier	Requirements/ Limits
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL (30 EA per 30 days)
atomoxetine hcl oral capsule 10 mg	1	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	3	PA; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	3	PA; QL (60 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet	1	PA; QL (60 EA per 30 days)
FOCALIN ORAL TABLET	3	PA; QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL (30 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	1	
metadate er oral tablet extended release	1	PA; QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION	3	PA
methylphenidate hcl er (cd) oral capsule extended release	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	1	PA; QL (180 EA per 30 days)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	1	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 36 mg	1	PA; QL (60 EA per 30 days)
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	1	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; QL (90 EA per 30 days)
relexxii oral tablet extended release	1	PA; QL (30 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL (30 EA per 30 days)
RITALIN ORAL TABLET	3	PA; QL (90 EA per 30 days)
STRATTERA ORAL CAPSULE 10 MG	3	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	QL (30 EA per 30 days)
Central Nervous System, Other		
allzital oral tablet	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO ORAL TABLET	3	PA; QL (120 EA per 30 days); NDS
bupap oral tablet	3	PA; NDS
butalbital-acetaminophen oral capsule	3	PA; NDS
butalbital-acetaminophen oral tablet	1	PA
butalbital-aspirin-caffeine oral capsule	1	PA
clonidine hcl (analgesia) epidural solution	1	B/D
DURACLON EPIDURAL SOLUTION	3	B/D
FIORINAL ORAL CAPSULE	3	PA
FIRDAPSE ORAL TABLET	3	PA; QL (240 EA per 30 days); NDS
GRALISE ORAL TABLET 300 MG	3	ST; QL (180 EA per 30 days)
GRALISE ORAL TABLET 600 MG	3	ST; QL (90 EA per 30 days)
GRALISE STARTER ORAL 300 & 600 MG	3	ST; QL (156 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE 80 MG	3	PA; QL (30 EA per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 EA per 365 days); NDS
marten-tab oral tablet 50-325 mg	1	PA
NUEDEXTA ORAL CAPSULE	3	PA
PRIALT INTRATHECAL SOLUTION	3	B/D; NDS
RADICAVA INTRAVENOUS SOLUTION	3	PA; NDS
RILUTEK ORAL TABLET	3	PA; NDS
riluzole oral tablet	1	PA
RUZURGI ORAL TABLET	3	PA; QL (300 EA per 30 days); NDS
tencon oral tablet	1	PA
tetrabenazine oral tablet	1	PA; NDS
TIGLUTIK ORAL SUSPENSION	3	PA; NDS
vanatol lq oral solution	3	PA; NDS
vtol lq oral solution	3	PA; NDS
XENAZINE ORAL TABLET	3	PA; NDS
Fibromyalgia Agents		
SAVELLA ORAL TABLET	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	2	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL (60 EA per 30 days); NDS
AUBAGIO ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL (4 EA per 28 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL (4 EA per 28 days); NDS
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	3	PA; QL (4 EA per 28 days); NDS
BETASERON SUBCUTANEOUS KIT	3	PA; QL (15 EA per 30 days); NDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL (30 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; QL (12 ML per 28 days); NDS
dalfampridine er oral tablet extended release 12 hour	1	PA; QL (60 EA per 30 days); NDS
dimethyl fumarate oral capsule delayed release	1	PA; QL (60 EA per 30 days); NDS
EXTAVIA SUBCUTANEOUS KIT	3	PA; QL (15 EA per 30 days); NDS
GILENYA ORAL CAPSULE	3	PA; QL (30 EA per 30 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days); NDS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days); NDS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days); NDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA; NDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA; NDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA; NDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA; NDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA; NDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA; NDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	3	PA; QL (120 EA per 30 days); NDS
MAYZENT ORAL TABLET 2 MG	3	PA; QL (30 EA per 30 days); NDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA; QL (24 EA per 365 days); NDS
mitoxantrone hcl intravenous concentrate	1	PA
OCREVUS INTRAVENOUS SOLUTION	3	PA; QL (40 ML per 365 days); NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2 ML per 365 days); NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (4 ML per 365 days); NDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (1 ML per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 ML per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (6 ML per 28 days); NDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (8.4 ML per 365 days); NDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (6 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (8.4 ML per 365 days); NDS
TECFIDERA STARTER PACK	3	PA; QL (120 EA per 365 days); NDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; QL (60 EA per 30 days); NDS
TYSABRI INTRAVENOUS CONCENTRATE	3	PA; NDS
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE	3	PA; QL (212 EA per 365 days); NDS
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	PA; QL (120 EA per 30 days); NDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; QL (14 EA per 365 days); NDS
ZEPOSIA ORAL CAPSULE	3	PA; QL (30 EA per 30 days); NDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	3	PA; QL (74 EA per 365 days); NDS
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL (1 ML per 28 days); NDS
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN DENTAL	3	NDS
cevimeline hcl oral capsule	1	
chlorhexidine gluconate mouth/throat solution	1	
doxycycline hyclate oral tablet 20 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
lidocaine hcl mouth/throat solution	1	PA; QL (250 ML per 30 days)
lidocaine viscous hcl mouth/throat solution	1	
oralone mouth/throat paste	1	
paroex mouth/throat solution	1	
periogard mouth/throat solution	1	
pilocarpine hcl oral tablet	1	
triamcinolone acetonide mouth/throat paste	1	
Dermatological Agents		
Acne and Rosacea Agents		
ABSORICA LD ORAL CAPSULE	3	PA; NDS
ABSORICA ORAL CAPSULE	3	PA; NDS
acitretin oral capsule 10 mg, 25 mg	1	
acitretin oral capsule 17.5 mg	1	NDS
adapalene external cream	1	
adapalene external gel	1	
adapalene external pad	3	NDS
adapalene external solution	3	NDS
adapalene-benzoyl peroxide external gel	1	
amnesteem oral capsule	1	PA
ATRALIN EXTERNAL GEL	3	PA
AVITA EXTERNAL CREAM	1	PA
AVITA EXTERNAL GEL	1	PA

Drug Name	Drug Tier	Requirements/ Limits
azelaic acid external gel	1	
benzoyl peroxide-erythromycin external gel	1	
claravis oral capsule	1	PA
clindamycin phos-benzoyl perox external gel	1	
clindamycin-tretinoin external gel	1	
EPIDUO FORTE EXTERNAL GEL	3	
FINACEA EXTERNAL FOAM	2	
isotretinoin oral capsule	1	PA
METROLOTION EXTERNAL LOTION	3	NDS
metronidazole external cream	1	
metronidazole external gel	1	
metronidazole external lotion	1	
MIRVASO EXTERNAL GEL	3	PA
myorisan oral capsule	1	PA
NORITATE EXTERNAL CREAM	3	NDS
RETIN-A EXTERNAL CREAM	3	PA
RETIN-A EXTERNAL GEL	3	PA
RETIN-A MICRO EXTERNAL GEL	3	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA; NDS
rosadan external cream	1	
rosadan external gel	1	
SORIATANE ORAL CAPSULE	3	NDS
tazarotene external cream	1	
TAZORAC EXTERNAL CREAM 0.05 %	3	
TAZORAC EXTERNAL GEL	3	
tretinoin external cream	1	PA
tretinoin external gel	1	PA
tretinoin microsphere external gel	1	PA
tretinoin microsphere pump external gel	1	PA
zenatane oral capsule	1	PA
ZIANA EXTERNAL GEL	3	NDS
Dermatitis and Pruitus Agents		
ala-cort external cream	1	
alclometasone dipropionate external cream	1	
alclometasone dipropionate external ointment	1	
amcinonide external ointment	1	
ammonium lactate external cream	1	
ammonium lactate external lotion	1	
apexicon e external cream	3	NDS
beser external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate external ointment	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
CAPEX EXTERNAL SHAMPOO	3	
clobetasol propionate e external cream	1	
clobetasol propionate emulsion external foam	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL SHAMPOO	3	NDS
clodan external shampoo	1	
CORDRAN EXTERNAL LOTION	3	NDS
CORDRAN EXTERNAL TAPE	3	
cormax scalp application external solution 0.05 %	1	
CUTIVATE EXTERNAL LOTION	3	NDS
desonide external cream	1	
desonide external gel	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
EUCRISA EXTERNAL OINTMENT	3	PA
fluocinolone acetonide body external oil	1	
fluocinolone acetonide external cream	1	
fluocinolone acetonide external ointment	1	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp external oil	1	
fluocinonide emulsified base external cream	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	1	QL (120 GM per 30 days)
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
flurandrenolide external lotion	1	NDS
fluticasone propionate external cream	1	
fluticasone propionate external lotion	1	
fluticasone propionate external ointment	1	
halcinonide external cream	1	
halobetasol propionate external cream	1	

Drug Name	Drug Tier	Requirements/ Limits
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	NDS
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	3	NDS
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %	1	QL (100 GM per 30 days)
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbase external ointment 1 %	1	QL (100 GM per 30 days)
hydrocortisone valerate external cream	1	QL (60 GM per 30 days)
hydrocortisone valerate external ointment	1	
LEXETTE EXTERNAL FOAM	3	NDS
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
mometasone furoate external solution	1	
nolix external lotion	1	NDS
OLUX EXTERNAL FOAM	3	NDS
OLUX-E EXTERNAL FOAM	3	NDS
PANDEL EXTERNAL CREAM	3	NDS
pimecrolimus external cream	1	
prednicarbate external cream	1	
prednicarbate external ointment	1	
selenium sulfide external lotion	1	
SERNIVO EXTERNAL EMULSION	3	NDS
tacrolimus external ointment	1	
tovet external foam	1	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
trianex external ointment	1	NDS
triderm external cream 0.1 %	1	
ULTRAVATE EXTERNAL LOTION	3	NDS
VANOS EXTERNAL CREAM	3	QL (120 GM per 30 days); NDS
VERDESO EXTERNAL FOAM	3	NDS
Dermatological Agents		
UVADEX INJECTION SOLUTION 20 MCG/ML	3	
Dermatological Agents, Other		
ALDARA EXTERNAL CREAM	3	NDS
calcipotriene external cream	1	QL (120 GM per 30 days)
calcipotriene external ointment	1	QL (120 GM per 30 days)
calcipotriene external solution	1	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene-betameth diprop external ointment	1	QL (400 GM per 30 days); NDS
calcipotriene-betameth diprop external suspension	3	QL (400 GM per 30 days); NDS
CALCITRENE EXTERNAL OINTMENT	3	QL (120 GM per 30 days)
CALCITRIOL EXTERNAL OINTMENT	1	
CARAC EXTERNAL CREAM	3	NDS
clotrimazole-betamethasone external cream	1	
clotrimazole-betamethasone external lotion	1	
CORTISPORIN EXTERNAL OINTMENT	3	
diclofenac sodium transdermal gel 3 %	3	
DOVONEX EXTERNAL CREAM	3	QL (120 GM per 30 days)
DUOBRII EXTERNAL LOTION	3	PA; NDS
ENSTILAR EXTERNAL FOAM	3	QL (420 GM per 28 days); NDS
FLUOROPLEX EXTERNAL CREAM	3	NDS
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	NDS
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
imiquimod external cream	1	
IMIQUIMOD PUMP EXTERNAL CREAM	3	NDS
methoxsalen rapid oral capsule	1	NDS
nystatin-triamcinolone external cream	1	
nystatin-triamcinolone external ointment	1	
OTEZLA ORAL TABLET	3	PA; NDS
OXSORALEN ULTRA ORAL CAPSULE	3	NDS
PICATO EXTERNAL GEL	3	NDS
podofilox external solution	1	
REGRANEX EXTERNAL GEL	3	PA; NDS
SANTYL EXTERNAL OINTMENT	3	
silver sulfadiazine external cream	1	
SORILUX EXTERNAL FOAM	3	NDS
SSD EXTERNAL CREAM	1	
SYNALAR (CREAM) EXTERNAL KIT	3	
TACLONEX EXTERNAL OINTMENT	3	QL (400 GM per 30 days); NDS
TACLONEX EXTERNAL SUSPENSION	3	QL (400 GM per 30 days); NDS
VECTICAL EXTERNAL OINTMENT	3	NDS
VEREGEN EXTERNAL OINTMENT	3	NDS
XERESE EXTERNAL CREAM	3	NDS
ZYCLARA EXTERNAL CREAM	3	NDS
ZYCLARA PUMP EXTERNAL CREAM	3	NDS
Pediculicides/Scabicides		
crotan external lotion	1	
EURAX EXTERNAL CREAM 10 %	3	

Drug Name	Drug Tier	Requirements/ Limits
ivermectin external cream 1 %	1	
lindane external shampoo	3	
malathion external lotion	1	
permethrin external cream	1	
SKLICE EXTERNAL LOTION	3	
ULESFIA EXTERNAL LOTION 5 %	3	
Topical Anti-infectives		
acyclovir external cream	1	NDS
acyclovir external ointment	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	3	
ciclodan external cream 0.77 %	1	
ciclodan external solution	1	PA
ciclopirox external gel	1	
ciclopirox external shampoo	1	
ciclopirox external solution	1	PA
ciclopirox olamine external cream	1	
ciclopirox olamine external suspension	1	
CLINDAGEL EXTERNAL GEL	3	NDS
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDESSE VAGINAL CREAM	3	
dapsone external gel	1	
DENAVIR EXTERNAL CREAM	3	NDS
ery external pad	1	
erythromycin external gel	1	
erythromycin external pad 2 %	1	
erythromycin external solution	1	
LOPROX EXTERNAL SHAMPOO	3	NDS
mafenide acetate external packet	1	
mupirocin calcium external cream	1	
mupirocin external ointment	1	
PENLAC EXTERNAL SOLUTION 8 %	3	PA
SULFAMYLON EXTERNAL CREAM	3	
SULFAMYLON EXTERNAL PACKET	3	NDS
XEPI EXTERNAL CREAM	3	
ZOVIRAX EXTERNAL CREAM	3	NDS
ZOVIRAX EXTERNAL OINTMENT	3	NDS
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINO ACID INTRAVENOUS SOLUTION 10 %	3	B/D
AMINOSYN II INTRAVENOUS SOLUTION	3	B/D
aminosyn ii/electrolytes intravenous solution 8.5 %	1	B/D
AMINOSYN INTRAVENOUS SOLUTION 10 %, 8.5 %	3	B/D
AMINOSYN M INTRAVENOUS SOLUTION 3.5 %	3	B/D

Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	3	B/D
aminosyn/electrolytes intravenous solution 8.5 %	1	B/D
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	3	B/D
CARBAGLU ORAL TABLET	3	NDS
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	3	B/D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX N14G30E INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX N9G15E INTRAVENOUS SOLUTION 2.75 %	3	B/D
CLINIMIX N9G20E INTRAVENOUS SOLUTION 2.75 %	3	B/D
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	B/D
clinisol sf intravenous solution	1	B/D
dextrose 5%/electrolyte #48 intravenous solution	1	
dextrose intravenous solution 5 %	1	
DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.45 %, 5-0.9 %	1	

Drug Name	Drug Tier	Requirements/ Limits
FREAMINE HBC INTRAVENOUS SOLUTION	3	B/D
FREAMINE III INTRAVENOUS SOLUTION	3	B/D
HEPATAMINE INTRAVENOUS SOLUTION	3	B/D
KABIVEN INTRAVENOUS EMULSION	3	B/D
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	
klor-con m10 oral tablet extended release	1	
klor-con m15 oral tablet extended release	1	
klor-con m20 oral tablet extended release	1	
klor-con oral packet	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
klor-con sprinkle oral capsule extended release	1	
lactated ringers intravenous solution	1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	1	
magnesium sulfate injection solution 50 % (10ml syringe)	1	
NEPHRAMINE INTRAVENOUS SOLUTION	3	B/D
PERIKABIVEN INTRAVENOUS EMULSION	3	B/D; NDS
plenamine intravenous solution	1	B/D
potassium acetate intravenous solution	1	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride crys er oral tablet extended release	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release	1	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 20 MEQ/100ML	1	
potassium chloride oral packet	1	
potassium chloride oral solution	1	
potassium citrate er oral tablet extended release	1	
premasol intravenous solution 10 %	3	B/D
premasol intravenous solution 6 %	1	B/D
PROCALAMINE INTRAVENOUS SOLUTION	3	B/D
PROSOL INTRAVENOUS SOLUTION	3	B/D
sodium bicarbonate intravenous solution 4.2 %, 8.4 %	1	
sodium bicarbonate-dextrose intravenous solution 150 meq/l	1	
sodium chloride (pf) injection solution	1	
sodium chloride intravenous solution 0.45 %, 0.9 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	

Drug Name	Drug Tier	Requirements/ Limits
sodium phosphates intravenous solution 45 mmole/15ml	1	
SYNTHAMIN 17 INTRAVENOUS SOLUTION 10 %	3	B/D
TRAVASOL INTRAVENOUS SOLUTION	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION	3	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	3	NDS
clovique oral capsule	1	PA; NDS
CUPRIMINE ORAL CAPSULE	3	PA; NDS
deferasirox granules oral packet	1	PA; NDS
deferasirox oral tablet	1	PA; NDS
deferasirox oral tablet soluble	1	PA; NDS
EXJADE ORAL TABLET SOLUBLE	3	PA; NDS
FERRIPROX ORAL SOLUTION	3	PA; NDS
FERRIPROX ORAL TABLET	3	PA; NDS
FERRIPROX TWICE-A-DAY ORAL TABLET	3	PA; NDS
JADENU ORAL TABLET	3	PA; NDS
JADENU SPRINKLE ORAL PACKET	3	PA; NDS
JYNARQUE ORAL TABLET 15 MG	3	QL (60 EA per 30 days); NDS
JYNARQUE ORAL TABLET 30 MG	3	QL (30 EA per 30 days); NDS
JYNARQUE ORAL TABLET THERAPY PACK	3	QL (56 EA per 28 days); NDS
kionex oral powder	1	
penicillamine oral capsule	1	PA; NDS
SAMSCA ORAL TABLET 15 MG	3	QL (30 EA per 30 days); NDS
SAMSCA ORAL TABLET 30 MG	3	QL (60 EA per 30 days); NDS
sodium polystyrene sulfonate oral powder	1	
SYPRINE ORAL CAPSULE	3	PA; NDS
tolvaptan oral tablet	1	QL (60 EA per 30 days); NDS
trientine hcl oral capsule	1	PA; NDS
Phosphate Binders		
AURYXIA ORAL TABLET	3	PA; NDS
calcium acetate (phos binder) oral capsule	1	
FOSRENOL ORAL PACKET	3	NDS
FOSRENOL ORAL TABLET CHEWABLE	3	NDS
lanthanum carbonate oral tablet chewable	1	NDS
RENAGEL ORAL TABLET	3	NDS
RENVELA ORAL PACKET	3	NDS
RENVELA ORAL TABLET	3	NDS
sevelamer carbonate oral packet	1	NDS
sevelamer carbonate oral tablet	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg	1	NDS
VELPHORO ORAL TABLET CHEWABLE	3	NDS
Potassium Binders		
kionex oral suspension	1	
LOKELMA ORAL PACKET	3	QL (90 EA per 30 days)
sodium polystyrene sulfonate oral suspension	1	

Drug Name	Drug Tier	Requirements/ Limits
sodium polystyrene sulfonate rectal suspension 30 gm/120ml	1	
sps oral suspension	1	
VELTASSA ORAL PACKET	3	NDS
Vitamins		
prenatal oral tablet 27-1 mg	3	
vp-pnv-dha oral capsule	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE	2	QL (60 EA per 30 days)
constulose oral solution	1	
enulose oral solution	1	
generlac oral solution	1	
lactulose encephalopathy oral solution	1	
lactulose oral solution 10 gm/15ml	1	
LINZESS ORAL CAPSULE	2	QL (30 EA per 30 days)
MOTEGRITY ORAL TABLET	3	ST; QL (30 EA per 30 days)
polyethylene glycol 3350 oral packet	1	
polyethylene glycol 3350 oral powder	1	
RELISTOR ORAL TABLET	3	ST; QL (90 EA per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	3	ST; QL (18 ML per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	3	ST; QL (12 ML per 30 days); NDS
TRULANCE ORAL TABLET	3	ST; QL (30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hcl oral tablet	1	PA; NDS
diphenoxylate-atropine oral tablet	3	
loperamide hcl oral capsule	1	
LOTRONEX ORAL TABLET	3	PA; NDS
VIBERZI ORAL TABLET	3	PA; QL (60 EA per 30 days); NDS
XERMELO ORAL TABLET	3	PA; QL (90 EA per 30 days); NDS
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium rectal suppository	1	NDS
CUVPOSA ORAL SOLUTION	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
methscopolamine bromide oral tablet	3	
propantheline bromide oral tablet	3	
Gastrointestinal Agents, Other		
ACTIGALL ORAL CAPSULE	3	NDS
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	3	NDS
chenodal oral tablet	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
CLENPIQ ORAL SOLUTION	2	
GATTEX SUBCUTANEOUS KIT	3	PA; NDS
gavilyte-c oral solution reconstituted	1	
gavilyte-g oral solution reconstituted	1	
gavilyte-h oral kit	1	
gavilyte-n with flavor pack oral solution reconstituted	1	
loperamide hcl oral solution 1 mg/7.5ml	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
OCALIVA ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
opium oral tincture	1	
peg 3350/electrolytes oral solution reconstituted 240 gm	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	
peg-3350/electrolytes oral solution reconstituted	1	
PREVPAC ORAL	3	NDS
PYLERA ORAL CAPSULE	3	NDS
RECTIV RECTAL OINTMENT	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	NDS
trilyte oral solution reconstituted	1	
ursodiol oral capsule	1	
ursodiol oral tablet	1	
XIFAXAN ORAL TABLET	3	PA; NDS
ZELNORM ORAL TABLET	3	PA; QL (60 EA per 30 days)
ZINPLAVA INTRAVENOUS SOLUTION	3	NDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
Histamine2 (H2) Receptor Antagonists		
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule	1	
pepcid oral tablet 40 mg	3	NDS
Protectants		
misoprostol oral tablet	1	
sucralfate oral suspension	1	
sucralfate oral tablet	1	
Proton Pump Inhibitors		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	QL (60 EA per 30 days)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	3	QL (60 EA per 30 days)
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
esomeprazole magnesium oral capsule delayed release	1	QL (60 EA per 30 days)
esomeprazole magnesium oral packet	1	QL (60 EA per 30 days)
lansoprazole oral capsule delayed release	1	QL (60 EA per 30 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	QL (60 EA per 30 days)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	QL (60 EA per 30 days)
omeppi oral capsule 20-1100 mg, 40-1100 mg	1	QL (30 EA per 30 days); NDS
omeprazole oral capsule delayed release	1	QL (60 EA per 30 days)
omeprazole-sodium bicarbonate oral capsule	1	QL (30 EA per 30 days); NDS
omeprazole-sodium bicarbonate oral packet	1	QL (60 EA per 30 days); NDS
pantoprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
PREVACID ORAL CAPSULE DELAYED RELEASE	3	QL (60 EA per 30 days)
PROTONIX ORAL TABLET DELAYED RELEASE	3	QL (60 EA per 30 days)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL (60 EA per 30 days)
rabeprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
ZEGERID ORAL CAPSULE	3	QL (30 EA per 30 days); NDS
ZEGERID ORAL PACKET	3	QL (60 EA per 30 days); NDS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

Drug Name	Drug Tier	Requirements/ Limits
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	3	NDS
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; NDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
BUPHENYL ORAL POWDER	3	NDS
BUPHENYL ORAL TABLET	3	NDS
CERDELGA ORAL CAPSULE	3	PA; NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
CHOLBAM ORAL CAPSULE	3	PA; NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
cromolyn sodium oral concentrate	1	
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; NDS
CYSTADANE ORAL POWDER	3	NDS
CYSTAGON ORAL CAPSULE	3	
ELAPRASE INTRAVENOUS SOLUTION	3	PA; NDS
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ENDARI ORAL PACKET	3	PA; NDS
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
GALAFOLD ORAL CAPSULE	3	PA; QL (14 EA per 28 days); NDS
GASTROCROM ORAL CONCENTRATE	3	NDS
GLASSIA INTRAVENOUS SOLUTION	3	PA; NDS
KANUMA INTRAVENOUS SOLUTION	3	PA; NDS
KEVEYIS ORAL TABLET	3	PA; QL (120 EA per 30 days); NDS
KUVAN ORAL PACKET	3	PA; NDS
KUVAN ORAL TABLET SOLUBLE	3	PA; NDS
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
miglustat oral capsule	1	PA; NDS
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; NDS
nitisinone oral capsule	1	NDS
NITYR ORAL TABLET	3	NDS
ONPATTRO INTRAVENOUS SOLUTION	3	PA; NDS
ORFADIN ORAL CAPSULE	3	NDS
ORFADIN ORAL SUSPENSION	3	NDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	3	PA; QL (28 ML per 28 days); NDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	3	PA; QL (8 ML per 28 days); NDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL (56 ML per 28 days); NDS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 2600 UNIT, 4200 UNIT	3	ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000 UNIT	3	ST; NDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT	3	ST; NDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000 UNIT, 8000 UNIT	3	ST
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA; NDS
PROCYSBI ORAL PACKET	3	PA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
RAVICTI ORAL LIQUID	3	PA; NDS
REVCOVI INTRAMUSCULAR SOLUTION	3	PA; NDS
sodium phenylbutyrate oral powder	1	NDS
sodium phenylbutyrate oral tablet	1	NDS
SPINRAZA INTRATHECAL SOLUTION	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; NDS
SUCRAID ORAL SOLUTION	3	NDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
VIMIZIM INTRAVENOUS SOLUTION	3	PA; NDS
VIOKACE ORAL TABLET 10440 UNIT	3	ST
VIOKACE ORAL TABLET 20880 UNIT	3	ST; NDS
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
VYNDAQEL ORAL CAPSULE	3	PA; QL (120 EA per 30 days); NDS
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA; NDS
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA; NDS
XURIDEN ORAL PACKET	3	PA; QL (120 EA per 30 days); NDS
ZAVESCA ORAL CAPSULE	3	PA; NDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour	1	
flavoxate hcl oral tablet	1	
GELNIQUE PUMP TRANSDERMAL GEL 10 %	3	
GELNIQUE TRANSDERMAL GEL	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er oral tablet extended release 24 hour	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
solifenacin succinate oral tablet	1	
tolterodine tartrate er oral capsule extended release 24 hour	1	
tolterodine tartrate oral tablet	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
trospium chloride er oral capsule extended release 24 hour	1	
trospium chloride oral tablet	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
doxazosin mesylate oral tablet	1	
dutasteride oral capsule	1	
dutasteride-tamsulosin hcl oral capsule	1	
finasteride oral tablet 5 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
silodosin oral capsule	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 EA per 30 days)
tamsulosin hcl oral capsule	1	
terazosin hcl oral capsule	1	
Genitourinary Agents, Other		
acetic acid irrigation solution	1	
bethanechol chloride oral tablet	1	
DEPEN TITRATABS ORAL TABLET	3	NDS
ELMIRON ORAL CAPSULE	3	
LITHOSTAT ORAL TABLET	3	NDS
penicillamine oral tablet	1	NDS
THIOLA EC ORAL TABLET DELAYED RELEASE	3	NDS
THIOLA ORAL TABLET	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	3	PA; NDS
cortisone acetate oral tablet	1	
deltasone oral tablet 20 mg	1	
dexamethasone intensol oral concentrate	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
EMFLAZA ORAL SUSPENSION	3	PA; NDS
EMFLAZA ORAL TABLET	3	PA; NDS
fludrocortisone acetate oral tablet	1	
HIDEX 6-DAY ORAL TABLET THERAPY PACK	3	
hydrocortisone oral tablet	1	
INTRAROSA VAGINAL INSERT	3	PA; QL (28 EA per 28 days)
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL ORAL TABLET 2 MG	3	
methylprednisolone acetate injection suspension 50 mg/ml	1	
methylprednisolone oral tablet	1	
methylprednisolone oral tablet therapy pack	1	
methylprednisolone sodium succ injection solution reconstituted 500 mg	1	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (48)	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS ORAL TABLET DELAYED RELEASE	3	NDS
taperdex 6-day oral tablet therapy pack 1.5 mg (21)	3	

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide injection suspension 40 mg/ml	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin intramuscular solution reconstituted	3	PA
DDAVP INJECTION SOLUTION	3	NDS
DDAVP NASAL SOLUTION	3	NDS
DDAVP ORAL TABLET	3	NDS
DDAVP RHINAL TUBE NASAL SOLUTION	3	NDS
desmopressin ace rhinal tube nasal solution 0.01 %	1	
desmopressin ace spray refrig nasal solution	1	
desmopressin acetate injection solution	1	
desmopressin acetate oral tablet	1	
desmopressin acetate spray nasal solution	1	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; QL (60 EA per 30 days); NDS
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (30 EA per 30 days); NDS
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; QL (1 EA per 168 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	3	PA; NDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	3	PA; NDS
novarel intramuscular solution reconstituted 10000 unit	3	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; NDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; NDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SUBCUTANEOUS SOLUTION	3	PA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
pregnyl intramuscular solution reconstituted	3	PA
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	3	PA; NDS
SAIZEN INJECTION SOLUTION RECONSTITUTED	3	PA; NDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	3	PA; NDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
STIMATE NASAL SOLUTION	3	NDS
VAPRISOL INTRAVENOUS SOLUTION	3	NDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	3	PA; NDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
carboprost tromethamine intramuscular solution	1	
HEMABATE INTRAMUSCULAR SOLUTION	3	NDS
KORLYM ORAL TABLET	3	PA; QL (120 EA per 30 days); NDS
PROSTIN E2 VAGINAL SUPPOSITORY	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	3	PA; NDS
oxandrolone oral tablet 10 mg	1	PA; QL (60 EA per 30 days); NDS
oxandrolone oral tablet 2.5 mg	1	PA; QL (240 EA per 30 days)
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL	3	PA
ANDROGEL TRANSDERMAL GEL	3	PA
ANDROID ORAL CAPSULE 10 MG	3	PA; NDS
ANDROXY ORAL TABLET 10 MG	3	PA
AVEED INTRAMUSCULAR SOLUTION	3	PA; NDS
danazol oral capsule	1	
depo-testosterone intramuscular solution	3	PA
FORTESTA TRANSDERMAL GEL	3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA
JATENZO ORAL CAPSULE 237 MG	3	PA; NDS
methitest oral tablet	3	PA

Drug Name	Drug Tier	Requirements/ Limits
methyltestosterone oral capsule	1	PA; NDS
STRIANT BUCCAL 30 MG	3	PA
TESTIM TRANSDERMAL GEL	3	PA
testosterone cypionate intramuscular solution	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	PA
testosterone transdermal solution	1	PA
TESTRED ORAL CAPSULE 10 MG	3	PA; NDS
VOGELXO PUMP TRANSDERMAL GEL	3	PA
VOGELXO TRANSDERMAL GEL	3	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
Estrogens		
afirmelle oral tablet	1	
altavera oral tablet	1	
alyacen 1/35 oral tablet	1	
alyacen 7/7/7 oral tablet	1	
amabelz oral tablet	1	
amethia lo oral tablet	1	QL (91 EA per 91 days)
amethia oral tablet	1	QL (91 EA per 91 days)
amethyst oral tablet	1	
ANNOVERA VAGINAL RING	3	QL (1 EA per 360 days)

Drug Name	Drug Tier	Requirements/ Limits
apri oral tablet	1	
aranelle oral tablet	1	
ashlyna oral tablet	1	QL (91 EA per 91 days)
aubra eq oral tablet	1	
aubra oral tablet	1	
aurovela 1.5/30 oral tablet	1	
aurovela 1/20 oral tablet	1	
aurovela 24 fe oral tablet	1	
aurovela fe 1.5/30 oral tablet	1	
aurovela fe 1/20 oral tablet	1	
aviane oral tablet	1	
ayuna oral tablet	1	
azurette oral tablet	1	
balziva oral tablet	1	
bekyree oral tablet	1	
BIJUVA ORAL CAPSULE	3	
blisovi 24 fe oral tablet	1	
blisovi fe 1.5/30 oral tablet	1	
blisovi fe 1/20 oral tablet	1	
briellyn oral tablet	1	
camrese lo oral tablet	1	QL (91 EA per 91 days)
camrese oral tablet	1	QL (91 EA per 91 days)
caziant oral tablet	1	
chateal eq oral tablet	1	
chateal oral tablet	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	
cryselle-28 oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
cyclafem 1/35 oral tablet	1	
cyclafem 7/7/7 oral tablet	1	
cyred eq oral tablet	1	
cyred oral tablet	1	
dasetta 1/35 oral tablet	1	
dasetta 7/7/7 oral tablet	1	
daysee oral tablet	1	QL (91 EA per 91 days)
delyla oral tablet	1	
depo-estradiol intramuscular oil	3	
desogestrel-ethinyl estradiol oral tablet	1	
DIVIGEL TRANSDERMAL GEL	3	
dotti transdermal patch twice weekly	1	
drospiren-eth estrad-levomefol oral tablet	1	
drospirenone-ethinyl estradiol oral tablet	1	
elinest oral tablet	1	
eluryng vaginal ring	1	
emoquette oral tablet	1	
enpresse-28 oral tablet	1	
enskyce oral tablet	1	
estarylla oral tablet	1	
estradiol oral tablet	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	
ESTRING VAGINAL RING	3	QL (1 EA per 90 days)

Drug Name	Drug Tier	Requirements/ Limits
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	1	
ethynodiol diac-eth estradiol oral tablet	1	
etonogestrel-ethinyl estradiol vaginal ring	1	
falmina oral tablet	1	
fayosim oral tablet	1	QL (91 EA per 91 days)
FEMRING VAGINAL RING	3	QL (1 EA per 90 days)
femynor oral tablet	1	
fyavolv oral tablet	1	
gianvi oral tablet	1	
gildagia oral tablet 0.4-35 mg-mcg	1	
gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
gildess fe 1/20 oral tablet 1-20 mg-mcg	1	
hailey 1.5/30 oral tablet	1	
hailey 24 fe oral tablet	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	PA
IMVEXXY STARTER PACK VAGINAL INSERT	2	PA
introvale oral tablet	1	QL (91 EA per 91 days)
isibloom oral tablet	1	
jasmiel oral tablet	1	
jevantique lo oral tablet 0.5-2.5 mg-mcg	1	
jinteli oral tablet	1	
jolessa oral tablet	1	QL (91 EA per 91 days)
juleber oral tablet	1	
junel 1.5/30 oral tablet	1	
junel 1/20 oral tablet	1	
junel fe 1.5/30 oral tablet	1	
junel fe 1/20 oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
junel fe 24 oral tablet	1	
kaitlib fe oral tablet chewable	1	
kalliga oral tablet	1	
kariva oral tablet	1	
kelnor 1/35 oral tablet	1	
kelnor 1/50 oral tablet	1	
kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	1	
kurvelo oral tablet	1	
larin 1.5/30 oral tablet	1	
larin 1/20 oral tablet	1	
larin 24 fe oral tablet	1	
larin fe 1.5/30 oral tablet	1	
larin fe 1/20 oral tablet	1	
larissia oral tablet	1	
LAYOLIS FE ORAL TABLET CHEWABLE	1	
leena oral tablet	1	
lessina oral tablet	1	
levonest oral tablet	1	
levonorgest-eth est & eth est oral tablet	1	QL (91 EA per 91 days)
levonorgest-eth estrad 91-day oral tablet	1	QL (91 EA per 91 days)
levonorgestrel-ethinyl estrad oral tablet	1	
levonorg-eth estrad triphasic oral tablet	1	
levora 0.15/30 (28) oral tablet	1	
lillow oral tablet	1	
LO LOESTRIN FE ORAL TABLET	3	
lomedia 24 fe oral tablet 1-20 mg-mcg(24)	1	
lopreeza oral tablet	1	
loryna oral tablet	1	
LOSEASONIQUE ORAL TABLET	3	QL (91 EA per 91 days)
low-ogestrel oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
lo-zumandimine oral tablet	1	
lutera oral tablet	1	
marlissa oral tablet	1	
melodetta 24 fe oral tablet chewable	1	
menest oral tablet	3	
mibelas 24 fe oral tablet chewable	1	
microgestin 1.5/30 oral tablet	1	
microgestin 1/20 oral tablet	1	
microgestin fe 1.5/30 oral tablet	1	
microgestin fe 1/20 oral tablet	1	
mili oral tablet	1	
mimvey lo oral tablet 0.5-0.1 mg	1	
mimvey oral tablet	1	
mono-linyah oral tablet	1	
mononessa oral tablet	1	
myzilra oral tablet 50-30/75-40/ 125-30 mcg	1	
necon 0.5/35 (28) oral tablet	1	
necon 1/50 (28) oral tablet 1-50 mg-mcg	1	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
nikki oral tablet	1	
norethin ace-eth estrad-fe oral tablet	1	
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	1	
norethindrone-eth estradiol oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
norethin-eth estradiol-fe oral tablet chewable	1	
norgestimate-eth estradiol oral tablet	1	
norgestimate-ethinyl estradiol triphasic oral tablet	1	
nortrel 0.5/35 (28) oral tablet	1	
nortrel 1/35 (21) oral tablet	1	
nortrel 1/35 (28) oral tablet	1	
nortrel 7/7/7 oral tablet	1	
ocella oral tablet	1	
ogestrel oral tablet 0.5-50 mg-mcg	1	
orsythia oral tablet	1	
philith oral tablet	1	
pimtrea oral tablet	1	
pirmella 1/35 oral tablet	1	
pirmella 7/7/7 oral tablet	1	
portia-28 oral tablet	1	
PREMARIN ORAL TABLET	3	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
previfem oral tablet	1	
QUARTETTE ORAL TABLET	3	QL (91 EA per 91 days)
quasense oral tablet 0.15-0.03 mg	1	QL (91 EA per 91 days)
rajani oral tablet 3-0.02-0.451 mg	1	
reclipsen oral tablet	1	
rivelsa oral tablet	1	QL (91 EA per 91 days)
SEASONIQUE ORAL TABLET	3	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/ Limits
setlakin oral tablet	1	QL (91 EA per 91 days)
simliya oral tablet	1	
simpesse oral tablet	1	QL (91 EA per 91 days)
sprintec 28 oral tablet	1	
sronyx oral tablet	1	
syeda oral tablet	1	
tarina 24 fe oral tablet	1	
tarina fe 1/20 eq oral tablet	1	
tarina fe 1/20 oral tablet	1	
tilia fe oral tablet	1	
tri femynor oral tablet	1	
tri-estarylla oral tablet	1	
tri-legest fe oral tablet	1	
tri-linyah oral tablet	1	
tri-lo-estarylla oral tablet	1	
tri-lo-marzia oral tablet	1	
tri-lo-mili oral tablet	1	
tri-lo-sprintec oral tablet	1	
tri-mili oral tablet	1	
trinessa (28) oral tablet	1	
trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-previfem oral tablet	1	
tri-sprintec oral tablet	1	
trivora (28) oral tablet	1	
tri-vylibra lo oral tablet	1	
tri-vylibra oral tablet	1	
tydemy oral tablet	1	
velivet oral tablet	1	
vestura oral tablet 3-0.02 mg	1	
vienva oral tablet	1	
viorele oral tablet	1	
vyfemla oral tablet	1	
vylibra oral tablet	1	
wera oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
wymzya fe oral tablet chewable	1	
xulane transdermal patch weekly	1	
yuvafem vaginal tablet	1	
zarah oral tablet	1	
zenchent oral tablet 0.4-35 mg-mcg	1	
zovia 1/35e (28) oral tablet	1	
zovia 1/50e (28) oral tablet 1-50 mg-mcg	1	
zumandimine oral tablet	1	
Progestins		
camila oral tablet	1	
CRINONE VAGINAL GEL	3	PA
deblitane oral tablet	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	QL (10 ML per 28 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (0.65 ML per 90 days)
errin oral tablet	1	
heather oral tablet	1	
hydroxyprogesterone caproate intramuscular oil	1	PA; NDS
hydroxyprogesterone caproate intramuscular solution	1	PA; NDS
incassia oral tablet	1	
jencycla oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
jolivette oral tablet 0.35 mg	1	
lyza oral tablet	1	
MAKENA INTRAMUSCULAR OIL	3	PA; NDS
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS
medroxyprogesterone acetate intramuscular suspension	1	QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	1	
MEGACE ES ORAL SUSPENSION 625 MG/5ML	3	PA; NDS
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	PA
megestrol acetate oral tablet	1	PA
nora-be oral tablet	1	
norethindrone acetate oral tablet	1	
norethindrone oral tablet	1	
norlyda oral tablet	1	
norlyroc oral tablet	1	
progesterone intramuscular oil	1	
progesterone micronized oral capsule	1	
sharobel oral tablet	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	NDS
tulana oral tablet	1	
Selective Estrogen Receptor Modifying Agents		

Drug Name	Drug Tier	Requirements/ Limits
OSPHENA ORAL TABLET	2	PA; QL (30 EA per 30 days)
raloxifene hcl oral tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX ORAL TABLET	3	
LEVO-T ORAL TABLET	3	
levothyroxine sodium intravenous solution	1	NDS
levothyroxine sodium intravenous solution reconstituted	1	NDS
levothyroxine sodium oral tablet	1	
LEVOXYL ORAL TABLET	3	
liothyronine sodium intravenous solution	1	
liothyronine sodium oral tablet	1	
SYNTHROID ORAL TABLET	3	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	NDS
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
unithroid oral tablet 137 mcg	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET	3	PA; NDS
LYSODREN ORAL TABLET	3	NDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; NDS
cabergoline oral tablet	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	3	PA; QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	3	PA; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	3	PA; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA; QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (4 EA per 365 days); NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (1 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
leuprolide acetate injection kit	1	PA; NDS
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	3	PA; QL (1 EA per 84 days); NDS
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	3	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	PA; QL (1 EA per 84 days); NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	3	PA; QL (1 EA per 112 days); NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	3	PA; QL (1 EA per 168 days); NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	3	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	3	PA; QL (1 EA per 84 days); NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	1	PA; NDS
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA; QL (56 EA per 28 days); NDS
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days); NDS
ORILISSA ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days); NDS
SANDOSTATIN INJECTION SOLUTION	3	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA; NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; QL (1 EA per 28 days); NDS
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; QL (60 ML per 30 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	3	PA; NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
SUPPRELIN LA SUBCUTANEOUS KIT	3	PA; QL (1 EA per 365 days); NDS
SYNAREL NASAL SOLUTION	3	NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	3	PA; QL (1 EA per 84 days); NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	3	PA; QL (1 EA per 168 days); NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	3	PA; QL (1 EA per 28 days); NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; QL (1 EA per 168 days); NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	3	QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		

Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents		
methimazole oral tablet	1	
propylthiouracil oral tablet	1	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	3	PA; NDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
FIRAZYR SUBCUTANEOUS SOLUTION	3	PA; NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
icatibant acetate subcutaneous solution	1	PA; NDS
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; NDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; NDS
Immunoglobulins		
ASCENIV INTRAVENOUS SOLUTION	3	PA; NDS
ATGAM INTRAVENOUS INJECTABLE	3	NDS
BIVIGAM INTRAVENOUS SOLUTION	3	PA; NDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA; NDS
CUVITRU SUBCUTANEOUS SOLUTION	3	PA; NDS
CYTOGAM INTRAVENOUS INJECTABLE	3	PA; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA; NDS
GAMASTAN INTRAMUSCULAR INJECTABLE	2	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	2	PA
GAMMAGARD INJECTION SOLUTION	3	PA; NDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
GAMMAKED INJECTION SOLUTION	3	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION	3	PA; NDS
GAMUNEX-C INJECTION SOLUTION	3	PA; NDS
HEPAGAM B INJECTION SOLUTION	3	B/D; NDS
HIZENTRA SUBCUTANEOUS SOLUTION	3	PA; NDS
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	3	B/D; NDS
HYPERRAB INJECTION SOLUTION	2	B/D
HYPERRAB S/D INJECTION SOLUTION	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
HYQVIA SUBCUTANEOUS KIT	3	PA; NDS
IMOGAM RABIES-HT INJECTION SOLUTION	3	B/D
KEDRAB INJECTION SOLUTION	3	B/D
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
NABI-HB INTRAMUSCULAR SOLUTION	3	B/D; NDS
OCTAGAM INTRAVENOUS SOLUTION	3	PA; NDS
PANZYGA INTRAVENOUS SOLUTION	3	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; NDS
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; NDS
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
VARIZIG INTRAMUSCULAR SOLUTION	2	PA
WINRHO SDF INJECTION SOLUTION	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA; NDS
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION	3	PA; NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3.6 ML per 28 days); NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; QL (8 ML per 28 days); NDS
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	3	PA; QL (2 EA per 28 days); NDS
ILARIS SUBCUTANEOUS SOLUTION	3	PA; QL (2 ML per 28 days); NDS
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
LEMTRADA INTRAVENOUS SOLUTION	3	PA; NDS
OLUMIANT ORAL TABLET	3	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (4 ML per 28 days); NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
OTEZLA ORAL TABLET THERAPY PACK	3	PA; NDS
RIDAURA ORAL CAPSULE	3	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; NDS
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; NDS
SOLIRIS INTRAVENOUS SOLUTION	3	PA; NDS
STELARA INTRAVENOUS SOLUTION	3	PA; NDS
STELARA SUBCUTANEOUS SOLUTION	3	PA; NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
ULTOMIRIS INTRAVENOUS SOLUTION	3	PA; NDS
UPLIZNA INTRAVENOUS SOLUTION	3	PA; NDS
XELJANZ ORAL TABLET	3	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; NDS
INTRON A INJECTION SOLUTION	3	PA; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED	3	PA; NDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	3	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	3	PA; NDS
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	3	PA; NDS
PEGINTRON SUBCUTANEOUS KIT	3	PA; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA; NDS
Immunosuppressants		
ARAVA ORAL TABLET	3	NDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3	B/D; NDS
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
azasan oral tablet	3	B/D
azathioprine oral tablet	1	B/D
azathioprine sodium injection solution reconstituted	1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	B/D
CELLCEPT ORAL CAPSULE	3	B/D; NDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	B/D; NDS
CELLCEPT ORAL TABLET	3	B/D; NDS

Drug Name	Drug Tier	Requirements/ Limits
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	3	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS KIT	3	PA; NDS
CIMZIA SUBCUTANEOUS KIT	3	PA; NDS
cyclosporine modified oral capsule	1	B/D
cyclosporine modified oral solution	1	B/D
cyclosporine oral capsule	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	3	B/D
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	3	B/D; NDS
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	B/D; NDS
gengraf oral capsule	1	B/D
gengraf oral solution	1	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; NDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; NDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; NDS
IMURAN ORAL TABLET	3	B/D
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
leflunomide oral tablet	1	
methotrexate (anti-rheumatic) oral tablet	1	
methotrexate oral tablet	1	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
mycophenolate mofetil hcl intravenous solution reconstituted	1	B/D
mycophenolate mofetil oral capsule	1	B/D
mycophenolate mofetil oral suspension reconstituted	1	B/D; NDS
mycophenolate mofetil oral tablet	1	B/D
mycophenolate sodium oral tablet delayed release	1	B/D

Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC ORAL TABLET DELAYED RELEASE	3	B/D; NDS
NEORAL ORAL CAPSULE	3	B/D
NEORAL ORAL SOLUTION	3	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1.6 ML per 28 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D
PROGRAF ORAL CAPSULE 5 MG	3	B/D; NDS
PROGRAF ORAL PACKET 0.2 MG	3	B/D
PROGRAF ORAL PACKET 1 MG	3	B/D; NDS
RAPAMUNE ORAL SOLUTION	3	B/D; NDS
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D
RAPAMUNE ORAL TABLET 1 MG, 2 MG	3	B/D; NDS
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	3	PA; QL (0.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	3	PA; QL (1 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	3	PA; QL (1.2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	3	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	3	PA; QL (1.6 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	3	PA; QL (1.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	3	PA; QL (2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	3	PA; QL (2.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	3	PA; QL (0.6 ML per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
SANDIMMUNE ORAL CAPSULE	3	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; NDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
sirolimus oral solution	1	B/D; NDS
sirolimus oral tablet 0.5 mg, 1 mg	1	B/D
sirolimus oral tablet 2 mg	1	B/D; NDS
tacrolimus oral capsule	1	B/D
XATMEP ORAL SOLUTION	3	
ZORTRESS ORAL TABLET	3	B/D; NDS
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION	2	
BCG VACCINE INJECTION INJECTABLE	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	2	
DAPTACEL INTRAMUSCULAR SUSPENSION	2	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B INJECTION SUSPENSION	2	B/D
ENGERIX-B INTRAMUSCULAR INJECTABLE	3	B/D

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	2	B/D
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION	2	
MENACTRA INTRAMUSCULAR INJECTABLE	2	
MENHIBRIX INTRAMUSCULAR SOLUTION RECONSTITUTED 5-5-2.5 MCG	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements/ Limits
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	B/D
RECOMBIVAX HB INJECTION SUSPENSION	2	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
YF-VAX SUBCUTANEOUS INJECTABLE	2	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
balsalazide disodium oral capsule	1	
CANASA RECTAL SUPPOSITORY	3	NDS
colazal oral capsule	3	NDS
DIPENTUM ORAL CAPSULE	3	NDS
GIAZO ORAL TABLET 1.1 GM	3	NDS
mesalamine er oral capsule extended release 24 hour	1	
mesalamine oral capsule delayed release	1	
mesalamine oral tablet delayed release	1	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
mesalamine-cleanser rectal kit	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	
ROWASA RECTAL KIT	3	NDS
SFROWASA RECTAL ENEMA	3	NDS
sulfasalazine oral tablet	1	
sulfasalazine oral tablet delayed release	1	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	1	NDS
budesonide oral capsule delayed release particles	1	
colocort rectal enema 100 mg/60ml	1	
CORTIFOAM EXTERNAL FOAM	3	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	NDS
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone rectal enema	1	
procto-med hc external cream	1	
procto-pak external cream	1	
proctosol hc external cream	1	
proctozone-hc external cream	1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	NDS
UCERIS RECTAL FOAM	3	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL ORAL TABLET 150 MG	3	QL (1 EA per 28 days)
ACTONEL ORAL TABLET 35 MG	3	QL (4 EA per 28 days)
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 70 mg	1	QL (4 EA per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE	3	QL (4 EA per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT	3	QL (4 EA per 28 days)
BONIVA ORAL TABLET	3	QL (1 EA per 28 days)
calcitonin (salmon) nasal solution	1	QL (3.7 ML per 30 days)
calcitriol intravenous solution	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	
cinacalcet hcl oral tablet 30 mg	3	
cinacalcet hcl oral tablet 60 mg, 90 mg	1	NDS
doxercalciferol intravenous solution	1	
doxercalciferol oral capsule	1	
etidronate disodium oral tablet 200 mg, 400 mg	1	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2.34 ML per 28 days); NDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; NDS
FOSAMAX ORAL TABLET	3	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; QL (4 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
HECTOROL ORAL CAPSULE 1 MCG, 2.5 MCG	3	NDS
ibandronate sodium intravenous solution	1	
ibandronate sodium oral tablet	1	QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION	3	NDS
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; QL (2 EA per 28 days); NDS
paricalcitol intravenous solution 5 mcg/ml	1	
paricalcitol oral capsule	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2 ML per 365 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	NDS
risedronate sodium oral tablet 150 mg	1	QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release	1	QL (4 EA per 28 days)
SENSIPAR ORAL TABLET	3	NDS
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; NDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION	3	PA; NDS
ZEMPLAR INTRAVENOUS SOLUTION 5 MCG/ML	3	NDS
ZEMPLAR ORAL CAPSULE 2 MCG	3	NDS
zoledronic acid intravenous concentrate	1	
zoledronic acid intravenous solution 4 mg/100ml	1	NDS
zoledronic acid intravenous solution reconstituted 4 mg	1	NDS
ZOMETA INTRAVENOUS CONCENTRATE 4 MG/5ML	3	NDS
ZOMETA INTRAVENOUS SOLUTION 4 MG/100ML	3	NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pads pad 70 %	2	
AMMONUL INTRAVENOUS SOLUTION	3	NDS
CLINOLIPID INTRAVENOUS EMULSION	3	B/D; NDS
cvs gauze sterile pad 2"x2"	2	
deferoxamine mesylate injection solution reconstituted	1	B/D
DESFERAL INJECTION SOLUTION RECONSTITUTED	3	B/D; NDS
ELLA ORAL TABLET	2	
fomepizole intravenous solution	1	NDS
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA; NDS
insulin pen needles 29g x 12mm	2	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	2	QL (200 EA per 30 days)
INTRALIPID INTRAVENOUS EMULSION	3	B/D
levocarnitine oral solution	1	
LEVOCARNITINE ORAL TABLET	1	
methergine oral tablet	1	QL (56 EA per 365 days); NDS
methylergonovine maleate oral tablet	1	QL (56 EA per 365 days); NDS
METOPIRONE ORAL CAPSULE	3	NDS
NUTRILIPID INTRAVENOUS EMULSION	3	B/D
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL (30 EA per 30 days)
OMEGAVEN INTRAVENOUS EMULSION	3	B/D
OMNIPOD	2	QL (30 EA per 30 days)
OMNIPOD 5 PACK	2	QL (30 EA per 30 days)
OMNIPOD DASH 5 PACK PODS	2	QL (30 EA per 30 days)
OMNIPOD DASH SYSTEM KIT	2	QL (1 EA per 365 days)
OMNIPOD STARTER KIT	2	QL (1 EA per 365 days)
PALFORZIA (12 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA; NDS
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA; NDS
PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA; NDS
PALFORZIA INITIAL ESCALATION ORAL	3	PA; NDS
SMOFLIPID INTRAVENOUS EMULSION	3	B/D
sod benz-sod phenylacet intravenous solution	1	NDS
SODIUM CHLORIDE IRRIGATION SOLUTION	1	
sterile water for irrigation irrigation solution	1	
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VISTOGARD ORAL PACKET	3	NDS
XENICAL ORAL CAPSULE	3	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	1	
bacitracin-polymyxin b ophthalmic ointment	1	

Drug Name	Drug Tier	Requirements/ Limits
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	
BEOVU INTRAVITREAL SOLUTION	3	PA; NDS
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
blephamide s.o.p. ophthalmic ointment	3	
CEQUA OPHTHALMIC SOLUTION	3	PA
COMBIGAN OPHTHALMIC SOLUTION	2	
CORTISPORIN EXTERNAL CREAM	3	
cyclopentolate hcl ophthalmic solution 1 %	1	
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL (60 ML per 28 days); NDS
dorzolamide hcl-timolol mal ophthalmic solution	1	
dorzolamide hcl-timolol mal pf ophthalmic solution	1	
EYLEA INTRAVITREAL SOLUTION	3	PA; NDS
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; NDS
LACRISERT OPHTHALMIC INSERT	3	
LUCENTIS INTRAVITREAL SOLUTION	3	PA; NDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; NDS
neomycin-bacitracin zn-polymyx ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution	1	
neomycin-polymyxin-hc ophthalmic suspension	1	
neo-polycin hc ophthalmic ointment	1	
neo-polycin ophthalmic ointment	1	
OXERVATE OPHTHALMIC SOLUTION	3	PA; QL (56 ML per 28 days); NDS
polycin ophthalmic ointment	1	
polymyxin b-trimethoprim ophthalmic solution	1	
PRED-G OPHTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
RESTASIS OPHTHALMIC EMULSION	2	
ROCKLATAN OPHTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION	3	
sulfacetamide-prednisolone ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
tobramycin-dexamethasone ophthalmic suspension	1	

Drug Name	Drug Tier	Requirements/ Limits
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	NDS
XIIDRA OPHTHALMIC SOLUTION	3	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	3	
Ophthalmic Anti-allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	3	
ALOMIDE OPHTHALMIC SOLUTION	3	
azelastine hcl ophthalmic solution	1	
BEPREVE OPHTHALMIC SOLUTION	3	
cromolyn sodium ophthalmic solution	1	
EMADINE OPHTHALMIC SOLUTION 0.05 %	3	
epinastine hcl ophthalmic solution	1	
olopatadine hcl ophthalmic solution	1	
PAZEO OPHTHALMIC SOLUTION	3	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	3	
bacitracin ophthalmic ointment	1	
BESIVANCE OPHTHALMIC SUSPENSION	3	
CILOXAN OPHTHALMIC OINTMENT	3	
ciprofloxacin hcl ophthalmic solution	1	
erythromycin ophthalmic ointment	1	
gatifloxacin ophthalmic solution	1	
gentak ophthalmic ointment	1	
gentamicin sulfate ophthalmic solution	1	
levofloxacin ophthalmic solution	1	
moxifloxacin hcl (2x day) ophthalmic solution	1	
moxifloxacin hcl ophthalmic solution	1	
NATACYN OPHTHALMIC SUSPENSION	3	
ofloxacin ophthalmic solution	1	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium ophthalmic solution	1	
tobramycin ophthalmic solution	1	
TOBREX OPHTHALMIC OINTMENT	3	
trifluridine ophthalmic solution	1	
ZIRGAN OPHTHALMIC GEL	3	
Ophthalmic Anti-inflammatories		
ACUVAIL OPHTHALMIC SOLUTION	3	ST
ALREX OPHTHALMIC SUSPENSION	3	
bromfenac sodium (once-daily) ophthalmic solution	1	
BROMSITE OPHTHALMIC SOLUTION	3	ST

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate ophthalmic solution	1	
diclofenac sodium ophthalmic solution	1	
DUREZOL OPHTHALMIC EMULSION	3	
FLAREX OPHTHALMIC SUSPENSION	2	
fluorometholone ophthalmic suspension	1	
flurbiprofen sodium ophthalmic solution	1	
FML FORTE OPHTHALMIC SUSPENSION	2	
FML OPHTHALMIC OINTMENT	2	
ILEVRO OPHTHALMIC SUSPENSION	3	QL (6 ML per 30 days)
INVELTYS OPHTHALMIC SUSPENSION	3	
ketorolac tromethamine ophthalmic solution	1	
LOTEMAX OPHTHALMIC OINTMENT	3	QL (14 GM per 365 days)
LOTEMAX SM OPHTHALMIC GEL	3	QL (20 GM per 365 days)
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX OPHTHALMIC SUSPENSION	2	
NEVANAC OPHTHALMIC SUSPENSION	3	QL (6 ML per 30 days)
PRED MILD OPHTHALMIC SUSPENSION	2	
prednisolone acetate ophthalmic suspension	1	
prednisolone sodium phosphate ophthalmic solution	1	
PROLENSA OPHTHALMIC SOLUTION	3	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution	1	
BETIMOL OPHTHALMIC SOLUTION	3	
BETOPTIC-S OPHTHALMIC SUSPENSION	3	
carteolol hcl ophthalmic solution	1	
levobunolol hcl ophthalmic solution	1	
metipranolol ophthalmic solution 0.3 %	1	
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour	1	
acetazolamide oral tablet 125 mg	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl ophthalmic solution	1	
AZOPT OPHTHALMIC SUSPENSION	2	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1	
brimonidine tartrate ophthalmic solution 0.2 %	1	

Drug Name	Drug Tier	Requirements/ Limits
dorzolamide hcl ophthalmic solution	1	
IOPIDINE OPHTHALMIC SOLUTION	3	
methazolamide oral tablet	1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
pilocarpine hcl ophthalmic solution	1	
RHOPRESSA OPHTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost ophthalmic solution	1	QL (5 ML per 30 days)
DURYSTA INTRAOCULAR IMPLANT	3	NDS
latanoprost ophthalmic solution	1	
LUMIGAN OPHTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
travoprost (bak free) ophthalmic solution	1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	3	QL (5 ML per 25 days)
XELPROS OPHTHALMIC EMULSION	3	ST; QL (2.5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid otic solution	1	
CIPRO HC OTIC SUSPENSION	3	
CIPROFLOXACIN HCL OTIC SOLUTION	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION	3	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
flac otic oil	1	
fluocinolone acetonide otic oil	1	
hydrocortisone-acetic acid otic solution	1	
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic solution	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	1	QL (60 ML per 30 days)
azelastine-fluticasone nasal suspension	3	QL (23 GM per 30 days)
carbinoxamine maleate oral tablet 6 mg	1	PA; NDS
clemastine fumarate oral tablet 2.68 mg	1	PA
cyproheptadine hcl oral syrup	1	PA
cyproheptadine hcl oral tablet	1	PA
desloratadine oral tablet	1	
dexchlorpheniramine maleate oral solution	1	PA
diphenhydramine hcl injection solution	1	
DYMISTA NASAL SUSPENSION	3	QL (23 GM per 30 days)
hydroxyzine hcl oral syrup	1	PA
hydroxyzine hcl oral tablet	1	PA
hydroxyzine pamoate oral capsule	1	PA

Drug Name	Drug Tier	Requirements/ Limits
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal solution	1	QL (30.5 GM per 30 days)
PATANASE NASAL SOLUTION	3	QL (30.5 GM per 30 days)
RYCLORA ORAL SOLUTION	3	PA
ryvent oral tablet	1	PA
VISTARIL ORAL CAPSULE	3	PA
Anti-inflammatories, Inhaled Corticosteroids		
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT	3	ST; QL (1 EA per 30 days)
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT	3	ST; QL (1 EA per 30 days)
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT	3	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	3	QL (13 GM per 30 days)
budesonide inhalation suspension	1	B/D; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (21.2 GM per 30 days)
flunisolide nasal solution	1	QL (50 ML per 30 days)
fluticasone propionate nasal suspension	1	
mometasone furoate nasal suspension	1	QL (34 GM per 30 days)
NASONEX NASAL SUSPENSION	3	QL (34 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (2 EA per 30 days)
PULMICORT SUSPENSION INHALATION SUSPENSION	3	B/D; QL (120 ML per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	ST; QL (21.2 GM per 30 days)
Antileukotrienes		
montelukast sodium oral packet	1	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast oral tablet	1	
zileuton er oral tablet extended release 12 hour	1	ST; NDS
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	3	ST; NDS
ZYFLO ORAL TABLET	3	ST; NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (2 EA per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days)
ipratropium bromide inhalation solution	1	B/D; QL (312.5 ML per 30 days)
ipratropium bromide nasal solution	1	

Drug Name	Drug Tier	Requirements/ Limits
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	QL (60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	QL (60 ML per 30 days); NDS
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	QL (8 GM per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (60 EA per 30 days)
YUPELRI INHALATION SOLUTION	3	B/D; QL (90 ML per 30 days); NDS
Bronchodilators, Sympathomimetic		
albuterol sulfate er oral tablet extended release 12 hour	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)	1	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)	1	QL (48 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	B/D; QL (525 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	B/D; QL (375 ML per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	B/D; QL (100 EA per 30 days)
albuterol sulfate oral syrup	3	
albuterol sulfate oral tablet	3	
ARCAPTA NEOHALER INHALATION CAPSULE	3	ST
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	ST; QL (2 EA per 30 days); NDS
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	ST; NDS
BROVANA INHALATION NEBULIZATION SOLUTION	3	PA; QL (120 ML per 30 days); NDS
epinephrine injection solution 0.3 mg/0.3ml	3	Applies to products manufactured by Impax or Lineage Therapeutics
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	2	
epinephrine injection solution auto-injector 0.3 mg/0.3ml	2	Applies to product manufactured by Mylan Specialty L.P. Only
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	B/D; QL (540 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	B/D; QL (90 EA per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	B/D; QL (270 ML per 30 days)
levalbuterol hfa inhalation aerosol 45 mcg/act	1	QL (30 GM per 30 days)
metaproterenol sulfate oral syrup	3	
metaproterenol sulfate oral tablet 10 mg, 20 mg	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	B/D; QL (120 ML per 30 days); NDS
PROAIR HFA INHALATION AEROSOL SOLUTION	3	QL (17 GM per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	QL (13.4 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
terbutaline sulfate injection solution	1	NDS
terbutaline sulfate oral tablet	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	ST; QL (48 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	3	B/D; QL (90 EA per 30 days)
XOPENEX HFA INHALATION AEROSOL	3	QL (30 GM per 30 days)
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML	3	B/D; QL (540 ML per 30 days)
XOPENEX INHALATION NEBULIZATION SOLUTION 1.25 MG/3ML	3	B/D; QL (270 ML per 30 days)
Cystic Fibrosis Agents		
BETHKIS INHALATION NEBULIZATION SOLUTION	3	B/D; NDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	PA; NDS
KALYDECO ORAL PACKET	3	PA; NDS
KALYDECO ORAL TABLET	3	PA; NDS
KITABIS PAK INHALATION NEBULIZATION SOLUTION	3	B/D; NDS
ORKAMBI ORAL PACKET	3	PA; QL (56 EA per 28 days); NDS
ORKAMBI ORAL TABLET	3	PA; QL (112 EA per 28 days); NDS
PULMOZYME INHALATION SOLUTION	3	PA; NDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	3	PA; QL (56 EA per 28 days); NDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	3	PA; QL (60 EA per 30 days); NDS
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION	3	B/D; NDS
TOBI PODHALER INHALATION CAPSULE	3	QL (224 EA per 56 days); NDS
tobramycin inhalation nebulization solution	1	B/D; NDS
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL (84 EA per 28 days); NDS
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET	3	PA
theophylline er oral tablet extended release 12 hour	1	
theophylline er oral tablet extended release 24 hour	1	
theophylline oral solution	1	
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET	3	PA; QL (60 EA per 30 days); NDS
ADEMPAS ORAL TABLET	3	PA; QL (90 EA per 30 days); NDS
alyq oral tablet	1	PA; QL (60 EA per 30 days); NDS
ambrisentan oral tablet	1	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
bosentan oral tablet	1	PA; QL (60 EA per 30 days); NDS
epoprostenol sodium intravenous solution reconstituted	1	PA; NDS
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
LETAIRIS ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
OPSUMIT ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; NDS
REMODULIN INJECTION SOLUTION	3	PA; NDS
REVATIO INTRAVENOUS SOLUTION	3	PA; NDS
REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA; NDS
REVATIO ORAL TABLET	3	PA; QL (90 EA per 30 days); NDS
sildenafil citrate intravenous solution	1	PA; NDS
sildenafil citrate oral suspension reconstituted	1	PA; NDS
sildenafil citrate oral tablet 20 mg	1	PA; QL (90 EA per 30 days)
tadalafil (pah) oral tablet	1	PA; QL (60 EA per 30 days); NDS
TRACLEER 62.5 MG, 125 MG	3	PA; QL (60 EA per 30 days); NDS
TRACLEER 32 MG	3	PA; QL (112 EA per 28 days); NDS
treprostinil injection solution	1	PA; NDS
TYVASO INHALATION SOLUTION	3	PA; QL (87 ML per 30 days); NDS
TYVASO REFILL INHALATION SOLUTION	3	PA; QL (87 ML per 30 days); NDS
TYVASO STARTER INHALATION SOLUTION	3	PA; QL (87 ML per 30 days); NDS
UPTRAVI ORAL TABLET	3	PA; QL (60 EA per 30 days); NDS
UPTRAVI ORAL TABLET THERAPY PACK	3	PA; QL (400 EA per 365 days); NDS
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; NDS
VENTAVIS INHALATION SOLUTION	3	PA; QL (270 ML per 30 days); NDS
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	3	PA; NDS
ESBRIET ORAL TABLET	3	PA; NDS
OFEV ORAL CAPSULE	3	PA; NDS
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	1	B/D
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	3	QL (24 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	3	ST; QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
budesonide-formoterol fumarate inhalation aerosol	2	PA; QL (10.2 GM per 30 days)
CINQAIR INTRAVENOUS SOLUTION	3	PA; NDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (8 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3	QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	3	QL (13 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; NDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; NDS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	3	QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution	1	B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (3 EA per 28 days); NDS
promethazine vc plain oral solution 6.25-5 mg/5ml	1	PA
promethazine-phenylephrine oral syrup	1	PA
ribavirin inhalation solution reconstituted	1	NDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	2	QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	2	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
UTIBRON NEOHALER INHALATION CAPSULE	3	ST
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	NDS
wixela inhub inhalation aerosol powder breath activated	1	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; NDS
carisoprodol oral tablet	1	PA
carisoprodol-aspirin oral tablet	1	PA
carisoprodol-aspirin-codeine oral tablet	1	PA; NDS
chlorzoxazone oral tablet	1	PA
cyclobenzaprine hcl er oral capsule extended release 24 hour	1	PA
cyclobenzaprine hcl oral tablet	1	PA
fexmid oral tablet	3	PA
lorzone oral tablet	3	PA
methocarbamol injection solution	1	PA
methocarbamol oral tablet	1	PA
NORGESIC FORTE ORAL TABLET	3	PA; NDS
orphenadrine citrate er oral tablet extended release 12 hour	1	PA
orphenadrine-aspirin-caffeine oral tablet 50-770-60 mg	1	PA; NDS
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	3	PA; NDS
ROBAXIN INJECTION SOLUTION	3	PA; NDS
ROBAXIN ORAL TABLET 500 MG	3	PA
ROBAXIN-750 ORAL TABLET	3	PA
SOMA ORAL TABLET	3	PA
VANADOM ORAL TABLET	3	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	QL (30 EA per 30 days)
AMBIEN ORAL TABLET	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET	2	QL (30 EA per 30 days)
DAYVIGO ORAL TABLET	3	PA; QL (30 EA per 30 days)
doxepin hcl oral tablet	1	QL (30 EA per 30 days)
estazolam oral tablet	1	PA; QL (30 EA per 30 days)
eszopiclone oral tablet	1	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE	3	PA; QL (30 EA per 30 days); NDS
LUNESTA ORAL TABLET	3	QL (30 EA per 30 days)
ramelteon oral tablet	1	QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
ROZEREM ORAL TABLET	3	QL (30 EA per 30 days)
SECONAL ORAL CAPSULE	3	PA; NDS
SILENOR ORAL TABLET	3	QL (30 EA per 30 days)
temazepam oral capsule	1	PA; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
zaleplon oral capsule 5 mg	1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release	1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	3	PA; QL (60 EA per 30 days)
modafinil oral tablet	1	PA; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	PA; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET 50 MG	3	PA; QL (60 EA per 30 days)
PROVIGIL ORAL TABLET	3	PA; QL (30 EA per 30 days); NDS
SUNOSI ORAL TABLET	3	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET	3	PA; QL (60 EA per 30 days); NDS
XYREM ORAL SOLUTION	3	PA; QL (540 ML per 30 days); NDS

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ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध है। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

This formulary was updated on August 6, 2020, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

OptumRx Member Services

Phone (toll-free)**:**	**1-866-635-5941**
TTY users:	**711**
Hours of operation:	24 hours a day, 7 days a week
Website:	**optumrx.com**

optumrx.com

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State Health Plan PPO
Comprehensive Formulary

State of Michigan Wrap Coverage

Effective January 1, 2020

Please read: This document contains information about the drugs covered under your pharmacy benefit plan.

For a complete list of covered drugs or if you have questions:

Call the toll-free member phone number on your ID card.

Visit your plan's member website listed on your ID card.

- Locate a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Drug Name	Drug Tier	Quantiy Limit
Anesthetics		
Local Anesthetics		
CETACAINE EXTERNAL AEROSOL 2-2-14 %	2	
ethyl chloride external aerosol	1	
lidocaine hcl external cream 3 %	1	
lidopin external cream 3 %	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0	Y
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	$0	Y
CHANTIX ORAL TABLET 0.5 MG, 1 MG	$0	Y
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	$0	Y
cvs nicotine mouth/throat gum 2 mg, 4 mg	$0	
cvs nicotine mouth/throat lozenge 2 mg	$0	
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	
eq nicotine mouth/throat gum 4 mg	$0	
eq nicotine mouth/throat lozenge 4 mg	$0	
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	
eql nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	
folding paddle walker	$0	
gnp nicotine mini mouth/throat lozenge 2 mg	$0	
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	$0	
goodsense nicotine mouth/throat gum 4 mg	$0	
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	$0	
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	

Drug Name	Drug Tier	Quantiy Limit
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	
kls quit2 mouth/throat gum 2 mg	$0	
kls quit2 mouth/throat lozenge 2 mg	$0	
kls quit4 mouth/throat gum 4 mg	$0	
kls quit4 mouth/throat lozenge 4 mg	$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	$0	
nicorelief mouth/throat gum 2 mg, 4 mg	$0	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	$0	
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	$0	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	$0	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	$0	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	$0	

Drug Name	Drug Tier	Quantiy Limit
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0	
nicotine transdermal kit 21-14-7 mg/24hr	$0	
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	
NICOTROL INHALATION INHALER 10 MG	$0	Y
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0	Y
px stop smoking aid mouth/throat gum 2 mg, 4 mg	$0	
px stop smoking aid mouth/throat lozenge 2 mg, 4 mg	$0	
qc nicotine polacrilex mouth/throat gum 4 mg	$0	
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	$0	
ra nicotine gum mouth/throat gum 2 mg, 4 mg	$0	
ra nicotine mouth/throat gum 2 mg, 4 mg	$0	
ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	
sm nicotine mouth/throat gum 4 mg	$0	
sm nicotine mouth/throat lozenge 2 mg	$0	

Drug Name	Drug Tier	Quantiy Limit
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
sm nicotine polacrilex mouth/throat lozenge 4 mg	$0	
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	
sr nicotine mouth/throat gum 2 mg	$0	
tgt nicotine mouth/throat gum 2 mg, 4 mg	$0	
tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	
tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	
tgt nicotine step one transdermal patch 24 hour 21 mg/24hr	$0	
tgt nicotine step three transdermal patch 24 hour 7 mg/24hr	$0	
tgt nicotine step two transdermal patch 24 hour 14 mg/24hr	$0	
THRIVE MOUTH/THROAT GUM 2 MG	$0	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	$0	Y
Antibacterials		
Antibacterials, Other		
ALTABAX EXTERNAL OINTMENT 1 %	3	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
Antifungals		
ALA-QUIN EXTERNAL CREAM 3-0.5 %	2	

Drug Name	Drug Tier	Quantiy Limit
ALCORTIN A EXTERNAL GEL 1-2-1 %	2	
ALOQUIN EXTERNAL GEL 1.25-1 %	2	
dermazene external cream 1-1 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	2	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
QUINJA EXTERNAL GEL 1.25-1 %	2	
VYTONE EXTERNAL CREAM 1-1.9 %	2	
Antimigraine Agents		
isometheptene-caffeine-apap oral tablet 65-20-325 mg	1	
isometheptene-dichloral-apap oral capsule 65-100-325 mg	1	
PRODRIN ORAL TABLET 65-20-325 MG	2	
Antineoplastics		
Alkylating Agents		
ALKERAN ORAL TABLET 2 MG	3	
melphalan oral tablet 2 mg	1	
MYLERAN ORAL TABLET 2 MG	2	
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	3	

Drug Name	Drug Tier	Quantiy Limit
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	
Antimetabolites		
capecitabine oral tablet 150 mg, 500 mg	1	
XELODA ORAL TABLET 150 MG, 500 MG	3	
Enzyme Inhibitors		
etoposide oral capsule 50 mg	1	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	
Antivirals		
Antiherpetic Agents		
ABREVA EXTERNAL CREAM 10 %	2	
docosanol external cream 10 %	1	
Cardiovascular Agents		
Cardiovascular Agents, Other		
epinephrine injection solution 30 mg/30ml	1	
epinephrine pf injection solution 1 mg/ml	1	
isoxsuprine hcl oral tablet 10 mg, 20 mg	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0	
Vasodilators, Direct-acting Arterial/Venous		
nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg	1	
nitro-time oral capsule extended release 2.5 mg, 6.5 mg	1	

Drug Name	Drug Tier	Quantiy Limit
Central Nervous System Agents		
Central Nervous System, Other		
ADIPEX-P ORAL CAPSULE 37.5 MG	3	
ADIPEX-P ORAL TABLET 37.5 MG	3	
BELVIQ ORAL TABLET 10 MG	3	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	3	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	
diethylpropion hcl oral tablet 25 mg	1	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	
phendimetrazine tartrate oral tablet 35 mg	1	
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	
phentermine hcl oral tablet 37.5 mg	1	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	
Dental and Oral Agents		
cavarest dental gel 1.1 %	1	
clinpro 5000 dental paste 1.1 %	1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	3	
denta 5000 plus dental cream 1.1 %	1	
dentagel dental gel 1.1 %	1	

Drug Name	Drug Tier	Quantiy Limit
fluoridex dental paste 1.1 %	1	
fluoridex enhanced whitening dental paste 1.1 %	1	
neutragard advanced dental gel 1.1 %	1	
neutral sodium fluoride mouth/throat solution 0.2 %	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	2	
PREVIDENT DENTAL GEL 1.1 %	2	
prevident mouth/throat solution 0.2 %	1	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride dental paste 1.1 %	1	
Dermatological Agents		
BENSAL HP EXTERNAL OINTMENT 3-6 %	3	
blanche external cream 4 %	1	

Drug Name	Drug Tier	Quantiy Limit
bp cleansing wash external emulsion 10-4 %	1	
cerovel external lotion 40 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	2	
DERMASORB XM EXTERNAL KIT 39 %	3	
DRYSOL EXTERNAL SOLUTION 20 %	2	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydroquinone external cream 4 %	1	
hydroquinone time release external cream 4 %	1	
melpaque hp external cream 4 %	1	
MUGARD MOUTH/THROAT LIQUID	3	
PRAMOSONE E EXTERNAL CREAM 1-2.5 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 %	2	
rea lo 40 external cream 40 %	1	
rea lo 40 external lotion 40 %	1	
remergent hq external cream 4 %	1	
salicylic acid er external solution 28.5 %	1	
salicylic acid external liquid 27.5 %	1	

Drug Name	Drug Tier	Quantiy Limit
salicylic acid wart remover external liquid 27.5 %	1	
salicylic acid-cleanser external kit 6 % (cream)	1	
skin bleaching external cream 4 %	1	
skin bleaching-sunscreen external cream 4 %	1	
sulfacetamide sodium external gel 10 % (cleans)	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
tl hydroquinone external cream 4 %	1	
TRI-CHLOR EXTERNAL LIQUID 80 %	3	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 %	3	
urea external cream 40 %, 47 %, 50 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
urea-c40 external lotion 40 %	1	
ure-k external cream 50 %	1	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
chromagen oral capsule	1	
CORVITE 150 ORAL TABLET	2	
CORVITE FE ORAL TABLET	2	

Drug Name	Drug Tier	Quantiy Limit
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
effervescent pot chloride oral tablet effervescent 25 meq	1	
FE PLUS PROTEIN ORAL TABLET 25 MG	2	
FERRALET 90 ORAL TABLET 90-1 MG	3	
ferraplus 90 oral tablet 90-1 mg	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	2	
FOLIVANE-F ORAL CAPSULE 125-1 MG	3	
FOLIVANE-PLUS ORAL CAPSULE	3	
FUSION PLUS ORAL CAPSULE	3	
GALZIN ORAL CAPSULE 25 MG	3	
hematogen oral capsule	1	
INTEGRA F ORAL CAPSULE 125-1 MG	3	
INTEGRA PLUS ORAL CAPSULE	3	
iron complex oral capsule	1	
k-effervescent oral tablet effervescent 25 meq	1	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG	3	
k-prime oral tablet effervescent 25 meq	1	
k-vescent oral tablet effervescent 25 meq	1	
MAXFE ORAL TABLET 160-1 MG	3	
multigen folic oral tablet 70-150-2-1 mg	1	

Drug Name	Drug Tier	Quantiy Limit
multigen oral tablet 70 mg	1	
multigen plus oral tablet 50-101-1 mg	1	
NEPHRON FA ORAL TABLET	3	
NIFEREX ORAL TABLET	2	
NUFERA ORAL TABLET	2	
phospha 250 neutral oral tablet 155-852-130 mg	1	
phosphorous oral tablet 155-852-130 mg	1	
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
pot bicarb-pot chloride oral tablet effervescent 25 meq	1	
potassium bicarbonate oral tablet effervescent 25 meq	1	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	2	
VIRT-FEFA PLUS ORAL CAPSULE	3	
virt-phos 250 neutral oral tablet 155-852-130 mg	1	
Vitamins		
50+ adult eye health oral capsule	1	
a thru z advanced adult oral tablet	1	
a thru z advanced oral tablet	1	
a thru z high potency oral tablet	1	
a thru z select 50+ advanced oral tablet	1	
a thru z select 50+ mens oral tablet	1	
a thru z select advanced oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
a thru z select oral tablet	1	
a thru z select ultimate women oral tablet	1	
a thru z ultimate mens oral tablet	1	
abc complete senior womens 50+ oral tablet	1	
abc plus oral tablet	1	
abc plus senior adults 50+ oral tablet	1	
abc plus senior oral tablet	1	
abdek oral capsule	1	
actical oral capsule	1	
ACTIVNUTRIENTS ORAL CAPSULE	2	
advanced diabetic multivitamin oral tablet	1	
advanced eye health oral capsule	1	
ALIVE ENERGY 50+ ORAL TABLET	2	
ALIVE MENS ENERGY ORAL TABLET	2	
ALIVE ONCE DAILY WOMENS 50+ ORAL TABLET	2	
ALIVE ONCE DAILY WOMENS ORAL TABLET	2	
ALIVE WOMENS 50+ ORAL TABLET	2	
ALIVE WOMENS ENERGY ORAL TABLET	2	
aminobenzoate potassium oral packet 2 gm	1	
AMORYN MOOD BOOSTER ORAL CAPSULE	2	
ANIMI-3 ORAL CAPSULE 1 MG	2	
ANIMI-3/VITAMIN D ORAL CAPSULE 1 MG	2	

Drug Name	Drug Tier	Quantiy Limit
antioxidant a/c/e/selenium oral tablet	1	
anti-oxidant formula oral capsule	1	
antioxidant formula oral tablet	1	
antioxidant formula/minerals oral capsule	1	
antioxidant forte oral tablet	1	
antioxidant oral capsule	1	
antioxidant protection formula oral tablet	1	
antioxidant vitamins oral tablet	1	
antioxin 4000 oral capsule	1	
AP-ZEL ORAL TABLET	2	
BACMIN ORAL TABLET	2	
bariatric multivitamins/iron oral capsule	1	
basic am oral tablet	1	
basic pm oral tablet	1	
BIO-35 GLUTEN-FREE ORAL CAPSULE	2	
BIO-35 IRON FREE ORAL CAPSULE	2	
biocal oral capsule	1	
biocel oral tablet	1	
BIOTECT PLUS ORAL CAPSULE	2	
biotin plus/calcium/vit d3 oral tablet	1	
body/hair/skin/nails oral capsule	1	
b-plex plus oral tablet	1	
b-redi/red hearts/red roosters oral tablet	1	
CAL-DAY 1000 ORAL TABLET	2	

Drug Name	Drug Tier	Quantiy Limit
CARRAVITE ORAL TABLET	2	
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE	2	
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE	2	
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE	2	
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE	2	
cellular security oral capsule	1	
centavite a-z complete-mineral oral tablet	1	
centravites 50 plus oral tablet	1	
centravites adults oral tablet	1	
centravites oral tablet	1	
CENTRUM ADULTS ORAL TABLET	2	
CENTRUM CARDIO ORAL TABLET	2	
CENTRUM MEN ORAL TABLET	2	
CENTRUM ORAL TABLET	2	
CENTRUM SILVER 50+MEN ORAL TABLET	2	
CENTRUM SILVER 50+WOMEN ORAL TABLET	2	
CENTRUM SILVER ADULT 50+ ORAL TABLET	2	
CENTRUM SILVER ORAL TABLET	2	
CENTRUM SILVER ULTRA MENS ORAL TABLET	2	

Drug Name	Drug Tier	Quantiy Limit
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	2	
CENTRUM SPECIALIST HEART ORAL TABLET	2	
CENTRUM SPECIALIST IMMUNE ORAL TABLET	2	
CENTRUM SPECIALIST VISION ORAL TABLET	2	
CENTRUM ULTRA MENS ORAL TABLET	2	
CENTRUM ULTRA WOMENS ORAL TABLET	2	
CENTRUM WOMEN ORAL TABLET	2	
century mature oral tablet	1	
century oral tablet	1	
cerovite advanced formula oral tablet	1	
cerovite senior oral tablet	1	
certa plus oral tablet	1	
certagen oral tablet	1	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	2	
certavite/antioxidants oral tablet	1	
CHOICEFUL MULTIVITAMIN ORAL CAPSULE	2	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT	2	
CIFRAZOL ORAL CAPSULE 1-3775 MG-UNIT	2	
CLINICAL NUTRIENTS 45-PLUS WMN ORAL TABLET	2	
CLINICAL NUTRIENTS 50-PLUS MEN ORAL TABLET	2	

Drug Name	Drug Tier	Quantiy Limit
clinical nutrients antioxidant oral capsule	1	
CLINICAL NUTRIENTS FEMALE TEEN ORAL TABLET	2	
CLINICAL NUTRIENTS FOR MEN ORAL TABLET	2	
clinical nutrients for women oral tablet	1	
CLINICAL NUTRIENTS MALE TEEN ORAL TABLET	2	
companion oral tablet	1	
COMPETE ORAL TABLET	2	
complere oral tablet	1	
complete daily/lutein oral tablet	1	
complete energy oral tablet	1	
complete oral tablet	1	
complete pms support complex oral capsule	1	
complete senior oral tablet	1	
complete womens oral tablet	1	
coral calcium plus oral capsule	1	
corvita oral tablet 1.25 mg	1	
corvite free oral tablet	1	
cvs daily multiple fe/ca/zn oral tablet	1	
cvs daily multiple for men oral tablet	1	
cvs daily multiple for women oral tablet	1	
cvs daily multiple women 50+ oral tablet	1	
cvs eye health & lutein oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
cvs one daily essential oral tablet	1	
cvs one daily mens 50+ adv oral tablet	1	
cvs one daily womens formula oral tablet	1	
cvs spectravite adult 50+ oral tablet	1	
cvs spectravite advanced oral tablet	1	
cvs spectravite senior oral tablet	1	
cvs spectravite ultra men 50+ oral tablet	1	
cvs spectravite ultra mens oral tablet	1	
cvs spectravite ultra women oral tablet	1	
cvs spectravite womens senior oral tablet	1	
cvs vision formula oral tablet	1	
cvs womens active daily oral tablet	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
daily betic oral tablet	1	
daily combo multi vitamins oral tablet	1	
daily mens health formula oral tablet	1	
daily multi 50+ oral tablet	1	
daily multi oral tablet	1	
daily multiple vitamins/min oral tablet	1	
daily multivitamin oral capsule	1	
daily vitamin formula+minerals oral tablet	1	
daily vitamin plus oral capsule	1	

Drug Name	Drug Tier	Quantiy Limit
daily womens health formula oral tablet	1	
daily-vitamin maximum formula oral tablet	1	
DECUBI-VITE ORAL CAPSULE	2	
dekas plus oral capsule	1	
DERMAVITE ORAL TABLET	2	
dexifol oral tablet 5 mg	1	
diabetes health formula oral tablet	1	
dialyvite 800/ultra d oral tablet	1	
dialyvite oral tablet	1	
DIALYVITE/ZINC ORAL TABLET	3	
DOCTORS CHOICE MEN ORAL TABLET	2	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	3	
DRY EYE FORMULA ORAL CAPSULE	2	
DURACHOL ORAL CAPSULE 1-3775 MG-UNIT	2	
enviro-stress oral tablet	1	
eq complete multivit adult 50+ oral tablet	1	
eq complete multivitamin-adult oral tablet	1	
eq one daily mens 50+ oral tablet	1	
eq one daily mens health oral tablet	1	
EQ ONE DAILY WOMENS 50+ ORAL TABLET	2	
eq one daily womens health oral tablet	1	
eq one daily womens pro-active oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
eq vision formula 50+ oral capsule	1	
eql century mature adults 50+ oral tablet	1	
eql century mature men 50+ oral tablet	1	
eql century mature oral tablet	1	
eql century mature women 50+ oral tablet	1	
eql century mens oral tablet	1	
eql century oral tablet	1	
eql century womens oral tablet	1	
eql one daily mens 50+ advance oral tablet	1	
eql one daily mens health oral tablet	1	
eql one daily mens oral tablet	1	
eql one daily womens 50+ adv oral tablet	1	
eql vision formula oral tablet	1	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
ESSENTIA ORAL TABLET	2	
essential balance oral tablet	1	
eye health oral capsule	1	
eye vitamins oral capsule	1	
eyeprotect oral tablet	1	
eye-vites oral tablet	1	
fabb oral tablet 2.2-25-1 mg	1	
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg	1	

Drug Name	Drug Tier	Quantiy Limit
FITNESS TABS FOR MEN AM/PM ORAL TABLET	2	
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET	2	
folbee plus oral tablet	1	
FOLGARD OS ORAL TABLET 500-1.1 MG	3	
folic acid oral tablet 1 mg	1	
folplex 2.2 oral tablet 2.2-25-0.5 mg	1	
FORTAVIT ORAL CAPSULE	2	
FOSFREE ORAL TABLET	2	
freedavite oral tablet	1	
geri-freeda senior formula oral tablet	1	
gerivite complete oral tablet	1	
glucoten oral capsule	1	
gnp century adult formula oral tablet	1	
gnp century adults 50+ senior oral tablet	1	
gnp century cardio health oral tablet	1	
gnp century mature oral tablet	1	
gnp century mature women's 50+ oral tablet	1	
gnp century oral tablet	1	
gnp century ultimate mens oral tablet	1	
gnp century ultimate womens oral tablet	1	
gnp diabetic support formula oral tablet	1	
gnp hair/skin/nails oral tablet	1	
gnp healthy eyes oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
gnp healthy eyes supervision 2 oral capsule	1	
gnp healthy eyes supervision oral capsule	1	
gnp maximum one daily oral tablet	1	
gnp mega multi for men oral tablet	1	
gnp mega multi for women oral tablet	1	
gnp one daily maximum oral tablet	1	
gnp one daily mens 50+advanced oral tablet	1	
gnp one daily mens health 50+ oral tablet	1	
gnp one daily mens/lycopene oral tablet	1	
gnp one daily womens 50+ oral tablet	1	
gnp one daily womens oral tablet	1	
gnp opti-vitamins oral tablet	1	
gnp therapeutic-m oral tablet	1	
gnp womens one daily oral tablet	1	
hair formula extra strength oral tablet	1	
hair skin & nails advanced oral tablet	1	
hair skin and nails formula oral tablet	1	
hair skin nails oral capsule	1	
hair vitamins oral tablet	1	
hair/skin/nails oral capsule	1	
hair/skin/nails oral tablet	1	
hair/skin/nails/biotin oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
healthy eyes oral tablet	1	
healthy eyes/lutein oral tablet	1	
hi-kovite 2-part formula oral tablet	1	
hi-potency multi-vitamin oral tablet	1	
hm antioxidant vitamins oral tablet	1	
hm complete 50+ mens ultimate oral tablet	1	
hm complete 50+ oral tablet	1	
hm complete 50+ women ultimate oral tablet	1	
hm complete men oral tablet	1	
hm complete oral tablet	1	
hm complete women oral tablet	1	
hm hair/skin/nails oral tablet	1	
hm mens 50+ advanced one daily oral tablet	1	
hm one daily mens oral tablet	1	
hm one daily womens oral tablet	1	
hm womens 50+ advanced daily oral tablet	1	
HYALEX ORAL TABLET	2	
ICAPS AREDS 2 ORAL CAPSULE	2	
icaps areds formula oral tablet	1	
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	2	
ICAPS MV ORAL TABLET	2	
ICAPS ORAL CAPSULE	2	
ICAPS PLUS ORAL TABLET	2	

Drug Name	Drug Tier	Quantiy Limit
i-vite oral tablet	1	
i-vite protect oral tablet	1	
kp adults 50+ daily formula oral tablet	1	
kp adults daily formula oral tablet	1	
kp folic acid oral tablet 1 mg	1	
kp mens 50+ daily formula oral tablet	1	
kp mens daily formula oral tablet	1	
kp vision formula oral tablet	1	
kp vision formula/lutein oral tablet	1	
kp womens 50+ daily formula oral tablet	1	
kp womens daily formula oral tablet	1	
K-PAX DOUBLE STRENGTH ORAL CAPSULE	2	
k-pax immune professional st oral tablet	1	
K-PAX SINGLE STRENGTH ORAL CAPSULE	2	
lutein-zeaxanthin oral tablet	1	
lysiplex plus oral tablet	1	
MACULAR HEALTH FORMULA ORAL CAPSULE	2	
macular vitamin benefit oral tablet	1	
macuvite eye care oral tablet	1	
macuvite oral tablet	1	
macuvite/lutein oral tablet	1	
maximum blue label oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
maximum daily green oral tablet	1	
maximum green label oral tablet	1	
maximum red label oral tablet	1	
MEDIPLEX PLUS ORAL TABLET	2	
mega multi for women oral tablet	1	
MEGA MULTI MEN ORAL TABLET	2	
mega multivitamin for men oral tablet	1	
mega multivitamin for women oral tablet	1	
mega vm-80 oral tablet	1	
megavite fruits & veggies oral tablet	1	
megavite golden years 55+ oral tablet	1	
meijer advanced formula oral tablet	1	
mens 50+ advanced oral capsule	1	
mens 50+ multi vitamin/min oral tablet	1	
mens daily formula/lycopene oral capsule	1	
mens hair formula ultra man oral tablet	1	
mens life pack oral tablet	1	
mens multi vitamin & mineral oral tablet	1	
mens multivitamin oral tablet	1	
MEPHYTON ORAL TABLET 5 MG	3	
milltrium advanced formula oral tablet	1	
milltrium cardio oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
milltrium senior oral tablet	1	
multi complete oral capsule	1	
multi complete/iron oral tablet	1	
multi for her 50+ oral capsule	1	
multi for her 50+ oral tablet	1	
multi for her oral capsule	1	
multi for her oral tablet	1	
multi for him 50+ oral tablet	1	
multi for him oral capsule	1	
multi for him oral tablet	1	
multi vitamin/minerals oral tablet	1	
MULTI-BETIC DIABETES ORAL TABLET	2	
multi-day plus minerals oral tablet	1	
multi-day weight trim oral tablet	1	
multi-lean oral tablet	1	
multilex oral tablet	1	
multilex-t&m oral tablet	1	
multimineral plus oral tablet	1	
multiple vit/minerals/no iron oral tablet	1	
multiple vitamins/womens oral tablet	1	
multivitamin adult oral tablet	1	
multivitamin adults 50+ oral tablet	1	
multivitamin adults oral tablet	1	
multivitamin men 50+ oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
multivitamin men oral tablet	1	
multi-vitamin menopausal oral tablet	1	
multi-vitamin monocaps oral tablet	1	
multivitamin women 50+ oral tablet	1	
multivitamin women oral tablet	1	
multi-vitamin/minerals oral tablet	1	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	2	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	2	
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	2	
MVW COMPLETE FORMULATION ORAL CAPSULE	2	
myamulti oral tablet	1	
mynephrocaps oral capsule 1 mg	1	
mynephron oral capsule 1 mg	1	
my-vitalife oral capsule	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	2	
nat-rul theravite-m oral tablet	1	
natrul-vites oral tablet	1	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	2	
NEOVITE ORAL TABLET	2	
NEPHPLEX RX ORAL TABLET	3	
nephronex oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
NICADAN ORAL TABLET	2	
NICAZEL FORTE ORAL TABLET	2	
NICAZEL ORAL TABLET	2	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	3	
no iron mult vitamin-minerals oral tablet	1	
nutricap oral tablet	1	
nutrifac zx oral tablet	1	
ocular vitamins oral tablet	1	
ocutabs oral tablet	1	
ocutabs-lutein oral tablet	1	
ocuvite adult 50+ capsule oral	1	
OCUVITE ADULT 50+ CAPSULE ORAL	2	
OCUVITE ADULT FORMULA ORAL CAPSULE	2	
OCUVITE EXTRA ORAL TABLET	2	
OCUVITE EYE + MULTI ORAL TABLET	2	
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	2	
OCUVITE-LUTEIN ORAL CAPSULE	2	
OCUVITE-LUTEIN ORAL TABLET	2	
ONCOVITE ORAL TABLET	2	
one daily 50 plus oral tablet	1	
one daily adults 50+ oral tablet	1	
one daily calcium/iron oral tablet	1	
one daily complete for men oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
one daily complete oral tablet	1	
one daily for men 50+ advanced oral tablet	1	
one daily for men/lycopene oral tablet	1	
one daily for women 50+ adv oral tablet	1	
one daily for women oral tablet	1	
one daily healthy weight adv oral tablet	1	
one daily healthy weight oral tablet	1	
one daily maximum oral tablet	1	
one daily men formula w/o iron oral tablet	1	
one daily mens 50+ multivit oral tablet	1	
one daily mens 50+/lycopene oral tablet	1	
one daily mens health oral tablet	1	
one daily mens oral tablet	1	
one daily multivit/iron-free oral tablet	1	
one daily multivitamin adult oral tablet	1	
one daily multivitamin men oral tablet	1	
one daily multivitamin women oral tablet	1	
one daily plus iron oral tablet	1	
one daily plus minerals oral tablet	1	
one daily womens 50 plus oral tablet	1	
one daily womens 50+ oral tablet	1	
one daily womens oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
one daily/minerals oral tablet	1	
ONE-A-DAY ENERGY ORAL TABLET	2	
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	2	
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	2	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	2	
ONE-A-DAY MENS PRO EDGE ORAL TABLET	2	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	2	
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	2	
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	2	
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	2	
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	2	
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	2	
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	2	
ONE-A-DAY WOMENS PETITES ORAL TABLET	2	
optic-vites oral tablet	1	
optic-vites with lutein oral tablet	1	
optimum pms oral tablet	1	
OPTIVITE P.M.T. ORAL TABLET	2	

Drug Name	Drug Tier	Quantiy Limit
OPURITY ORAL TABLET	2	
ORTHO D ORAL CAPSULE 1-3775 MG-UNIT	2	
ORTHO DF ORAL CAPSULE 1-3775 MG-UNIT	2	
OSTEOPRIME PLUS ORAL TABLET	2	
OSTEOPRIME ULTRA ORAL TABLET	2	
paba oral tablet 100 mg	1	
parvlex oral tablet	1	
PHYTOMULTI ORAL TABLET	2	
phytonadione injection solution 1 mg/0.5ml	1	
phytonadione oral tablet 5 mg	1	
POTABA ORAL CAPSULE 500 MG	2	
PRESERVISION AREDS 2 ORAL CAPSULE	2	
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	2	
PRESERVISION AREDS ORAL CAPSULE	2	
preservision areds oral tablet	1	
PRESERVISION/LUTEIN ORAL CAPSULE	2	
prevent oral capsule	1	
PRO-CAL ORAL TABLET	2	
PROCERV HP ORAL TABLET	2	
prorenal + d oral tablet	1	
prorenal + d w/ omega-3 oral capsule	1	
prosight oral capsule	1	
prosight oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
PROTECT CARDIO AF ORAL CAPSULE	2	
PROTECT PLUS ORAL CAPSULE	2	
PROTECT PLUS SO ORAL CAPSULE	2	
PROTEGRA ORAL CAPSULE	2	
PROVIT ORAL TABLET	2	
px advanced formula multivits oral tablet	1	
px complete senior multivits oral tablet	1	
px mens multivitamins oral tablet	1	
qc daily multivit/multimineral oral tablet	1	
qc hair skin & nails oral tablet	1	
qc mens daily multivitamin oral tablet	1	
qc multi-vite 50 & over oral tablet	1	
qc multi-vite oral tablet	1	
qc multi-vite plus oral tablet	1	
qc therin-m oral tablet	1	
qc womens daily multivitamin oral tablet	1	
quench oral tablet	1	
quin b strong oral tablet	1	
quintabs-m oral tablet	1	
ra central-vite energy oral tablet	1	
ra central-vite mens mature oral tablet	1	
ra central-vite select oral tablet	1	
ra central-vite senior oral tablet	1	
RA CENTRAL-VITE TABLET ORAL	2	

Drug Name	Drug Tier	Quantiy Limit
ra central-vite tablet oral	1	
ra central-vite under 50 mens oral tablet	1	
ra central-vite under 50 women oral tablet	1	
ra central-vite womens mature oral tablet	1	
ra central-vite/antioxidants oral tablet	1	
ra hair/skin/nails oral tablet	1	
ra mature womens dietary supp oral tablet	1	
ra one daily energy formula oral tablet	1	
ra one daily maximum oral tablet	1	
ra one daily mens 50+ w/vit d3 oral tablet	1	
ra one daily mens multi oral tablet	1	
ra one daily mens/vit d-3 oral tablet	1	
ra one daily womens oral tablet	1	
ra stress formula advanced oral tablet	1	
ra stress formula energy oral tablet	1	
ra therapeutic m plus beta car oral tablet	1	
ra vision vite plus zinc oral tablet	1	
ra whole source dietary mature oral tablet	1	
ra whole source dietary men oral tablet	1	
ra whole source dietary oral tablet	1	
ra whole source for men oral tablet	1	
ra whole source womens oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
RAGUS ORAL TABLET	2	
renal oral capsule 1 mg	1	
RENAPLEX ORAL TABLET	2	
RENAPLEX-D ORAL TABLET	2	
reno caps oral capsule 1 mg	1	
replace oral capsule	1	
REQ 49+ ORAL TABLET	2	
SAVISION ORAL CAPSULE	2	
savision oral tablet	1	
SCLEREX ORAL TABLET	2	
senior tabs oral tablet	1	
sentry adult oral tablet	1	
sentry oral tablet	1	
sentry senior oral tablet	1	
sentry senior/lutein oral tablet	1	
siderol oral tablet	1	
sm antioxidant vitamins oral tablet	1	
sm complete 50+ oral tablet	1	
sm complete 50+ ultimate mens oral tablet	1	
sm complete 50+ ultimate women oral tablet	1	
sm complete advanced formula oral tablet	1	
sm complete oral tablet	1	
sm complete senior formula oral tablet	1	
sm daily diet support oral tablet	1	
sm hair/skin/nails oral tablet	1	
sm one daily mens oral tablet	1	
sm one daily womens oral tablet	1	
sm opti-vitamins oral tablet	1	
solo oral tablet	1	
stress b-complex/c/zinc oral tablet	1	
stress formula oral tablet	1	
stress formula/iron oral tablet	1	
stress formula/zinc oral tablet	1	
STRESSTABS ADVANCED ORAL TABLET	2	
STROVITE FORTE ORAL TABLET	2	
STROVITE ONE ORAL TABLET	2	
sunvite active adult 50+ oral tablet	1	
sunvite advanced oral tablet	1	
super 28 formula oral tablet	1	
super antioxidant oral capsule	1	
super antioxidants protector oral capsule	1	
super aytinal 50 plus oral tablet	1	
super aytinal oral tablet	1	
super multiple oral capsule	1	
super multiple oral tablet	1	
super nu-thera oral tablet	1	
super thera vite m oral tablet	1	
super vikaps oral tablet	1	
super vita-mins oral tablet	1	
SYSTANE ICAPS AREDS2 ORAL TABLET	2	

Drug Name	Drug Tier	Quantiy Limit
tgt multivitamin/multimineral oral tablet	1	
THERA M PLUS ORAL TABLET	2	
thera vital m oral tablet	1	
thera vital-m oral tablet	1	
therabasic-m oral tablet	1	
THERABETIC MULTI-VITAMIN ORAL TABLET	2	
theradex m oral tablet	1	
theradex m/beta carotene oral tablet	1	
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	2	
THERAGRAN-M ADVANCED ORAL TABLET	2	
THERAGRAN-M ORAL TABLET	2	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	2	
THERAGRAN-M PREMIER ORAL TABLET	2	
thera-m oral tablet	1	
THERAMILL FORTE ORAL CAPSULE	2	
thera-mill m oral tablet	1	
THERAMILL PLUS ORAL CAPSULE	2	
THERANATAL LACTATION ONE ORAL CAPSULE	2	
therapeutic formula/hematinics oral tablet	1	
therapeutic m oral tablet	1	
therapeutic-m oral tablet	1	
therapeutic-m/lutein oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
thera-tabs m oral tablet	1	
theratrum complete 50 plus oral tablet	1	
theratrum complete oral tablet	1	
theravim-m oral tablet	1	
THEREMS-H ORAL TABLET	2	
THEREMS-M ORAL TABLET	2	
thrive for life womens oral tablet	1	
tl gard rx oral tablet 2.2-25-1 mg	1	
TL G-FOL OS ORAL TABLET 500-1.1 MG	3	
total formula 2 oral tablet	1	
total formula 3 oral tablet	1	
total formula oral tablet	1	
triphrocaps oral capsule 1 mg	1	
TRUEPLUS DIABETIC MULTIVITAMIN ORAL TABLET	2	
t-vites oral tablet	1	
ultra antioxidant formula oral tablet	1	
ultra freeda oral tablet	1	
ultra freeda/iron oral tablet	1	
ultra multi formula/iron oral capsule	1	
ultra vita-time oral tablet	1	
ultrachoice adv formula mature oral tablet	1	
ultrachoice advanced formula oral tablet	1	
unicomplex-m oral tablet	1	
v-c forte oral capsule	1	
vic-forte oral capsule	1	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG	2	

Drug Name	Drug Tier	Quantiy Limit
virt-caps oral capsule 1 mg	1	
virt-gard oral tablet 2.2-25-1 mg	1	
virt-vite plus oral tablet 5 mg	1	
vision formula 2 oral tablet	1	
vision formula eye health oral capsule	1	
vision formula/lutein oral tablet	1	
vision plus oral capsule	1	
vision vitamins oral tablet	1	
visivites oral tablet	1	
visivites/lutein oral tablet	1	
vita hair oral tablet	1	
vita s forte oral tablet	1	
vitabasic complete oral tablet	1	
vitabasic senior oral tablet	1	
vitabex oral capsule	1	
vitabex plus oral capsule	1	
vitacel oral tablet	1	
VITALINE TOTAL FORMULA 2 ORAL TABLET	2	
VITALINE TOTAL FORMULA 3 ORAL TABLET	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin d3 complete oral tablet	1	
vitamin k1 injection solution 1 mg/0.5ml	1	
vita-min oral capsule	1	
vitamins a-d-e/selenium oral tablet	1	
vitamins/minerals oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
VITAROCA PLUS ORAL TABLET	2	
VITASANA ORAL TABLET	2	
vitatrum complete oral tablet	1	
vitatrum oral tablet	1	
VITEYES AREDS ADVANCED ORAL CAPSULE	2	
VITEYES AREDS FORMULA ORAL CAPSULE	2	
VITEYES AREDS FORMULA/LUTEIN ORAL CAPSULE	2	
VITEYES COMPANION/LYCOPENE ORAL TABLET	2	
VITEYES COMPLETE ORAL CAPSULE	2	
VITEYES SMOKERS ADVANCED ORAL CAPSULE	2	
VITEYES SMOKERS FORMULA/LUTEIN ORAL CAPSULE	2	
vitrum 50+ adult-multi oral tablet	1	
vitrum 50+ senior multi oral tablet	1	
vitrum senior oral tablet	1	
vol-care rx oral tablet 1 mg	1	
vp-vite rx oral tablet 1 mg	1	
VP-ZEL ORAL TABLET	2	
whole food multivitamin oral tablet	1	
womens 50+ advanced oral capsule	1	
womens 50+ multi vitamin/min oral tablet	1	
womens biomultiple oral tablet	1	

Drug Name	Drug Tier	Quantiy Limit
womens daily form/fa/ca/fe oral tablet	1	
womens daily formula oral tablet	1	
womens life pack oral tablet	1	
womens multi oral capsule	1	
womens multi vitamin & mineral oral tablet	1	
womens multivitamin oral tablet	1	
womens one daily oral tablet	1	
YELETS TEENAGE FORMULA ORAL TABLET	2	
your life multi mens 50+ oral tablet	1	
your life multi womens 50+ oral tablet	1	
ZOLATE ORAL CAPSULE 1-3775 MG-UNIT	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML	2	
DONNATAL ORAL TABLET 16.2 MG	2	
ed-spaz oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	

Drug Name	Drug Tier	Quantiy Limit
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral solution 0.125 mg/ml	1	
LIBRAX ORAL CAPSULE 5-2.5 MG	3	
nulev oral tablet dispersible 0.125 mg	1	
oscimin oral tablet 0.125 mg	1	
oscimin oral tablet dispersible 0.125 mg	1	
oscimin sr oral tablet extended release 12 hour 0.375 mg	1	
oscimin sublingual tablet sublingual 0.125 mg	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	1	
phenohytro oral elixir 16.2 mg/5ml	1	
phenohytro oral tablet 16.2 mg	1	
symax-sl sublingual tablet sublingual 0.125 mg	1	
symax-sr oral tablet extended release 12 hour 0.375 mg	1	
Laxatives		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG	$0	

Drug Name	Drug Tier	Quantiy Limit
bisacodyl ec oral tablet delayed release 5 mg	$0	
CARTERS LITTLE PILLS ORAL TABLET DELAYED RELEASE 5 MG	$0	
citrate of magnesia oral solution , 1.745 gm/30ml	$0	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	$0	
correct oral tablet delayed release 5 mg	$0	
CORRECTOL ORAL TABLET DELAYED RELEASE 5 MG	$0	
cvs bisacodyl oral tablet delayed release 5 mg	$0	
cvs citrate of magnesia oral solution	$0	
cvs c-lax laxative oral tablet delayed release 5 mg	$0	
cvs gentle laxative oral tablet delayed release 5 mg	$0	
cvs gentle laxative womens oral tablet delayed release 5 mg	$0	
cvs magnesium citrate oral solution 1.745 gm/30ml	$0	
ducodyl oral tablet delayed release 5 mg	$0	
eq gentle laxative oral tablet delayed release 5 mg	$0	
eq magnesium citrate oral solution 1.745 gm/30ml	$0	
eq womans laxative oral tablet delayed release 5 mg	$0	

Drug Name	Drug Tier	Quantiy Limit
eq womens laxative oral tablet delayed release 5 mg	$0	
eql gentle laxative oral tablet delayed release 5 mg	$0	
eql laxative oral tablet delayed release 5 mg	$0	
eql magnesium citrate oral solution 1.745 gm/30ml	$0	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	$0	
FEENAMINT ORAL TABLET DELAYED RELEASE 5 MG	$0	
gavilyte-c oral solution reconstituted 240 gm	$0	
gavilyte-g oral solution reconstituted 236 gm	$0	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	$0	
gentle laxative for women oral tablet delayed release 5 mg	$0	
gentle laxative oral tablet delayed release 5 mg	$0	
gnp bisa-lax oral tablet delayed release 5 mg	$0	
gnp gentle laxative oral tablet delayed release 5 mg	$0	
gnp laxative oral tablet delayed release 5 mg	$0	
gnp magnesium citrate oral solution 1.745 gm/30ml	$0	
gnp womens gentle laxative oral tablet delayed release 5 mg	$0	
gnp womens laxative oral tablet delayed release 5 mg	$0	

Drug Name	Drug Tier	Quantiy Limit
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	$0	
goodsense bisacodyl ec oral tablet delayed release 5 mg	$0	
goodsense magnesium citrate oral solution 1.745 gm/30ml	$0	
hm laxative oral tablet delayed release 5 mg	$0	
hm magnesium citrate oral solution 1.745 gm/30ml	$0	
kp bisacodyl oral tablet delayed release 5 mg	$0	
laxative oral tablet delayed release 5 mg	$0	
magnesium citrate oral solution 1.745 gm/30ml	$0	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	$0	
peg 3350/electrolytes oral solution reconstituted 240 gm	$0	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	$0	
peg-3350/electrolytes oral solution reconstituted 236 gm	$0	
pegylax oral powder	$0	
polyethylene glycol 3350 oral powder	$0	
px laxative oral tablet delayed release 5 mg	$0	
qc gentle laxative oral tablet delayed release 5 mg	$0	
qc magnesium citrate oral solution 1.745 gm/30ml	$0	

Drug Name	Drug Tier	Quantiy Limit
ra laxative oral tablet delayed release 5 mg	$0	
ra magnesium citrate oral solution 1.745 gm/30ml	$0	
ra womens laxative oral tablet delayed release 5 mg	$0	
sb bisacodyl laxative ec oral tablet delayed release 5 mg	$0	
sb gentle laxative womens oral tablet delayed release 5 mg	$0	
sb gentle lax-women oral tablet delayed release 5 mg	$0	
sb magnesium citrate oral solution 1.745 gm/30ml	$0	
sm gentle laxative oral tablet delayed release 5 mg	$0	
sm magnesium citrate oral solution 1.745 gm/30ml	$0	
sm womans laxative oral tablet delayed release 5 mg	$0	
stimulant laxative oral tablet delayed release 5 mg	$0	
tgt gentle laxative oral tablet delayed release 5 mg	$0	
tgt womens laxative oral tablet delayed release 5 mg	$0	
trilyte oral solution reconstituted 420 gm	$0	
veracolate oral tablet delayed release 5 mg	$0	
womans laxative oral tablet delayed release 5 mg	$0	

Drug Name	Drug Tier	Quantiy Limit
womens laxative oral tablet delayed release 5 mg	$0	
Proton Pump Inhibitors		
cvs lansoprazole oral capsule delayed release 15 mg	1	Y
cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg	1	Y
eq lansoprazole oral capsule delayed release 15 mg	1	Y
gnp lansoprazole oral capsule delayed release 15 mg	1	Y
goodsense lansoprazole oral capsule delayed release 15 mg	1	Y
heartburn treatment 24 hour oral capsule delayed release 15 mg	1	Y
hm lansoprazole oral capsule delayed release 15 mg	1	Y
kls lansoprazole oral capsule delayed release 15 mg	1	Y
lansoprazole oral capsule delayed release 15 mg	1	Y
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	1	Y
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG	2	Y
ra omeprazole-sodium bicarb oral capsule 20-1100 mg	1	Y
sm lansoprazole oral capsule delayed release 15 mg	1	Y
ZEGERID OTC ORAL CAPSULE 20-1100 MG	2	Y

Drug Name	Drug Tier	Quantiy Limit
Genitourinary Agents		
Antispasmodics, Urinary		
hyophen oral tablet 81.6 mg	1	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
uramit mb oral capsule 118 mg	1	
uribel oral capsule 118 mg	1	
uro-mp oral capsule 118 mg	1	
urophen mb oral tablet 81.6 mg	1	
Genitourinary Agents, Other		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	2	Y
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	2	Y
CIALIS ORAL TABLET 10 MG, 20 MG	3	Y
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	2	Y
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	Y
MUSE URETHRAL PELLET 1000 MCG, 125 MCG, 250 MCG, 500 MCG	2	Y
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	Y
STAXYN ORAL TABLET DISPERSIBLE 10 MG	3	Y

Drug Name	Drug Tier	Quantiy Limit
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	
tadalafil oral tablet 10 mg, 20 mg	1	Y
TRIMO-SAN VAGINAL GEL 0.025 %	2	
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	Y
vardenafil hcl oral tablet dispersible 10 mg	1	Y
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	3	Y
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)		
Estrogens		
covaryx hs oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	3	

Drug Name	Drug Tier	Quantiy Limit
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)		
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 162.5 MG, 48.75 MG, 81.25 MG, 97.5 MG	3	
WESTHROID ORAL TABLET 195 MG, 97.5 MG	3	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 81.25 MG, 97.5 MG	3	
Immunological Agents		
Vaccines		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	$0	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
ANALPRAM HC RECTAL CREAM 2.5-1 %	2	
ANALPRAM HC SINGLES RECTAL CREAM 2.5-1 %	2	
anucort-hc rectal suppository 25 mg	1	
anusol-hc rectal suppository 25 mg	1	
hemmorex-hc rectal suppository 25 mg, 30 mg	1	

Drug Name	Drug Tier	Quantiy Limit
hydrocortisone ace-pramoxine cream 2.5-1 % rectal 2.5-1 %	1	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
lidocaine-hydrocortisone ace rectal cream 3-0.5 %	1	
lidocaine-hydrocortisone ace rectal kit 3-1 %, 3-2.5 %	1	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	2	
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	

Drug Name	Drug Tier	Quantiy Limit
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROVENT PLUS DEVICE	2	
ARIAL CHAMBER DEVICE	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE	2	
BREATHERITE COLL SPACER ADULT	2	
BREATHERITE COLL SPACER CHILD	2	
BREATHERITE COLL SPACER INFANT	2	
BREATHERITE RIGID SPACER/MASK	2	
BREATHERITE SPACER NEONATE	2	
BREATHERITE SPACER SMALL CHILD	2	
BREATHERITE/LARGE MASK	2	
BREATHERITE/MEDIUM MASK	2	
BREATHERITE/SMALL MASK	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	

Drug Name	Drug Tier	Quantiy Limit
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
ELFOLATE PLUS ORAL TABLET 3-43.75-2.72 MG	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FLEXICHAMBER DEVICE	2	
folbic oral tablet 2.5-25-2 mg	1	
FOLTANX ORAL TABLET 3-35-2 MG	2	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG	2	
GELFOAM SPONGE SIZE 100 EXTERNAL	3	
GELFOAM SPONGE SIZE 50 EXTERNAL	3	
INSPIRACHAMBER/LARGE DEVICE	2	
INSPIRACHAMBER/MEDIUM DEVICE	2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	2	
INSPIRACHAMBER/SMALL DEVICE	2	
INSPIREASE	2	

Drug Name	Drug Tier	Quantiy Limit
INSPIREASE RESERVOIR BAGS	2	
LIDOTREX EXTERNAL GEL 2 %	3	
LITEAIRE DEVICE	2	
L-METHYLFOLATE FORMULA 15 ORAL CAPSULE 15-90.314 MG	1	
l-methylfolate forte oral capsule 15-90.314 mg	1	
l-methylfolate-algae oral capsule 15-90.314 mg	1	
l-methylfolate-algae-b12-b6 capsule 3-90.314-2-35 mg oral 3-90.314-2-35 mg	1	
L-METHYLFOLATE-ALGAE-B12-B6 CAPSULE 3-90.314-2-35 MG ORAL 3-90.314-2-35 MG	1	
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	1	
MASK VORTEX	2	
METANX ORAL CAPSULE 3-90.314-2-35 MG	2	
MICROCHAMBER	2	
MICROSPACER	2	
niva-fol oral tablet 2.5-25-2 mg	1	
OPTICHAMBER ADVANTAGE-LG MASK	2	
OPTICHAMBER ADVANTAGE-MED MASK	2	
OPTICHAMBER ADVANTAGE-SM MASK	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK	2	

Drug Name	Drug Tier	Quantiy Limit
OPTICHAMBER DIAMOND-SM MASK	2	
OPTICHAMBER FACE MASK-LARGE	2	
OPTICHAMBER FACE MASK-MEDIUM	2	
OPTICHAMBER FACE MASK-SMALL	2	
OPTIHALER	2	
OPTIHALER DEVICE	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC PANDA MASK	2	
pocket chamber device	1	
pocket spacer device	1	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PROCARE SPACER/ADULT MASK DEVICE	2	
PROCARE SPACER/CHILD MASK DEVICE	2	
REGENECARE EXTERNAL GEL 2 %	3	
RITEFLO DEVICE	2	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	
SSKI ORAL SOLUTION 1 GM/ML	2	
SURGIFOAM EXTERNAL 100	3	
VALVED HOLDING CHAMBER DEVICE	2	
virt-vite forte oral tablet 2.5-25-2 mg	1	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
WATCHHALER DEVICE	2	
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost external solution 0.03 %	1	
LATISSE EXTERNAL SOLUTION 0.03 %	3	
Ophthalmic Agents, Other		
CLEAR EYES TRIPLE ACTION OPHTHALMIC SOLUTION 0.05-0.5-0.6 %	2	
MURINE TEARS PLUS OPHTHALMIC SOLUTION 0.05-0.5-0.6 %	2	
Otic Agents		
CORTANE-B AQUEOUS OTIC SOLUTION 10-10-1 MG/ML	2	
CORTANE-B OTIC SOLUTION 10-10-1 MG/ML	2	
cortic-nd otic solution 10-10-1 mg/ml	1	
exotic-hc otic solution 10-10-1 mg/ml	1	
OTICIN HC NR OTIC SOLUTION 10-10-1 MG/ML	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	1	

Drug Name	Drug Tier	Quantiy Limit
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	2	
ALAVERT ORAL TABLET DISPERSIBLE 10 MG	2	
all day allergy d oral tablet extended release 12 hour 5-120 mg	1	
all day allergy d-12 oral tablet extended release 12 hour 5-120 mg	1	
all day allergy oral tablet 10 mg	1	
all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy childrens oral syrup 5 mg/5ml	1	
allergy d-12 oral tablet extended release 12 hour 5-120 mg	1	
allergy non-drowsy oral tablet 10 mg	1	
allergy oral tablet 10 mg	1	
allergy relief child oral syrup 5 mg/5ml	1	
allergy relief childrens oral syrup 5 mg/5ml	1	
allergy relief childrens oral tablet dispersible 10 mg	1	
allergy relief d oral tablet extended release 12 hour 5-120 mg	1	
allergy relief d oral tablet extended release 24 hour 10-240 mg	1	
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	1	

Drug Name	Drug Tier	Quantiy Limit
allergy relief loratadine oral tablet 10 mg	1	
allergy relief oral tablet 10 mg	1	
allergy relief oral tablet dispersible 10 mg	1	
allergy relief/indoor/outdoor oral tablet 10 mg	1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	1	
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	1	
allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	
allergy relief-d oral tablet extended release 24 hour 10-240 mg	1	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	1	
allerhist oral tablet 1.34 mg	1	
cetirizine hcl oral tablet 10 mg	1	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	1	
childrens loratadine oral solution 5 mg/5ml	1	
childrens loratadine oral syrup 5 mg/5ml	1	
CLARITIN ALLERGY CHILDRENS ORAL SYRUP 5 MG/5ML	2	
CLARITIN ORAL SYRUP 5 MG/5ML	2	
CLARITIN ORAL TABLET 10 MG	2	

Drug Name	Drug Tier	Quantiy Limit
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	2	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	2	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	2	
cold multi-symptom severe day oral tablet 5-10-200-325 mg	1	
cvs allergy relief childrens oral syrup 5 mg/5ml	1	
cvs allergy relief oral tablet 10 mg	1	
cvs allergy relief oral tablet dispersible 10 mg	1	
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	1	
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	1	
cvs indoor/outdoor allergy rlf oral tablet 10 mg	1	
cvs loratadine oral tablet 10 mg	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG	2	
DECON-A ORAL ELIXIR 2-5 MG/5ML	2	
dr manzanilla pe oral liquid 2.5-10 mg/5ml	1	
entre-b oral suspension 6-10 mg/5ml	1	
entre-hist pse oral liquid 0.938-10 mg/ml	1	
eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg	1	
eq allergy childrens oral syrup 5 mg/5ml	1	
eq allergy relief (cetirizine) oral tablet 10 mg	1	
eq allergy relief childrens oral syrup 5 mg/5ml	1	
eq allergy relief d 24 hour oral tablet extended release 24 hour 10-240 mg	1	
eq allergy relief oral tablet 10 mg	1	
eq childrens loratadine oral syrup 5 mg/5ml	1	
eq dayhist allergy oral tablet 1.34 mg	1	
eq loratadine oral tablet 10 mg	1	
eq loratadine oral tablet dispersible 10 mg	1	
eql all day allergy oral tablet 10 mg	1	
eql all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
eql allergy relief oral tablet 10 mg	1	
eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	1	
gnp all day allergy oral tablet 10 mg	1	
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	

Drug Name	Drug Tier	Quantiy Limit
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	1	
gnp allergy relief oral tablet dispersible 10 mg	1	
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	1	
gnp dayhist allergy oral tablet 1.34 mg	1	
gnp loratadine childrens oral solution 5 mg/5ml	1	
gnp loratadine oral syrup 5 mg/5ml	1	
gnp loratadine oral tablet 10 mg	1	
gnp loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
goodsense all day allergy oral tablet 10 mg	1	
HISTEX-PE ORAL SYRUP 2.5-10 MG/5ML	2	
hm all day allergy oral tablet 10 mg	1	
hm allergy & congestion oral tablet extended release 12 hour 5-120 mg	1	
hm allergy complete-d oral tablet extended release 12 hour 5-120 mg	1	
hm allergy relief oral tablet 10 mg	1	
hm allergy relief oral tablet dispersible 10 mg	1	
hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	1	
hm cetirizine hcl oral tablet 10 mg	1	
hm loratadine childrens oral syrup 5 mg/5ml	1	
hm loratadine oral tablet 10 mg	1	
kls allerclear d-12hr oral tablet extended release 12 hour 5-120 mg	1	
kls allerclear d-24hr oral tablet extended release 24 hour 10-240 mg	1	
kls allerclear oral tablet 10 mg	1	
kls aller-tec d oral tablet extended release 12 hour 5-120 mg	1	
kls aller-tec oral tablet 10 mg	1	
kp cetirizine hcl oral tablet 10 mg	1	
kp loratadine oral tablet 10 mg	1	
loradamed oral tablet 10 mg	1	
loratadine childrens oral solution 5 mg/5ml	1	
loratadine childrens oral syrup 5 mg/5ml	1	
loratadine hives relief oral solution 5 mg/5ml	1	
loratadine oral tablet 10 mg	1	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	1	
meijer allergy relief oral tablet 10 mg	1	
meijer allergy relief oral tablet dispersible 10 mg	1	
meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	

Drug Name	Drug Tier	Quantiy Limit
meijer allergy/congestion oral tablet extended release 24 hour 10-240 mg	1	
meijer loratadine oral syrup 5 mg/5ml	1	
mm cetirizine hcl oral tablet 10 mg	1	
mm loratadine-d 24 hour oral tablet extended release 24 hour 10-240 mg	1	
px allergy relief cetirizine oral tablet 10 mg	1	
px allergy relief d (loratid) oral tablet extended release 12 hour 5-120 mg	1	
px allergy relief d oral tablet extended release 12 hour 5-120 mg	1	
px allergy relief d oral tablet extended release 24 hour 10-240 mg	1	
px allergy relief loratadine oral tablet 10 mg	1	
px allergy relief oral tablet dispersible 10 mg	1	
PX DAYHIST ALLERGY ORAL TABLET 1.34 MG	2	
qc all day allergy oral tablet 10 mg	1	
qc allergy relief childrens oral syrup 5 mg/5ml	1	
qc allergy relief oral tablet 10 mg	1	
qc allergy relief oral tablet dispersible 10 mg	1	
qc loratadine allergy relief oral tablet 10 mg	1	
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	1	

Drug Name	Drug Tier	Quantiy Limit
ra allergy relief oral tablet 10 mg	1	
ra allergy relief oral tablet dispersible 10 mg	1	
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	1	
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	1	
ra cetirizine oral tablet 10 mg	1	
ra lorata-d oral tablet extended release 24 hour 10-240 mg	1	
ra loratadine childrens oral syrup 5 mg/5ml	1	
ra loratadine oral syrup 5 mg/5ml	1	
ra loratadine oral tablet 10 mg	1	
ra loratadine oral tablet dispersible 10 mg	1	
sb allergy oral tablet 10 mg	1	
sb allergy relief oral tablet dispersible 10 mg	1	
sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	1	
sb loratadine allergy relief oral tablet 10 mg	1	
sb loratadine oral syrup 5 mg/5ml	1	
sb loratadine oral tablet 10 mg	1	
SHOPKO ALLERGY RELIEF-D (CETI) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	2	

Drug Name	Drug Tier	Quantiy Limit
SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	2	
sm all day allergy oral tablet 10 mg	1	
sm all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
sm allergy childrens oral syrup 5 mg/5ml	1	
sm allergy relief oral tablet 1.34 mg	1	
sm allergy relief oral tablet dispersible 10 mg	1	
sm childrens loratadine oral syrup 5 mg/5ml	1	
sm loratadine allergy relief oral tablet dispersible 10 mg	1	
sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg	1	
sm loratadine d oral tablet extended release 12 hour 5-120 mg	1	
sm lorata-dine d oral tablet extended release 24 hour 10-240 mg	1	
sm loratadine oral syrup 5 mg/5ml	1	
sm loratadine oral tablet 10 mg	1	
sw allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	
TAVIST ALLERGY ORAL TABLET 1.34 MG	2	
tgt all day allergy relief oral tablet 10 mg	1	
tgt all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	

Drug Name	Drug Tier	Quantiy Limit
tgt allergy relief oral tablet 10 mg	1	
tgt allergy relief oral tablet dispersible 10 mg	1	
tgt allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	1	
tgt allergy+ congestion relief oral tablet extended release 12 hour 5-120 mg	1	
tgt loratadine childrens oral syrup 5 mg/5ml	1	
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG	2	
VAZOBID-PD ORAL SUSPENSION 6-10 MG/5ML	2	
wal-itin allergy reditabs oral tablet dispersible 10 mg	1	
wal-itin aller-melts oral tablet dispersible 10 mg	1	
wal-itin childrens oral solution 5 mg/5ml	1	
wal-itin d 24 hour oral tablet extended release 24 hour 10-240 mg	1	
wal-itin d oral tablet extended release 12 hour 5-120 mg	1	
wal-itin oral syrup 5 mg/5ml	1	
wal-itin oral tablet 10 mg	1	
wal-itin oral tablet dispersible 10 mg	1	
wal-vert oral tablet dispersible 10 mg	1	
wal-zyr d oral tablet extended release 12 hour 5-120 mg	1	
wal-zyr oral tablet 10 mg	1	

Drug Name	Drug Tier	Quantiy Limit
ZYRTEC ALLERGY ORAL TABLET 10 MG	2	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	2	
Phosphodiesterase Inhibitors, Airways Disease		
difil-g forte oral liquid 100-100 mg/5ml	1	
Respiratory Tract Agents, Other		
actidom dmx oral liquid 10-30-200 mg/5ml	1	
altarussin dm oral syrup 100-10 mg/5ml	1	
ap-hist dm oral liquid 7.5-4-15 mg/5ml	1	
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
biogtuss oral liquid 10-15-300 mg/5ml, 10-28-388 mg/5ml	1	
biotuss oral liquid 10-15-300 mg/5ml	1	
biotuss pediatric oral liquid 2.5-5-50 mg/ml	1	
bromfed dm oral syrup 30-2-10 mg/5ml	1	
brontuss sf nr oral liquid 10-15-300 mg/5ml	1	
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML	2	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML	2	
cheratussin ac oral syrup 100-10 mg/5ml	1	
cough/chest congestion dm oral syrup 10-100 mg/5ml	1	

Drug Name	Drug Tier	Quantiy Limit
DECON-G ORAL LIQUID 2-1-40 MG/ML	2	
desgen pediatric oral liquid 2.5-5-50 mg/ml	1	
despec eda oral liquid 2.5-5-50 mg/ml	1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	1	
dometuss-dmx oral liquid 10-30-200 mg/5ml	1	
eq tussin dm cough/chest oral syrup 10-100 mg/5ml	1	
eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml	1	
EXACTUSS ORAL LIQUID 10-28-388 MG/5ML	2	
EXAPHEX TR ORAL TABLET 10-388 MG	2	
extra action cough oral syrup 10-100 mg/5ml, 100-10 mg/5ml	1	
g tussin ac oral solution 100-10 mg/5ml	1	
geri-tussin dm oral syrup 10-100 mg/5ml, 100-10 mg/5ml	1	
GILPHEX TR ORAL TABLET 10-388 MG	2	
giltuss cough & cold childrens oral liquid 7.5-150-5 mg/2.5ml	1	
giltuss cough & cold oral liquid 10-15-300 mg/5ml	1	
GILTUSS ORAL LIQUID 10-28-388 MG/5ML	2	
giltuss pediatric oral liquid 2.5-7.5-88 mg/ml	1	
GILTUSS SINUS & CONGESTION ORAL TABLET 10-388 MG	2	
g-supress dx pediatric oral liquid 2.5-5-50 mg/ml	1	

Drug Name	Drug Tier	Quantiy Limit
guaiatussin ac oral syrup 100-10 mg/5ml	1	
guaicon dms oral syrup 100-10 mg/5ml	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin dac oral solution 30-10-100 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml	1	
guaifenesin-dm oral syrup 100-10 mg/5ml	1	
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5ml	1	
m-clear wc oral solution 100-6.3 mg/5ml	1	
medi-tussin dm oral syrup 100-10 mg/5ml	1	
m-hist dm oral liquid 7.5-4-15 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	2	
niva-hist dm oral liquid 7.5-4-15 mg/5ml	1	
nortuss-de oral liquid 2.5-5-50 mg/ml	1	
nortuss-ex oral liquid 20-200 mg/5ml	1	
phenylephrine-guaifenesin oral liquid 1.5-20 mg/ml	1	

Drug Name	Drug Tier	Quantiy Limit
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	
promethazine-dm oral solution 6.25-15 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	
pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
ra tussin cough dm sugar free oral syrup 100-10 mg/5ml	1	
robafen ac oral solution 100-10 mg/5ml	1	
robafen dm cough clear oral syrup 100-10 mg/5ml	1	
robafen dm oral syrup 100-10 mg/5ml	1	
ROBITUSSIN PEAK COLD DM ORAL SYRUP 100-10 MG/5ML	2	
siltussin-dm alcohol free oral syrup 100-10 mg/5ml	1	
sm tussin cough/chest congest oral syrup 100-10 mg/5ml	1	
sm tussin dm oral syrup 100-10 mg/5ml	1	
supress-dx pediatric oral liquid 2.5-5-50 mg/ml	1	

Drug Name	Drug Tier	Quantiy Limit
TESSALON PERLES ORAL CAPSULE 100 MG	3	
tusnel c oral syrup 30-10-100 mg/5ml	1	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG	2	
tussigon oral tablet 5-1.5 mg	1	
tussin cough dm oral syrup 100-10 mg/5ml	1	
tussin dm oral syrup 100-10 mg/5ml	1	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML	3	
tusslin oral liquid 10-28-388 mg/5ml	1	
tusslin pediatric oral liquid 2.5-7.5-88 mg/ml	1	
virtussin a/c oral solution 100-10 mg/5ml	1	
virtussin ac w/alc oral liquid 100-10 mg/5ml	1	
virtussin dac oral solution 30-10-100 mg/5ml	1	
wal-tussin cough/chest dm oral syrup 100-10 mg/5ml	1	
ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML	3	

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We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (**Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية** (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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SCHEDULE J – FILE LAYOUTS

CONTRACT NO. 220000001116

Select the links below to review each document.

Civil Service Commission (CSC)
CSC File Layouts (Active/Continuation and COBRA populations)

- CSC HIPAA 834 Companion Guide
- CSC HIPAA 834 File Layout

Office of Retirement Services (ORS)
ORS File Layouts (Retiree population)

- ORS HIPAA 834 Companion Guide
- ORS HIPAA 834 File Layout

CSC HIPAA 834 Companion Guide

834 Companion Guide and File Layout

ASC X12N (005010) Transaction Set

834 Benefit Enrollment and Maintenance Transactions for Active Employees and COBRA Participant Eligibility

The State of Michigan

Civil Service Commission and

Department of Technology, Management and Budget

Revised 04/21/2022

Table of Contents

Comments in Blue text is SOM use only.

Preface

This Companion Guide to the ASC X12N (005010) Implementation Guides adopted under HIPAA clarifies and specifies the data content being sent when data is transmitted electronically from the State of Michigan, Department of Civil Service. This document does not replace any ASC HIPAA Transaction Set Implementation Guides. Transmissions based on this companion document, used in tandem with the ASC X12N HIPAA Implementation Guides, are compliant with both ASC X12 (005010) syntax and those guides.

General Information

Delimiters

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data. Delimiters are specified in the interchange header segment, ISA. Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange.

The State of Michigan will use the following symbols as delimiters:

- Element Separator Pipe (|)
- Segment Separator Tilde (~)
- Component Separator Right Brace (})

ASC Version

The State of Michigan will provide transactions in accordance with the following ASC X12N HIPAA Implementation Guide version:

- Transaction Set 834: Version 005010X220A1

Attributes

Attributes will be listed below each segment in the following order:

Data Element Reference Number, Element Format, Element Length and Requirement Designator

Element Reference Number

Data elements are assigned a unique reference number which indicates the position/location of an individual data element.

Element Format

Indicates the format type of an individual data element.

- **ID** = Identifier
  - An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee.
- **AN** = String
  - A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character.
- **DT** = Date
  - A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.
- **TM** = Time
  - A time data element is used to express the ISO standard time HHMMSS format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59) and SS is the second (00 to 59).
- **Nn** = Numeric
  - A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data. This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

Element Length

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used.

Requirement Designator

Indicates the requirement of an individual element's usage.

- **M** = Mandatory
  - The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures.
- **O** = Optional
  - The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment.
- **X** = Relational
  - Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or X- Relational absence of one of those data elements (presence means a data element must not be empty).

Weekly Membership Change File

Membership change files will be transmitted to carriers once a week, on Monday evenings. If a schedule change is necessary, carriers will be notified in advance via email and provided the adjusted transmission date.

Change File Standards

The information detailed below includes examples of scenarios that may be encountered.

- If a "001" Change record is received on the same file as a "021" Add or "024" Term record for the same member and does not include a DTP01 "543" qualifier then the "001" Change record can be removed from the file load.
- If a "001" Change record is received with "C" in INS05 and a "543" qualifier in DTP01, then COBRA eligibility will be added or extended through the "543" date provided in DTP02.
- If two or more "021" Add records are received with different DTP02 "348" dates or two or more "024" Term records are received with different DTP02 "349" dates for the same member, the records must be referred to SOM for clarification via the file discrepancy process.
- If an address change is received for a subscriber, the address change applies to all members on the account.
- If a subscriber's coverage is terminated, all covered dependents are to be terminated as well. A subscriber must be enrolled in benefits in order for a spouse or dependents to remain covered.

Quarterly Audit Full File

Audit full files will be transmitted to carriers on a quarterly basis. Carriers will be notified of full file scheduling in advance via email.

Full File Standards

The information detailed below includes examples of scenarios that may be encountered.

- Quarterly full files are provided for auditing use only and are not to be loaded without SOM approval.
- Carriers must provide SOM with a summary of the audit results, detailing the types and volume of all identified discrepancies.
- Members impacted by an identified discrepancy must be sorted by discrepancy type and provided to SOM for further review and direction.
- Members that appear active in the carrier's system, but do not appear on the full file will be researched by the carrier to determine the correct termination date using weekly change files from the previous quarter. If the correct termination date is unable to be determined, the carrier will include the member on the full file discrepancy report. SOM will then provide the carrier with the correct membership term date.

Eligibility

Subscribers, Spouses and Dependents

- Members are not eligible to be dual enrolled in benefits under any SOM plans. If a dual enrollment is identified by the carrier it must be reported to SOM via the file discrepancy process.

Spouses and Dependents

- A subscriber must be enrolled in benefits in order for a spouse or dependents to remain covered. If a spouse or dependent is identified as being enrolled in coverage when the subscriber is terminated, it must be reported to SOM for further review via the file discrepancy process.

Dependents

- Eligibility is contingent on SOM's Dependent Eligibility Guidelines. Under the met criteria, dependents are eligible for benefits through the end of the month in which they turn age 26, unless the dependent is deemed incapacitated, indicated with a "Y" in segment INS\10. Coverage that exceeds the specified age maximums must be reported to SOM for further review via the file discrepancy process.

COBRA

- SOM is responsible for the administration of COBRA benefits. Members transmitted on a COBRA record, indicated by "C" in INS05, are only eligible for coverage if a "543" qualifier is present in DTP01.

File Discrepancy Process

Files from the State of Michigan (SOM) are transmitted Monday evening and available to carriers Tuesday mornings of each week on the File Transfer Service (FTS). It is SOM's expectation that all transmitted benefit enrollment and maintenance transactions are loaded into the carrier's membership system. Discrepancy reporting must include all records unable to be processed through automation, manual corrections completed by the carrier, as well as records needing further direction from the SOM. Records appearing on the discrepancy report must indicate manual changes completed or no action was taken by the carrier and a brief explanation. Upon completion of the membership updates, all transmitted records will be compared to the carrier's membership and eligibility system to identify any discrepancies. This review must take place by an eligibility specialist of each carrier to confirm if a discrepancy exists and report back to the State within 48 hour or no later than Thursday morning of that same week.

The discrepancy file needs to be in Excel format and include a column for each of the following fields:

- Benefit status code
- Subscriber's SSN
- Subscriber's first and last name
- Dependent's SSN (if applicable)
- Dependent's first and last name (if applicable)
- Group Number
- Current eligibility start date
- Current eligibility stop date
- File date the discrepancy was identified
- What the perceived discrepancy is

A	B	C	D	E	F	G	H	I	J	K	L
Benefit Status Code	Subscriber's SSN	Subscriber's Last Name	Subscriber's First Name	Dependent's SSN	Dependent's Last Name	Dependent's First Name	Group Number	Eligibility Start Date	Eligibility Stop Date	Date Discrepancy Identified	Perceived Discrepancy
Active/COBRA	XXX-XX-XXXX	Smith	John	XXX-XX-XXXX	Smith	John	Union Code	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	Issue/Error

It is SOM's expectation that the carriers will provide a response for each file transmission. If no discrepancies are identified in a given week, it is required that EBD still receive notification within the weekly discrepancy report by indicating "none" in the excel document.

All discrepancy files will be sent securely to MiFTS.state.mi.us.

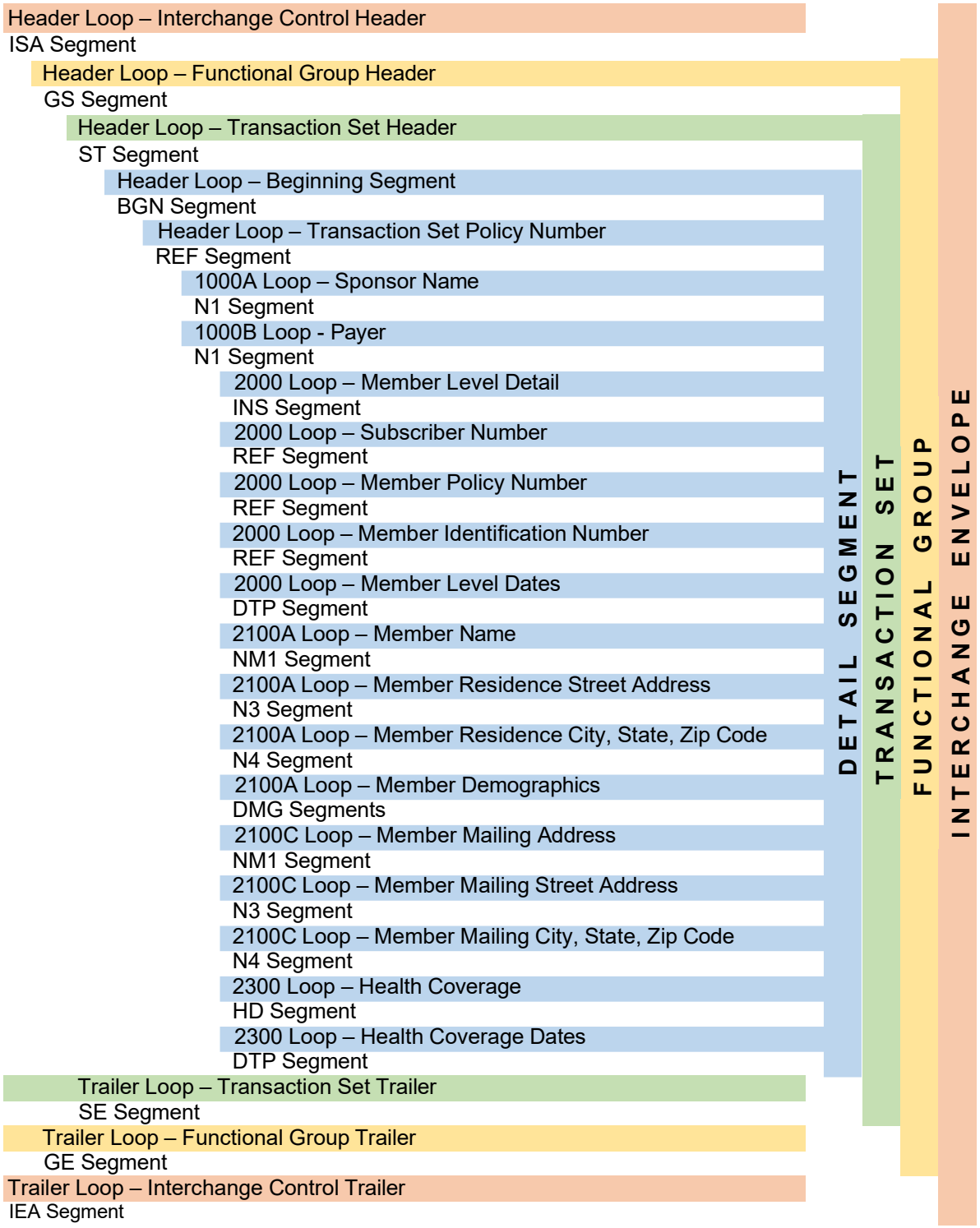
Carriers must retain benefit enrollment and maintenance files for a minimum of 12 months for research and audit purposes.

Carriers must provide SOM with the names and email addresses of the contact person and their backup who will be responsible for this eligibility process and the discrepancy file. SOM must also be provided with the carrier's Mailbox and Application/User ID that is used to access the File Transfer Service; we will need this information in order to send a file specifically to your organization. In the event a discrepancy report is not received, the Account Manager and person(s) responsible for discrepancy reporting will be contacted immediately.

File Layout Overview

834 files are built using Transaction sets containing segments of data related to that transaction. Each segment contains detailed data elements. In traditional file layouts, the segments would be equivalent to records and the elements are equivalent to fields within that record. Similar transaction sets are bound together as a "functional group" and then submitted together as a file transmission.

Below is an overview of the construction of the 834 file layout, with headers, transactions sets, segment detail and trailers.



File Layout Detail

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Header Loop – ISA Segment – Interchange Control Header			
Interchange Control Header	ISA/01	"00" = No Authorization Information Present.	Code identifying the type of information in the authorization information.
Authorization Information	ISA/02	10 Blank Spaces	Information used for additional identification or authorization of the interchange sender or the data in the interchange.
Security Information Qualifier	ISA/03	"00" = No Security Information Present.	Code identifying the type of information in the security information.
Security Information	ISA/04	10 Blank Spaces	Used for identifying the security information about the interchange sender or the data in the interchange.
Interchange ID Qualifier	ISA/05	"30" = Federal Tax ID	Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified.
Interchange Sender ID	ISA/06	SOM's Federal Tax ID – This element must be followed with blank spaces to a total of 15 characters.	Identification code published by the sender for other parties to use as the receiver ID.
Interchange ID Qualifier	ISA/07	"ZZ" = Mutually Defined	Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified.
Interchange Receiver ID	ISA/08	Carrier's Federal Tax ID – This element must be followed with blank spaces to a total of 15 characters.	Identification code published by the receiver of the data.
Interchange Date	ISA/09	YYMMDD	Date of the interchange.
Interchange Time	ISA/10	HHMM	Time of the interchange.
Interchange Control Standards Identifier	ISA/11	"^"	The repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure.
Interchange Control Version Number	ISA/12	"00501"	Code specifying the version number of the interchange control segments.
Interchange Control Number	ISA/13		A control number assigned by the interchange sender. Must match IEA02.
Acknowledgement Requested	ISA/14	"0" = No acknowledgement requested "1" = Acknowledgement requested	Code indicating sender's request for an interchange acknowledgment.
Usage Indicator	ISA/15	"P" = Production Data "T" = Test Data	Code indicating whether data enclosed by this interchange envelope is test, production or information.
Component Element Separator	ISA/16	"}"	The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure.

Attributes															
ISA/01				**ISA/02**				**ISA/03**				**ISA/04**			
I01	ID	2/2	M	I02	AN	10/10	M	I03	ID	2/2	M	I04	AN	10/10	M
ISA/05				**ISA/06**				**ISA/07**				**ISA/08**			
I05	ID	2/2	M	I06	AN	15/15	M	I05	ID	2/2	M	I07	AN	15/15	M
ISA/09				**ISA/10**				**ISA/11**				**ISA/12**			
I08	DT	6/6	M	I09	TM	4/4	M	I65	AN	1/1	M	I11	ID	5/5	M
ISA/13				**ISA/14**				**ISA/15**				**ISA/16**			
I12	N0	9/9	M	I13	ID	1/1	M	I14	ID	1/1	M	I15	AN	1/1	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Header Loop – GS Segment – Functional Group Header			
Functional Group Header	GS/01	"BE" = Benefit Enrollment and Maintenance	Code identifying a group of application related transaction sets.
Application Sender's Code	GS/02	"SOM-ACTIVE"	Code identifying party sending transmission.
Application Receiver's Code	GS/03	Carrier Description Code	Code identifying party receiving transmission.
Transaction Set Creation Date	GS/04	CCYYMMDD	Date of the transaction set.
Transaction Set Creation Time	GS/05	HHMM	Time of the transaction set.
Group Control Number	GS/06		Assigned number originated and maintained by the sender. Must match GE02.
Responsible Agency Code	GS/07	"X" = Accredited Standards Committee X12	Code identifying the issuer of the standard.
Version/Release/ Industry Identifier Code	GS/08	"005010X220A1"	Code indicating the version, release, sub release, and industry identifier of the EDI standard being used.

Attributes															
GS/01				**GS/02**				**GS/03**				**GS/04**			
0479	ID	2/2	M	0142	AN	2/15	M	0124	AN	2/15	M	0373	DT	8/8	M
GS/05				**GS/06**				**GS/07**				**GS/08**			
0337	TM	4/8	M	0028	N0	1/9	M	0455	ID	1/2	M	0455	A	1/12	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Header Loop – ST Segment – Transaction Set Header			
Transaction Set Identifier Code	ST/01	"834" = Benefit Enrollment and Maintenance	Code uniquely identifying a transaction set.
Transaction Set Control Number	ST/02	"0001"	Identifying control number that must be unique within the transaction set. Must match SE02.
Implementation Convention Reference	ST/03	"005010X220A1"	Reference assigned to identify implementation convention. Must match GS/08.

Attributes											
ST/01				**ST/02**				**ST/03**			
0143	ID	3/3	M	0329	AN	4/9	M	1705	AN	1/35	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Header Loop – BGN Segment – Beginning Segment			
Transaction Set Purpose Code	BGN/01	“00” = Original Transaction “15” = Re-Submission “22” = Informational	Code identifying purpose of transaction set. The "00" indicates the first time the transaction is sent. The “15” indicates the original transmission was incorrect, not been processed by the receiver and a corrected transmission is being sent. The “22” indicates the original transmission was lost or not processed and the sender is passing another transmission that is the same as the original.
Transaction Set Identifier Code	BGN/02		This element is the transaction set reference number assigned by the sender’s application. It uniquely identifies this occurrence of the transaction for future reference.
Transaction Set Creation Date	BGN/03	CCYYMMDD	Date of the Transaction Set.
Transaction Set Creation Time	BGN/04	HHMM	Time of the Transaction Set.
Time Zone Code	BGN/05	“ED” = Eastern Daylight Time “ES” = Eastern Standard Time	Code identifying the sender’s time zone. Required when the sender and receiver are not in the same time zone.
Transaction Set Identifier Code	BGN/06	“2” = Changed File “3” = Duplicate File	If BGN01 is “15” or “22” this identifier should be used to cross-reference the original transaction set, otherwise left blank.
Action Code	BGN/08	“2” = Change/Update “4” = Verify “RX” = Replace	Code indicating type of action. The “2” indicates a changes only file. The “4” indicates an audit only full file. The “RX” indicates a full enrollment file.

Attributes															
BGN/01				BGN/02				BGN/03				BGN/04			
0353	ID	2/2	M	0127	AN	1/50	M	0373	DT	8/8	M	0337	TM	4/8	X
		BGN/05				BGN/06				BGN/08					
		0623	ID	2/2	O	0127	AN	1/50	O	0306	ID	1/2	O		

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Header Loop – REF Segment – Transaction Set Policy Number			
Reference Identification Qualifier	REF/01	“38” = Master Policy Number	Code qualifying the reference identification.
Master Policy Number	REF/02		Reference information as defined for a particular transaction set or as specified by the reference identification qualifier.

Attributes							
REF/01				REF/02			
0128	ID	2/3	M	0127	AN	1/50	X

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Header Loop – DTP Segment – File Effective Date			
Date/Time Qualifier	DTP/01	"007" = File Effective	Code specifying type of date or time. DTP segment only transmitted on full files.
Date/Time Format	DTP/02	"D8" = CCYYMMDD	Code indicating the date format.
Date/Time Period	DTP/03	CCYYMMDD	Date applicable with DTP01 qualifier.

Attributes											
DTP/01				DTP/02				DTP/03			
0374	ID	3/3	M	1250	ID	2/3	M	1251	AN	1/35	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
1000A Loop – N1 Segment – Sponsor Name			
Entity Identifier Code	N1/01	"P5" = Plan Sponsor	Code identifying an organizational entity, a physical location, property or an individual.
Plan Sponsor Name	N1/02	"STATE OF MICHIGAN"	Sender's name.
Identification Code Qualifier	N1/03	"FI" = Federal Tax ID	Code designating the system/method of code structure used for identification.
Sponsor Identifier	N1/04	SOM's Federal Tax ID	Code identifying a party.

Attributes															
N1/01				N1/02				N1/03				N1/04			
0098	ID	2/3	M	0093	AN	1/60	X	0066	ID	1/2	X	0067	AN	2/80	X

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
1000B Loop – N1 Segment – Payer			
Entity Identifier Code	N1/01	"IN" = Insurer	Code identifying an organizational entity.
Insurer Name	N1/02	Carrier's Name	Free-form name.
Identification Code Qualifier	N1/03	"FI" = Carrier's Federal Tax ID	Code designating the system/method of code structure used for identification.
Insurer Identification Code	N1/04	Carrier's Federal Tax ID	Carrier's Federal Tax ID

Attributes															
N1/01				N1/02				N1/03				N1/04			
0098	ID	2/3	M	0093	AN	1/60	X	0066	ID	1/2	X	0067	AN	2/80	X

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2000 Loop – INS Segment – Member Level Detail			
Insured Indicator	INS/01	"Y" = Yes; used for Employee "N" = No; used for Dependent	Code indicating if the member is the subscriber.
Individual Relationship Code	INS/02	"01" = Spouse "05" = Grandchild "10" = Foster Child "17" = Stepchild "18" = Employee/Subscriber "19" = Child "25" = Ex-Spouse "53" = Life Partner/OEAI	Code indicating the relationship to the subscriber. HRMN Relationship codes "20" Guardian, "26" Child/Parent, "54" OEAI Dependent and "92" Deceased Dependent are transmitted as "19" Child. HRMN Relationship code "91" Deceased Spouse is transmitted as "01" Spouse.
Maintenance Type Code	INS/03	"001" = Change "021" – Addition "024" = Cancellation/Termination "030" = Audit/Compare	Code identifying the specific type of item maintenance. "001" Change records impact demographics only, unless DTP01="543". If "543" date does not appear on "001" change record, no eligibility changes should be made. "030" records are for Audit only, these records are not to be loaded.
Maintenance Reason Code	INS/04	"01" = Divorce "02" = Birth "03" = Death "04" = Retirement "05" = Adoption "07" = Termination of Benefits "08" = Termination of Employment "09" = COBRA "10" = COBRA Premium Paid "11" = Surviving Spouse "18" = Suspended "20" = Active "21" = Disability "22" = Plan Change "28" = Initial Enrollment "29" = Benefit Selection "31" = Legal Separation "32" = Marriage "37" = Leave of Absence with Benefits "38" = Leave of Absence without Benefits "39" = Layoff with Benefits "40" = Layoff without Benefits "41" = Re-enrollment "43" = Change of Location "AI" = No reason given "XN" = Notification	Code identifying the reason for the maintenance change. "XN" used for audit full files only.
Benefit Status Code	INS/05	"A" = Active "C" = COBRA	The type of coverage under which benefits are paid.
Medicare Plan Code	INS/06	"A" = Medicare Part A "B" = Medicare Part B "C" = Medicare Part A and B "D" = Medicare "E" = No Medicare	Code identifying the Medicare plan, if applicable.

COBRA Qualifying Event Code	INS/07	"2" = Reduction in Hours "4" = Death "5" = Divorce "6" = Separation of Employment "7" = Ineligible Child "9" = Layoff "10" = Leave of Absence "ZZ" = Mutually Defined	Code identifying the qualifying life event for COBRA coverage. Qualifying Event Codes "9" and "10" indicate Continuation of Coverage. Qualifying Event Codes "2, 4, 5, 6, 7 and ZZ" indicate True COBRA. HRMN Qualifying Event Codes "1" Separation of Employment, "9" Social Security Disability, "16" LTD Rider Separation of Employment, "22" Retiree Medicare Advantage, and "24" Subsidy Departure are transmitted as "6" Separation of Employment. HRMN Qualifying Event Codes "13" Layoff and "15" LTD Layoff are transmitted as "9" Layoff. HRMN Qualifying Event Codes "12" Leave of Absence 36 months, "14" LTD Rider Leave of Absence, "23" Subsidy LOA/Layoff, and "25" Subsidy LTD Rider are transmitted as "10" Leave of Absence. Qualifying Event Code "ZZ" Mutually Defined only applies to BCBS HL.
Employment Status Code	INS/08	"FT" = Full-time (Full-time Active) "L1" = Leave of Absence	Code showing the general employment status of an employee. "FT" indicates Active employee coverage. "L1" indicates COBRA or Continuation of Coverage.
Student Status Code	INS/09	"F" = Full-time "N" = Not a student	Code indicating the student status of a dependent, if 19 years of age or older. Code is used internally to identify a dependent that is the parent of a covered grandchild. Student Status Code is not used to determine eligibility.
Handicap Indicator	INS/10	"Y" = Yes "N" = No	Code indicating if a member is disabled.
Date Time Period Format Qualifier	INS/11	"D8" = CCYYMMDD	Code indicating the date format. "D8" indicates date of death will be sent in INS12.
Insured Individual Death Date	INS/12	CCYYMMDD	Member's date of death.
Birth Sequence Number	INS/17		A generic number applied when more than one family member has the same date of birth.

Attributes															
INS/01				**INS/02**				**INS/03**				**INS/04**			
1073	ID	1/1	M	1069	ID	2/2	M	0875	ID	3/3	O	1203	ID	2/3	O
INS/05				**INS/06**				**INS/07**				**INS/08**			
1216	ID	1/1	O	1218	ID	1/1	M	1219	ID	1/2	O	0584	ID	2/2	O
INS/09				**INS/10**				**INS/11**				**INS/12**			
1220	ID	1/1	O	1073	ID	1/1	O	1250	ID	2/3	O	1251	AN	1/35	X
						INS/17									
						1470	N0	1/9	O						

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2000 Loop – REF Segment – Subscriber Number			
Reference Qualifier	REF/01	"**0F**" = Subscriber Number	Code qualifying the reference identification. (Zero-F)
Reference Identifier	REF/02	Subscriber's SSN	Reference information as defined for a particular transaction set or as specified by the reference identification qualifier.

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2000 Loop – REF Segment – Member Policy Number			
Reference Qualifier	REF/01	"**1L**" = Group/Policy Number	Code qualifying the reference identification.
Reference Identifier	REF/02	Insured Group or Policy Number.	Reference information as defined for a particular transaction set or as specified by the reference identification qualifier.

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2000 Loop – REF Segment – Member Identification Number			
Reference Qualifier	REF/01	"**DX**" = Department/Agency Number	Code qualifying the reference identification.
Reference Identifier	REF/02	Format is: A B C D E F "A" = 5 character Process Level (4 numbers, followed by blank space). "B" = 3 character Bargaining Unit. "C" = 4 character Plan Code. "D" = 2 digit HRMN Coverage Option. "E" = 2 digit HRMN Occurrence Type. "F" = 9 digit original subscriber's SSN.	Reference information as defined for a particular transaction set or as specified by the reference identification qualifier. Standard Bargaining Unit codes include one alpha and two numeric characters (e.g. W22). Commission Employees= "111", COBRA Retiree= "222", COBRA Retiree w/ MA= "333", COBRA Trooper/Sergeant Retired ≥10/01/87 w/o MA= "444", COBRA Trooper/Sergeant Retired ≥10/01/87 w/ MA= "555". Coverage Option and Occurrence Type indicate HRMN specific codes, not standard 834 translation. Original subscriber's SSN is only transmitted when a dependent of a subscriber is enrolled in True COBRA.

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2000 Loop – REF Segment – Member Policy Number			
Reference Qualifier	REF/01	"**23**" = Client Number	Code qualifying the reference identification.
Reference Identifier	REF/02	SOM Employee ID Number	Reference information as defined for a particular transaction set or as specified by the reference identification qualifier. Provided as alternate identifier. Transmitted for subscriber's record only.

Attributes							
REF/01				REF/02			
0128	ID	2/3	M	0127	AN	1/50	X

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2000 Loop – DTP Segment – Member Level Dates			
Date/Time Qualifier	DTP/01	"303" = Maintenance Effective "356" = Eligibility Begin "357" = Eligibility End "301" = COBRA Qualifying Event "340" = COBRA Begin "341" = COBRA End	Code specifying type of date. This segment will contain the "340" COBRA begin and "341" COBRA end dates for COBRA participants. The "356" eligibility begin will be used to provide the subscriber's hire date or when they first became eligible for benefits. These dates are not to be used for eligibility.
Date/Time Format	DTP/02	"D8" = CCYYMMDD	Code indicating the date format.
Date/Time Period	DTP/03	CCYYMMDD	Date applicable with DTP01 qualifier.

Attributes											
DTP/01				DTP/02				DTP/03			
0374	ID	3/3	M	1250	ID	2/3	M	1251	AN	1/35	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2100A Loop – NM1 Segment – Member Name			
Entity Code Identifier	NM1/01	"IL" = Insured	Code identifying an organizational entity, a physical location, property or an individual.
Entity Type Qualifier	NM1/02	"1" = Person	Code qualifying the type of entity.
Member Last Name	NM1/03	Member Last Name	Individual last name.
Member First Name	NM1/04	Member First Name	Individual first name.
Member Middle Name	NM1/05	Member Middle Name	Individual middle name.
Member Prefix	NM1/06	Member Prefix	Individual prefix.
Member Suffix	NM1/07	Member Suffix	Individual suffix.
Identification Code Qualifier	NM1/08	"34" = Member's SSN	Code designating the system/method of code structure used for identification.
Identification Code	NM1/09	Member's SSN	Code identifying a party.

Attributes															
NM1/01				NM1/02				NM1/03				NM1/04			
0098	ID	2/3	M	1065	ID	1/1	M	1035	AN	1/60	X	1036	AN	1/35	O
NM1/05				NM1/06				NM1/07				NM1/08			
1037	AN	1/25	O	1038	AN	1/10	O	1039	AN	1/10	O	0066	ID	1/2	X
						NM1/09									
						0067	AN	2/80	X						

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2100A Loop – N3 Segment – Member Residence Street Address			
Subscriber Address	N3/01	Address Line 1	Subscriber's physical address. Supplemental address field in HRMN. Applies to all members enrolled under the subscriber.
Subscriber Address	N3/02	Address Line 2	Subscriber's physical address.

Attributes							
N3/01				N3/02			
0166	AN	1/55	M	0166	AN	1/55	O

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2100A Loop – N4 Segment – Member Residence City, State, Zip Code			
Subscriber City	N4/01	City	Subscriber's physical city.
Subscriber State	N4/02	State	Subscriber's physical state.
Subscriber Zip Code	N4/03	Zip Code	Subscriber's physical zip code.
Subscriber Country	N4/04	Country Code	Subscriber's physical country code. Only transmitted if subscriber resides outside US.

Attributes															
N4/01				N4/02				N4/03				N4/04			
0019	AN	2/30	O	0156	ID	2/2	X	0116	ID	3/15	O	0026	ID	2/3	X

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2100A Loop – DMG Segment – Member Demographics			
Date/Time Format	DMG/01	"D8" = CCYYMMDD	Code indicating the date format.
Date/Time Period	DMG/02	CCYYMMDD	Member's date of birth.
Gender Code	DMG/03	"F" = Female "M" = Male	Code indicating the gender of the individual.
Marital Status	DMG/04	"B" = Domestic Partner "D" = Divorced "I" = Single "M" = Married "R" = Unreported "S" = Separated "U" = Unmarried "W" = Widowed "X" = Legally Separated	Code defining the marital status of a subscriber. HRMN Marital Status "P" Domestic Partner transmits as "B" Domestic Partner. HRMN Marital Status "S" Single transmits as "I" Single. HRMN Marital Status "R" Separated transmits as "S" Separated. HRMN Marital Status "L" Legally Separated transmits as "X" Legally Separated.

Attributes															
DMG/01				DMG/02				DMG/03				DMG/04			
1250	ID	2/3	X	1251	AN	1/35	X	1068	ID	1/1	O	1067	ID	1/1	O

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2100C Loop – NM1 Segment – Member Mailing Address			
Entity Identifier Code	NM1/01	"31" = Postal Mailing Address	Transmitted only when a subscriber's mailing address is different than their physical. Code identifying an organizational entity, a physical location, property or an individual.
Entity Type Qualifier	NM1/02	"1" = Person	Code qualifying the type of entity.

Attributes							
NM1/01				NM1/02			
0098	ID	2/3	M	1065	ID	1/1	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2100C Loop – N3 Segment – Member Mailing Street Address			
Mailing Address	N3/01	Mailing Address Line 1	Transmitted only when a subscriber's mailing address is different than their physical. Subscriber's Mailing Address. Home address field in HRMN. Applies to all members enrolled under the subscriber.
Mailing Address	N3/02	Mailing Address Line 2	Subscriber's Mailing Address.

Attributes							
N3/01				N3/02			
0166	AN	1/55	M	0166	AN	1/55	O

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2100C Loop – N4 Segment – Member Mailing City, State, Zip Code			
Mailing City	N4/01	City	Transmitted only when a subscriber's mailing address is different than their physical. Subscriber's mailing city.
Mailing State	N4/02	State	Subscriber's mailing state.
Mailing Zip Code	N4/03	Zip Code	Subscriber's mailing zip code.
Mailing Country	N4/04	Country Code	Subscriber's mailing country code. Only transmitted if subscriber resides outside US.

Attributes															
N4/01				N4/02				N4/03				N4/04			
0019	AN	2/30	O	0156	ID	2/2	X	0116	ID	3/15	O	0026	ID	2/3	X

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2300 Loop – HD Segment – Health Coverage			
Maintenance Type Code	HD/01	"001" = Change "021" = Addition "024" = Cancellation or Termination "030" = Audit or Compare	Code identifying the specific type of item maintenance. "001" Change records impact demographics only, unless DTP01="543". If "543" date does not appear on "001" change record, no eligibility changes should be made. "030" records are for Audit only, these records are not to be loaded.
Insurance Line Code	HD/03	"AK" = Mental Health "DCP" = Dental Capitation (for DMO) "DEN" = Dental "HLT" = Health "HMO" = Health Maintenance Organization "PPO" = Preferred Provider Organization "VIS" = Vision	Code identifying a group of insurance products.
Plan Coverage Description	HD/04	Carrier's Name	A description or number that identifies the plan or coverage.
Coverage Level Code	HD/05	"ECH" = Employee and Children "EMP" = Employee Only "ESP" = Employee and Spouse "FAM" = Family	Code indicating the level of coverage being provided for this insured.

Attributes															
HD/01				HD/03				HD/04				HD/05			
0875	ID	3/3	M	1205	ID	2/3	O	1204	AN	1/50	O	1207	ID	3/3	O

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
2300 Loop – DTP Segment – Health Coverage Dates			
Date/Time Qualifier	DTP/01	"303" = Maintenance Effective "348" = Benefit Begin "349" = Benefit End "543" = Cobra Paid Thru Date	Code specifying type of date. The DTP01 Qualifier of "543" indicates eligibility term date for COBRA participants. COBRA coverage only exists if "543" paid thru date is provided, if no "543" date is specified then no COBRA coverage should exist.
Date/Time Format	DTP/02	"D8" = CCYYMMDD	Code indicating the date format.
Date/Time Period	DTP/03	CCYYMMDD	Date applicable with DTP01 qualifier.

Attributes											
DTP/01				DTP/02				DTP/03			
0374	ID	3/3	M	1250	ID	2/3	M	1251	AN	1/35	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Trailer Loop – SE Segment – Transaction Set Trailer			
Transaction Segment Count	SE/01		Total number of segments included in a transaction set including ST and SE segments.
Set Control Number	SE/02		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must match ST02.

Attributes							
SE/01				SE/02			
0096	N0	1/10	M	0329	AN	4/9	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Trailer Loop – GE Segment – Functional Group Trailer			
Transaction Set Count	GE/01		Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element.
Group Control Number	GE/02		Assigned number originated and maintained by the sender. Must match GS06.

Attributes							
GE/01				GE/02			
0097	N0	1/6	M	0028	AN	1/9	M

Element Description	Segment/ Element	Element Values/Qualifiers	Summary
Trailer Loop – IEA Segment – Interchange Control Trailer			
Functional Group Count	IEA/01		A count of the number of functional groups included in an interchange.
Interchange Control Number	IEA/02		A control number assigned by the interchange sender. Must match ISA13.

Attributes							
IEA/01				IEA/02			
I16	N0	1/5	M	I12	AN	9/9	M

File Layout Example

ISA|00| |00| |30|123456789 |ZZ|123456789 |180101|1400|^|00501|123456789|0|P

GS|BE|SOM-ACTIVE|123456789|20180101|1400|123456789|X|005010X220A1~

ST|834|0001|005010X220A1~

BGN|00|ABCDEF123456|20180101|1400|ED|||2~

REF|38|ABC123~

N1|P5|STATE OF MICHIGAN|FI|123456789~

N1|IN|CARRIER NAME|FI|123456789~

INS|Y|18|001|22|A|||FT||N|~

REF|0F|123456789~

REF|1L|123456~

REF|DX|1901 Y99 ABCD 01~

REF|23|123456789~

DTP|356|D8|20180101~

NM1|IL|1|LASTNAME|FIRSTNAME|MIDDLENAME|||34|123456789~

N3|400 S PINE ST~

N4|LANSING|MI|48933~

DMG|D8|19800101|M|I~

NM1|31|1~

N3|PO BOX 30002~

N4|LANSING|MI|48909~

HD|001|PPO|CARRIER NAME|EMP~

DTP|348|D8|20180101~

SE|123|0001~

GE|123|123456789~

IEA|1|123456789~

Comments in Blue text is SOM use only.

Standard Transaction Examples

Active Employment Member –
"021" Add record for Active coverage.
"348" begin date transmitted.
Active coverage: 01/01/18-12/31/9999.

INS|Y|18|021|22|A|||FT||N|~
REF|0F|123456789~
REF|1L|123456~
REF|DX|1901 Y99 ABCD 01~
REF|23|123456789~
DTP|356|D8|20180101~
NM1|IL|1|LAST|FIRST|MIDDLE|||34|123456789~
N3|400 S PINE ST~
N4|LANSING|MI|48933~
DMG|D8|19800101|M|I~
HD|021|PPO|CARRIER NAME|EMP~
DTP|348|D8|20180101~

Active Employment Member –
"024" Term record for Active coverage.
"349" end date transmitted.
Active coverage: 01/01/18-05/31/18.

INS|Y|18|024|22|A|||FT||N|~
REF|0F|123456789~
REF|1L|123456~
REF|DX|1901 Y99 ABCD 01~
REF|23|123456789~
DTP|356|D8|20180101~
NM1|IL|1|LAST|FIRST|MIDDLE|||34|123456789~
N3|400 S PINE ST~
N4|LANSING|MI|48933~
DMG|D8|19800101|M|I~
HD|024|PPO|CARRIER NAME|EMP~
DTP|349|D8|20180531~
DTP|303|D8|20171116~
DTP|348|D8|20180101~

True COBRA Member –
"021" Add record for COBRA enrollment without LTD rider.
No "543" paid thru date transmitted.
COBRA coverage: No COBRA enrollment.

INS|Y|18|021|09|C||6|L1||N~
REF|0F|123456789~
REF|1L|123456~
REF|DX|1901 Y99 ABCD 01~
REF|23|123456789~
DTP|356|D8|20180101~
DTP|340|D8|20180201~
DTP|341|D8|20190731~
NM1|IL|1|LAST|FIRST|MIDDLE|||34|123456789~
N3|400 S PINE ST~
N4|LANSING|MI|48933~
DMG|D8|19800101|M|I~
HD|021|PPO|CARRIER NAME|EMP~
DTP|348|D8|20180201~

Continuation of Coverage Member –
"021" Add record for COBRA enrollment with LTD rider.
"543" paid thru date present.
COBRA coverage: 02/01/18-07/31/18.

INS|Y|18|021|09|C||10|L1||N~
REF|0F|123456789~
REF|1L|123456~
REF|DX|1901 Y99 ABCD 01~
REF|23|123456789~
DTP|356|D8|20180101~
DTP|340|D8|20180201~
DTP|341|D8|20190731~
NM1|IL|1|LAST|FIRST|MIDDLE|||34|123456789~
N3|400 S PINE ST~
N4|LANSING|MI|48933~
DMG|D8|19800101|M|I~
HD|021|PPO|CARRIER NAME|EMP~
DTP|348|D8|20180201~
DTP|543|D8|20180731~

True COBRA Member –
"001 Change record for COBRA coverage.
"543" paid thru date present.
COBRA coverage: 02/01/18-03/31/18. (payment received)

INS|N|18|001|09|C||6||N|N~
REF|0F|123456789~
REF|1L|123456~
REF|DX|1901 Y99 ABCD 01~
REF|23|123456789~
DTP|303|D8|20180315~
DTP|356|D8|20180101~
DTP|340|D8|20180201~
DTP|341|D8|20190731~
NM1|IL|1|LAST|FIRST|MIDDLE|||34|123456789~
N3|400 S PINE ST~
N4|LANSING|MI|48933~
DMG|D8|19800101|M|I~
HD|001|PPO|CARRIER NAME|EMP~
DTP|303|D8|20180315~
DTP|348|D8|20180201~
DTP|543|D8|20180331~

Continuation of Coverage Member –
"024" Term record for COBRA coverage.
"543" paid thru date present.
COBRA coverage: 02/01/18-05/31/18

INS|Y|18|024|09|C||10|L1~
REF|0F|123456789~
REF|1L|123456~
REF|DX|1901 Y99 ABCD 01~
REF|23|123456789~
DTP|356|D8|20180101~
DTP|340|D8|20180201~
DTP|341|D8|20190731~
NM1|IL|1|LAST|FIRST|MIDDLE|||34|123456789~
N3|400 S PINE ST~
N4|LANSING|MI|48933~
DMG|D8|19800101|M|I~
HD|024|PPO|CARRIER NAME|EMP~
DTP|349|D8|20180531~
DTP|303|D8|20180531~
DTP|348|D8|20180201~
DTP|543|D8|20180531~

Interchange and Application Control Structures

Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called "functional groups," can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer.

Application Control Structure Definitions and Concepts

Basic Structure

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

- ***Delimiter***

  A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data. Delimiters are specified in the interchange header segment, ISA. Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange.

Business Transaction Structure Definitions and Concepts

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called "transaction sets." A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

A simple data element within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated data element occurs. Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

- ***Numeric (Nn)***

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data. This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

- ***Identifier (ID)***

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

- ***String (AN)***

A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

- ***Date (DT)***

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.

- ***Time (TM)***

A time data element is used to express the ISO standard time HHMMSS format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59) and SS is the second (00 to 59). The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

Repeating Data Elements

Simple or composite data elements within a segment can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats. The implementation guide may also specify the number of repeats of a repeating data element in a specific location in the transaction that are permitted in a compliant implementation. Adjacent occurrences of the same repeating simple data element or composite data structure in a segment shall be separated by a repetition separator.

Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. Each component within the composite is further characterized by a reference designator and a condition designator.

A composite data structure within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated composite data structure occurs.

Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure.

Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member. This suffix is prefixed with a hyphen and defines the position of the component data element in the composite data structure.

Example
• The first simple element of the CLP segment would be identified as CLP01.
• The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

Control Segment

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

- ***Loop Control Segment***

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

- ***Transaction Set Control Segment***

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

- ***Functional Group Control Segment***

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment).The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment.

- ***Transaction Set Header and Trailer***

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any

given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

- ***Data Segment Groups***

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

- ***Loops of Data Segments***

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

- ***Unbound Loop***

  To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

  A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

  The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

- ***Bounded Loops***

  The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last consecutive occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

- ***Data Segment in a Transaction Set***

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

- ***Data Segment Requirement Designators***

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

- ***Data Segment Position***

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

Functional Group

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group.

CSC HIPAA 834 File Layout

834 Transaction Set

Gray shading indicates areas not used by the State of Michigan

Electronic Data Interchange File

Name	***Size***	***Comments***	***Where to get the data***
Control Header	A 3	###	Fixed = "###"
Transaction Set Identifier Code	A 3	834 = Benefit Enrollment and Maintenance	Fixed = "834"
Insurer Identification Code	A 30	Insurance Carrier's Federal Taxpayer's Identification Number	BCR-CARRIER-ID from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer
Region Indicator	A 1	Region Indicator	"P" If PRODUCT-LINE = "PROD" "T" If PRODUCT-LINE NOT= "PROD"
Job Name	A 10	Job Name	CRT-JOB-NAME
Insurer Name	A 30	Insurance Carrier Name	BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer
~		**Segment length = 77**	**###xxxxxxxxxxxx PZB206xxx INS CARRIER NAME**
Transaction Set Header	A 2	ST	Fixed = "ST"
Transaction Set Identifier Code	N 3	834 = Benefit Enrollment and Maintenance	Fixed = "834"
Transaction Set Control Number	N 4	Increment beginning with "0001" Must be a unique number within the set of transactions.	Fixed = "0001"
Implementation Convention Reference	N 35	Reference assigned to identify Implementation Convention	Fixed = "005010X220A1"
~		**Segment length = 9**	**ST8340001**

Beginning Segment	A 3	BGN	Fixed = "BGN"
Transaction Set Purpose Code	N 2	"00" = Original transaction; used the first time the transaction is sent. "15" = Re-Submission; used if the first transaction sent has yet to be processed but contains errors, and you are sending a corrected transaction. "22" = Informational; used when the original transaction was lost or never processed, and you are passing another transaction identical to the original.	Parameter: Rerun "00" if Rerun Flag = 1 (No). "15" if Rerun Flag = 2 (Yes, changed file) "22" if Rerun Flag = 3 (Yes, duplicate file)
Transaction Set Identifier Code (Reference Identification)	A 30	Assign (incrementally) this identifier for future reference to this set.	Consists of three fields to make it unique: Job Name plus System Date plus Parameter: Identifying Code (Required)
Transaction Set Creation Date (Date)	N 8	Current system date (CCYYMMDD)	System Date
Transaction Set Creation Time (Time)	N 6	Current system time (HHMMSS)	System Time
Time Zone Code (Time Code)	A 2	"CD" = Central Daylight Time "CS" = Central Standard Time "ED" = Eastern Daylight Time "ES" = Eastern Standard Time "MD" = Mountain Daylight Time "MS" = Mountain Standard Time "PD" = Pacific Daylight Time "PS" = Pacific Standard Time **Internal Note: Additional options available**	Parameter: Time Zone. (May be left blank) For SOM, only ES and ED codes are used.
Transaction Set Identifier Code (Reference	A 30	If Transaction Set Purpose Code = "15" or "22", then this identifier	Consists of three fields to make it unique: Job Name plus System Date plus Parameter: Prior Identifying Code. (Required if Rerun Flag = 2 or 3, else will be left blank.)

Identification)		should be used to cross-reference the original transaction set.	
Action Code	N 1	"2" = Change (Update), used to identify a set of adds/changes/terms. "4" = Verify, used to identify full enrollment information to ensure synchronization of sponsor's and payer's systems. "RX" = Replace, Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.	Parameter: Transaction Purpose. "2" if Trans Purpose = 1 "4" if Trans Purpose = 2 "RX" if Trans Purpose = 3
~		**Segment length = 82**	**BGN00**ZB206xxx 20030707000000000001**20030707093215E S 2** OR **BGN15ZB206xxx 20030708000000000012003050810 3502ESZB206xxx 20030707000000000012**
Transaction Set Policy Number	A 3	REF	Parameter: Use Master Policy Number "REF", if Yes Else, do not include this segment.
Reference Identification Qualifier	N 2	"38" = Master Policy Number	Parameter: Use Master Policy Number "38", if Yes.
Master Policy Number (Reference Identification)	A 30		BCR-CONTRACT-NMB from BNCARRIER: where BCR-INS-CARRIER = PRM-INS-CARRIER
~		**Segment length = 35**	**REF38PA8382983**

File Effective Date	A 3	DTP	Parameter: File Effective Date "DTP", if not spaces (zeroes) Else, leave blank. This segment is generated only for 'Verify' option.
Date/Time Qualifier	N 3	"007" = Effective	Parameter: File Effective Date "007", if parameter not = spaces (zeroes) Else, leave blank.
Date/Time Period Format Qualifier	A 2	"D8" = Format CCYYMMDD	Parameter: File Effective Date If not spaces (zeroes), use "D8" Else, leave blank.
Date/Time Period	N 8	Date, Time, or Date and Time. May also include ranges of Dates and/or Times.	Parameter: File Effective Date (Convert to 8-digit date format: CCYYMMDD)
~		**Segment length = 16**	**DTP007D820030101~**
Sponsor Name	A 2	N1	Fixed = "N1"
Entity Identifier Code	A 2	"P5" = Plan Sponsor	Fixed = "P5"
Plan Sponsor Name (Name)	A 30	Used at the sender's discretion (Company name)	PRS-NAME for the Company (PRS-COMPANY = PRM-COMPANY and PRS-PROCESS-LEVEL = spaces).
Identification Code Qualifier	A 2	"FI" = Federal Taxpayer's Identification Number (adopted as the HIPAA standard).	Fixed = "FI"
Sponsor Identifier (Identification Code)	A 30	**Must provide a key to the table of plan sponsor's maintained by the transaction processing party. This is the most efficient method of providing organizational identification.	PLN-SPONSOR-ID from PLAN where PLN-COMPANY = PRM-COMPANY and PLN-PLAN-TYPE = PRM-PLAN-TYPE(1).and PLAN-PLAN-CODE = PRM-PLAN-CODE(1)
~		**Segment length = 66**	**N1P5Lawson Software FI93-2191827**
Payer	A 2	N1	Fixed = "N1"
Entity Identifier Code	A 2	"IN" = Insurer	Fixed = "IN"

Insurer Name (Name)	A 30	Used at the sender's discretion (Insurance Carrier Name)	BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer
Identification Code Qualifier	A 2	"FI" = Federal Taxpayer's Identification Number (to be used until the HIPAA standard identifier is adopted) "XV" = Health Care Financing Administration National Plan ID (required if mandated for use)	BCR-HIPAA-ID-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-INS-CARRIER
Insurer Identification Code (Identification Code)	A 30	**Must provide a key to the table maintained by the transaction processing party. This is the most efficient method of providing organizational identification.	If preceding field is populated (FI or XV), then get BCR-CARRIER-ID from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer
~		**Segment length = 66**	**N1INHealthPartners FI28-374857**
Broker/TPA	A 2	N1	Parameter: Broker or TPA If not = spaces, use "N1" Else, leave blank. SOM does not use Broker/TPA. This segment will not be generated for both 'Change' and 'Verify' options.
Entity Identifier Code	A 2	"BO" = Broker "TV" = Third Party Administrator	BCR-ENTITY-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-INS-CARRIER • If 2, then "BO" • If 3, then "TV" • If 1, spaces, or record not found, leave blank.
Broker/TPA Name (Name)	A 30	Used at the sender's discretion (Insurance Carrier Name)	Parameter: Broker or TPA If not = spaces, get BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Broker or TPA. Else, leave blank.
Identification Code Qualifier	A 2	"FI" = Federal Taxpayer's Identification Number (to be used until the HIPAA standard identifier is adopted) "XV" = Health Care Financing Administration National Plan ID (required if mandated for use)	BCR-HIPAA-ID-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-BROKER or TPA • If 1, then "FI" • If 2, then "XV" • If 3, spaces, or not found, then leave blank. ERROR: Valid Broker or TPA ID number not found.

Insurer Identification Code (Identification Code)	A 30	**Must provide a key to the table maintained by the transaction processing party. This is the most efficient method of providing organizational identification.	If preceding field is populated (FI or XV), then get BCR-CARRIER-ID, where BCR-INS-CARRIER = PRM-Broker or TPA.	
~		**Segment length = 66**	**N1TVMidwest Administrators FI28-374857**	
TPA/Broker Account Information	A 3	ACT	Parameter: Broker or TPA If not = spaces, use "ACT" Else, leave blank. SOM does not use Broker/TPA. This segment will not be generated for both 'Change' and 'Verify' options.	
TPA or Broker Account Number (Account Number)	A 30	Account number (Contract Number from BN01)	Parameter: Broker or TPA If not = spaces, get BCR-CONTRACT-NMBR from BNCARRIER where BCR-INS-CARRIER = PRM-BROKER or TPA. If spaces or not found, leave blank.	
~		**Segment length = 33**	**ACT2384297382**	
******SEGMENTS THAT FOLLOW ARE BASED ON BNTRANS RECORDS FOUND IN BNTRANS, OR ON BENEFIT, PARTBEN, AND HRDEPBEN RECORDS****** *-------Segments must repeat for each member (Employee, Retiree, COBRA Participant, and Dependent) found to a maximum of 10,000 members. The enrollment data for families must not be split into two transaction sets.------*				
Member Level Detail	A 3	INS	Fixed = "INS"	
Insured Indicator (Subscriber Indicator)	A 1	"Y" = Yes; used for subscriber (employee) "N" = No; used for dependent	<u>Tran Purpose = 1 (Update)</u> "Y" if BNT-DEPENDENT on BNTRANS record is blank. Else, "N"	<u>Tran Purpose = 2 (Validate)</u> "Y" for BENEFIT and PARTBEN records "N" for HRDEPBEN records.

Individual Relationship Code	N 2	"01" = Spouse "03" = Parent "04" = Grandparent "05" = Grandchild "06" = Uncle or Aunt "07" = Nephew or Niece "08" = Cousin "09" = Adopted Child "10" = Foster Child "11" = Son/Daughter-in-law "12" = Brother/Sister-in-law "13" = Mother/Father-in-law "14" = Brother or Sister "15" = Ward "16" = Stepparent "17" = Stepchild "18" = Self "19" = Child "23" = Sponsored Dependent "24" = Dependent of a Minor Dep "25" = Ex-Spouse "26" = Guardian "31" = Court Appointed Guardian "38" = Collateral Dependent (relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support) "48" = Stepfather "49" = Stepmother "53" = Life Partner "60" = Annuitant	If prior field = "Y", then use "18". If prior field = "N", get EMD-REL-CODE for the dependent on the record in question. Then get PCO-HIPAA-REL-CODE from PCODES where PCO-TYPE = 'DP' and PCO-CODE = EMD-REL-CODE

		"D2" = Trustee "G8" = Other Relationship "G9" = Other Relative		
Maintenance Type Code	N 3	"001" = Change "021" = Addition "024" = Cancellation or Termination "030" = Audit or Compare	<u>Tran Purpose = 1 (Update):</u> From BNTRANS record get BNT-TRAN-ACTION • "001" if = C • "021" if = A • "024" if = S or D	<u>Tran Purpose = 2 (Verify):</u> Fixed = "030"

Maintenance Reason Code	A 2	"01" = Divorce "02" = Birth "03" = Death "04" = Retirement "05" = Adoption "06" = Strike "07" = Termination of Benefits "08" = Termination of Employment "09" = COBRA "10" = COBRA Premium Paid "11" = Surviving Spouse "14" = Voluntary Withdrawal "16" = Quit "17" = Fired "18" = Suspended "20" = Active "21" = Disability "22" = Plan Change "25" = Chg in Identifying Data Elements "26" = Declined Coverage "27" = Pre-Enrollment (used for expected newborns) "28" = Initial Enrollment "29" = Benefit Selection (for changing benefits within a plan) "31" = Legal Separation "32" = Marriage "33" = Personnel Data "37" = Leave of Absence with Benefits	<u>Tran Purpose = 1 (Update):</u> From BNTRANS record, get BNT-TRAN-REASON. If spaces, use "AI". If BNT-COVER-TYPE = "C" (COV-TYPE, COBRA Participant) use "09"	<u>Tran Purpose = 2 (Verify):</u> Fixed = "XN"

		"38" = Leave of Absence without Benefits "39" = Layoff with Benefits "40" = Layoff without Benefits "41" = Re-enrollment "43" = Change of Location "59" = Non Payment "AA" = Dissatisfied with Off staff "AB" = Dissatisfied with Services "AC" = Inconvenient Office loc "AD" = Dissatisfied w Office Hrs "AE" = Unable to schedule appts "AF" = Dissatisfied w Ref Policy "AG" = Less Respect and Attention "AH" = Patient moved to a new loc "AI" = No reason given "AJ" = Appt Times not met "AL" = Assigned benefit selection "EC" = Member benefit selection "XN" = Notification only (used for audit transactions) "XT" = Transfer		
Benefit Status Code	A 1	"A" = Active "C" = COBRA	<u>Tran Purpose = 1 (Update):</u> "C" if BNT-COVER-TYPE on BNTRANS record is "C" Else, "A"	<u>Tran Purpose = 2 (Verify):</u> "C" for PARTBEN records where Participant not = spaces, Else, "A"

Medicare Plan Code	A1	"A" = Medicare Part A "B" = Medicare Part B "C" = Medicare Part A and B "D" = Medicare "E" = No Medicare		
COBRA Qualifying Event Code	N 1	"1" = Termination of Employment "2" = Reduction of work hours "3" = Medicare "4" = Death "5" = Divorce "6" = Separation "7" = Ineligible Child "8" = Bankruptcy of a Retired Employee Former Employer "9" = Layoff "10" = Leave of Absence ZZ = Mutually Defined	BNT-EVENT-CODE If spaces, or record not found, ERROR: COBRA event / not identified. (Insert PAR-OCCUR-TYPE.)}	
Employment Status Code	A 2	"AO" = Active Military – Overseas "AU" = Active Military – USA "FT" = Full-time (Full-time Active) "L1" = Leave of Absence "PT" = Part-time (Part-time Active) "RT" = Retired "TE" = Terminated	From BNT-COVER-TYPE determine the Employment Status Code. If Coverage Type = "A", Employment Status Code ="FT" If Coverage Type = "R", Employment Status Code = "RT" If Coverage Type = "C", Employment Status Code = "L1"	
Student Status Code	A 1	"F" = Full-time "N" = Not a student	Parameter: Student Status If Y, and this is a non-spouse Dependent get student flag from EMDEPEND: "F", if EMD-STUDENT = Y or F or P "N" if EMD-STUDENT = N Else, leave blank.	
Handicap Indicator	A 1	"N" = No	Parameter: Disabled Status	

		"Y" = Yes	If Y, and this is a Dependent (BNT-DEPENDENT or HRDEPBEN record) get disabled flag from EMDEPEND. Else, leave blank.	
Date Time Period Format Qualifier	A 2	"D8" = Date expressed as CCYYMMDD	<u>Tran Purpose = 1 (Update):</u> If BNTRANS, BNT-TRAN-REASON = 03 (Death), use "D8", else leave blank.	<u>Tran Purpose = 2 (Verify):</u> Leave this field and following field blank.
Insured Individual Death Date	N 8	Holds the date of death of the insured or dependent (Does not replace the use of a termination date)	If BNTRANS, BNT-TRAN-REASON = 03 (Death), then from EMPLOYEE USE EMP-DEATH-DATE If spaces, ERROR: Date of death for Emp / not identified. (Insert EE Number.)	
Birth Sequence Number	N 4	Required in the event you are reporting more than one family member with the same birth date.	If this is a Dependent (BNT-DEPENDENT > zeroes or HRDEPBEN record) whom has the same birthdate as another family member dependent, get EMD-SEQ-NBR.	
~		**Segment length = 32**	**INSY1802128A 0FT 000000000000** OR **INSN0102128A 0 FN000000000001**	
Subscriber Number	A 3	REF	Fixed = "REF"	
Reference Identification Qualifier	A 2	"0F" = Subscriber Number	Fixed = "0F" (Zero – F)	

Subscriber Identifier (Reference Identification)	A 15	Information defined for the transaction set.	<u>Tran Purpose = 1 (Update):</u> From BNTRANS, get BNT—MEMBER-ID value: If 1, get: EMP-FICA-NBR for EE (and their dependents), PAR-FICA-NBR for COBRA participants (and their dependents). The SSN should not contain hyphens in the output. If 2, then get EMP-EMPLOYEE for EE (and their dependents), PAR-PARTICIPNT for COBRA Participants and their dependents.	<u>Tran Purpose = 2 (Verify):</u> We will assume Member ID = Social Number. Get: EMP-FICA-NBR for EE (and their dependents), PAR-FICA-NBR for COBRA participants (and their dependents). The SSN should not contain hyphens in the output.
~		**Segment length = 20**	**REF0F384928394**	
Member Policy Number	A 3	REF	Fixed = “REF”	
Reference Identification Qualifier	A 2	“1L” = Group or Policy Number	Fixed = “1L”	
Subscriber Identifier (Reference Identification)	A 30	Insured Group or Policy Number	PLN-CONTRACT-NMBR	
~		**Segment length = 35**	**REF1L238233849498237**	
Member Identification Number	A 3	REF	Fixed = “REF”	
Reference Identification Qualifier	A 2	“DX” = Department/Agency Number “23” = Client Number	Fixed = “DX”	

Subscriber Identifier (Reference Identification)	A 30	For "DX" - Consists of 6 fields separated by spaces: Process Level, Bargaining Unit, Plan Code, Coverage Option, Occurrence Type and Original FICA Number For "23" – Consists of Employee Number as alternative identifier	"DX" - Process Level = EMP-PROCESS-LEVEL Bargaining Unit = EMP-UNION-CODE Plan Code = BEN-PLAN-CODE (Active Employee) or PRT-PLAN-CODE (COBRA or DC Retiree) Coverage Option = BEN-COV-OPTION (Active Employee) or PTB-COV-OPTION (COBRA and DC Retiree) Occurrence Type = PAR-OCCUR-TYPE (COBRA only) Original FICA Number = EMP-FICA-NBR from original Employee's record This segment is provided for both Subscribers and Dependents. "23" – For Employees use Employee Number = EMP-EMPLOYEE For Participants use Employee Number = PAR-EMPLOYEE The segment will be generated for both Verify and Update options for Subscriber only, not dependents
~		**Segment length = 35**	**REFDX7501 A31 HAEX**
Prior Coverage Months	A 3	REF	Parameter: Prior Months Coverage "REF" if Y Else, do not include this segment.

			SOM does not capture prior month's coverage. This segment will not be generated for both 'Change' and 'Verify' options.	
Reference Identification Qualifier	A 2	"QQ" = Unit Number	Parameter: Prior Months Coverage If Y, then "QQ"	
Prior Coverage Month Count (Reference Identification)	N 2	Identify the number of prior month's insurance coverage that may apply under the portability provisions of HIPAA; to be sent on new enrollments when available.	PEM-PRIOR-COV-MO	
~		**Segment length = 7**	**REFQQ18**	
Member Level Dates	A 3	DTP	Tran Purpose = 1 (Update): Fixed = "DTP"	Tran Purpose = 2 (Verify): Leave blank See comments below.
Date/Time Qualifier	N 3	"303" = Maintenance Effective "356" = Eligibility Begin "357" = Eligibility End "301" = COBRA Qualifying Event "340" = COBRA Begin "341" = COBRA End	Do the following for Update files: From BNTRANS record get BNT-START-DATE For Employees, use BENSET and if a record is found with stop date 1 day less than BNTRANS BNT-EFFECT-DATE this will be treated as a "Change". For FC = C, or A with prior benefit, use "303"	
Date/Time Period Format Qualifier	A 2	"D8" = Format CCYYMMDD	Tran Purpose = 1 (Update): Fixed = "D8"	Tran Purpose = 2 (Verify): Leave blank.
Status Information Effective Date (Date/Time Period)	N 8	Date, Time, or Date and Time. May also include ranges of Dates and/or Times.	Tran Purpose = 1 (Update): Use BNT-EFFECT-DATE on the BNTRANS record. (CCYYMMDD)	Tran Purpose = 2 (Verify): Leave blank.
~		**Segment length = 16**	**DTP303D820090301**	
Member Level Dates	A 3	DTP	Tran Purpose = 1 (Update): Fixed = "DTP"	Tran Purpose = 2 (Verify): Fixed = "DTP"
Date/Time Qualifier	N 3	"356" = Eligibility Begin	Do the following for Update and Verify files:	

			From EMPLOYEE record get EMP-DATE-HIRED	
Date/Time Period Format Qualifier	A 2	"D8" = Format CCYYMMDD	Tran Purpose = 1 (Update): Fixed = "D8"	Tran Purpose = 2 (Verify): "D8"
Status Information Effective Date (Date/Time Period)	N 8	Date, Time, or Date and Time. May also include ranges of Dates and/or Times.	Tran Purpose = 1 (Update): Use EMP-DATE-HIRED on the EPLOYEE record. (CCYYMMDD)	Tran Purpose = 2 (Verify): Use EMP-DATE-HIRED on the EPLOYEE record. (CCYYMMDD)
~		**Segment length = 16**	**DTP356D820020301**	
Member Name	A 3	NM1	Fixed = "NM1"	
Entity Code Identifier	A 2	"IL" = Insured or Subscriber	Fixed = "IL"	
Entity Type Qualifier	N 1	"1" = Person	Fixed = "1"	
Subscriber Last Name (Name Last)	A 30	Individual last name	EMP-LAST-NAME for Employees, Retirees EMD-LAST-NAME for Dependents PAR-LAST-NAME for COBRA participants	
Subscriber First Name (Name First)	A 15	Individual first name	EMP-FIRST-NAME for Employees, Retirees EMD-FIRST-NAME for Dependents PAR-FIRST-NAME for COBRA participants	
Subscriber Middle Name (Name Middle)	A 15	Individual middle name	EMP-MIDDLE-NAME for Employees, Retirees EMD-MIDDLE-INIT for Dependents PAR-MIDDLE-INIT for COBRA participants	
Subscriber Name Prefix (Name Prefix)	A 10	Prefix to individual name	EMP-LAST-NAME-PRE for Employees, Retirees EMD-LAST-NAME-PRE for Dependents (N/A for COBRA Participants)	
Subscriber Name Suffix (Name Suffix)	A 4	Suffix to individual name	EMP-NAME-SUFFIX for Employees, Retirees EMD-NAME-SUFFIX for Dependents (N/A for COBRA Participants)	
Identification Code Qualifier	A 2	"34" = Social Security Number	From BNTRANS record, get BNT-MEMBER-ID:	

		"ZZ" = Mutually defined (required if the National Individual identifier is mandated)	If 1 or 2, then "34"
Subscriber Identifier (Identification Code)	A 15	SSN when available and allowed; until the HIPAA individual identifier is available.	If prior field = 34, then get EMP-FICA-NBR for EE, EMD-FICA-NUMBER for Dependents, and PAR-FICA-NBR for COBRA participants. The SSN should not contain hyphens in the output. If prior field = ZZ, then get EMP-EMPLOYEE for EE, EMD-EMPLOYEE and EMD-SEQ-NBR for Dependents, and PAR-PARTICIPNT for COBRA Participants. If prior field blank, leave blank.
~		**Segment length = 97**	**NM1IL1Smith John Paul 34123456789**
Member Communications Numbers	A 3	PER	Parameter: Emp Contact Numbers: "PER", if not = spaces. Else, do not include this segment. SOM does not have contact numbers for all members. This segment will not be generated for both 'Change' and 'Verify' options.
Contact Function Code	A 2	"IP" = Insured Party	Fixed = "IP"
Communication Number Qualifier	A 2	"EM" = Electronic Mail "EX" = Telephone Extension "FX" = Facsimile "HP" = Home Phone Number "TE" = Telephone "WE" = Work Phone Number	Parameter: Emp Contact Numbers: If 1 or 3, then "HP" If 2, then "WE"
Communication Number	A 20	Complete communications number including country or area code when applicable.	Parameter: Emp Contact Numbers: If 1 or 3, use PEM-HM-PHONE-NBR If 2, use PEM-WK-PHONE-NBR PEM followed by WK-PHONE-EXT.
Communication Number Qualifier	A 2	"EM" = Electronic Mail "EX" = Telephone Extension "FX" = Facsimile "HP" = Home Phone Number	Parameter: Emp Contact Numbers: If 3, then "WE" Else, leave spaces.

		"TE" = Telephone "WE" = Work Phone Number	
Communication Number	A 21	Complete communications number including country or area code when applicable.	Parameter: Emp Contact Numbers: If 3, then PEM-WK-PHONE-NBR followed by PEM-WK-PHONE-EXT. Else, leave spaces.
~		**Segment length = 50**	**PERIPHP6517374657** **WE651767400046311**
Member Residence Street Address	A 2	N3	Parameter: Resident Address "N3", if not spaces. Else, leave all fields in segment spaces.
Subscriber Address Line (Address Information)	A 30	Address Line 1	Parameter: Resident Address For EMPLOYEES/RETIREES: If 1, use EMP-ADDR1 If 2, use PEM-SUPP-ADDR1 For PARTICIPANTS: Use PAR-ADDR1 For DEPENDENTS: Use EMD-ADDR1. If spaces, follow what is used for Employee.
Subscriber Address Line (Address Information)	A 30	Address Line 2	Parameter: Resident Address For EMPLOYEES/RETIREES: If 1, use EMP-ADDR2 If 2, use PEM-SUPP-ADDR2 For PARTICIPANTS: Use PAR-ADDR2 For DEPENDENTS: Use EMD-ADDR2. If spaces, follow what is used for Employee.
~		**Segment length = 62**	**N31410 E 18th Street Apt 5**

Member Residence City, State, Zip Code	A 2	N4	Parameter: Resident Address "N4", if not spaces. Else, leave all fields in segment spaces.
Subscriber City Name (City Name)	A 18	City	Parameter: Resident Address For EMPLOYEES/RETIREES: If 1, use EMP-CITY If 2, use PEM-SUPP-CITY For PARTICIPANTS: Use PAR-CITY For DEPENDENTS: Use EMD-CITY. If spaces, follow what is used for Employee.
Subscriber State Code (State or Province Code)	A 2	Valid state or province code as defined by government authority.	Parameter: Resident Address If 1, use EMP-STATE If 2, use PEM-SUPP-STATE For DEPENDENTS: Use EMD-STATE. If spaces, follow what is used for Employee.
Subscriber Postal Zone or ZIP Code (Postal Code)	A 10	Postal Code	Parameter: Resident Address If 1, use EMP-ZIP If 2, use PEM-SUPP-ZIP For DEPENDENTS: Use EMD-ZIP. If spaces, follow what is used for Employee.
Country Code	A 2	Valid country code	Parameter: Resident Address Only use if value is not "US" If 1, use EMP-COUNTRY-CODE If 2, use PEM-SUPP-CNTRY-CD For DEPENDENTS: Use EMD-COUNTRY-CODE. If spaces, follow what is used for Employee.

~		**Segment length = 34**	**N4Minneapolis MN55457 US**
Member Demographics	A 3	DMG	Fixed = "DMG"
Date Time Period Format Qualifier	A 2	"D8" = Format CCYYMMDD	Fixed = "D8"
Member Birth Date (Date Time Period)	N 8	Date of Birth	Get PEM-BIRTHDATE (Employee, Retiree), EMD-BIRTHDATE (Dependent) or PAR-BIRTHDATE (COBRA).
Gender Code	A 1	"F" = Female "M" = Male "U" = Unknown (should only be used when the gender cannot be obtained)	Check PEM-SEX (Employee, Retiree), EMD-SEX (Dependent), or PAR-SEX (COBRA): F = "F" M = "M" Blank = "U"
Marital Status Code	A 1	"B" = Registered Domestic Partner "D" = Divorced "I" = Single "M" = Married "R" = Unreported "S" = Separated "U" = Unmarried (single, divorced, or widowed; used if previous status is unknown) "W" = Widowed "X" = Legally Separated	Parameter: Marital Status If Yes, check PEM-TRUE-MAR-STAT (Employees and Retirees ONLY): D = "D" S = "I" M = "M" S = "S" U = "U" W = "W" L = "X" O = "R" P = "B" C = "M" Note: Blank, if (BNT-DEPENDENT = spaces, or HRDEPBEN record.) or COBRA.
~		**Segment length = 15**	**DMGD819650512FS**
Member Health Information	A 3	HLH	Parameter: Smoker Status "HLH", if Yes Else, leave blank.

			SOM does not capture smoker information. This segment will not be generated for both 'Change' and 'Verify' options.
Health-Related Code	A 1	"N" = None "S" = Substance Abuse "T" = Tobacco Use "U" = Unknown "X" = Tobacco Use and Substance Abuse	Parameter: Smoker Status If Yes, Get PEM-SMOKER (Employee, Retiree), EMD-SMOKER (Dependent), or PAR-SMOKER (COBRA): use "T", If Smoker = Y use "N", If Smoker = N Else use "U" If parameter = No, leave blank.
~		**Segment length = 4**	**HLHT**
Member Mailing Address	A 3	NM1	Parameter: Mailing Address use "NM1"
Entity Identifier Code	N 2	"31" = Postal Mailing Address	Parameter: Mailing Address Use "31"
Entity Type Qualifier	N 1	"1" = Person	Parameter: Mailing Address Use "1"
~		**Segment length = 6**	**NM1311**
Member Mail Street Address	A 2	N3	Parameter: Mailing Address "N3". Only send Member Mail Street Address and Member Mail City, State, Zip Code when different than Resident Mail Street Address and Resident Mail City, State, Zip Code

Subscriber Address Line (Address Information)	A 30	Address Line 1	Parameter: Mailing Address For EMPLOYEES/RETIREES: If 1, use EMP-ADDR1 If 2, use PEM-SUPP-ADDR1 For PARTICIPANTS: Use PAR-ADDR1 For DEPENDENTS: Use EMD-ADDR1. If spaces, follow what is used for Employee.
Subscriber Address Line (Address Information)	A 30	Address Line 2	Parameter: Mailing Address For EMPLOYEES/RETIREES: If 1, use EMP-ADDR2 If 2, use PEM-SUPP-ADDR2 For PARTICIPANTS: Use PAR-ADDR2 For DEPENDENTS: Use EMD-ADDR2. If spaces, follow what is used for Employee.
~		**Segment length = 62**	**N3P.O. Box 1234**
Member Mail City, State, Zip Code	A 2	N4	Parameter: Mailing Address Only send Member Mail Street Address and Member Mail City, State, Zip Code when different than Resident Mail Street Address and Resident Mail City, State, Zip Code
Subscriber City Name (City Name)	A 18	City	Parameter: Mailing Address For EMPLOYEES/RETIREES: If 1, use EMP-CITY If 2, use PEM-SUPP-CITY For PARTICIPANTS: Use PAR-CITY For DEPENDENTS:

			Use EMD-CITY. If spaces, follow what is used for Employee.	
Subscriber State Code (State or Province Code)	A 2	Valid state or province code as defined by government authority.	Parameter: Mailing Address If 1, use EMP-STATE If 2, use PEM-SUPP-STATE For DEPENDENTS: Use EMD-STATE. If spaces, follow what is used for Employee.	
Subscriber Postal Zone or ZIP Code (Postal Code)	A 10	Postal Code	Parameter: Mailing Address If 1, use EMP-ZIP If 2, use PEM-SUPP-ZIP For DEPENDENTS: Use EMD-ZIP. If spaces, follow what is used for Employee.	
Country Code	A 2	Valid country code	Parameter: Mailing Address Only use if not = "US' If 1, use EMP-COUNTRY-CODE If 2, use PEM-SUPP-CNTRY-CD For DEPENDENTS: Use EMD-COUNTRY-CODE. If spaces, follow what is used for Employee.	
~		**Segment length = 34**	**N4Minneapolis MN55457-1234US**	
Health Coverage	A 2	HD	Fixed = "HD"	
Maintenance Type Code	N 3	"001" = Change "002" = Delete "021" = Addition "024" = Cancellation or Termination "030" = Audit or Compare	Tran Purpose = 1 (Update): If 1, then value here is based on BNT-TRAN-ACTION. • If FC = A, then "021" • If FC = C, then "001" • If FC = S, then "024" • If FC = D, then 002"	Tran Purpose = 2 (Validate): Fixed = "030"
Insurance Line Code	A 3	"AG" = Preventative Care/Wellness	For Plan Type and Plan from PLAN,	

		"AH" = 24 Hour Care "AJ" = Medicare Risk "AK" = Mental Health "DCP" = Dental Capitation (for DMO) "DEN" = Dental "EPO" = Exclusive Provider Organization "FAC" = Facility "HE" = Hearing "HLT" = Health (both Hospital and Professional Care) "HMO" = Health Maintenance Organization "LTC" = Long Term Care "LTD" = Long Term Disability "MM" = Major Medical "MOD" = Mail Order Drug "PDG" = Prescription Drug "POS" = Point of Service "PPO" = Preferred Provider Organization "PRA" = Practitioners "STD" = Short Term Disability "UR" = Utilization Review "VIS" = Vision	PLN-HIPAA-INS-CODE.
Plan Coverage Description	A 30	Free form descriptive information	PLN-DESC for the Plan Type, Plan on the PLAN record.

Coverage Level Code	A 3	"ECH" = Employee and Children "EMP" = Employee Only "ESP" = Employee and Spouse "FAM" = Family	Parameter: Include Coverage Options. If Y, then use Cov-Dependents and Nbr-Dependents from BNCOVOPT for the BEN-COV-OPTION (Employee) or PTB-COV-OPTION (COBRA or Retiree) for the subscriber. • If Cov-Dependents = N, use "EMP" • If Cov-Dependents = S, use "ESP" • If Cov-Dep = D or B, and Nbr-Dependents = 1, use "E1D" • If Cov-Dep = D or B, and Nbr-Dependents = 2, use "E2D" • If Cov-Dep = D or B, and Nbr-Dependents = 3, use "E3D" • If Cov-Dep = D or B, and Nbr-Dependents > 3, use "FAM" If N, leave blank. If Coverage Option = 3, use "ECH" ***This element must be blank for dependents!!***	
~		**Segment length = 41**	**HD021HLTStandard Indemnity Health Plan EMP**	
Health Coverage Dates	A 3	DTP	Fixed = "DTP"	
Date/Time Qualifier	N 3	"303" = Maintenance Effective "348" = Benefit Begin "349" = Benefit End "543" = Cobra Last Premium Paid Date	<u>Tran Purpose = 1 (Update):</u> From BNTRANS get BNT-TRAN-ACTION: If FC = A, use "348" & 543 for Cobra Participant and DC Retiree If FC=C, use "303" & "348" & 543 for Cobra Participant and DC Retiree If FC = S or D, use "349" & "303" & "348" & 543 for Cobra Participant and DC Retiree	<u>Tran Purpose = 2 (Verify):</u> Fixed = "348" & 543 for Cobra Participant and DC Retiree

Date/Time Period Format Qualifier	A 2	"D8" = Format CCYYMMDD	Fixed = "D8"	
Coverage Period (Date/Time Period)	N 8	Date, Time, or Date and Time. May also include ranges of Dates and/or Times.	Tran Purpose = 1 (Update): From BNTRANS get BNT-EFFECT-DATE (CCYYMMDD).	<u>Tran Purpose = 2 (Verify):</u> Use the Start Date of the benefit record for all types.
~		**Segment length = 16**	**DTP348D820020601**	
Health Coverage Policy	A 3	AMT	Parameter: Include Premium Amounts If Y, use "AMT" Else, leave blank. This segment will be generated only for Flexible Spending Accounts (vendor = FBMC).	
Amount Qualifier Code	A 2	"B9" = Co-Insurance – Actual "C1" = Co-Payment Amount "D2" = Deductible Amount "P3" = Premium Amount	Parameter: Include Premium Amounts If Y, use "P3" Else, leave blank.	
Contract Amount (Monetary Amount)	N 13	Amount	Parameter: Include Premium Amount If Y, use BEN-TOT-CONTRIB Else, leave blank (zeroes).	
~		**Segment length = 18**	**AMTP300000000186.38**	
Identification Card	A 3	IDC	Parameter: Identification Cards Requested If not = zero, use "IDC" Else, leave blank. This segment will not be generated for both 'Change' and 'Verify' options.	
Plan Coverage Description	N 1	(If not used, include a single zero)	Fixed = "0"	
Identification Card Type Code	A 1	"D" = Dental Insurance "H" = Health Insurance "P" = Prescription Drug Service	Parameter: Identification Cards Requested If not = zero, get Plan Type (Key3) from BNTRANS record. If HL, use "H" If DN, use "D" Else, leave blank	
Identification Card Count	N 1	Send a value only if greater than 1.	Parameter: Identification Cards Requested	

			If > 1, use the value entered Else leave blank (zero).
~		**Segment length = 5**	**IDCH2**
Provider Information	A 2	LX	Parameter: Primary Care Provider. If Y, use "LX" If N, leave blank. SOM does not capture provider information. This segment will not be generated for both 'Change' and 'Verify' options.
Assigned Number	N 2	Automatically assigned number (incremental).	Parameter: Primary Care Provider. If Y, use = "01"
~		**Segment length = 4**	**LX01**
Provider Name	A 3	NM1	Parameter: Primary Care Provider. If Y, use "NM1", and fill in segments that follow, Else leave blank. SOM does not capture provider information. This segment will not be generated for both 'Change' and 'Verify' options.
Entity Identifier Code	A 2	"3D" = Obstetrics and Gynecology Facility "OD" = Doctor of Optometry "P3" = Primary Care Provider "QA" = Pharmacy "QN" = Dentist "Y2" = Managed Care Organization	Parameter: Primary Care Provider. If Y, use "P3" Else leave blank

Entity Type Qualifier	N 1	"1" = Person "2" = Non-Person Entity	Parameter: Primary Care Provider. If Y, get PEM-PRIMARY-CARE, for EE, EMD-PRIMARY-CARE for Dependents, From HRUTILITY: System = BN Release = 7 Rel Level = 2 Key1 = HR80F9 Key2 = PC Key3 = PEM-PRIMARY-CARE If positions 32-61 in HUT-DATA are not = spaces, use "1". Else, use "2" If no record found, or parameter = N, leave blank (zero).
Provider Last or Organization Name (Name Last or Organization Name)	A 30	Name only used when not able to provide the standard ID number	Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), If field above = "1", get positions 32-61. If field type = "2", get positions 78-107. If field above is blank, or parameter = N, leave blank.
Provider First Name (Name First)	A 15	Name only used when not able to provide the standard ID number	Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), If field above = "1", get positions 62-76. Else, leave blank.
Provider Middle Name (Name Middle)	A 1	Name only used when not able to provide the standard ID number	Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), If field above = "1", get positions 77. Else, leave blank.
Identification Code Qualifier	A 2	"34" = Social Security Number "FI" = Federal Taxpayer's Identification Number "XX" = Health Care Financing Administration National Provider	Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), Get position 31. If 1, then use "34"

		Identifier (required if mandated for use)	If 2, then use "FI" Else, leave blank
Provider Identifier (Identification Code)	A 30		Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), Get positions 1-30.
Entity Relationship Code	N 2	"25" = Established Patient "26" = Not Established Patient "72" = Unknown	Parameter: Primary Care Provider If Y, then get record from HRUTILITY: System = BN Release = 7 Rel Level = 2 Key1 = HR11 Key2 = Company Key3 = Employee Get position 9 from HUT-DATA. If 1, use "26" If 2, use "25" Else, use "72". If Parameter = N, leave blank (zeroes).
~		Segment **length = 86**	**NM1P32Fairview Clinic FI35-2348763 25**
******END OF REPEATING SEGMENTS******			
Transaction Set Trailer	A 2	SE	Fixed = "SE"
Transaction Segment Count	N 10	Total number of data segments, including ST and SE.	Cannot exceed 10,000.
Transaction Set Control Number	N 4	Must match the control number used in the ST segment; used as a unique identifier?	Fixed = "0001" (Must match number in beginning segment.)
~		Segment **length = 16**	**SE00000000530001**

ORS HIPAA 834 Companion Guide

Description:

This batch program is run on a scheduled basis each week and is used to extract data to populate the Health Care Enrollment Data File in order to capture new health care enrollment member information to be sent to each respective health care vendor. When this batch program is requested to run as a resubmission, the data extract is the same as a previous file to a vendor on a specified date.

Data Rules:

Selection Criteria:

Scheduled Job Stream (original file sent to vendors)

Health Care Enrollment Data Tape

Rule 1: This data file must capture and transmit all change instances of a health care plan. Once a record of the modification has been sent, it will not be sent again in a future batch run of this data file.

Examples:

1. If a dependent is added to the coverage of an existing contract, then send the information of the new dependent only.
2. If a dependent was dropped from the coverage, then send the information of the dependent who was dropped from the coverage.
3. If a new contract has been added, then the information on all the dependents covered in the health care contract will be sent to the vendor.
4. If a contract was ended, then the information on all the dependents will be sent to the vendor.

Rule 2: Once a record which represents a modification (an add, end, or update) is included in the batch, a flag field will be set (i.e. turned on) to indicate that the modification has been sent. This will prevent the record from being selected in a future batch run and prevent the health care plan from being deleted.

Rule 3: Whenever a change is made to existing contract policy to update missing contract person information, using a reason code as “updating data”, the batch process should not send the information to the vendor.

- Selection Criteria:
    - Select records which have been modified (added, terminated, updated) on and before the date of the current batch run and where the ‘Sent’ indicator (see Rule 2 above) is set to ‘off’ (0) and also the ‘Rdy_in’ is set to 1. This indicator can be set to true (1) or false (0) from Tab Health Care. This will include records where the ‘Change Effective Date’ field may have been set for any date during the week or any time in the past.

After conclusion of the batch, set the 'Sent' indicator to 'on' (1) for all records which were picked up in the selection. Set the sent date to the business date of the batch run.

- Include in this selection, records where the 'Change Effective Date' field has been set for a future date up to and including sixty (60) days beyond the date of the batch run. After conclusion of the batch, set the 'sent' indicator to 'on' (1) for all records which were picked up in the selection. Set the sent date to the business date of the batch run.
- Do not include records where the 'Change Effective Date' of the modification is set more than sixty (60) days beyond the date of the batch run.
- Select records which have had an address change on and before the date of the current batch run from the end of the previous batch run. This will include records where be_addr.addr_ln1_nm or be_addr.addr_ln2_nm has been modified for any person owning a health care contract (subscribers). Any address changes made to non-health care owners will not be selected. Additionally, only address information will be selected for health care contract owners who only have changes made to their address information and not their health care contract information. Should a member have an address change and also health care information changes, all relevant address and health care data will be selected and written to the data file.
- Select records which have had a name, birth date or SSN change on and before the date of the current batch run from the end of the previous batch run. This will include records where be_prsn.fst_nm, be_prsn.last_nm, be_prsn.mid_nm, be_prsn.dsgtn.cd, be_prsn.sfx.cd, be_prsn.brth_dt or be_prsn.ss_nr has changed for any person owning a health care contract. Any name or SSN changes made to non-health care owners will not be selected. Additionally, only name and SSN information will be selected for health care contract owners and covered related individuals who only have changes made to their name, birth date and SSN and not their health care contract information. Should a member have a name, birth date or SSN change and also health care information changes, all relevant name, birth date, SSN and health care data will be selected and written to the data file.

Requested Job Stream (for file resubmission to vendors)

Rule 1: This data file must recapture and transmit all change instances of a health care plan based on specific input parameters. The parameters are as follows:

Vendor – Vendor for which the file will be resubmitted

Original Run Date – Date of the original file run date for a chosen vendor

- Selection Criteria:
  - Select records where the sent date equals the original run date entered by the user.

Data Population Rules:

Segment ISA

- This is a fixed length segment.

1. Authorization Information Qualifier

00 – No Authorization Information Present

2. Authorization Information

Fill with spaces. File is not reporting authorization information.

3. Security Information Qualifier

00 – No Security Information Present

4. Security Information

Fill with spaces. File is not reporting security information.

5. Interchange ID Qualifier

30 – U.S. Federal Tax Identification Number

6. Interchange Sender ID

Retirement System Tax ID number (be_org.tax_id_nr) with trailing spaces

7. Interchange ID Qualifier

30 – U.S. Federal Tax Identification Number

8. Interchange Receiver ID

Tax ID number of the receiver/health care vendor (be_org.tax_id_nr) with trailing spaces

9. Interchange Date

Denotes the date that the file is created and will always be the business date on which the job is run in YYMMDD format.

10. Interchange Time

Denotes the time that the file is created and will always be the time on the business date on which the job is run in HHMM format.

11. Interchange Control Standards Identifier

^ – U.S. EDI Community of ASC X12, TDCC, and UCS

12. Interchange Control Version Number

00501 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

13. Interchange Control Number

Unique system-defined number given to each file. This number will start with '000000001' and increase by an increment of 1 for each respective file produced.

14. Acknowledgement Requested

0 – No Acknowledgement Requested

15. Usage Indicator

Indicates whether the file produced is a test file or a real production submission (be_834_file_typ.file_typ_cd)

P – Production Data
T – Test Data

16. Component Element Separator

: - Component element separator (if needed)

Segment GS

17. Functional Identifier Code

BE – Benefit Enrollment and Maintenance (834)

18. Application Sender's Code

Retirement System Tax ID number (be_org.tax_id_nr)

19. Application Receiver's Code

Tax ID number of the receiver/health care vendor (be_org.tax_id_nr)

20. Date

Denotes the date that the file is created and will always be the business date on which the job is run in CCYYMMDD format.

21. Time

Denotes the time that the file is created and will always be the time on the business date on which the job is run in HHMM format.

22. Group Control Number

Unique system-defined number given to each group. This number will start with '000000001' and increase by an increment of 1 for each respective group submitted in a file.

23. Responsible Agency Code

X – Accredited Standards Committee X12

24. Version/Release/Identifier Code

005010X220A1 – Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

Implementation guide used – National Electronic Data Interchange Transaction Set Implementation Guide, Benefit Enrollment and Maintenance, 834, ASC X12N 834 (005010X2201) from the Washington Publishing Company August 2006.

Segment ST

25. Transaction Set ID Code

834 **-** Benefit Enrollment and Maintenance

26. Transaction Set Control Number

Unique system-defined number given to each record in the file and signifies the beginning of a transaction set with this control number. This number will start with '0001' and increase by an increment of 1 for each respective vendor file produced.

27. Implementation Convention Reference
005010X220A1 – Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

Implementation guide used – National Electronic Data Interchange Transaction Set Implementation Guide, Benefit Enrollment and Maintenance, 834, ASC X12N 834 (005010X2201) from the Washington Publishing Company August 2006.

Segment BGN

28. Transaction Set Purpose Code

00-Original; Used only in the scheduled batch; Number will increase by 1 for each vendor file created
15-Re-Submission; Used only in the JS-Request Health Care Data File Resubmission; Number will increase by 1 for each vendor file created

29. Reference ID #

System generated number which denotes the beginning of a transaction set; Stored in tp_cntrct_prsn_enroll_dtls. This number will increase by 1 for each vendor file created. This number will start with '1' and increase by an increment of 1 for each respective vendor file produced.

30. Date

Denotes the date that the file is created and will always be the business date on which the job is run in CCYYMMDD format.

31. Time

Denotes the time that the file is created and will always be the time on the business date on which the job is run in HHMM format.

32 Action Code

2 – Change; Denotes type of file
4 – Full File

Segment DTP

33. Date/Time Qualifer

007 – Effective

34. Date Time Period Format Qualifer

D8 – Date Expressed in Format CCYYMMDD

35. Date Time Period Format Qualifer

Date of file generation

Loop 1000A, Segment N1

36. Entity ID Code

P5 Plan Sponsor; Designates entity within the Sponsor segment

37. Name

Retirement System Name: 'Michigan Office of Retirement Services' (be_org.org_nm)

37. Identification Code Qualifier

FI – Federal Taxpayer's ID number

38. Identification Code

Retirement System Tax ID number (be_org.tax_id_nr)

Loop 1000B, Segment N1

39. Entity Identifier Code

'IN' – Insurer

40. Name

Vendor name (be_org.org_nm)

41. Identification Code Qualifier

FI – Federal Taxpayer's ID number

42. Identification Code

Vendor Tax ID number (be_org.tax_id_nr)

Loop 2000, Segment INS

43. Yes/No Condition Code

N = No; If member = non-subscriber, insert 'N' (where be_cntrct_prsn.hc_reln_typ_cd <> 'SLF')
Y = Yes; If member = subscriber, insert 'Y' (where be_cntrct_prsn.hc_reln_typ_cd = 'SLF')

44. Individual Relationship

From be_prsn_reln.reln_typ_cd

01 Spouse – 'SPOS' (Spouse)
05 Grandson or Granddaughter – 'GNDC' (Grand Child)
07 Nephew or Niece – 'NEPH' (Nephew) or 'NIEC' (Niece)
09 Adopted Child – 'ADCH' (Adopted Child)
13 Mother-in-law or Father-in-law – 'MILW' (Mother-in-Law) or 'FILW' (Father-in-Law)
14 Brother or Sister – 'BRO' (Brother) or 'SIS' (Sister)
17 Stepson or Stepdaughter – 'STCH' (Step Child)
18 Self – 'SLF' (Self from be_hc_cntrct.hc_reln_typ_cd)
19 Child – 'CHLD' (Child)
32 Mother – 'MTHR' (Mother)
33 Father – 'FTHR' (Father)

45. Maintenance Type Code

001-Change; Use when changes to plan
021-Addition; Use when adding a new enrollment
024-Cancellation or Termination; Use when suspending a plan
025-Reinstatement; Use when activating a suspended plan
030-Audit or Compare (Full File)

Specific code to use will be determined by the maintenance reason code in the next field

46. Maintenance Reason Code

Map reason codes to the maintenance type codes (maintenance type codes in parenthesis):

Existing reason codes:
01-Divorce (024)
02-Birth (021)
03-Death (024)
05-Adoption (021)
07-Termination of Benefits (024)
10 – COBRA / Pays-us Premium Paid
11-Surviving Spouse (021)
14 Voluntary Withdrawal (024)
18-Suspended (024)
25-Change in Identifying Data Elements (001); This code will be used for name, DOB, phone, e-mail, etc

28-Initial Enroll (021)
32-Marriage (021)
41-Re-Enrollment (025)
43-Change of Location (001); This code will be used for address changes;
59-Non-Payment (024)

47. Benefit Status Code

A – Active; Select from be_hc_cntrct where end_dt = '2999-12-31 00:00:00.000'; All health care contract owners and their covered dependents will be listed as 'Active' if the owner is not deceased and reason code is not 'Survivor Activation'.
C – COBRA; This value is set if be_cntrct_policy_elctn.cobra_in = 1
S – Surviving Insured; This value is set if the reason code is Survivor Activation and no death date is populated for the contract owner.

48. Medicare Plan Code

A – If Medicare Part A exists;
Select where be_cntrct_prsn.medicare_in = 1 and
Part_ A_eff_dt is not null and
Part_B _eff_dt is null;

B – If Medicare Part B exists;
Select where be_cntrct_prsn.medicare_in = 1 and
Part_ B_eff_dt is not null and
Part_A_eff_dt is null;
;
C – If Medicare Part A and B exists;
Select where be_cntrct_prsn.medicare_in = 1 and
Part_A_eff_dt is not null and
Part_B_eff_dt is not null;

E – No Medicare; Select where be_cntrct_prsn.medicare_in = 0

Determines if the member is a Medicare recipient

49. Employment Status Code

RT – Retired
TE – Terminated; this code will be populated for all records that are terminated.

50. Student Status Code

F – Full-time (where be_cntrct_prsn.student_in = 1)
N – Not a Student (where be_cntrct_prsn.student_in = 0)

Determines if the member is a student

51. Yes/No Condition Response Code

N = No
Y = Yes

Determines if the member is disabled (be_cntrct_prsn.disabled_in)

52. Date Time Period Format Qualifier

- Populate only if Date of Death exists;

Constant – ‘D8’ (Date Expressed in Format CCYYMMDD)

53. Date Time Period

- Populate only if Date of Death exists;

Date of Death (CCYYMMDD) (be_prsn.deth_dt)

Loop 2000, Segment REF

54. Reference Identification Qualifier

0F – Subscriber Number

55. Reference Identification

Subscriber SSN (be_prsn.ss_nr)

Loop 2000, Segment REF

56. Reference Identification Qualifier

6O – Cross Reference SSN

57. Reference Identification

Cross Reference Owner’s SSN

Loop 2000, Segment REF

58. Reference Identification Qualifier

ZZ – Mutually Defined

59. Reference Identification

Combination of system (be_pln.pln_id), benefit structure type (be_bene_struc_ref. bene_struc_cli_cd) and retirement effective date (be_bene_acct.rtrmt_dt) concatenated

Ex) SERS, SERS DB Classified, 01/01/2004 would write to the file as ‘1&SDBC&20040801’; The Ampersand is the delimiter used to separate the three attributes.

Loop 2000, Segment REF

- Populate only if HIC number is available.

60. Reference Identification Qualifier

F6 – Medicare HIC number

61. Reference Identification

Medicare HIC number - (be_cntrct_prsn.HIB is not null)

Loop 2000, Segment DTP

62. Date/Time Qualifier

286 – Retirement

63. Date/Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

64. Date Time Period

Retirement Effective Date (be_bene_acct.rtrmt_dt; CCYYMMDD)

Loop 2000, Segment DTP

65. Date/Time Qualifier

356 – Reason date

66. Date/Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

67. Date Time Period

Reason Date (be_cntrct_prsn.reason_dt; CCYYMMDD)

Loop 2000, Segment DTP

- Only if Benefit status Code = C (COBRA)

68. Date/Time Qualifier

340 – COBRA Begin

69. Date/Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

70. Date Time Period

COBRA Start Date

Loop 2000, Segment DTP

- Only if Benefit status Code = C (COBRA)

71. Date/Time Qualifier

341 – COBRA End

72. Date/Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

73. Date Time Period

COBRA End Date

Loop 2000, Segment DTP

- Only if Medicare plan code (field #45) is A or C

74. Date/Time Qualifier

338 – Medicare Begin

75. Date/Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

76. Date Time Period

Populate with the Medicare A effective date (be_cntrct_prsn.part_a_eff_dt); (CCYYMMDD)

Loop 2000, Segment DTP

- Only if Medicare plan code (field #45) is B or C

77. Date/Time Qualifier

338 – Medicare Begin

78. Date/Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

79. Date Time Period

Populate with the Medicare B effective date (be_cntrct_prsn.part_b_eff_dt); (CCYYMMDD)

Loop 2100A, Segment NM1

80. Entity Identifier Code

IL – Insured or Subscriber; Used when identifying information of a new health care policy owner
74 – Corrected Insured; Used in correcting the identifying information of a member who is already enrolled, including name and SSN changes

81. Entity Type Qualifier

1 – Person

82. Name Last or Organization Name

Member's last name (be_prsn.last_nm)

83. Name First

Member's first name (be_prsn.fst_nm)

84. Name Middle

Member's middle name (be_prsn.mid_nm)

85. Name Prefix

Member's name prefix (be_prsn.dsgtn_cd)

86. Name Suffix

Member's name suffix (be_prsn.sfx_cd)

87. Identification Code Qualifier

34 – SSN

88. Identification Code

Member's SSN (be_prsn.ss_nr)

Loop 2100A, Segment PER

- Populate only if a Home phone number is available for the subscriber

89. Contact Function Code

IP – Insured Party

90. Communication Number Qualifier

HP – Home Phone Number

91. Communication Number

The subscriber's home phone number (be_tel.tel_nr)

92. Communication Number Qualifier

EM – Electronic Mail

93. Communication Number

The subscriber's E-mail address

Loop 2100A, Segment N3

- Populate Member's Physical Address

94. Address Information

The member's physical address line 1 (be_addr.addr_ln1_nm)

95. Address Information

The member's physical address line 2;

Loop 2100A, Segment N4

- Populate member's Physical Address

96. City Name

The member's physical address city of residence (be_addr.city_nm)

97. State or Province Code

The member's physical address state or province code of residence (be_addr_st_cd or be_addr.frgn_prov_cd)

98. Postal Code

The member's physical address postal code of residence (be_addr.zip_cd)

99. Country Code

The member's physical address country of residence (be_addr.ctry_cd); The country code is required by 834 format guidelines to be a two character code derived from the ISO 3166 list of country codes. This list is found at:

http://www.iso.org/iso/en/prods-services/iso3166ma/02iso-3166-code-lists/list-en1.html

100. Location Qualifer

- Only populates when State or Province Code is equal to MI

CY – County

101. Location Identifier

Populates the MI County

Loop 2100A, Segment DMG

102. Date Time Period Format Qualifier

D8 – (Date Expressed in Format CCYYMMDD)

103. Date Time Period

Member's (be_prsn.brth_dt) (Date Expressed in Format CCYYMMDD)

104. Gender Code

F – Female (select where be_prsn.sex_cd = 'F')
M – Male (select where be_prsn.sex_cd = 'M')
U – Unknown (select where be_prsn.sex_cd = 'UKNW'

Loop 2100C, Segment NM1

105. Entity Identifer Code

31 – Postal Mailing Address

106. Entity Type Qualifer

1 – Person

107. Entity Identifer Code

31 – Postal Mailing Address

Loop 2100C, Segment N3

108. Address Information

Member Mailing Address Line 1

109. Address Information

Member Mailing Address Line 2

110. Address Information

Member Mailing Address Line 1

Loop 2100C, Segment N4

111. City Name

The member's Mailing address city

112. State or Province Code

The member's mailing address state or province code

113. Postal Code

The member's mailing address postal code of residence

114. Country Code

The member's mailing address country of residence (be_addr.ctry_cd); The country code is required by 834 format guidelines to be a two character code derived from the ISO 3166 list of country codes. This list is found at:

Loop 2100G, Segment NM1

115. Entity Identifier Code

GD = Guardian
J6 = POA
LR = Conservator

116. Entity Type Qualifer

1 - Person

117. Name Last or Organization Name

Responsible Person Last Name or Organization name

Loop 2100G, Segment N3

118. Address Information

Responsible Person Address Line 1

119. Address Information

Responsible Person Address Line 2

Loop 2100G, Segment N4

120. City Name

The Responsible Person's City

121. State or Province Code

The Responsible Person's address state or province code

122. Postal Code

The Responsible Person's postal code of residence

123. Country Code

The Responsible Person's country of residence (be_addr.ctry_cd); The country code is required by 834 format guidelines to be a two character code derived from the ISO 3166 list of country codes. This list is found at:

Loop 2200, Segment DSB

- Populate only if the subscriber is a disability retiree

124. Disability Type Code

3 – Permanent or Total Disability (where be_cntrct_prsn.disabled_in = 1)

Loop 2200, Segment DTP

- Populate only if the subscriber is a disability retiree

125. Date/Time Qualifier

360 – Disability Begin

126. Date Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

127. Date Time Period

Retirement Effective Date (CCYYMMDD)

Loop 2300, Segment HD

128. Maintenance Type Code

Similar to Loop 2000, Segment INS, Maintenance Type Code.

129. Insurance Line Code

The following values will be populated for different vendors
DEN – Dental Vendors
HLT – Health Vendors
HMO – Health Maintenance Organization
PDG- Prescription Drug
VIS – Vision Vendors
AK-Mental Health Vendors

130. Coverage Level Code

The following values will be populated based on the coverage level code
EMP – Employee only
ESP – Employee and Spouse
ECH – Employee and Children
FAM – This will be used in the case of Self, Spouse and Children coverage
SPO – Spouse Only
SPC – Spouse and Children
E5D – Employee and one or more dependents – This will be used when parents are covered
CHD – Children Only.
DEP – Dependent Only.

Loop 2300, Segment DTP

131. Date/Time Qualifier

303 – Maintenance effective date
348 – Benefit Begin. This denotes the effective date of the coverage. This code should always be send when adding coverage.
349 – Benefit End. This denotes the subscriber's or dependent's benefit end.
543 – Last Premium Paid Date

132. Date Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

133. Date Time Period

Change Effective Date (CCYYMMDD)

Loop 2320,Segment COB
To supply information on coordination of benefits

134. Payer Responsibility Sequence Number Code

This is the code identifying the insurance carrier's level of responsibility for payment of a claim.
P – Primary
S – Secondary
T – Tertiary
U – Unknown

For Medicare retiree this field will have 'P'.

135. Reference Identification

Always supply the policy number when it is available. For Medicare retiree this field will have the HIB number.

136. Coordination of Benefits Code
Code identifying whether there is coordination of benefits.
1 – Coordination of Benefits
5 – Unknown
6 – No Coordination of Benefits.

For Medicare Retiree this field will have 1.

Loop 2320 Segment REF – To specify the identifying information.
The REF segment will not be populated for the Medicare retiree or if the group number is empty.

137. Reference Identification Qualifier

6P – Group Number

138. Reference Identification
Member Group or Policy Number

Loop 2320 Segment DTP -
This segment will not be sent if the cob effective date is not available.

139. Date/Time Qualifier

344 – Coordination of Benefits Begin

140. Date Time Period Format Qualifier

D8 – Date Expressed in Format CCYYMMDD

141. Date Time Period

Coordination of benefits date.

Loop 2320Segment NM - To identify the party by type of organization, name and code.

142. EntityIdentifier Code

IN – Insurer

143. EntityType Qualifer

2 – Non-Person Entity

144. Name

Send the insurance company name.
For Medicare retiree, if the Medicare plan code is A or C this field will have the value ‘Medicare Part A’. If the Medicare plan code is
the value ‘Medicare Part B’.

Segment SE

145. Number of Included Segments

Calculated; Sum of all segments included in respective vendor file

146. Transaction Set Control Number

Unique system-defined number given to each record in the file and signifies the end of a transaction set with this control number. This number will start with ‘0001’ and increment by 1 for each respective vendor file produced. Should be the same number as the Transaction Set Control Number listed in the Transaction Set Header segment (Data Element number 2 above).

Segment GE

147. Number of Transaction Sets Included

Count of the number of ST segments included in the file.

148. Group Control Number

Identical to the control number used in data element 22 (GS06)

Segment IEA

149. Number of Included Functional Groups

Count of the number of GS segments included in the file.

150. Interchange Control Number

Identical to the control number used in data element 13 (ISA13)

ORS HIPAA 834 File Layout

ISA*00* *00* *30*386000134 *30*<Vendor Tax ID#>
*120504*2359*^*00501*000000001*0*P*:~
GS*BE*386000134*<Vendor Tax ID#>*20120504*2359*1*X*005010X220A1~
ST*834*0235*005010X220A1~
BGN*00*235*20120504*2359****2~
DTP*007*D8*20120504~
N1*P5*MICHIGAN OFFICE OF RETIREMENT SERVICES*FI*386000134~
N1*IN*<Vendor Name>*FI*<Vendor Tax ID#>~
INS*Y*18*021*28*A*E**RT*N*N~
REF*0F*123456789~
REF*6O*123456789~
REF*ZZ*2&MIPG&20040501~
REF*F6*123456789A~
DTP*286*D8*20040501~
DTP*356*D8*20120701~
NM1*IL*1*DOE*JANE*L***34*123456789~
PER*IP**HP*1234567890~
N3*123 FIRST ST~
N4*BELLEVUE*MI*49021~
DMG*D8*19500101*F~
HD*021**HLT**SPO~
DTP*348*D8*20120701~
INS*Y*18*001*43*A*C**RT*N*N~
REF*0F*987654321~
REF*6O*987654321~
REF*ZZ*2&MIPG&19980701~
REF*F6*987654321A~
DTP*286*D8*19980701~
DTP*356*D8*20080401~
DTP*338*D8*20080401~
DTP*338*D8*20080401~
NM1*IL*1*DOE*JOHN*H***34*987654321~
PER*IP**HP*1234567890~
N3*111 MAIN ST~
N4*SALINE*MI*48176~
DMG*D8*19450401*M~
HD*001**HLT**ESP~
DTP*303*D8*20120501~
COB*P*987654321A*1~
DTP*344*D8*20080424~
NM1*IN*2*MEDICARE PART A~
COB*P*987654321A*1~
DTP*344*D8*20080424~
NM1*IN*2*MEDICARE PART B~
INS*Y*18*025*41*A*E**RT*N*N~

REF*0F*565656565~
REF*6O*565656565~
REF*ZZ*2&BASC&19860201~
DTP*286*D8*19860201~
DTP*356*D8*20210501~
NM1*IL*1*RETIREE*RANDEE*R***34*565656565~
N3*4101 RETIREE LANE~
N4*VACATION*MI*12345**CY*LAND~
DMG*D8*19471120*F~
HD*025**DEN**DEP~
DTP*348*D8*20210501~
INS*Y*18*024*07*A*C**TE*N*N~
REF*0F*987654321~
REF*6O*987654321~
REF*ZZ*2&BASC&20100701~
REF*F6*162406896A~
DTP*286*D8*20100701~
DTP*356*D8*20130831~
DTP*338*D8*20130501~
DTP*338*D8*20130501~
NM1*IL*1*SMITH*JOE*M**JR*34*987654321~
PER*IP**HP*1234567890~
N3*9999 TEST DRIVE~
N4*LANSING*MI*48075~
DMG*D8*19480523*M~
HD*024**HLT**ESP~
DTP*349*D8*20130831~
COB*P*987654321A*1~
DTP*344*D8*20130501~
NM1*IN*2*MEDICARE PART A~
COB*P*9876543216A*1~
DTP*344*D8*20130501~
NM1*IN*2*MEDICARE PART B~
SE*86*0235~
GE*1*1~
IEA*1*000000001~

SCHEDULE L – SERVICE AVAILABILITY REPORT

CONTRACT NO. 220000001116

Refer also to Schedule A, Section 2.7.2 and Schedule D, Exhibit 1.

SERVICE AVAILABILITY REPORT: January 1, XXXX through December 31, XXXX

Hosted Service	Service Availability Requirement (%) Monthly	Service Availability Performance (%) Monthly	Corrective Action of Service Failure
OptumRx Client Portal			
OptumRx Member Portal			
OptumRx Member Mobile			
RXCLAIM Pharmacy Claims Adjudication (RXCL2)			
RxTrack IDW			
OptumRx Provider Portal			

SCHEDULE N - DEFINITIONS

Administration Fee means the agreed upon amount that will be paid to the Contractor by the Plan Sponsor for administration of the pharmacy benefit Plan.

Authorized Generic means prescription drugs that are produced by brand companies and marketed as generics under private label.

Average Wholesale Price (AWP) means the “average wholesale price” for the actual package size of the legend drug dispensed as set forth in the most current pricing list in Medi-Span’s Prescription Pricing Guide (with supplements). Contractor must use a single nationally recognized reporting service of pharmaceutical prices for Plan Sponsor and such source will be mutually agreed upon by Contractor and Plan Sponsor. Contractor must use the manufacturer’s full actual 11-digit National Drug Code (NDC) to determine AWP for the actual package size on the date the drug is dispensed for all legend drugs dispensed through retail pharmacies, mail service pharmacies and specialty pharmacies. Repackaging which has the effect of inflating AWP is explicitly prohibited. “Price shopping”, meaning the Contractor’s use of multiple AWP reporting services in order to select the most advantageous AWP price as a means to inflate discount calculations, is prohibited.

Biosimilar Drug or Biosimilars means a drug that is approved by the Food and Drug Administration as a “biosimilar” product, as such term is defined at 42 U.S.C. §262(i)(2), pursuant to the provisions of 42 U.S.C. §262(k), or pursuant to any successor legislative provision relating to expedited approval of biological products which are highly similar to a reference biological product.

Brand Name Drug means a legend drug, product or OTC with a proprietary name assigned to it by the manufacturer and distributor and so indicated by Medispan© (or mutually agreed upon nationally recognized publication if unavailable). Brand Drugs include Single-Source Brand Drugs and Multi-Source Brand Drugs.

Business Associate means a person assisting a Covered Entity in connection with its payment, treatment or health care operations, as more fully defined in 45 CFR §160.103.

Business Day (whether capitalized or not) means any day other than a Saturday, Sunday, or State-recognized legal holiday from 8:00am EST through 5:00pm EST unless otherwise stated.

Coinsurance means that portion of the charge for Covered Services, calculated as a percentage of the allowed charge, which is to be paid by Members pursuant to the Plan Sponsor's Plan Guidelines (or for certain Participating Pharmacies, if less, the U&C of

the Covered Products).

Commercial Wrap means the self-insured, commercial wrap-around coverage for members supplemented by the Employer Group Waiver Program.

Compound means a prescription that meets the following criteria: two or more solid, semi-solid, or liquid ingredients, at least one of which is a covered drug that are weighed or measured then prepared according to the Prescriber's order and the pharmacist's art.

Contract Holder means an active employee, retiree, pension beneficiary or COBRA participant who satisfies all of the Eligibility criteria necessary to receive prescription drug coverage through the Plan Sponsor.

Contractor means a third-party administrator of prescription pharmaceutical programs that has been assigned a Business Identification Number (BIN) by The National Council for Prescription Pharmaceutical Programs, Inc. (NCPDP).

Copayment means a fixed dollar portion of the allowed charge for Covered Products which must be paid by Members pursuant to the Plan Sponsor's Plan Guidelines (or for certain Participating Pharmacies, if less, the U&C of the Covered Products).

Covered Entity means a health plan, a health care clearinghouse, or a health care Provider who transmits any health information in electronic form in connection with a HIPAA transaction. See Part II, 45 CFR 160.103.

Covered Products means the prescription pharmaceuticals, ancillary devices, and supplies covered under the Plan Sponsor's Plan Guidelines.

CSC means the Michigan Civil Service Commission.

Days mean calendar days unless otherwise specified.

Deliverable means physical goods and/or services required or identified in a Statement of Work.

Dependent means an individual who satisfies, the eligibility criteria necessary to receive pharmacy benefits under the Plan Sponsor's Plan and is identified by the Plan Sponsor to the Contractor.

Direct Member Claim means a request for reimbursement of one or more Covered Products dispensed by a pharmacy and submitted by a Participating Pharmacy, a Non-Participating Pharmacy, a Member, or Contract Holder in a form acceptable to the Pharmacy Benefit Manager.

Generic Drug means a legend drug, product or OTC that is identified by its chemical, proprietary, or non-proprietary name that is accepted by the U.S. Food and Drug Administration as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient and so indicated by Medi-Span© (or mutually agreed upon nationally recognized publication if unavailable). Generic Drugs include all products involved in patent litigation, Single-Source Generic Drugs, Multi-Source Generic Drugs, Multi-Source Brand Name drugs subject to MAC, House Generics, DAW 9 claims, Authorized Generics and Generic drugs that may only be available in a limited supply.

Dispensing Fee means an amount paid to a pharmacy for providing professional services necessary to dispense a Covered Product to a Member.

Disruption Analysis means a review of where Members are obtaining their prescriptions under the current program, followed by a review to determine if any of them will no longer have the same access under the new Contract. It also includes the identification of any Members so affected, along with proposed remediation.

HIPAA means the Health Insurance Portability and Accountability Act of 1996.

House Generic means those Brand Drugs submitted with Dispense as Written (DAW) 5 code in place of their generic equivalent(s) and for which, therefore, pharmacies are reimbursed at Generic Drug rates, including MAC, as applicable, for these drugs (e.g., Amoxil v. amoxicillin).

Incident means any interruption in any function performed for the benefit of the Plan Sponsor.

Limited Distribution means specialty drugs only available through select pharmacy providers as determined by the drug manufacturer.

Maximum Allowable Costs (MAC) means and refers to the maximum allowable cost of a prescription drug as specified on a list established by OptumRx. OptumRx may have multiple MAC lists, each of which is subject to OptumRx's periodic review and modification in its sole discretion.

MAC List means the list of drugs designated from lists established by PBM for which reimbursement to a pharmacy shall be paid according to the MAC price established by PBM for such list.

Member means each Contract Holder and eligible Dependent.

Network Pharmacy means a retail pharmacy, Home Delivery Pharmacy, Specialty Pharmacy or other facility that is duly licensed to operate as a pharmacy and is owned or operated by OptumRx (or an affiliate) or has entered into a Network Pharmacy Agreement.

New Work means any Services/Deliverables outside the scope of the Contract and not specifically provided under any Statement of Work, such that once added will result in the need to provide the Contractor with additional consideration. “New Work” does not include Additional Service.

Out of Pocket Maximum (OOPM) – means Copayments and coinsurance (i.e., expenses for which the plan is not responsible) that the Member is required to pay for covered prescription drugs. Penalties (i.e., dispense as written) must not be applied to the OOPM.

Net Paid Brand means a paid claim, for a Brand Name Drug, that has not been rejected, denied, voided, or reversed.

Pass-Through Pricing means that the Contractor must pass-through to the Plan Sponsor all financial benefits (including, but not limited to: 100% pass-through of all Rebates, discounts, and associated fees and revenue streams) obtained from all pharmacies, pharmaceutical manufacturers, wholesalers, and other sources. Additionally, the Contractor must not charge the Plan Sponsor more than the amount paid to the Participating Pharmacy (without markup). The only fee or revenue the Contractor may derive under this Contract is the agreed upon Administrative Fee.

Plan means the Plan Sponsor’s program which provides prescription drug coverage to Members.

Plan Sponsor means the public entity, CSC, which provides for funded prescription care coverage for a defined group of Members.

Prior Authorization (PA) means an advance verification or confirmation that certain criteria required by the Plan Sponsor are satisfied for specific Covered Products before processing the Claim for Covered Products.

Protected Health Information (PHI) means individually identifiable health information related to the past, present, or future physical or mental health or condition of a Member; the provision of health care to a Member; or the past, present or future payment for the provision of health care to a Member, as more fully defined in 45 CFR §164.501 or otherwise considered confidential under federal or state law.

Rebate(s) means any discount, rebate, price protection payment or Manufacturer Administrative Fee that OptumRx receives from Drug Manufacturers, in OptumRx’s capacity as a group purchasing organization for Client that is contingent upon and related directly to use of a Prescription Drug by a Member during the Term. “Rebate” does not include any discount, price concession or other direct or indirect compensation OptumRx or a group purchasing organization receives for the purchase of a Prescription Drug or for the provision of any product or service product, service or tool, including analytical services used in the review of data.

Services means any function performed for the Plan Sponsor as required in the Statement of Work.

Single Source means a legend drug manufactured by one labeler.

Single Source Generic Drug means a new Generic Drug introduction manufactured by one labeler during the exclusivity period, not to exceed six (6) months.

Specialty Drugs means the Prescription Drugs [that have at least three of the following criteria] that include at least one (1) or more of the following: (a) biotechnology drugs; (b) orphan drugs used to treat rare diseases; (c) typically high-cost drugs; (d) drugs administered by oral or injectable routes, including infusions in any outpatient setting; (e) drugs requiring on-going frequent patient management or monitoring or focused, in-depth Member education; (f) drugs that require specialized coordination, handling and distribution services for appropriate medication administration; (g) drugs administered by infusion or health care injectable professionally administered by a healthcare professional or in a healthcare setting (but excluding supplies or the cost of administration); or (h) therapy requiring management and/or care coordination by a healthcare provider specializing in the Member's condition. Specialty Drugs shall not include any Prescription Drugs that: (x) require nuclear pharmacy sourcing; (y) are preventive immunizations; or (z) are administered only in the inpatient setting.

Follow-on-biologic or generic products are considered a Specialty Drug if the innovator drug is a Specialty Drug and meets the criteria above.

State means State of Michigan.

State Location means any physical location where the Plan Sponsor performs work. State Location may include State-owned, leased, or rented space.

Subcontractor means a company selected by the Contractor who is chosen to perform a portion of the Services, but does not include independent contractors engaged by Contractor solely in a staff augmentation role.

Third Party Administrator (TPA) means an entity who processes Claims pursuant to a service contract and who may also provide one or more other administrative services pursuant to a service contract, other than under a worker's compensation self-insurance program pursuant to section 611 of the Worker's Disability Compensation Act of 1969, 1969 PA 317, MCL 418.611. Third Party Administrator does not include a carrier or employer sponsoring a plan.

Transparency means the full disclosure by the Contractor as to all of its sources of revenue that enables the Plan Sponsor (and its agents), to have complete and full access to all information necessary to determine and verify that the Contractor has met all terms of this Contract and satisfied all Pass-Through Pricing requirements.

Usual and Customary Price (**U&C)** means the retail price, including any minimum price, charged by a Non-Participating Pharmacy or a Participating Pharmacy for a Covered Product in a cash or uninsured transaction on the date the pharmaceutical is dispensed. It also includes non-funded prescription discount programs managed or promoted by the pharmacy.

SCHEDULE P - TRANSPARENCY CAA SECTION 204 REPORTING SERVICES ADDENDUM

Contract No. 220000001116

TRANSPARENCY CAA SECTION 204 REPORTING SERVICES ADDENDUM
DIRECT ASO CLIENTS

This Transparency Reporting Services Addendum (the "Addendum") is by and between OptumRx, Inc., and its affiliates ("**OptumRx**") and State of Michigan ("**Client**").

In order to support these transparency and disclosure requirements of Section 204 of Title II of Division BB of the Consolidated Appropriations Act of 2021 ("**Section 204 of the CAA**") which requires insurance companies and employer-based health plans to submit certain data about prescription drugs and health care spending to the Center for Medicare and Medicaid Services ("CMS") as the designated data collector on behalf of certain federal departments in the form of Prescription Drug Data Collection Report ("**RxDC Report**"), OptumRx will provide Client with the transparency reporting services as described herein.

1. **DEFINITIONS.** All capitalized terms used in this Addendum not otherwise defined herein have the meanings established for purposes of Section 204 of the CAA and its implementing regulations, as amended and supplemented.

2. **TRANSPARENCY REPORTING SERVICES**. On or before December 27, 2022, OptumRx will cooperate with Client in support of Client's obligations as necessary to comply with applicable health plan and health insurance issuers disclosure requirements for prescription drugs set forth in Section 204 of the CAA as published on November 23, 2021. For the fees set forth in this Addendum, OptumRx will make available to Client and Client may elect from a range of certain transparency reporting services set forth herein ("***Transparency Reporting Services***"). Transparency Reporting Services will conform to applicable industry standards and Applicable Law.

3. **REQUIRED DATA FROM CLIENT.** Client agrees to provide OptumRx with Client Information and such other data at the "carrier/account/group" level with aggregation instructions as necessary to facilitate Transparency Reporting Services provided pursuant to Section 204 of the CAA and its implementing regulations, as amended and supplemented, including but not limited to the data elements set forth herein and applicable Prescription Drug Data Collection (RxDC) Reporting Instructions made available by CMS. Client acknowledges that OptumRx will not be responsible for accuracy and completeness of the data elements and crosswalk to be provided by Client or any liability arising from Client's failure to provide OptumRx with updated and correct information, except to the extent due to willful misconduct or intentional fraud by OptumRx. Client is responsible for timely notifying OptumRx of any changes in the event any information changes during or after OptumRx receives the initial data. Performance of Transparency Reporting Services is conditioned upon Client's timely and accurate submission of information any updates to information to OptumRx.

4. **DATA AGGREGATION.** In support of Client's obligations to report aggregated data in accordance with Section 204 of the CAA, OptumRx will create and submit aggregated prescription drug elements and pertinent prescription drug pricing (e.g., D3 – D8) and assist with preparation of narrative responses, subject to Client's election of Services. Client agrees to provide OptumRx with sufficient information in a crosswalk to comply with aggregation restrictions required for prescription drug data. In the event Client or Client's reporting entity aggregates medical data for the D2 data element, OptumRx will prepare or report prescription drug data at an aggregate level; if medical data is not aggregated, prescription drug data will not be aggregated.

5. **REPORTING OF PRESCRIPTION DRUG DATA.** OptumRx will report the data elements applicable to prescription drug data as required by Section 204 of the CAA and as elected by Client as part of Transparency Reporting Services such as the Top 50 Most Frequent Brand Drugs, Top 40 Most Costly Drugs, and Top 50 Drugs by Spending Increase. OptumRx will confirm submission of the RxDC Report to Client within ten (10) business days of completion.

6. **RECORDS RETENTION FOR TRANSPARENCY REPORTING SERVICES.** OptumRx will retain reports directly related to the performance of the Transparency Services for a period of one (1) year following the date of their creation or for a longer time period, if required by Applicable Law.

7. **COMPENSATION FOR AND ELECTION OF TRANSPARENCY REPORTING SERVICES**. By checking the appropriate box below, Client selects Transparency Reporting Services, as follows:

Client Election	Transparency Reporting Services (OptumRx)	Client Responsibility	Fees
☒	**Premium 1 Services:** • Inclusion of plan level information for the D files submitted • Compiling an aggregated file set for D3 - D8 for submission by Optum	• Completed CAG to State & Market Segment Crosswalk • Completion and Submission of Plan & Data Files 1 & 2	$1,000 per reporting year

7.1 In the event there are material changes in Transparency Reporting Services, the parties will reasonable work together to implement a Change Notice to reflect the financial provisions of this Addendum.