

ITEM #53

ADDITIONAL MATERIAL

**Regular Meeting
SEPTEMBER 25, 2018**

SUBMITTED AT THE REQUEST OF

**FINANCE AND ADMINISTRATIVE
SERVICES DEPARTMENT**



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT


115 S. Andrews Avenue, Room 513 • Fort Lauderdale, Florida 33301 • 954-357-7130 • FAX 954-357-7134 • Email: finance@broward.org

MEMORANDUM

Date: September 20, 2018

To: Mayor and Board of County Commissioners

Thru: Bertha Henry, County Administrator

From: Kevin Kelleher, Deputy Chief Financial Officer  Digitally signed by KEVIN KELLEHER
Date: 2018.09.20 15:12:58 -04'00'

Subject: September 25, 2018 Commission Meeting - Agenda Item No. 53, First Amendment to the Agreement between Broward County and South Florida Community Care Network, LLC, D/B/A Community Care Plan (CCP)

The subject agreement, executed by the vendor, is attached.

attachment

c: Monica Cepero, Deputy County Administrator
Andrew Meyers, County Attorney
Robert Melton, County Auditor
George Tablack, CPA, Chief Financial Officer
David Kahn, Director, Human Resources Division



FIRST AMENDMENT TO AGREEMENT BETWEEN BROWARD COUNTY AND SOUTH FLORIDA COMMUNITY CARE NETWORK, LLC, D/B/A COMMUNITY CARE PLAN FOR ADMINISTRATIVE MANAGEMENT SERVICES FOR SELF-INSURED GROUP HEALTH AND PHARMACY INSURANCE COVERAGE AND BENEFITS FOR BROWARD COUNTY EMPLOYEES

This First Amendment ("First Amendment") to the Agreement between Broward County and South Florida Community Care Network, LLC d/b/a Community Care Plan for Administrative Management Services for Self-Insured Group Health and Pharmacy Insurance Coverage and Benefits for Broward County Employees is entered into by and between Broward County ("County"), a political subdivision of the State of Florida, and South Florida Community Care Network, LLC, d/b/a Community Care Plan, a Florida limited liability company ("Plan Manager") (collectively referred to as the "Parties").

RECITALS

A. On October 10, 2017, the Parties entered into an Agreement for Administrative Management Services for Self-Insured Group Health and Pharmacy Insurance Coverage and Benefits for Broward County Employees ("Agreement").

B. The initial term of the Agreement was from January 1, 2018 through December 31, 2018.

C. The Parties desire to amend the Agreement in order to enter into the First Renewal Term (as defined in the Agreement), incorporate a high deductible health plan, and implement certain changes to pharmacy fees resulting from Plan Manager's change of the PBM (as defined in the Agreement) from Envision Pharmaceutical Services, L.L.C. to Southern Scripts, LLC.

D. Amendments to the Agreement made herein are indicated by use of strikethrough text to show deletions and underlining to show additions.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. The above Recitals are true and correct and are incorporated herein by reference. All capitalized terms not expressly defined within this First Amendment shall retain the meaning ascribed to such terms in the Agreement.

2. This First Amendment shall be effective as of January 1, 2019. By entering into this First Amendment, the Parties have each consented to renew the Agreement for the First Renewal Term upon the terms and conditions of the Agreement and this First Amendment.

3. The list of Exhibits in the Index to the Agreement is hereby amended to read as follows:

EXHIBITS

- EXHIBIT "A" SCOPE OF SERVICES
- EXHIBIT "B" SCHEDULE OF FEES AND DISCOUNTS
- EXHIBIT "C" IDENTIFICATION OF THE PLAN: SUMMARY PLAN DESCRIPTION/BENEFIT DESIGN SUMMARY
- EXHIBIT "D" NETWORKS
- EXHIBIT "E" SHARED SAVINGS PROGRAM PROVIDER DISCOUNTS
- EXHIBIT "F" BANKING AGREEMENT
- EXHIBIT "G" COBRA/RETIREE ADMINISTRATIVE SERVICES
- EXHIBIT "H" PERSONS AUTHORIZED TO RECEIVED PRIVATE HEALTH INFORMATION
- EXHIBIT "I" PERFORMANCE ~~GUARANTEES~~ MEASURES
 - ATTACHMENT A ACCOUNT MANAGEMENT SCORECARD
 - ATTACHMENT B REPORTING AND OTHER VENDOR REQUIREMENTS
 - ATTACHMENT C CARRIER-SPECIFIC MEDICAL DISCOUNT GUARANTEE
 - ATTACHMENT D HDHP ADMINISTRATION
 - ATTACHMENT E NET DRUG COST RECONCILIATION
- EXHIBIT "J" WELLNESS PROGRAM
- EXHIBIT "K" INSURANCE REQUIREMENTS
- EXHIBIT "L" AUDITING SECURITY DOCUMENTS
- EXHIBIT "M" BUSINESS ASSOCIATE AGREEMENT
- EXHIBIT "N" CLINICAL PROGRAM SERVICES
- EXHIBIT "O" FORMULARY PRESCRIPTION DRUG LIST AND FORMULARY KEY EXCLUSIONS AND ALTERNATIVES
- EXHIBIT "P" ~~FORMULARY KEY EXCLUSIONS AND ALTERNATIVES~~ HDHP PREVENTATIVE DRUG LIST
- EXHIBIT "Q" SAMPLE INVOICE
- EXHIBIT "R" PLAN DESIGNS

- 4. Section 1.34 of the Agreement is hereby deleted in its entirety.
- 5. Section 1.36 of the Agreement is hereby amended to read as follows:

1.36 Pharmacy Benefit Manager(s) or "PBM(s)" means any or all companies, including ~~Envision Pharmaceutical Services, L.L.C.~~ Southern Scripts, LLC, a Delaware limited liability company authorized to transact business in Florida, and all of its subsidiaries and affiliates, who provide County, through their contractual relationship with the Plan Manager, with the following pharmacy benefit management services: claims processing; eligibility verification; contracting, management, and administration of contracts with Participating Pharmacies and/or Pharmaceutical Manufacturers; Formulary and clinical support; and all other services described in or performed by PBM(s) as a result of their contractual relationship with the Plan Manager. For purposes of this Agreement, PBM(s) shall be considered agent(s) of the Plan Manager and any and all references to Plan

Manager throughout this Agreement shall include PBM(s) to the extent such references concern pharmacy benefit management services as defined herein.

6. Section 1.38 of the Agreement is hereby amended to read as follows:

1.38 Plan means the health care plan (or plans) and the prescription drug benefit plan (or plans) sponsored, administered or maintained by the County, or portions of that plan (or plans), with respect to which administrative services are to be provided under this Agreement by the Plan Manager. ~~The Plan is identified in Exhibit "C" of this Agreement as to proper name and type.~~ The Summary Plan Description and Summary Plan Benefits and Coverage for each Plan is set forth in Exhibit "C" of this Agreement. The Summary Plan Design for each Plan is set forth in Exhibit "R" of this Agreement.

7. Section 2.4 is hereby amended to read as follows:

Plan Manager shall act as an agent of County authorized to perform actions ~~or conduct~~ necessary to achieve the performance ~~guarantees~~ measures and delineated objectives of this Agreement. The Plan Manager may act as an agent of the County authorized to perform specific actions or conduct specified transactions only as provided in this Agreement.

8. Section 3.1 of the Agreement is hereby deleted in its entirety.

9. Section 3.10 of the Agreement is hereby amended to read as follows:

Plan Manager may submit invoices for services no more often than on a monthly basis. County shall pay Plan Manager by the 10th calendar day of the coverage month after receipt of Plan Manager's accurate invoice. If the Plan Manager has not received payment by the due date, payment in full must be made before the end of a thirty (30) day grace period beginning the day after the due date, to ensure services under this Agreement continue without interruption. The Plan Manager reserves the right to issue written notice to County requesting payment of any deficiency in full within the thirty (30) day grace period. The schedule of fees for services under this Agreement is attached as Exhibit "B," subject to the Plan Manager's Net Drug Cost Reconciliation Payment as defined in Section 4.9 of this Agreement.

10. A new Section 4.8 to the Agreement is hereby created to read as follows:

4.8 Plan Manager shall offer each Plan in accordance with the Plan Design set forth in Exhibit "R", and as more particularly described in the Summary Plan Description and Summary Plan Benefits and Coverage set forth in Exhibit "C".

11. A new Section 4.9 to the Agreement is hereby created to read as follows:

4.9 The Net Drug Cost (as defined in Section B of Exhibit "I", Attachment E) pursuant to the pharmacy fee structure set forth in Exhibit "B" of this Agreement during any Plan Year ("Southern Scripts Net Drug Cost") shall not exceed the Net Drug Cost pursuant to the pharmacy fee structure set forth in Section C of Exhibit "I", Attachment E ("EnvisionRx Net Drug Cost"). Within one hundred and fifty (150) days after the end of each Plan Year, Plan Manager shall provide County with a narrative report ("Net Drug Cost Report") for the prior Plan Year that includes (A) a detailed calculation of the Southern Scripts Net Drug Cost during the prior Plan Year, (B) a detailed calculation of the EnvisionRx Net Drug Cost during the prior Plan Year, (C) the difference between the Southern Scripts Net Drug Cost and the EnvisionRx Net Drug Cost during the prior Plan Year, and (D) any other information required by County or County's third-party benefits consultant for its review of the report, including the Reconciliation Information (as defined in Section A of Exhibit "I", Attachment E).

If, in any Plan Year, the Net Drug Cost Report shows that the Southern Scripts Net Drug Cost exceeds the EnvisionRx Net Drug Cost, Plan Manager shall reimburse County the difference between them ("Net Drug Cost Reconciliation Payment"). The Net Drug Cost Reconciliation Payment shall be made contemporaneously with Plan Manager's submission of the Net Drug Cost Report for the applicable Plan Year.

If, after County's review of the Net Drug Cost Report, County determines that the Southern Scripts Net Drug Cost exceeded the EnvisionRx Net Drug Cost by an amount greater than the Net Drug Cost Reconciliation Payment ("Shortfall Amount"), County shall send Plan Manager an invoice setting forth the Shortfall Amount, which amount must be paid within twenty (20) calendar days after the date of County's invoice unless a written objection is timely presented by Plan Manager pursuant to this paragraph. Any objection by Plan Manager to the Shortfall Amount must be presented in writing to the County's Human Resources Division Director ("Division Director") within ten (10) calendar days after the date of County's invoice. The written objection letter must include a detailed explanation of the basis of the objection. The Division Director's decision regarding the objection shall be in writing and shall be final and binding on the Parties. If the objection letter is not accepted by the Division Director, Plan Manager must pay the Shortfall Amount within twenty (20) calendar days of the date of the Division Director's written decision. Should Plan Manager fail to pay the Net Drug Cost Reconciliation Payment, the Shortfall Amount, or both, at the times specified in this section, County may set-off against and deduct the applicable amount from any amounts owed by County to Plan Manager, in addition to any other remedies available to County under this Agreement, at law, or at equity.

If, after County's review of the Net Drug Cost Report, County or County's third-party benefits consultant determines that the Southern Scripts Net Drug Cost exceeded the EnvisionRx Net Drug Cost by an amount less than the Net Drug Cost Reconciliation Payment ("Excess Amount"), County shall reimburse to Plan Manager the Excess Amount; provided that the Excess Amount reimbursed to Plan Manager will not exceed the Net Drug Cost Reconciliation Payment. In accordance with the provisions of Section 16.10 of this Agreement, County shall not be liable for any interest upon the Excess Amount.

If, in any Plan Year, County or County's third-party benefits consultant determines that the EnvisionRx Net Drug Cost exceeded the Southern Scripts Net Drug Cost, there shall be no obligation by County to reimburse such difference to Plan Manager.

The rights and obligations of this section shall survive expiration or earlier termination of this Agreement.

12. Section 7.1 of the Agreement is hereby amended to read as follows:

Plan Manager will submit a Summary Plan Description (SPD) and a Summary of Benefits and Coverage or standard language concerning Plan benefits to assist the Plan Administrator in the preparation of the SPD. This service will be available at the commencement of this Agreement for each Plan offered within thirty (30) calendar days after the full execution of this Agreement, for each Plan Year, and on an as needed basis throughout the each Plan Year to assist the County when language changes are made necessary from changes in Plan Design, new federal legislation or other governmental requirements. Each Summary Plan Description and Summary of Benefits and Coverage shall be subject to County's final approval, in County's discretion. If County does not approve a submitted Summary Plan Description or Summary of Benefits and Coverage, within seven (7) calendar days after notification from County of the need for correction Plan Manager shall make such corrections as required by County and re-submit the applicable document for County's approval. The Plan Manager will also provide the County, a Summary of Benefits and Coverage ("SBC") document for the County's yearly enrollment period. The County will provide the Plan Manager with final approval of the SPD and SBC documents.

13. Section 16.25 of the Agreement is hereby amended to read as follows:

16.25 Incorporation by Reference. The attached Exhibits "A," "B," "C," "D," "E," "F," "G," "H," "I," "J," "K," "L," "M," "N," "O," "P," and "Q," and "R" are incorporated into and made a part of this Agreement.

14. Exhibit "A" is hereby deleted and replaced in its entirety with Exhibit "A" attached hereto.

15. Exhibit "B" is hereby deleted and replaced in its entirety with Exhibit "B" attached hereto.

16. Exhibit "C" is hereby deleted and replaced in its entirety with Exhibit "C" attached hereto.

17. Exhibit "I" is hereby deleted and replaced in its entirety with Exhibit "I" attached hereto.

18. Exhibit "N" is hereby deleted and replaced in its entirety with Exhibit "N" attached hereto.

19. Exhibit "O" is hereby deleted and replaced in its entirety with Exhibit "O" attached hereto.

20. Exhibit "P" is hereby deleted and replaced in its entirety with Exhibit "P" attached hereto.

21. Exhibit "R", attached hereto, is hereby added as Exhibit "R" to the Agreement.

22. This First Amendment may be executed in multiple originals, and may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same amendment.

23. Preparation of this First Amendment has been a joint effort of the Parties and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the Parties than the other.

24. Except as modified in this First Amendment, all terms and conditions of the Agreement shall remain in full force and effect. If any conflict or ambiguity exists between this First Amendment and the Agreement, the Parties agree that this First Amendment shall control.

25. This First Amendment incorporates and includes all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained herein, and the Parties agree that there are no commitments, agreements, or understandings concerning the subject matter of this First Amendment that are not contained in the Agreement and this First Amendment.

26. Plan Manager represents and warrants that this First Amendment constitutes the legal, valid, binding, and enforceable obligation of Plan Manager, and that neither the execution nor performance of this First Amendment constitutes a breach of any agreement that Plan Manager has with any third party or violates any law, rule, regulation, or duty arising in law or equity applicable to Plan Manager. Plan Manager further represents and warrants that execution of this First Amendment is within Plan Manager's legal powers, and each individual executing this

First Amendment on behalf of Plan Manager is duly authorized by all necessary and appropriate action to do so on behalf of Plan Manager and does so with full legal authority.

(The remainder of this page is intentionally left blank.)

IN WITNESS WHEREOF, the Parties hereto have made and executed this First Amendment: BROWARD COUNTY, through its BOARD OF COUNTY COMMISSIONERS, signing by and through its Mayor or Vice-Mayor, authorized to execute same by Board Action on the ____ day of _____, 2018, and SOUTH FLORIDA COMMUNITY CARE NETWORK, LLC, D/B/A COMMUNITY CARE PLAN, signing by and through its _____, duly authorized to execute same.

COUNTY

ATTEST:

BROWARD COUNTY, by and through
its Board of County Commissioners

Broward County Administrator, as
ex officio Clerk of the Broward County
Board of County Commissioners

By _____
____ day of _____, 2018

Insurance requirements approved by Broward
County Risk Management Division:

Approved as to form by
Andrew J. Meyers
Broward County Attorney
Governmental Center, Suite 423
115 South Andrews Avenue
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600
Telecopier: (954) 357-7641

By: Colleen Pounall 09/20/18
Name: Colleen Pounall
Title: Risk Analyst

By Alicia C. Lobeiras 9/20/2018
Alicia C. Lobeiras (Date)
Assistant County Attorney
By Jeffrey S. Siniawsky 9/20/18
Jeffrey S. Siniawsky (Date)
Assistant County Attorney

ACL
Amendment to CCP.docx
09/20/2018
#375799

FIRST AMENDMENT TO AGREEMENT BETWEEN BROWARD COUNTY AND SOUTH FLORIDA
COMMUNITY CARE NETWORK, LLC, D/B/A COMMUNITY CARE PLAN FOR ADMINISTRATIVE
MANAGEMENT SERVICES FOR SELF-INSURED GROUP HEALTH AND PHARMACY INSURANCE
COVERAGE AND BENEFITS FOR BROWARD COUNTY EMPLOYEES

PLAN

WITNESSES:

SOUTH FLORIDA COMMUNITY CARE
NETWORK, LLC, D/B/A COMMUNITY CARE
PLAN

Crystal Quinn
Signature

Crystal Quinn
Print Name of Witness above

[Signature]
Signature

Migdalena Soto-Roba
Print Name of Witness above

By: [Signature]
Authorized Signor

JOHN A. BENZ
Print Name and Title

20 day of Sept, 2018

ATTEST:
[Signature]
Corporate Secretary or other person
authorized to attest

(CORPORATE SEAL OR NOTARY)



Exhibit "A"

Scope of Services

Plan Manager will provide two self-insured health and pharmacy plans with a medical management model focused on concierge-level member services and a narrow network comprised of the four large hospital groups in Broward County (Memorial Healthcare System, North Broward Hospital District, Holy Cross Hospital and Cleveland Clinic Florida). County will provide plan design details for both plans. Plans are identified as:

1. CCP CDH Select Network Plan (Narrow Network)
2. CCP HDHP Select Network Plan (Narrow Network)

The County will determine eligibility for coverage and collect, determine and maintain dependent documentation and eligibility. Plan Manager will accept County enrollment processes, including enrollment form and electronic enrollments.

The County provides health and pharmacy benefits to benefit-eligible employees (full-time and part-time 20 hours), spouses (same and opposite sex), domestic partners (same and opposite sex), children (including natural born, step-children, children of a domestic partner, foster children, adopted children and children under legal guardianship) through the end of the year in which they attain age of 26, over age dependents age 26 through the end of the year in which they attain age 30, Retirees and COBRA participants.

Plan Manager will accept County's plan rules for coverage start dates (1st of the month following 30 days of benefit-eligible employment) and end dates (last day of the month in which employee retires or separates from County employment). Plan Manager agrees to accept retro-active enrollments up to ninety (90) days when authorized by County.

Plan Manager will provide the following benefits and services:

- Member Customer Service
 - Dedicated Customer Service Team and Team Lead
 - Member Kit @ No Cost to County
 - Customized ID Card @ No Cost to County
- Member Tools
 - Open access, no Primary Care Physician selection required by member
 - Access to dedicated webpage/microsite for County members to access plan material, physician network, etc.
 - Access to Virtual Visits (with any administration cost to be built into admin cost)
 - Access to Cost Tool
- Provider Operations
 - Commitment to educate Provider Network of onboarding County members
 - Pediatrix Medical Group (Neonatology) shall be contracted as an in-network provider prior to January 1, 2018.
- Population Health
 - Monthly or Quarterly Plan Performance Review w/Medical Director (Med/Rx)

- Monthly Reporting to County, County's third-party benefits consultant, Data Warehouse at no additional cost (including necessary file feeds and ad-hoc reports for health and pharmacy)
- Pharmacy
 - Annual Formulary Changes Only (unless a brand drug goes generic/FDA required)
- Claims
 - Data Preparation to assist with for Florida Office of Insurance Regulation (FLOIR) self-insured health plan annual filing.
 - Incurred But Not Reported (IBNR) annual preparation for Budget Office
 - High Cost Claimant Reporting to Stop Loss Carrier at County determined level
 - Annual preparation of Premium Equivalent Rates (Projections)
- Other
 - Provide a Wellness Reward Program for employee and enrolled spouse/domestic partner to earn rewards based on completion of agreed upon preventive/healthy engagements.
 - Provide staff for Open Enrollment/Wellness/Health Fair/County Administrator Meetings as requested.
 - Advise County on suggested/Mandated Health and Pharmacy plan changes.
 - Preparation of Summary of Benefits prior to open enrollment
 - Preparation of Summary Plan Description

END OF EXHIBIT "A"

Exhibit "B"

Schedule of Fees

B1.1 ADMINISTRATIVE SERVICES FEES

Monthly Administrative Services Only (ASO) Fees		
Based on Premium up to 1,000 employees		
2019	2020	2021
\$47.50	\$48.50	\$49.50

Monthly Administrative Services Only (ASO) Fees		
Based on 1,001 or more employees		
2019	2020	2021
\$47.00	\$48.00	\$49.00

Includes Services delineated in Statement of Work (SOW):

- Account Management
- Administrative Services Support
- Enrollment/Identification Cards
- Eligibility Services
- Claims Adjudication
- Grievance and Appeals Management
- Coordination of Benefits
- Record Keeping
- Government Reporting, including 1099 reporting, 5500 and State Surcharge
- Management Reporting
- Reinsurance Support
- Finance/Banking Support
- Provider Network – Directories via Internet
- Utilization Management
- Behavioral Health Management
- Wellbeing Program Initiatives - \$5,000 annually
- Cobra Claims Administration
- HIPAA Compliance Support
- Federal and State Reporting
- Access to Member and Provider Portals
- Acute Case and Case Management
- Quality Reporting/Gaps in Care Messaging
- Nurse Line 24 hour
- Telemedicine Services
- Member Services
- Integrated Concierge Case Coordination
 - Disease Management (8)
 - High Risk Enrollees
- Standard Monthly Reporting
- Pregnancy Program
- Nutritional Services (face to face)
- Vision Services
- Hearing Services
- Dental Services
- CareGuardian Program
- Summary Plan Descriptions (SPD)

Additional Services (if agreed upon):

- Fraud and Abuse Recovery 30% of gross recoveries
- Subrogation Services 30% of gross recoveries
- Out of Network Savings 30% of gross recoveries
- Advanced Analytics and Recovery Services 24% of Savings Achieved

Ad Hoc Reports (non-standard, non-regulatory):

- No additional charges

B2. PHARMACY

A. SERVICE FEES

1. County will pay Plan Manager for the services provided herein pursuant to the following table:

Pharmacy Benefit Management (Southern Scripts)
Medication Therapy Management (CCP Medication Therapy Management Program)

SERVICE FEES		
	2019 FEES	2020 FEES
<u>Pharmacy Administrative Fee</u>		
Administrative Costs	\$6 per paid claim	\$6 per paid claim
MTM	\$0.55 PMPM	\$0.55 PMPM
Prior Authorization (per clinical authorization for drugs not already on PA list)	Included at No Additional Charge	Included at No Additional Charge
<u>Dispensing Fees:</u> (Maximum Average Fee)	Per Net Paid Claim 2019	Per Net Paid Claim 2020
Retail 30:	\$1.50	\$1.50
Retail 90:	\$1.50	\$1.50
Mail Service:	\$0.00	\$0.00
Specialty:	\$1.50	\$1.50
<u>Drug Pricing</u>		
Plan Manager will remit to County all amounts received from manufacturers and other sources. Plan Manager will remit to County 100% of any rebates receive from manufacturers and other sources including aggregators that can be attributed to Members hereunder.		

	Rebates Per Net Paid Brand Claim 2019	Rebates Per Net Paid Brand Claim 2020
All Brand (Preferred & Non-Preferred)		
Brand 1-83 Days Supply (includes retail and mail) Minimum:	\$ 84.17	\$ 84.17
Brand 84+ Days Supply (includes retail and mail) Minimum:	\$ 145.86	\$ 145.86
Specialty Minimum:	\$ 433.77	\$ 433.77
Pharmacy Discount Percentage		
Brand Formulary for Retail 30	AWP-16.70%	AWP-16.8%
Generic Formulary for Retail 30 (non-180 day Exclusive)	AWP-78.00%	AWP-78.00%
Generic Formulary for Retail 30 (180 Day Exclusive)	AWP-25.00%	AWP-25.00%
Brand Formulary for Retail 90	AWP-22.00%	AWP-22.00%
Generic Formulary for Retail 90 (non-180 Day Exclusive)	AWP-79.750%	AWP-80.00%
Generic Formulary for Retail 90 (180 Day Exclusive)	AWP-25.00%	AWP-25.00%
Brand Mail Service Network	AWP-22.00%	AWP-22.00%
Generic Mail Service Network (non-180 Day Exclusive)	AWP-82.00%	AWP-82,00%
Generic Mail Service Mail Service (190 Day Exclusive)	AWP-25.00%	AWP-25.00%
Specialty (Exclusive Network	100% Pass Through	100% Pass Through

2. Under the Pass-Through Pricing Model, County shall pay the actual retail pharmacy rates paid by Plan Manager for prescriptions electronically processed and dispensed to a Member through Plan Manager’s retail pharmacy network, which are estimated to be the rates set forth above.

3. Each contract year Plan Manager will perform reconciliation or “True-Up” of the previous year’s mail & retail pharmacy reimbursement rates versus invoiced rates but in no event shall such reconciliation or True-Up be made after 180 days of the close of the contract year. This reconciliation will be credited to County within 60 days from Plan Manager’s completion and County’s acceptance of the True-Up. Notwithstanding the foregoing, County acknowledges that the True-Up will be net any amounts owed to County under the OVERALL DISCOUNT RECONCILIATION below.

4. OVERALL DISCOUNT RECONCILIATION:

- a. Plan Manager will measure Brand Effective Rates, Effective Overall Generic Guarantees, and dispensing fee guarantees in accordance with its standard methodology and will reconcile the Brand Effective Rates, Overall Generic Guarantees, and dispensing fee guarantees by channel and component each contract year (“Measurement Period”) and will report on net performance. Discount calculations are measured using original ingredient cost (i.e., MAC, discounted AWP, or usual retail charge, as applicable), which excludes any increases to Co-pays or minimum reimbursements. Ingredient cost also excludes sales taxes and dispensing fees, provided that where usual retail charge is adjudicated, the calculation will subtract the contracted dispensing fee amount, if any. Rebates will not be used to offset any discount and/or dispensing fee shortfall. Offsetting between channels or components (i.e. generic, brand) is prohibited.
- b. All results will be measured and reported to County annually. The annual reconciliation is by channel. Offsetting between channels or components (i.e. generic, brand) is prohibited.
- c. Results will include net paid claims with the exception of over-the-counter products, compound drug products, Direct Member Reimbursement Claims, 340B claims, Indian Health Services and / or Tribal claims, Long Term Care claims, Home Infusion claims, Coordination of Benefit Claims, claims with ancillary charges, and claims filled outside the Plan Manager National Network. Specialty will be included in the annual reconciliation as a separate channel. Additionally, drugs in short supply, as published within the FDA’s Current Drug Shortages Index, shall be excluded from all guarantees and, to the extent applicable On-Site Pharmacy claims, Plan Manager will review Brand Name Drug and Generic Drug prescription claims that were filled during the Measurement Period to determine whether the aforementioned Brand Effective Rates and Overall Generic Guarantees were achieved by Plan Manager during the applicable contract year. The Overall Generic Guarantees, Brand Effective Rates, and dispensing fee guarantees are contingent upon County receiving Plan Manager’s services for the entire length of the applicable Measurement Period. County acknowledges that any amounts owed to County pursuant to this Section (OVERALL DISCOUNT RECONCILIATION) will be net of any amounts owed to County as a result of the True-Up. Plan Manager will pay County any undisputed amounts due pursuant to this Section within thirty (30) days from the reconciliation report date but in no event shall such

reconciliation or True-Up be made after 180 days of the close of the contract year.

- d. Notwithstanding the foregoing, County acknowledges that certain factors beyond Plan Manager's control may affect Plan Manager's ability to achieve the Discount Guarantee including, but not limited to, significant changes in: (i) County's plan design; (ii) the brand/generic status of certain highly utilized drugs; and (iii) applicable law or regulations (collectively, "Changes"). If at any time Plan Manager, in its reasonable discretion, determines that any Changes are likely to materially and negatively affect Plan Manager's ability to meet the Discount Guarantee, the parties shall, upon Plan Manager's request, negotiate a mutually acceptable alternative guarantee or other financial arrangement. If the parties fail to reach any such agreement in writing concerning the aforementioned Changes within forty-five (45) calendar days from the date the parties begin negotiations, Plan Manager shall not be bound by any of the obligations in this Exhibit "B" regarding such Changes during the Measurement Period in which the renegotiation was requested, or during any future Measurement Period based upon Changes requiring renegotiations.
4. The discounts and the dispensing fees by channel and component set forth above are effective annual average rates, in aggregate. Pricing assumes the continuation of the current plan design and Mandatory 90-day supply for maintenance medications. Three (3) retail fills allowed before mandatory 90-day supply requirement.
 5. Plan Manager will not engage in repackaging for pharmaceutical products.
 6. Plan Manager will prohibit drug to drug switching initiatives resulting in Plan or Member cost increases.
 7. Plan Manager compensation for its services shall be the Administration Fees set forth above and a fee in an amount agreed to by the parties for any additional services authorized by County. In addition, Plan Manager may, from time to time, receive services fees and other fees, reimbursement from pharmacies for its costs in connection with transmitting claims and discounts on its own behalf from wholesalers and manufacturers as a purchaser of pharmaceutical products for its mail service and specialty pharmacies. All other amounts received by Plan Manager shall be disclosed and forwarded to County, except as otherwise described herein.

8. "Net Paid Claim" means all paid Claims minus reversals for a single prescription fill.
9. "PMPM" means Per Member Per Month.
10. Dispensing fee refers to the amount paid to the participating pharmacy for filling a prescription.
11. Certain drugs that become available on the market from time to time will not be subject to the mail service pricing rate due to, among other things, a drug's high cost, nominal or negative margin, extraordinary shipping requirements, or generics that have recently come off patent with a six month exclusivity, and may not be available through Plan Manager's mail service pharmacy.
12. The effective overall generic discount rate is the only generic rate guaranteed for purposes of retail and mail service pharmacy rates.
13. Effective date of any changes to rebate arrangements shall be at the beginning of a calendar quarter following the Effective Date of the Agreement.
14. Plan Manager specialty pharmacies shall be the exclusive specialty providers under this Agreement and County Members shall utilize only Plan Manager specialty providers. Plan Manager will provide the list of drugs considered "specialty" prior to the effective date of the plan. Plan Manager agrees that no additional drugs will be designated as a specialty drug without consent of the County.
15. Plan Manager will disclose the MAC list with pricing on the effective date of the plan and periodically upon request by County. Changes to the MAC list pricing may occur during the course of the plan year, as long as it reduces cost to the member and the County, but it cannot increase prices outside of the Agreement renewal date.

B. CLINICAL SERVICES

Fees for Medication Therapy Management Program are listed under Service Fees, Pharmacy Administrative Fee and are administered by Plan Manager.

1. MEDICATION THERAPY MANAGEMENT PROGRAM
 - a. County desires that Plan Manager provide a medication management program that is consistent with the prior authorization requirements,

under the benefit design County currently offers to Members (“Medication Management Program”). The Medication Management Program is designed to promote appropriate utilization of potentially expensive, misprescribed and/or abused medications based upon generally accepted current pharmacy practices. Accordingly, pursuant to County’s direction, commencing January 1, 2018 and continuing for a mutually agreeable time period, Plan Manager will implement the Medication Management Program on County’s behalf and in accordance with the protocols, criteria, forms, and related documents approved by County (“Approved Protocols”). The Approved Protocols are hereby incorporated into this Agreement.

- b. The Medication Therapy Management Program serves as a resource for improving and coordinating drug therapy for County employees and family members.

Overall goal of MTM:

- Improve medication use
- Reduce the risk of adverse events
- Improve medication adherence
- Ensure effective and safe medication treatments are delivered with optimal medical and economic value.
- As clinical data and national treatment guidelines change, the program will be modified to reflect those developments to ensure continuous program quality improvement.
- Continuous modifications to the quality improvement of the program to reflect changes in clinical data and national treatment guidelines.

Inclusion criteria for prospective candidates:

- At least 2 chronic disease states or more (e.g., diabetes, heart failure, hypertension, hyperlipidemia, asthma, chronic obstructive pulmonary disease) and taking multiple chronic medications
- At least 1 high cost medication of \$1000.
 - Tracking and trending high cost prescribers and members, analyzing prescription claims on a monthly basis for potential opportunities for cost savings and medication optimization, generic utilization opportunities, formulary recommendations, and providing recommended cost savings intervention proposals.
- Assess for transition of care when the member has had a change in their prescription regimen.

Additional program offerings:

- Telephonic Comprehensive Medication Review (CMR) of prescription and nonprescription medications, herbal products, or other dietary supplements
 - Review of prescription drug claims, member demographics, concurrent disease states (if information is available) and concurrent medications to identify therapy care gaps
 - Prescriber notification of members' therapy care gaps
 - Identify barriers to adherence such as members not properly following the prescriber's instructions (compliance) or are not remaining on the prescribed therapy for the recommended time period (persistence).
 - Members with a potential need for program services can be identified by the pharmacist, the physician, other healthcare professionals, or the members themselves when medication-related problems are suspected.
- c. It is expressly understood that County is solely responsible for construing the terms and conditions of its health benefit plan and the selection of medications that are part of the Medication Management Program. Further, County retains complete discretionary and final authority to make all determinations regarding its pharmacy benefit plan and prior authorization requests that are part of the Medication Management Program, including, without limitation: (i) payment of claims; (ii) provision of benefits; (iii) review and/or denial of prior authorization claims or requests by Members; and (iv) resolution of Member complaints, including the establishment of an appeal and/or grievance process. County will comply with all Federal and State laws, rules, and regulations regarding the denial of benefits.

B. ADDITIONAL SERVICES

Additional Services	Billable Amount
Combined Health & Rx Member ID Cards	No Cost
Member Replacement ID cards	\$1.15 per card plus postage
Utilization Management	
External Appeals including services of an Independent Review Organization (IRO)	100% pass-through of costs incurred not to exceed \$325.00 per appeal.
Claims Processing	
Direct Member Reimbursement (DMR) claims	No Cost
Medicaid Subrogation	No Cost
Reporting Services	
Standard Online Reporting <ul style="list-style-type: none"> • Web-based report generator • Create and download both standard and custom reports • Includes user training and ongoing support 	No Cost
Standard Reporting Package <ul style="list-style-type: none"> • Drug trend reports • Utilization patterns • High cost and high utilization within drug classes • Therapeutic appropriateness 	No Cost
Standard Online Reporting User Access for 3 active users and 1 consultant users	No Cost
Non-standard and/or ad-hoc reporting requests	\$150.00 per hour for development of non-standard report with minimum of \$500.00. Development of a non-standard recurring report will be quoted upon request.
Enhanced Fraud, Waste and Abuse Services	To be quoted upon request and based upon service areas at a pass-through cost.
Submission of Medicare Part D subsidy monthly reporting	No Cost

END OF EXHIBIT "B"

Exhibit "C"

Identification of the Plan
Summary Plan Description / Summary Plan Benefits and Coverage

The Plan Manager shall provide a Summary Plan Description (SPD) and Summary Plan Benefits and Coverage (SPC) to County within thirty (30) days of execution of this Agreement for the two health/Rx plans identified below. County will review and comment, and the Plan Manager shall revise accordingly. Upon written approval by the Contract Administrator of the final, revised SPD and SPC, such approved SPD and SPC shall be automatically deemed incorporated herein.

- Community Care Plan – CDH Select Network Plan
- Community Care Plan – HDHP Select Network Plan

Exhibit "I"

Performance Measures

MEDICAL			
Category	Measure Description	Deduction < 2,000 Lives	Deduction >2,000 Lives
ID Cards and Eligibility File			
ID Cards – New Hires/ Status Changes	99% mailed within 10 business days after final member eligibility is received, system loaded and quality assurance check.	\$500/ quarter \$2,000/ annual	\$4,000/ quarter \$15,000/ annual
ID Cards – Open Enrollment	99% mailed within 10 business days after final member eligibility is received, system loaded and quality assurance check – no later than 12/31 of new Plan Year.	\$500/ annual	\$4,000/ annual
Medical Eligibility File Loading	Load all medical eligibility files to eligibility system within 3 business days of receipt.	\$500/ quarter \$2,000 annual	\$4,000/ quarter \$15,000 annual
Claims Processing			
Claim Turnaround Time	90% within 15 calendar days; 98% within 30 calendar days	\$500/ quarter \$2,000/ annual	\$4,000/ quarter \$15,000/ annual
Financial Accuracy: percent of submitted charges processed correctly. Monitored monthly and reported quarterly.	98%	\$100/ month \$1,200/ annual	\$1,000/ month \$11,000/ annual
Procedural Accuracy: percent of claims processed without non-financial error. Monitored monthly and reported quarterly.	95%	\$100/ month \$1,200/ annual	\$1,000/ month \$11,000/ annual

Member Services			
Average Speed to Answer. Monitored monthly and reported quarterly.	30 seconds or less	\$100/ month \$1,200/ annual	\$1,000/ month \$11,000/ annual
Abandonment Rate. Monitored monthly and reported quarterly.	No > 5%	\$100/ month \$1,200/ annual	\$1,000/ month \$11,000/ annual
Member Satisfaction Survey			
Member Satisfaction Survey – must be through a third-party vendor and will include health, pharmacy, dental and vision. (Annual requirement waived until enrollment reaches 100 employees)	80% satisfaction score based on minimum of 25% of surveyed employees enrolled in health responding: Satisfied, Very Satisfied and Somewhat Satisfied	\$1,750/ annual	\$15,000/ annual
Network Management			
Provider retention in each specialty network, including general.	No more than 10% loss exclusive to South Florida network and based on the network size at time of signing	\$250/ quarter \$1,000/ annual	\$1,500/ quarter \$5,000/ annual
Timely notice of significant changes in the network (hospital and/or large specialty practices).	60 Days written notice of the proposed termination date	\$250/ quarter \$1,000/ annual	\$1,500/ quarter \$5,000/ annual
Account Management			
Account Management Scorecard See Attachment A**	Scorecard completed quarterly Average score of 3 or > for all rating components.	\$500/ quarter \$2,000/ annual	\$4,000/ quarter \$15,000 annual
Reporting: Provide timely and accurate account specific reports. See Attachment B**	See Attachment B**	\$500/ quarter \$1,000/ Annually	\$1,500/ quarter No annual limit, but not to exceed maximum aggregate performance measure penalties
HDHP Administration See Attachment D****	See Attachment D****	\$1,000 per increment of 50 members	\$1,000 per increment of 50 members

Data File Exchange			
Data file extracts, in the file format requested and electronic delivery to the County's Benefit Consultant's data warehouse in a timely manner.	<15 days following the close of the month of service	\$250/ quarter \$1,000/ annual	\$1,500/ quarter \$5,000/ annual
Carrier-Specific Medical Discount Guarantee Offer			
County's Benefit Consultant will conduct an annual reconciliation of the Health Plan Discount Guarantee and report the results to the County.	Discount Guarantee calculations will be finalized by May 31 st annually and payments due to County will be made on or before July 1 st annually. See Attachment C***	Based on Annual reconciliation results.	Based on Annual reconciliation results.
TOTAL			
Total Performance Measures at Risk from Deductions		5% of Admin Fee Not to exceed \$19,050	\$138,000
Medical Discount Measures	Max 10% of base admin fee		

- * Attachment A – Account Management Scorecard
- ** Attachment B – Reporting and Other Vendor Data Requirements
- *** Attachment C – Carrier-Specific Medical Discount Guarantee Offer
- **** Attachment D – HDHP Administration

PHARMACY			
Category	Annual Performance Measures	Deduction < 2,000 Lives	Deduction >2,000 Lives
Claims Processing System Availability	Except for scheduled maintenance periods, VENDOR's and its VENDOR's on-line claims adjudication system will be available at least ninety-nine percent (99%) of the time.	\$250 Quarterly Book of Business	\$1,500 Quarterly Book of Business
Mail Service Dispensing Accuracy	Our Service adheres to the industry standard of 99.99 percent accuracy in the dispensing of prescriptions. This measure is based on tracked	\$375 Quarterly Book of Business	\$3,000 Quarterly Book of Business

PHARMACY			
Category	Annual Performance Measures	Deduction < 2,000 Lives	Deduction >2,000 Lives
	and validated external feedback from Members, measured against the Mail Service Pharmacy's book of business results. Notwithstanding anything to the contrary elsewhere in this Agreement, reports and/or audits related to this measure shall be made available to COUNTY only in the event and to the extent both parties first agree in writing to the content, frequency, manner and format.		
Time to Process an Electronic Claim	VENDOR guarantees 100% of online claims for any given month will be responded to within 30 seconds or less, excluding claims submitted simultaneously for the same patient.	\$375 Quarterly Book of Business	\$3,000 Quarterly Book of Business
Changes to Coverage Member Communication	VENDOR agrees to continue to notify member via mail for changes to coverage within an average of 15 business days, i.e.: a drug moving to a higher cost copay tier, a new prior authorization is added to coverage and point of sale safety edits that would stop a claim from processing at the point of sale.	\$375 Quarterly County Specific	\$3,000 Quarterly County Specific
Network Access	VENDOR continually expands its networks. In addition, VENDOR shall solicit specific pharmacies at COUNTY's request.	\$375 Quarterly County Specific	\$3,000 Quarterly County Specific
Overall Discount Guarantee Report	VENDOR will measure and report annually the overall discount of all Drugs dispensed as stated in Fees/Discounts Exhibit of this agreement.	\$1,500 Annually County Specific	\$12,000 Annually County Specific
Annual Formulary Update (Notification)	VENDOR guarantees to provide new plan year formulary to the County 82 days in advance of the	\$250 Annually	\$2,000 Annually

PHARMACY			
Category	Annual Performance Measures	Deduction < 2,000 Lives	Deduction >2,000 Lives
	formulary effective date. If the new formulary is not provided 82 days in advance, Vendor agrees that prior to making any changes to the Formulary and Preventive Drug List which would result in the removal of specific drugs, whether generic or brand name, such proposed changes shall be reviewed by the County beforehand. Thereafter, County shall have the discretion to either approve the proposed removal or, if the County does not agree with the proposed removal, then Vendor agrees not to make the proposed removal and shall instead retain the current Formulary and Preventive Drug List for the upcoming year without the cost of a custom formulary. Financial impact regarding minimum rebate guarantees, and member impact related to not making the recommended change will be provided to the County for consideration.	County Specific	County Specific
Annual Disruption Report	VENDOR will notify members who have filled a recent prescription within 60 days of a negative formulary change or a maintenance medication if VENDOR's standard letter is utilized.	\$250 Annually County Specific	\$2,000 Annually County Specific
Annual Formulary Update (System Readiness)	VENDOR guarantees to load the new plan year formulary no later than the 1st day of the plan year. County must be in adherence with VENDOR's Annual Readiness process.	\$750 Annually County Specific	\$6,000 Annually County Specific
Net Drug Cost Due to Change in Pharmacy Vendor	See Attachment E	See Attachment E	See Attachment E

Attachment A

Performance Measures - Account Management Scorecard

Annual Performance Measurement	Goal	Deduction
BCG is expected to provide feedback quarterly via this scorecard. If feedback is not provided on this measure, the assumption will be that the measure was met.	Quarterly: average score of 3 or >	\$500/Quarter \$2,000 Annually
<u>Communication:</u> Acknowledges telephone messages and e-mails provided within one (1) business day.	4 pts = Exceeds Expectations 3 pts = Meets Expectations 2 pts = Less than Expectations 1 pt = Significantly less than Expectations	
<u>Issue Resolution:</u> Acknowledges issues within one (1) business day and resolve them in a timely manner. Resolution timeframe will be determined jointly between Account and Account Manager on a case-by-case basis	4 pts = Exceeds Expectations 3 pts = Meets Expectations 2 pts = Less than Expectations 1 pt = Significantly less than Expectations	
<u>Meetings:</u> Conduct status/review meetings at mutually agreed upon appointments	4 pts = Exceeds Expectations 3 pts = Meets Expectations 2 pts = Less than Expectations 1 pt = Significantly less than Expectations	
<u>Enrollment and other Employee Meeting Support:</u> Provide adequate staffing for open enrollment and other employee facing meetings.	4 pts = Exceeds Expectations 3 pts = Meets Expectations 2 pts = Less than Expectations 1 pt = Significantly less than Expectations	

Attachment B

Performance Measures - Reporting and Other Vendor Requirements

Measurement	Goal
<p>Reporting: Provide timely and accurate account specific reports</p>	<ul style="list-style-type: none"> • Provide identified data to County’s third-party benefits consultant and or their contracted designee as agreed upon (“Benefit Consultant”). • Data extract will be in compliance with HIPAA privacy and security regulations, as amended from time to time, and all other applicable State and Federal law and regulations, until such time as PLAN is otherwise notified by Broward County Government to terminate the data exchange. • Ongoing data extract will be provided within 15 days after closing of month of service • Benefit Consultant or contracted designee must enter into a Business Associate agreement with PLAN • The data exchange between PLAN and Benefit Consultant or their designee will include data fields listed in the medical paid claims extract and prescription drug paid claim extract. Neither Broward County Government, their Benefit Consultant or designee shall disseminate data without prior consent and approval and approval from the PLAN; including but not limited to any information related to bid solicitation or other uses will be provided by the PLAN through a separate process and in accordance with the schedule above.

<p>Reports to be provided:</p>	<ul style="list-style-type: none">● Monthly Reports – by the 20th of each month:<ul style="list-style-type: none">○ Premium vs Claims○ High Cost Claimants○ Fund Recap○ Bank Statement○ Detailed Summary of Claim Payments○ Claim Adjustment○ Network Savings○ Pharmacy Claims○ Shared Savings○ Outstanding Checks ● Quarterly: Health Plan Review● Appeals Report● Annually: Health Plan Review (demographics, utilization, major diagnostic categories, etc.).● Ongoing Employer portal to online access to eligibility, claim and reporting (standard and ad-hoc)● Florida Office of Insurance Regulation<ul style="list-style-type: none">○ Assist County and Benefit Consultant with annual FLOIR reporting requirements● Wellness and Disease Management reporting metrics and cost effective clinical care, disease management and wellness resources/programs.● Monthly claims data to third-party data warehouse<ul style="list-style-type: none">○ In current customized format or;○ Community Care Plan standard format○ Modified ad-hoc format at no charge ● Monthly –Telemedicine Utilization reporting
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Attachment C

Performance Measures - Carrier-Specific Medical Discount Guarantee Offer

If billed charges vs. Paid Claims are:	Plan Manager will Pay County:
Greater than baseline plus trend but less than or equal to a 3% increase	3% of Paid Administrative Fees
Greater than 3% above baseline plus trend but less than or equal to a 5% increase	5% of Paid Administrative Fees
Greater than 5% above baseline plus trend	10% of Paid Administrative Fees

Note: Medical trend factor and prescription inflation factor will be reviewed and agreed upon by County's third-party benefits consultant and Plan Manager in the baseline year for the subsequent year.

The Discount Guarantee Calculation(s) will be finalized by May 31st annually with any appropriate payments to be made on or before July 1st annually.

Attachment D

Performance Measures - HDHP Administration

In 2019 Community Care Plan will offer a second medical plan benefit to the employees of the Broward County Government (BCG). This plan is a High Deductible Health Plan “HDHP” and will have the same terms and conditions as the existing HDHP offered to BCG employees by another provider. As part of that plan, BCG employees will have access to a Health Savings Account “HSA” to use for qualified medical expenses, as defined by IRS Publication 969. Should the administration of the HDHP not meet IRS guidelines, employees using HSA monies for qualified medical expenses may be subject to paying taxes on their HSA disbursements.

Annual Performance Measure: Plan Manager (CCP) must maintain a federally qualified HSA-eligible HDHP, in accordance with all IRS guidelines, including Publication 969, Savings Accounts and other Tax-Favored Health Plans.

Deduction: Through periodic benefit reviews by the County, if determined that CCP is not administering an IRS HSA compliant HDHP, they will have 15 calendar days to rectify the plan. Should CCP be unable to correct the benefit plan design within the established timeframe, the BCG employees enrolled in the CCP HDHP will be eligible to move to another plan design or carrier of their choice and CCP will pay County the \$1,000 per 50 members to cover administrative costs and expenses associated with such transition.

Example:

Members Enrolled in CCP HDHP Select Network Plan	Deduction (\$1,000 per 50 Members)
1-50	\$1,000
51-100	\$2,000
101-150	\$3,000
151-200	\$4,000
201-250	\$5,000

Attachment E

Performance Measures – Net Drug Cost Reconciliation

Effective 01/01/2019, Plan Manager (CCP) is making a change in their Pharmacy Benefit Manager “PBM” from EnvisionRx to Southern Scripts. This change in PBM’s also brings about a change in fees and discounts related to the pricing of the pharmacy program already included in the agreement. CCP has assured the County that the cost will be lower under Southern Scripts, but it is difficult to quantify at this time. However, CCP has guaranteed to hold the County harmless should the County’s Health pharmacy cost be more under the new PBM contract than under the previous EnvisionRx contract. In the event that the County’s costs are higher under the new fee and discount structure with Southern Scripts, CCP shall compensate the County for the difference, in accordance with Section 4.9 of the Agreement.

Annual Performance Measurement: Annual review of pharmacy cost under the current Southern Scripts contract versus the 2018 PBM, EnvisionRx, as provided in the current agreement. Review and reimbursement of any amounts owed shall be in accordance with Section 4.9 of the Agreement.

Deduction: Should the result of the annual review of the Southern Scripts contract comparison to the 2018 EnvisionRx contract cost the County more than the EnvisionRx contract would have cost, CCP will pay the difference in cost to the County, in accordance with the requirements of Section 4.9 of the Agreement.

A. **INFORMATION TO BE PROVIDED:** In order to accurately calculate the cost under each program, CCP will produce the following information, to County and County’s third-party benefits consultant, on a quarterly basis and as required pursuant to Section 4.9 of the Agreement:

1. Ingredient Cost (not the amount the County is charged, but the actual ingredient cost of the scripts filled)
2. Number of scripts
 - By channel:
 - Retail
 - Mail
 - Specialty
 - By component:
 - Generic
 - Brand
 - Specialty
3. Number of covered employees
4. Number of covered members

The information described above is defined as “Reconciliation Information.”

B. **CALCULATION:** The “Net Drug Cost” for the scripts filled, shall be defined and calculated as follows:

Net Drug Cost shall be equal to (A) Ingredient Cost calculated as (x) Actual Drug Cost (as provided by the Plan Manager) multiplied by (y) the applicable Pharmacy Discount Percentage plus (B) total Dispensing Fees paid plus (C) total Pharmacy Administrative Fees paid less (D) total Rebates paid to County.

The Southern Scripts Net Drug Cost (as defined in Section 4.9 of this Agreement) shall be calculated utilizing the Pharmacy Discount Percentages, Dispensing Fees, Pharmacy Administrative Fees, and Rebates set forth on Exhibit “B” to this Agreement. The EnvisionRx Net Drug Cost shall be calculated utilizing the Pharmacy Discount Percentages, Dispensing Fees, Pharmacy Administrative Fees, and Rebates set forth below in Section C to this Attachment E.

C. 2018 ENVISIONRX PHARMACY FEES

ENVISIONRX PHARMACY FEES			
	2018 FEES	2019 FEES	2020 FEES
<u>Pharmacy Administrative Fee</u>			
Administrative Costs	\$1.25 per Net Paid Claim	\$1.25 per Net Paid Claim	\$1.25 per Net Paid Claim
MTM	\$0.55 PMPM	\$0.55 PMPM	\$0.55 PMPM
Prior Authorization (per clinical authorization for drugs not already on PA list)	\$8.00 per clinical prior authorization	\$8.00 per clinical prior authorization	\$8.00 per clinical prior authorization
<u>Dispensing Fees</u>			
	Per Net Paid Claim 2018	Per Net Paid Claim 2019	Per Net Paid Claim 2020
Retail 30:	\$1.00	\$1.00	\$1.00
Retail 90:	\$0.00	\$0.00	\$0.00
Mail Service:	\$0.00	\$0.00	\$0.00
Specialty:	\$0.00	\$0.00	\$0.00
<u>Drug Pricing</u>			
Plan Manager will remit to County all amounts received from manufacturers and other sources. Plan Manager will remit to County 100% of any rebates receive from manufacturers and other sources including aggregators that can be attributed to Members hereunder.			
	Rebates Per Net Paid Brand Claim 2018	Rebates Per Net Paid Brand Claim 2019	Rebates Per Net Paid Brand Claim 2020
<u>All Brand (Preferred & Non-Preferred)</u>			
Retail 30 Minimum:	\$89.30	\$105.52	\$123.10
Retail 90 Minimum:	\$141.76	\$158.40	\$172.26

Mail Minimum:	\$141.76	\$158.40	\$172.26
Specialty Minimum:	\$648.17	\$661.61	\$962.26
Pharmacy Discount Percentage			
Brand Formulary for Retail 30	AWP-16.60%	AWP-16.70%	AWP-16.8%
Generic Formulary for Retail 30 (non-180 day Exclusive)	AWP-78.00 %	AWP-78.00%	AWP-78.00%
Generic Formulary for Retail 30 (180 Day Exclusive)	AWP-25.00%	AWP-25.00%	AWP-25.00%
Brand Formulary for Retail 90	AWP-22.00%	AWP-22.00%	AWP-22.00%
Generic Formulary for Retail 90 (non-180 Day Exclusive)	AWP-79.50%	AWP-79.75%	AWP-80.00%
Generic Formulary for Retail 90 (180 Day Exclusive)	AWP-25.00%	AWP-25.00%	AWP-25.00%
Brand Mail Service Network	AWP-22.00%	AWP-22.00%	AWP-22.00%
Generic Mail Service Network (non-180 Day Exclusive)	AWP-82.00%	AWP-82.00%	AWP-82.00%
Generic Mail Service Mail Service (190 Day Exclusive)	AWP-25.00%	AWP-25.00%	AWP-25.00%
Specialty (Exclusive Network	100% Pass Through	100% Pass Through	100% Pass Through

On an annual basis, beginning with calendar year 2019, the County's third-party benefits consultant will conduct a comparison of the Southern Scripts Net Drug Cost and the EnvisionRx Net Drug Cost, in accordance with Section 4.9 to this Agreement.

END OF ATTACHMENT "E"

Exhibit "N"

Clinical Program Services

These Clinical Program services are performed by the Plan Manager in connection with Plan provisions aimed at monitoring quality, containing costs, and promoting efficient delivery of Covered Services (see below) in appropriate settings.

In all circumstances, the County understands and agrees that these services are performed solely for the purpose of implementing Plan provisions and assisting in utilization management decision making which results in the delivery of appropriate levels of Plan benefits. The assistance provided through these services does not constitute the practice of medicine.

None of the Clinical Program services performed by the Plan Manager under this Agreement constitute a claims review determination or a guarantee of coverage or benefits eligibility. Benefits eligibility will be determined in the normal course of claims processing.

DEFINITIONS

- N1.1 "Covered Services" mean health care services or supplies to which a health care coverage provision of the Plan might apply.
- N1.2 "Emergency" care means Covered Services received by a Member related to an emergency medical condition provided by the emergency department of the hospital for purposes of a screening examination and treatment needed to stabilize a patient. An emergency medical condition means a condition that the average prudent person could reasonably expect to result in the following without immediate medical attention:
- A condition that places the health of the individual in serious jeopardy; or
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part.
- N1.3 "Health Care Provider" means any physician, practitioner, hospital, facility, laboratory, or any other provider of health care services or supplies which are Covered Services under the terms of the Plan.
- N1.4 Clinical Program services are performed employing processes generally described as follows. These concepts may be described similarly by the terms of the Plan, differing only with respect to terminology.
- (a) "Utilization Review" means the process of assessing the appropriateness, utility, or necessity of hospital admissions, surgical procedures, outpatient care, and other health care services as required under the provisions of the Plan. Utilization Review includes:

- (1) "Precertification", which is the process of assessing the appropriateness, utility, or necessity of proposed non-emergency hospital admissions, surgical procedures, outpatient care, and other health care services.
 - (2) "Concurrent Review", which is the process of assessing the continuing appropriateness, utility, or necessity of additional days of hospital confinement, outpatient care, and other health care services.
- (b) "Retrospective Review" means the process of assessing after the fact the appropriateness, utility, or necessity of hospital admissions, additional days of hospital confinement, surgical procedures, outpatient care, and other health care services, as required under the provisions of the Plan.
- (c) "Case Management" means the process of assessing whether an alternative plan of care would more effectively provide necessary health care services in an appropriate setting, as required under the provisions of the Plan.
- (d) "Transplant Management" means hands-on support to Members in need of organ and tissue transplants. The Transplant Management Team guides Members to the Plan Manager's National Transplant Network (NTN), designed to control costs and deliver a superior transplant experience. They review coverage, coordinate benefits, facilitate services and follow the transplant recipient's progress from initial referral through treatment and recovery.

CLINICAL PROGRAM SERVICES

- N2.1 Precertification, Concurrent Review, and Retrospective Review will be performed by the Plan Manager, or a consulting health care professional engaged by the Plan Manager, which may use criteria and protocols developed with input from health care experts.
- N2.2 The Plan Manager will provide or arrange for the provision of Precertification services, under applicable Plan provisions.
- (a) In the event that a proposed treatment cannot be Precertified:
- (1) The Plan Manager, the person requesting Precertification, and the attending Health Care Provider may, if sufficient information is provided, discuss possible treatment alternatives available under the Plan which might be Precertified.

- (2) In the event that the attending Health Care Provider chooses not to select possible treatment alternatives which might be Precertified or otherwise wishes to pursue Precertification of the proposed treatment as originally proposed, the Precertification process will proceed to resolution on the basis of available information.
 - (b) Precertification will be completed within the time periods prescribed in the Plan, or if there are none, within a reasonable time after a request is made.
- N2.3 During the Precertification and Concurrent Review processes, each hospital admission is evaluated for discharge planning needs, home health care and Case Management potential, as appropriate.
- N2.4 The Plan Manager will provide or arrange for the provision of Concurrent Review services, under applicable Plan provisions.
- N2.5 The Plan Manager will provide or arrange for the provision of Retrospective Review services, under applicable Plan provisions.
- (a) For Emergency inpatient admissions, Retrospective Review services will not be performed unless they are requested within the earlier of:
 - (1) The period of time following admission specified in the Plan; or
 - (2) If no time is specified in the Plan, 48 hours following admission.
 - (b) When required notification is not provided so that Precertification is not performed, Retrospective Review services will be performed only if specifically required by the Plan.
- N2.6 Notices of the results of the Precertification, Concurrent Review, and Retrospective Review processes, provided in accordance with the provisions of the Plan, will include information about the Plan Manager's standard procedures for having those results reconsidered. Results of these processes do not constitute claims determinations, and reconsideration of these results does not constitute an appeal of a disputed claim.
- N2.7 The Plan Manager will provide or arrange for the provision of Case Management services under applicable Plan provisions.
- N2.8 The Plan Manager will provide or arrange for the provision of Transplant Management services under applicable Plan provisions.
- N2.9 The Plan Manager will provide or arrange for the provision of the following additional services, under applicable Plan provisions:
- (a) **NurseLine Services:** A toll-free, 24-hour medical information line, staffed by registered nurses who are available to answer health-related questions and help Members decide where to best seek treatment. Community Care Plan offers two

lines to support Member needs, including a line for immediate medical concerns and another for health planning and support.

- (b) **Pregnancy Program:** The Pregnancy Program educates and guides expectant mothers to make the best choices to achieve a healthy pregnancy and, ultimately, a healthy baby. Members are offered guidance by phone from the time the Plan Manager is notified of the pregnancy through baby's first months.
- (c) **Neonatal Intensive Care Unit (NICU) Management (Neonatal Resource Services):** Specially trained case managers promote the highest standards of care for NICU infants and work with Members throughout the NICU stay to help them prepare for a smooth transition home.
- (d) **Gaps in Care Support:** The Plan Manager's clinical rules engine leverages expert medical opinions to identify gaps in care that address potential medical errors and instances of sub-optimal medical treatment. The established clinical rules compare a patients' pharmacy, laboratory and claims data to industry standard Quality of Care guidelines in order to identify patients at risk of highly specific patient-centric problems. Examples include: a misdiagnosis, a flawed surgical treatment or medical management, and lack of follow-up care or preventive treatment. In addition, a variety of preventive and pharmacy rules are included such as drug-to-drug interactions and drug-to-disease interactions. When gaps in care, drug to drug interaction, drug to disease interaction or a preventive reminder is identified, an alert and a message, if appropriate, are generated to communicate the findings through physician and member messaging.
Preventive Reminders: Proactive, targeted campaigns that deliver messages to Members of primary prevention care. Messages are delivered in a variety of methods including phone calls (live and voice activated), mail, text message or emails. Topics include mammography screenings, vaccinations, immunizations and more.
- (e) **Transplant Management Program (Transplant Resource Services):** Provides hands-on support to covered persons in need of organ and tissue transplants. They guide covered persons to Community Care Plan's contracted National Transplant Network (NTN), designed to deliver a superior transplant experience. They review coverage, coordinate benefits, facilitate services and follow the transplant recipient's progress from initial referral through treatment and recovery.
- (f) **Concierge Care Coordination (C3 Model):** Programs that support the physician/patient relationship and care plan, emphasize education, promote self-management, evaluate outcomes to improve Member overall health and offer nurse support.
CCP adopted, implemented and integrated the Concierge Care Coordination (C3) Model systemically for all enrollees. The C3 Team consists of a staff member from each department in the health plan. Each C3 Team is responsible for a particular group of enrollees who have been identified as low, medium or high risk via a health needs questionnaire completed during the onboarding process, dialogue with enrollee or other information available to CCP.

The mission of Community Care Plan's Care Coordination Program is:

- Improve the quality of care to CCP's BCG's enrollees within a managed care system of delivery
- Provide excellent concierge care services
- Positively Impact the health and wellness of the enrollees
- Deliver the right care, at the right time, in the right place, in an efficient, cost-effective manner

This program was created to promote quality of care and cost-effective outcomes by strategically aligning C3 team members' roles and responsibilities, targeted to provide the necessary planning, implementation, coordination, evaluation and monitoring required to meet the BCG's enrollee's health needs as well as support effective case management and preventative care practices for our Community Care Plan providers.

C3 is a collaborative process driven by the implementation of appropriate courses of care based on clinical, evidence-based practice guidelines. The process features proactive, individualized coordination and creation of an appropriate cost-effective alternative for enrollees, including:

- COMPLEX CASE MANAGEMENT, for catastrophic and chronically ill / injured enrollees, including medically complex and fragile enrollees under age 21
- ONGOING DISEASE MANAGEMENT, for those with appropriate diagnoses that require ongoing education and closing disease and preventative care gaps
- PREVENTATIVE CARE NEEDS, for those with no complex needs, to close preventative gaps in care

The C3 Model ensures a comprehensive and holistic approach to individualized preventative care in which the enrollee and caregiver are involved and receive the support of the entire C3 Team.

The C3 process includes the following steps and resources in the proactive care and treatment of BCG enrollees:

- Identification of high-risk population
- Comprehensive Assessment
- Assignment of Risk / Severity / Acuity Level
- Identification and Classification of Needs and Goals
- Development of Individualized Plan of Care
- Intervention / Ongoing Monitoring
- Evaluation / Reassessment
- Health System Resources

- Community Resources
- Technology Resources

C3 utilizes multiple data sources to meet enrollees' needs, including:

- Quality and gaps-in-care reports
- Monthly account and provider operating reports
- Assessment of high-cost / top 2% membership (cost and/or frequent ED/IP utilization)
- Statistics for intensive care management
- Early Notification System Census

The members of each team coordinate their resources and professional knowledge and experience to meet the enrollee's health needs. The program is carried out by Registered Nurses (RN's), Pharmacists, Physicians, Quality Management Specialists, and Social Work professionals licensed in the State of Florida.

Staff undergo a thorough orientation process, including a review of all contract guidelines, and access to a variety of resources to assist enrollees. In addition to maintaining continuing education credits for their individual licenses, ongoing training includes in-services, webinars and presentations from local community organizations to provide the most up-to-date information on available resources and current clinical practice guidelines.

The 13 designated experts of our C3 Teams represent each CCP department along with the enrollee and their primary care physician:

1. Assigned Population Health Care Coordination Manager
2. Enrollee / Caregiver
3. Enrollee's Primary Care Physician
4. Pharmacy Director
5. Provider Operations Representative
6. Behavioral Health Partner in Care
7. Quality Improvement
8. Social Worker
9. Utilization Management staff
10. Medical Director
11. Enrollee Services Representative
12. IT Representative
13. Clinical Performance Representative

Chronic condition management programs have been developed to help Members manage specific chronic medical conditions. Clinicians are available 24 hours a day to provide individual guidance through coaching, support and service coordination,

to help lessen the day-to-day impact of chronic illnesses. Nothing in this Agreement prohibits Plan Manager from providing additional chronic condition management and clinical programs at no additional cost to the County.

The criteria to determine level of risk for chronic condition management and clinical programs by Plan Manager will be based on evidence based protocols and industry standards, as well as the integration of the County's pharmacy data, as determined by Plan Manager. The levels of risk include Low, Moderate, and High. This Plan's chronic condition management programs include:

1. Asthma
2. Cancer (active treatment only)
3. Chronic Obstructive Pulmonary Disease
4. Congestive Heart Failure
5. Coronary Artery Disease
6. Diabetes
7. Hypertension
8. End-Stage Renal Disease/Chronic Kidney Disease
9. Rare Diseases (Cystic Fibrosis, Hemophilia, Multiple Sclerosis, Myasthenia Gravis, Systemic Lupus Erythematosus, Amyotrophic Lateral Sclerosis (a.k.a. Lou Gehrig's Disease), Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP), Dermatomyositis, Parkinson's Disease, Polymyositis, Rheumatoid Arthritis, Scleroderma and Sickle Cell Anemia).

- (g) **Behavioral Health Case Management (Full Care Management):** Addresses medical and co-morbid behavioral health conditions. Teams of care managers integrate the delivery of care plans and other guidance so that a primary contact will address both physical and behavioral health conditions. Clinical associates screen Members for behavioral health conditions in order to proactively identify Members who might benefit from an integrated care plan.
- (h) **CCP MyChart:** A personal, password-protected home page located at myportal.ccpcares.org. Members can log-in anytime to find a participating provider, look up benefits or check the status of a claim. Additional features include: Securely submit questions to customer service, request a PCP change, request a new ID Card, and others. CCP MyChart allows Members quick access to important information using their mobile device browser as well.
- (i) **Health Needs Questionnaire:** A confidential, one-on-one assessment completed during onboarding. Upon completion of the assessment, Members will receive an individualized health score and an action plan on how they can improve their health. Responses may also result in a referral to another clinical program.
- (j) **eNewsletter:** An electronic package that the Employer will receive each month with a dedicated focus on a wellness topic.
- (k) **Health Fair Facilitation Services:** Help Employers plan and run a health fair event. A Health Fair Facilitator works with the Employer to understand their wants and needs, such as what topics to cover and a budget. The Facilitator will connect with local resources and providers for content and fair participation and will provide

onsite coordination at the Health Fair. Fees from third party vendors are not included in this service.

- (l) **Concierge Transition of Care:** Changing health care plans can be stressful, especially for those who are going through intense medical treatment, such as chemotherapy. The transition of care process helps Member's make a smooth transition to Community Care Plan from their current health care plan with the least amount of disruption to their care.
- (m) **Continuity of Care:** If a provider ceases being a participating provider, Members may be able to continue treatment with the same provider for up to 90 calendar days if they are undergoing active treatment for a chronic or acute medical condition after the provider's termination with the participating provider's network. For pregnancy, if the Member is in the 2nd or 3rd trimester, continuity of care is available through a 6 week postpartum period. Continuity of care is available only if the provider continues to practice in the geographical area of the network and the termination of the participating provider's contract was not due to misconduct on the part of the provider.
- (n) **Telemedicine Program:** which allows Members to access remote medical services via real-time, two way communications with a contracted network of telemedicine providers.
- (o) **Transparency Tool (CCP Cost Estimator):** Provides access to cost and quality information for procedures and tests allowing Members to make informed decisions.

HEALTH CARE PROVIDERS

- N3.1 The County agrees that the Plan Manager shall not be held responsible for the actions of Health Care Providers acting as licensed professionals within the scope of their professional practice, and that in no event shall the indemnity provisions of this Agreement apply against the Plan Manager with respect to any expense caused by the acts or omissions of Health Care Providers.

REPORTS

- N4.1 Plan Manager agrees to provide a monthly report to County on costs, costs by disease state per member, and monthly utilization statistics.
- N4.2 Plan Manager agrees to provide County, and County's third-party benefits consultant with all the necessary reports to monitor progress of any of these programs including, but not limited to, monthly reports on actual intervention, places of services (outpatient, inpatient, pharmacy) and total dollar spend for each. If Plan Manager cannot provide this information as part of its standard reporting, Plan Manager will work with the County and County's third-party benefits consultant to provide this information at no additional charge.

MISCELLANEOUS

- N5.1 The Plan Manager will provide these Clinical Program services in accordance with the

provisions of the Plan which are in effect and which have been communicated to the Plan Manager by the County at the time the services are provided.

- N5.2 If the Plan Administrator directs the Plan Manager to make a Clinical Program services determination which is different than the determination which would otherwise be made by the Plan Manager, the Plan Manager will follow the determination of the Plan Administrator, provided the Plan Administrator's determination is first communicated to the Plan Manager in writing.

However, the Plan Manager may decide that it will communicate this determination only as directed in special written instructions from the Plan Administrator which are acceptable to the Plan Manager.

- N5.3 Plan Manager agrees to pay for the incentives provided to Members who comply with the criteria outlined in this Exhibit.
- N5.4 The Plan Manager is an independent contractor with respect to the services provided under Article 7.3 and Exhibit "C" of this Agreement, Article 2.5 of this Agreement notwithstanding.
- N5.5 The obligations of the Plan Manager under Article 7.3 and Exhibit "C" of this Agreement shall terminate upon the expiration of this Agreement.

PERFORMANCE MEASURES

- N6.1 Term of Performance Measure: The performance measures described herein, in addition the performance measures described in Exhibit "I" of the Agreement, shall apply to each Plan offered for each Plan Year during the term of the Agreement, including any renewals.

N6.1.1 The Plan Manager's Total Cost of Care model involves the measurement of total costs incurred by an enrollee year over year adjusted for inflationary trends. This model, when aligned with the payer, Third Party Administrator (TPA) and the health care delivery system, is expected to result in a more value based, quality approach to health of the enrollee. It also promotes the appropriate emphasis on preventive, primary and the coordination of all aspects of care in the most cost-effective setting. The success of this model will be measured by comparing the total costs incurred by each enrollee(s) in a base year, adjusted for mutually agreeable medical and pharmaceutical trends, and then comparing it to the actual costs incurred by the enrollee(s) in the year of coverage. The comparison is at the total cost level not the components of the cost since the goal is to provide more preventive and primary care and avoid unnecessary emergency room visits, admissions, etc. The total cost of care model is not meant to avoid medically needed care but to deliver the right type of care, at the right time in the most clinically effective and efficient manner.

Deductions: With respect to the Total Cost of Care improvement rate performance measure as set forth above, Plan Manager shall deduct from any amounts due by

County to Plan Manager as follows:

If Plan Manager achieves Total Cost of Care less than, or equal to, the baseline plus trend factor, no deduction applies.

If Total Cost of Care is greater than baseline plus trend, but less than or equal to a three percent increase, County shall deduct an amount equal to three percent of the annual administrative fee from any amounts due by County to Plan Manager.

If Total Cost of Care is greater than three percent above baseline plus trend, but less than or equal to a five percent increase, County shall deduct an amount equal to five percent of the annual administrative fee from any amounts due by County to Plan Manager.

If Total Cost of Care is greater than five percent above baseline plus trend, County shall deduct an amount equal to ten percent of the annual administrative fee from any amounts due by County to Plan Manager.

Note: Medical trend factor and prescription inflation factor will be reviewed and agreed upon by County's third-party benefits consultant and Plan Manager in the baseline year for the subsequent year.

N6.2 Health Care Utilization Rate Management Reports ("HCUR").

N6.2.1 Performance Measure: Plan Manager will provide the County with monthly reports similar to current format (samples will be provided by County's third-party benefits consultant), which include twelve (12) months of incurred data with a two (2) month lag, within thirty (30) days after the end of the Plan Year.

N6.2.2 Deduction: In the event of Plan Manager's failure to satisfy the HCUR Management Reports performance measure set forth in Section N6.6.1 above, County will deduct twelve cents (\$0.12) per employee per month from any amounts due by County to Plan Manager.

N6.3 Population Health Management ("PHM") Reports.

N6.3.1 Performance Measure: Plan Manager will deliver PHM Quarterly Reports, which include twelve (12) months of incurred data with a three (3) month lag, to the County within one-hundred (120) days after the close of each calendar quarter during the plan year.

N6.3.2 Deduction: In the event of Plan Manager's failure to satisfy the PHM Reports performance measure set forth in Section N6.8.1 above, County will deduct twelve cents (\$0.12) per employee per month from any amounts due by County to Plan Manager.

ADDITIONAL TERMS

N6.4 Preventative Mammogram and Colonoscopy:

All Plans except the CCP HDHP Select Plan (high-deductible plan): Plan Manager agrees that a member's first mammogram and first colonoscopy each calendar year will be at no cost to the member when test is performed at an in-network free standing diagnostic facility.

CCP HDHP Select Plan (high-deductible plan): First colonoscopy is covered in full if the visit is preventative. In addition, all related services (anesthesiologists, pathologists, etc.) when performed at a par facility are to be paid at 100% of billed charges even if the anesthesiologist, pathologist etc. is non par. If the related services (anesthesiologists, pathologist, etc.) are performed by a par provider – those services are to be allowed at full member benefit.

N6.5 Hearing Exams: Plan Manager agrees to provide free hearing exams. Coverage limited to two (2) ears per year up to an annual maximum of \$1,500.00 per insured member.

N6.6 Discount Vision Plan: Plan Manager agrees to offer a discount vision plan which includes an annual basic eye exam (refraction) at no cost to member.

N6.7 Discount Dental Benefit: Plan Manager agrees to offer a discount dental plan, with at least one cleaning of no cost to member.

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END OF EXHIBIT "N"

Exhibit "O"

Formulary Prescription Drug List and Formulary Key Exclusions and Alternatives

2018 Southern Scripts Formulary Prescription Drug List and Formulary Key Exclusions and Alternatives Attached – 2019 Formulary Prescription Drug List and Formulary Key Exclusions and Alternatives to be provided by October 9, 2018; subsequent annual Formulary Prescription Drug Lists and Formulary Key Exclusions and Alternatives to be provided annually by October 9 of each Plan Year.



2018 Select Formulary

Effective 07/01/2018

The Formulary List is a guide providing tier designation for common medicines within select therapeutic categories. The Formulary List may not include all drugs covered by your prescription drug benefit. Generic medicines are available within many of the therapeutic categories listed, in addition to categories not listed, and should be considered as the first line of prescribing.

For benefit coverage or restrictions please check your benefit plan document(s). This listing is revised periodically as new drugs and new prescribing information becomes available. It is recommended that you bring this list of medications when you or a covered family member sees a physician or other healthcare provider.

Tier Definitions

- 1 Generics
- 2 Preferred Brands
- 3 Non-Preferred Brands
- 4 Excluded Drugs - 100% Patient Liability

(ST) Step Therapy

(PA) Prior Authorization

Major Drug Class Overview
Non-Preferred and Excluded* Drugs With Preferred Options
2018

Drug Class	Non-Preferred / Excluded *	Preferred
ANALGESICS		
ANTIARTHRITICS	EUFLEXXA*, GEL-ONE*, HYALGAN*, MONOVISC*, ORTHOVISC*	DUROLANE, GELSYN-3, SUPARTZ FX, SYNVISK, SYNVISK ONE
NARCOTICS	ABSTRAL, HYSINGLA ER, KADIAN, OXYCONTIN, ZOHYDRO ER	fentanyl, fentanyl citrate oral transmucosal, morphine sulfate er, oxycodone hcl, EMBEDA, FENTORA, NUCYNTA ER
ANTI-INFECTIVES		
ANTIVIRALS	REBETOL	moderiba, ribavirin, ribavirin, RIBASPHERE RIBAPAK
HEPATITIS C	DAKLINZA*, EPCLUSA*, HARVONI*, SOVALDI*, TECHNIVIE*, VIEKIRA PAK*, ZEPATIER*	MAVYRET
TETRACYCLINES	DOXYCYCLINE, ORACEA	
CARDIAC		
ANGIOTENSIN RECEPTOR BLOCKER	BENICAR HCT, EDARBI, EDARBYCLOR	candesartan cilexetil/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan potassium/hydrochlorothiazide, valsartan/hydrochlorothiazide
ANTICOAGULANTS	PRADAXA*	clopidogrel, ELIQUIS, XARELTO
STATINS	VYTORIN	atorvastatin calcium, rosuvastatin calcium, simvastatin, LIVALO
CNS		
ADHD	ADDERALL XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine
ANTIDEPRESSANTS	PEXEVA, SARAFEM	citalopram hydrobromide, escitalopram oxalate, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl er, sertraline hcl, trazodone hcl, VIIBRYD
ANTI-PSYCHOTIC	FANAPT, REXULTI	aripiprazole, olanzapine, olanzapine odt, quetiapine fumarate, quetiapine fumarate er, LATUDA, SAPHRIS
SLEEP	ZOLPIMIST	eszopiclone, zaleplon, zolpidem tartrate er, BELSOMRA, ROZEREM
DIABETES		
DPP-4	ALOGLIPTIN*, KAZANO*, KOMBIGLYZE XR*, NESINA*, ONGLYZA*, OSENI*	JANUMET XR, JANUVIA, JENTADUETO, TRADJENTA
INCRETINS	BYDUREON PEN*, BYETTA*, TANZEUM*	OZEMPIC, TRULICITY, VICTOZA
INSULIN	AFREZZA*, APIDRA*, HUMALOG*, HUMALOG MIX 50/50*, HUMALOG MIX 75/25*, HUMULIN 70/30*, HUMULIN N*, HUMULIN R*	FIASP, FIASP FLEXTOUCH, NOVOLIN 70/30, NOVOLOG FLEXPEN, NOVOLOG MIX 70/30, NOVOLOG PENFILL
INSULIN: LONG ACTING	BASAGLAR KWIKPEN*	LANTUS, LANTUS SOLOSTAR, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH
OTHER	GLUMETZA, RIOMET	metformin hcl
SGLT-2	INVOKAMET*, INVOKANA*	FARXIGA, JARDIANCE, SYNJARDY, XIGDUO XR

Drug Class	Non-Preferred / Excluded *	Preferred
TESTING	ACCU-CHEK AVIVA CONNECT*, ACCU-CHEK AVIVA PLUS*, ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM*, BAYER BREEZE 2 TEST DISC*, BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS*, EMBRACE BLOOD GLUCOSE TEST STRIPS*, FREESTYLE TEST STRIPS*, PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM*, TRUE METRIX BLOOD GLUCOSE TEST STRIPS*, TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS*, TRUETEST STRIPS*, TRUETRACK SMART SYSTEM*, UNISTRIP1 GENERIC*	ONETOUCH ULTRA BLUE, ONETOUCH VERIO TEST STRIPS
ENDOCRINE		
ESTROGENS		estradiol, ESTRING, PREMARIN
GONADOTROPIN	PREGNYL W/DILUENT BENZYLALCOHOL/NACL	CETROTIDE, GANIRELIX ACETATE, NOVAREL
OVULATORY STIMULANTS	BRAVELLE, FOLLISTIM AQ*, FOLLISTIM AQ*	clomiphene citrate, GONAL-F, MENOPUR
PROGESTINS		CRINONE, ENDOMETRIN
TESTOSTERONE	AXIRON*, FORTESTA*, NATESTO, STRIANT, TESTIM*, VOGELXO*	ANDROGEL PUMP
GASTROINTESTINAL		
DIGESTIVE ENZYMES	PANCREAZE*, PERTZYE*, VIOKACE*	CREON, ZENPEP
OTHER	DIPENTUM, LIALDA, LINZESS*, PENTASA	balsalazide disodium, AMITIZA, APRISO, DELZICOL
PROTON PUMP INHIBITORS	DEXILANT	lansoprazole, omeprazole, pantoprazole sodium
GROWTH HORMONES		
	GENOTROPIN*, HUMATROPE*, NUTROPIN A NUSPIN 10*, OMNITROPE*, SAIZEN CLICK.EASY*, ZOMACTON*, ZORBTIVE*	NORDITROPIN FLEXPPO
HEMATOLOGY		
	ARANESP ALBUMIN FREE, EPOGEN, MIRCE	PROCRIT
MUSCULOSKELETAL		
ANTI-INFLAMMATORY **	ACTEMRA, CIMZIA*, ENBREL SURECLICK*, OTEZLA*, REMICADE*, SILIQ, SIMPONI*, STELARA*, TALTZ*, TALTZ*, XELJANZ	COSENTYX, COSENTYX SENSOREADY PEN, ENTYVIO, HUMIRA PEN, ORENCIA
OPHTHALMIC		
GLAUCOMA	COSOPT PF, SIMBRINZA, ZIOPTAN	dorzolamide hcl, AZOPT, COMBIGAN, TRAVATAN Z
NSAIDS	ACUVAIL	bromfenac, diclofenac sodium, ketorolac tromethamine, ILEVRO, NEVANAC, PROLENSA
OTIC		
MISCELLANEOUS	CETRAXAL	ciprofloxacin
RESPIRATORY		
	DULERA*, SYMBICORT*, TUDORZA PRESSAIR*	ADVAIR DISKUS, ANORO ELLIPTA, BREO ELLIPTA, INCRUSE ELLIPTA, SPIRIVA HANDIHALER, STIOLTO RESPIMAT
BETA AGONISTS	ARCAPTA NEOHALER*, PERFORMIST*, PROVENTIL HFA*, XOPENEX HFA*	PROAIR HFA, SEREVENT DISKUS, VENTOLIN HFA
INHALED STEROIDS	ALVESCO, ASMANEX TWISTHALER 120 METERED DOSES*, PULMICORT FLEXHALEI	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, QVAR
NASAL STEROIDS	BECONASE AQ*, NASONEX, OMNARIS*, ZETONNA	flunisolide, DYMISTA, QNASL
TOPICAL		
ACNE	ATRALIN, AVAGE, AZELEX, BENZACLIN WITH PUMP, EPIDUO, TAZORAC, VELTIN	adapalene, clindamycin phosphate/tretinoin, clindamycin/benzoyl peroxide, erythromycin, tretinoin, ACANYA

Drug Class	Non-Preferred / Excluded *	Preferred
MISCELLANEOUS	ALDARA, FLUOROURACIL, ZYCLARA PUMP	fluorouracil, imiquimod, PICATO
ROSACEA		metronidazole, FINACEA
UROLOGICAL		
ANTISPASMODICS	ENABLEX, GELNIQUE, TOVIAZ*	tolterodine tartrate, MYRBETRIQ, VESICARE
ERECTILE DYSFUNCTION	LEVITRA, STAXYN, STENDRA, VIAGRA	sildenafil, sildenafil citrate, CIALIS

Please Note: Drugs Marked with * are Excluded

Additional covered alternatives may be available. Costs for covered alternatives may vary. Other prescription benefit considerations may apply.

ANTIARTHRITICS	
DUROLANE <i>Prefilled Syringe</i>	2
GELSYN-3 <i>Solution Prefilled Syringe</i>	2
SUPARTZ <i>Solution Prefilled Syringe</i>	2
SUPARTZ FX <i>Solution Prefilled Syringe</i>	2
SYNVISC <i>Solution Prefilled Syringe</i>	2
SYNVISC ONE <i>Solution Prefilled Syringe</i>	2
EUFLEXXA <i>Solution Prefilled Syringe</i>	4
GEL-ONE <i>Prefilled Syringe</i>	4
GENVISC 850 <i>Solution Prefilled Syringe</i>	4
HYALGAN <i>Solution Prefilled Syringe</i>	4
HYMOVIS <i>Solution Prefilled Syringe</i>	4
MONOVISC <i>Solution Prefilled Syringe</i>	4
ORTHOVISC <i>Solution Prefilled Syringe</i>	4
HEADACHE	
dihydroergotamine mesylate <i>Solution</i>	1
isometheptene/dichloralphenazone/acetaminophen <i>Capsule</i>	1
naratriptan hcl <i>Tablet</i>	1
rizatriptan benzoate <i>Tablet</i>	1
sumatriptan <i>Solution</i>	1
sumatriptan succinate <i>Tablet</i>	1
sumatriptan succinate <i>Solution Auto-injector</i>	1
zolmitriptan <i>Tablet</i>	1
zolmitriptan odt <i>Tablet Disintegrating</i>	1
SUMAVEL DOSEPRO <i>Solution Jet-injector</i>	2
ZOMIG <i>Solution</i>	2
AXERT <i>Tablet</i>	3
CAFERGOT <i>Tablet</i>	3
ERGOMAR <i>Tablet Sublingual</i>	3

FROVA <i>Tablet</i>	3
RELPAK <i>Tablet</i>	3
TREXIMET <i>Tablet</i>	3
MISCELLANEOUS	
diflunisal <i>Tablet</i>	1
salsalate <i>Tablet</i>	1
tramadol hcl <i>Tablet</i>	1
tramadol hcl er <i>Tablet Extended Release 24 Hour</i>	1
tramadol hydrochloride/acetaminophen <i>Tablet</i>	1
CONZIP <i>Capsule Extended Release 24 Hour</i>	3
NARCOTIC ANTAGONISTS	
buprenorphine hcl/naloxone hcl <i>Tablet Sublingual</i>	1
naltrexone hcl <i>Tablet</i>	1
EVZIO <i>Solution Auto-injector</i>	2
NARCAN <i>Liquid</i>	2
SUBOXONE <i>Film</i>	2
VIVITROL <i>Suspension Reconstituted</i>	3
NARCOTICS	
acetaminophen/codeine <i>Solution</i>	1
acetaminophen/codeine <i>Tablet</i>	1
buprenorphine hcl <i>Tablet Sublingual</i>	1
butalbital/acetaminophen/caffeine <i>Tablet</i>	1
butalbital/acetaminophen/caffeine/codeine <i>Capsule</i>	1
butalbital/aspirin/caffeine <i>Capsule</i>	1
butalbital/aspirin/caffeine/codeine <i>Capsule</i>	1
codeine sulfate <i>Tablet</i>	1
fentanyl <i>Patch 72 Hour</i>	1
fentanyl citrate oral transmucosal <i>Lozenge on a Handle</i>	1
hydrocodone bitartrate/acetaminophen <i>Solution</i>	1
hydrocodone/acetaminophen <i>Tablet</i>	1

NARCOTICS

hydrocodone/ibuprofen <i>Tablet</i>	1
hydromorphone hcl <i>Tablet</i>	1
meperidine hcl <i>Solution</i>	1
methadone hcl <i>Solution</i>	1
methadone hcl <i>Tablet Soluble</i>	1
morphine sulfate <i>Suppository</i>	1
morphine sulfate er <i>Tablet Extended Release</i>	1
oxycodone hcl <i>Solution</i>	1
oxycodone/acetaminophen <i>Tablet</i>	1
oxycodone/aspirin <i>Tablet</i>	1
oxycodone/ibuprofen <i>Tablet</i>	1
oxymorphone hydrochloride <i>Tablet</i>	1
EMBEDA <i>Capsule Extended Release</i>	2
FENTORA <i>Tablet</i>	2
FLECTOR <i>Patch</i>	2
NUCYNTA <i>Tablet</i>	2
NUCYNTA ER <i>Tablet Extended Release 12 Hour</i>	2
ABSTRAL <i>Tablet Sublingual</i>	3
BUTRANS <i>Patch Weekly</i>	3
CAPITAL/CODEINE <i>Suspension</i>	3
HYSINGLA ER <i>Tablet ER 24 Hour Abuse-Deterrent</i>	3
KADIAN <i>Capsule Extended Release 24 Hour</i>	3
OXYCONTIN <i>Tablet ER 12 Hour Abuse-Deterrent</i>	3
PRIMLEV <i>Tablet</i>	3
SUBSYS <i>Liquid</i>	3
ZOHYDRO ER <i>Capsule ER 12 Hour Abuse-Deterrent</i>	3
NSAIDS	
celecoxib <i>Capsule</i>	1

diclofenac potassium <i>Tablet</i>	1
diclofenac sodium er <i>Tablet Extended Release 24 Hour</i>	1
diclofenac sodium/misoprostol <i>Tablet Delayed Release</i>	1
etodolac <i>Tablet</i>	1
fenoprofen calcium <i>Tablet</i>	1
flurbiprofen <i>Tablet</i>	1
indomethacin <i>Capsule</i>	1
ketoprofen <i>Capsule</i>	1
ketorolac tromethamine <i>Tablet</i>	1
meclofenamate sodium <i>Capsule</i>	1
mefenamic acid <i>Capsule</i>	1
meloxicam <i>Suspension</i>	1
meloxicam <i>Tablet</i>	1
nabumetone <i>Tablet</i>	1
naproxen <i>Tablet</i>	1
naproxen sodium <i>Tablet</i>	1
oxaprozin <i>Tablet</i>	1
piroxicam <i>Capsule</i>	1
sulindac <i>Tablet</i>	1
tolmetin sodium <i>Capsule</i>	1
CELEBREX <i>Capsule</i>	3
DUEXIS <i>Tablet</i>	3
INDOCIN <i>Suppository</i>	3
NALFON <i>Capsule</i>	3
SPRIX <i>Solution</i>	3
VIMOVO <i>Tablet Delayed Release</i>	3
VOLTAREN <i>Gel</i>	3
ZIPSOR <i>Capsule</i>	3

NSAIDS	
ZORVOLEX Capsule	3
ANTIFUNGAL	
clotrimazole Troche	1
fluconazole Suspension Reconstituted	1
fluconazole Tablet	1
flucytosine Capsule	1
griseofulvin microsize Tablet	1
griseofulvin microsize Suspension	1
griseofulvin ultramicrosize Tablet	1
itraconazole Capsule	1
ketoconazole Tablet	1
nystatin Suspension	1
nystatin Tablet	1
terbinafine hcl Tablet	1
voriconazole Tablet	1
voriconazole Suspension Reconstituted	1
NOXAFIL Suspension	2
SPORANOX Solution	2
LAMISIL Tablet	3
ONMEL Tablet	3
ANTIMALARIALS	
atovaquone/proguanil hcl Tablet	1
chloroquine phosphate Tablet	1
hydroxychloroquine sulfate Tablet	1
mefloquine hcl Tablet	1
quinine sulfate Capsule	1
COARTEM Tablet	2
DARAPRIM Tablet	2

PRIMAQUINE PHOSPHATE Tablet	2
ANTIMYCOBACTERIALS	
cycloserine Capsule	1
ethambutol hcl Tablet	1
isoniazid Tablet	1
pyrazinamide Tablet	1
rifampin Capsule	1
SIRTURO Tablet	2
PASER Packet	3
RIFATER Tablet	3
TRECTOR Tablet	3
ANTIPARASITICS	
metronidazole Tablet	1
paromomycin sulfate Capsule	1
tinidazole Tablet	1
ALBENZA Tablet	2
ALINIA Tablet	2
ALINIA Suspension Reconstituted	2
BILTRICIDE Tablet	2
FLAGYL ER Tablet Extended Release 24 Hour	3
MEPRON Suspension	3
STROMEKTOL Tablet	3
ANTIVIRALS	
acyclovir Capsule	1
acyclovir Tablet	1
acyclovir Suspension	1
amantadine hcl Syrup	1
amantadine hcl Capsule	1
famciclovir Tablet	1
lamivudine Tablet	1

ANTIVIRALS	
moderiba Tablet	1
ribasphere Capsule	1
ribavirin Capsule	1
ribavirin Tablet	1
rimantadine hcl Tablet	1
valacyclovir hcl Tablet	1
EPIVIR HBV Solution	2
RIBASPHERE RIBAPAK Tablet	2
BARACLUDE Tablet	3
REBETOL Solution	3
SITAVIG Tablet	3
TAMIFLU Capsule	3
TAMIFLU Suspension Reconstituted	3
VALCYTE Solution Reconstituted	3
VALCYTE Tablet	3
CEPHALOSPORINS	
cefactor Capsule	1
cefactor Suspension Reconstituted	1
cefadroxil Capsule	1
cefadroxil Suspension Reconstituted	1
cefdinir Capsule	1
cefdinir Suspension Reconstituted	1
cefprozil Suspension Reconstituted	1
cefprozil Tablet	1
ceftibuten Capsule	1
ceftibuten Suspension Reconstituted	1
cephalexin Tablet	1
cephalexin Suspension Reconstituted	1

CEFTIN Suspension Reconstituted	3
SUPRAX Suspension Reconstituted	3
ERYTHROMYCINS/MACROLIDS	
azithromycin Suspension Reconstituted	1
clarithromycin Tablet	1
clarithromycin Suspension Reconstituted	1
clarithromycin er Tablet Extended Release 24 Hour	1
ery-tab Tablet Delayed Release	1
erythromycin base Tablet	1
erythromycin ethylsuccinate Tablet	1
DIFICID Tablet	3
PCE Tablet Delayed Release	3
HEPATITIS C	
MAVYRET Tablet	2
DAKLINZA Tablet	4
EPCLUSA Tablet	4
HARVONI Tablet	4
OLYSIO Capsule	4
SOVALDI Tablet	4
TECHNIVIE Tablet	4
VIEKIRA PAK Tablet Therapy Pack	4
ZEPATIER Tablet	4
HIV	
abacavir Tablet	1
abacavir sulfate/lamivudine/zidovudine Tablet	1
didanosine Capsule Delayed Release	1
lamivudine/zidovudine Tablet	1
nevirapine Suspension	1
nevirapine Tablet	1
stavudine Solution Reconstituted	1

HIV	
stavudine <i>Capsule</i>	1
zidovudine <i>Syrup</i>	1
zidovudine <i>Capsule</i>	1
zidovudine <i>Tablet</i>	1
APTIVUS <i>Solution</i>	2
APTIVUS <i>Capsule</i>	2
ATRIPLA <i>Tablet</i>	2
COMPLERA <i>Tablet</i>	2
CRIXIVAN <i>Capsule</i>	2
DESCOVY <i>Tablet</i>	2
EDURANT <i>Tablet</i>	2
EMTRIVA <i>Capsule</i>	2
EMTRIVA <i>Solution</i>	2
GENVOYA <i>Tablet</i>	2
INTELENCE <i>Tablet</i>	2
INVIRASE <i>Tablet</i>	2
ISENTRESS <i>Tablet</i>	2
KALETRA <i>Tablet</i>	2
LEXIVA <i>Suspension</i>	2
NORVIR <i>Tablet</i>	2
NORVIR <i>Solution</i>	2
ODEFSEY <i>Tablet</i>	2
PREZISTA <i>Suspension</i>	2
PREZISTA <i>Tablet</i>	2
RESCRIPTOR <i>Tablet</i>	2
SELZENTRY <i>Tablet</i>	2
STRIBILD <i>Tablet</i>	2
TIVICAY <i>Tablet</i>	2

TRUVADA <i>Tablet</i>	2
VIDEXPEDIATRIC <i>Solution Reconstituted</i>	2
VIRACEPT <i>Tablet</i>	2
EPIVIR <i>Solution</i>	3
EPZICOM <i>Tablet</i>	3
KALETRA <i>Solution</i>	3
LEXIVA <i>Tablet</i>	3
REYATAZ <i>Capsule</i>	3
SUSTIVA <i>Capsule</i>	3
VIREAD <i>Tablet</i>	3
ZIAGEN <i>Solution</i>	3
MISCELLANEOUS	
clindamycin hcl <i>Capsule</i>	1
clindamycin palmitate hcl <i>Solution Reconstituted</i>	1
dapsone <i>Tablet</i>	1
linezolid <i>Tablet</i>	1
methenamine hippurate <i>Tablet</i>	1
methenamine mandelate <i>Tablet</i>	1
nitrofurantoin macrocrystals <i>Capsule</i>	1
nitrofurantoin monohydrate <i>Capsule</i>	1
sulfadiazine <i>Tablet</i>	1
sulfamethoxazole/trimethoprim <i>Tablet</i>	1
sulfamethoxazole/trimethoprim <i>Suspension</i>	1
trimethoprim <i>Tablet</i>	1
vancomycin hcl <i>Capsule</i>	1
TOBI PODHALER <i>Capsule</i>	2
XIFAXAN <i>Tablet</i>	2
MONUROL <i>Packet</i>	3
PRIMSOL <i>Solution</i>	3

MISCELLANEOUS	
SIVEXTRO Tablet	3
ZYVOX Tablet	3
PENICILLINS	
amoxicillin Tablet	1
amoxicillin Suspension Reconstituted	1
amoxicillin/clavulanate potassium Suspension Reconstituted	1
amoxicillin/clavulanate potassium Tablet	1
amoxicillin/clavulanate potassium er Tablet Extended Release 12 Hour	1
ampicillin Suspension Reconstituted	1
ampicillin Capsule	1
dicloxacillin sodium Capsule	1
penicillin v potassium Tablet	1
penicillin v potassium Solution Reconstituted	1
QUINOLONES	
ciprofloxacin er Tablet Extended Release 24 Hour	1
ciprofloxacin hcl Tablet	1
levofloxacin Solution	1
levofloxacin Tablet	1
TETRACYCLINES	
demeclocycline hcl Tablet	1
doxycycline hyclate Tablet	1
doxycycline monohydrate Capsule	1
minocycline hcl Capsule	1
morgidox 1x100mg Capsule	1
tetracycline hcl Capsule	1
SOLODYN Tablet Extended Release 24 Hour	2
ACTICLATE Tablet	3
DORYX Tablet Delayed Release	3
DORYX Tablet Delayed Release	3

DOXYCYCLINE Capsule Delayed Release	3
MINOCIN Capsule	3
MONODOX Capsule	3
ORACEA Capsule Delayed Release	3
VIBRAMYCIN Syrup	3
VAGINAL	
clindamycin phosphate Cream	1
metronidazole vaginal Gel	1
miconazole 3 Suppository	1
terconazole Suppository	1
terconazole Cream	1
AVC Cream	3
GYNAZOLE-1 Cream	3
ACE INHIBITORS	
amlodipine besylate/benazepril hydrochloride Capsule	1
benazepril hcl Tablet	1
benazepril hcl/hydrochlorothiazide Tablet	1
captopril Tablet	1
captopril/hydrochlorothiazide Tablet	1
enalapril maleate Tablet	1
fosinopril sodium Tablet	1
fosinopril sodium/hydrochlorothiazide Tablet	1
lisinopril Tablet	1
lisinopril/hydrochlorothiazide Tablet	1
moexipril hcl Tablet	1
moexipril/hydrochlorothiazide Tablet	1
perindopril erbumine Tablet	1
quinapril hcl Tablet	1
quinapril/hydrochlorothiazide Tablet	1

ACE INHIBITORS	
ramipril <i>Capsule</i>	1
trandolapril <i>Tablet</i>	1
ACCUPRIL <i>Tablet</i>	3
ALTACE <i>Capsule</i>	3
EPANED <i>Solution</i>	3
LOTENSIN <i>Tablet</i>	3
MAVIK <i>Tablet</i>	3
PRINIVIL <i>Tablet</i>	3
QBRELIS <i>Solution</i>	3
TARKA <i>Tablet Extended Release</i>	3
VASOTEC <i>Tablet</i>	3
ZESTRIL <i>Tablet</i>	3
ANGIOTENSIN RECEPTOR BLOCKER	
candesartan cilexetil <i>Tablet</i>	1
candesartan cilexetil/hydrochlorothiazide <i>Tablet</i>	1
eprosartan mesylate <i>Tablet</i>	1
irbesartan <i>Tablet</i>	1
irbesartan/hydrochlorothiazide <i>Tablet</i>	1
losartan potassium <i>Tablet</i>	1
losartan potassium/hydrochlorothiazide <i>Tablet</i>	1
olmesartan medoxomil <i>Tablet</i>	1
olmesartan medoxomil <i>Tablet</i>	1
telmisartan <i>Tablet</i>	1
telmisartan/amlodipine <i>Tablet</i>	1
telmisartan/hydrochlorothiazide <i>Tablet</i>	1
valsartan <i>Tablet</i>	1
valsartan/hydrochlorothiazide <i>Tablet</i>	1
TEKAMLO <i>Tablet</i>	2

TEKURNA <i>Tablet</i>	2
TEKURNA HCT <i>Tablet</i>	2
ATACAND HCT <i>Tablet</i>	3
AZOR <i>Tablet</i>	3
BENICAR <i>Tablet</i>	3
BENICAR HCT <i>Tablet</i>	3
DIOVAN HCT <i>Tablet</i>	3
EDARBI <i>Tablet</i>	3
EDARBYCLOR <i>Tablet</i>	3
EXFORGE <i>Tablet</i>	3
EXFORGE HCT <i>Tablet</i>	3
TRIBENZOR <i>Tablet</i>	3
ANTIARRHYTHMIC	
amiodarone hcl <i>Tablet</i>	1
digoxin <i>Tablet</i>	1
digoxin <i>Solution</i>	1
disopyramide phosphate <i>Capsule</i>	1
flecainide acetate <i>Tablet</i>	1
mexiletine hcl <i>Capsule</i>	1
pacerone <i>Tablet</i>	1
procainamide hcl <i>Solution</i>	1
propafenone hcl <i>Tablet</i>	1
quinidine gluconate <i>Solution</i>	1
quinidine sulfate <i>Tablet</i>	1
quinidine sulfate er <i>Tablet Extended Release</i>	1
sorine <i>Tablet</i>	1
sotalol hcl <i>Tablet</i>	1
sotalol hcl (af) <i>Tablet</i>	1
MULTAQ <i>Tablet</i>	2

ANTIARRHYTHMIC	
NORPACE CR <i>Capsule Extended Release 12 Hour</i>	2
TIKOSYN <i>Capsule</i>	3
ANTICOAGULANTS	
cilostazol <i>Tablet</i>	1
clopidogrel <i>Tablet</i>	1
dipyridamole <i>Tablet</i>	1
enoxaparin sodium <i>Solution</i>	1
fondaparinux sodium <i>Solution</i>	1
heparin sodium <i>Solution</i>	1
jantoven <i>Tablet</i>	1
pentoxifylline er <i>Tablet Extended Release</i>	1
ticlopidine hcl <i>Tablet</i>	1
warfarin sodium <i>Tablet</i>	1
BRILINTA <i>Tablet</i>	2
ELIQUIS <i>Tablet</i>	2
FRAGMIN <i>Solution</i>	2
MEPHYTON <i>Tablet</i>	2
XARELTO <i>Tablet</i>	2
XARELTO STARTER PACK <i>Tablet Therapy Pack</i>	2
AGGRENOX <i>Capsule Extended Release 12 Hour</i>	3
COUMADIN <i>Tablet</i>	3
EFFIENT <i>Tablet</i>	3
PRADAXA <i>Capsule</i>	4
BETA BLOCKERS	
acebutolol hcl <i>Capsule</i>	1
atenolol <i>Tablet</i>	1
atenolol/chlorthalidone <i>Tablet</i>	1
betaxolol hcl <i>Tablet</i>	1
bisoprolol fumarate <i>Tablet</i>	1

bisoprolol fumarate/hydrochlorothiazide <i>Tablet</i>	1
carvedilol <i>Tablet</i>	1
labetalol hcl <i>Tablet</i>	1
metoprolol tartrate <i>Tablet</i>	1
nadolol <i>Tablet</i>	1
nadolol/bendroflumethiazide <i>Tablet</i>	1
pindolol <i>Tablet</i>	1
propranolol hcl <i>Tablet</i>	1
propranolol hcl <i>Solution</i>	1
propranolol/hydrochlorothiazide <i>Tablet</i>	1
timolol maleate <i>Tablet</i>	1
BYSTOLIC <i>Tablet</i>	2
HEMANGEOL <i>Solution</i>	2
COREG CR <i>Capsule Extended Release 24 Hour</i>	3
LEVATOL <i>Tablet</i>	3
CALCIUM CHANNEL BLOCKERS	
afeditab cr <i>Tablet Extended Release 24 Hour</i>	1
amlodipine besylate <i>Tablet</i>	1
cartia xt <i>Capsule Extended Release 24 Hour</i>	1
diltiazem cd <i>Capsule Extended Release 24 Hour</i>	1
diltiazem hcl <i>Tablet</i>	1
diltiazem hcl er <i>Capsule Extended Release 24 Hour</i>	1
felodipine er <i>Tablet Extended Release 24 Hour</i>	1
isradipine <i>Capsule</i>	1
nifedipine <i>Capsule</i>	1
nifedipine er <i>Tablet Extended Release 24 Hour</i>	1
nimodipine <i>Capsule</i>	1
nisoldipine er <i>Tablet Extended Release 24 Hour</i>	1
taztia xt <i>Capsule Extended Release 24 Hour</i>	1

CALCIUM CHANNEL BLOCKERS

verapamil hcl 1
Tablet

verapamil hcl er 1
Capsule Extended Release 24 Hour

DIURETICS

acetazolamide 1
Tablet

amiloride hcl 1
Tablet

amiloride/hydrochlorothiazide 1
Tablet

bumetanide 1
Tablet

chlorothiazide 1
Tablet

eplerenone 1
Tablet

furosemide 1
Solution

hydrochlorothiazide 1
Tablet

indapamide 1
Tablet

methazolamide 1
Tablet

methyclothiazide 1
Tablet

metolazone 1
Tablet

spironolactone 1
Tablet

spironolactone/hydrochlorothiazide 1
Tablet

torseamide 1
Tablet

triamterene/hydrochlorothiazide 1
Tablet

DYRENIUM 3
Capsule

NITRATES

isosorbide dinitrate 1
Tablet

isosorbide mononitrate 1
Tablet

minitran 1
Patch 24 Hour

nitroglycerin lingual 1
Aerosol Solution

nitroglycerin transdermal 1
Patch 24 Hour

DILATRATE SR 2
Capsule Extended Release

NITRO-BID 2
Ointment

NITRO-DUR 2
Patch 24 Hour

NITROSTAT 3
Tablet Sublingual

OTHER

ENTRESTO 2
Tablet

RANEXA 2
Tablet Extended Release 12 Hour

VECAMYL 3
Tablet

OTHER ANTI-HYPERTENSIVES

clonidine hcl 1
Tablet

clorpres 1
Tablet

doxazosin mesylate 1
Tablet

guanfacine hcl 1
Tablet

hydralazine hcl 1
Tablet

methyldopa 1
Tablet

methyldopa/hydrochlorothiazide 1
Tablet

minoxidil 1
Tablet

prazosin hcl 1
Capsule

reserpine 1
Tablet

terazosin hcl 1
Capsule

BIDIL 3
Tablet

CARDURA XL 3
Tablet Extended Release 24 Hour

STATINS

amlodipine besylate/atorvastatin calcium 1
Tablet

atorvastatin calcium 1
Tablet

cholestyramine 1
Packet

colestipol hcl 1
Tablet

fenofibrate 1
Tablet

fenofibric acid dr 1
Capsule Delayed Release

fluvastatin 1
Capsule

gemfibrozil 1
Tablet

lovastatin 1
Tablet

niacin er 1
Tablet Extended Release

STATINS

pravastatin sodium Tablet	1
prevalite Packet	1
rosuvastatin calcium Tablet	1
simvastatin Tablet	1
LIVALO Tablet	2
PRALUENT Solution Pen-injector	2
PRALUENT Solution Prefilled Syringe	2
VASCEPA Capsule	2
WELCHOL Tablet	2
WELCHOL Packet	2
ALTOPREV Tablet Extended Release 24 Hour	3
ANTARA Capsule	3
CRESTOR Tablet	3
FENOGLIDE Tablet	3
JUXTAPID Capsule	3
LESCOL XL Tablet Extended Release 24 Hour	3
LIPOFEN Capsule	3
LOVAZA Capsule	3
NIACOR Tablet	3
TRIGLIDE Tablet	3
VYTORIN Tablet	3
ZETIA Tablet	3
REPATHA Solution Prefilled Syringe	4
REPATHA SURECLICK Solution Auto-injector	4

ADHD

amphetamine/dextroamphetamine Capsule Extended Release 24 Hour	1
amphetamine/dextroamphetamine Tablet	1
dexmethylphenidate hcl Tablet	1

dexmethylphenidate hcl er Capsule Extended Release 24 Hour	1
dextroamphetamine sulfate Solution	1
dextroamphetamine sulfate Tablet	1
guanidine hcl Tablet	1
methylphenidate hcl Tablet	1
methylphenidate hcl Tablet	1
methylphenidate hcl cd Capsule Extended Release	1
methylphenidate hydrochloride Solution	1
DAYTRANA Patch	2
MYDAYIS Capsule Extended Release 24 Hour	2
QUILLICHEW ER Tablet Chewable Extended Release	2
QUILLIVANT XR Suspension Reconstituted	2
VYVANSE Tablet Chewable	2
VYVANSE Capsule	2
ADDERALL XR Capsule Extended Release 24 Hour	3
ADZENYS XR-ODT Tablet Extended Release Disintegrating	3
FOCALIN XR Capsule Extended Release 24 Hour	3
INTUNIV Tablet Extended Release 24 Hour	3
STRATTERA Capsule	3
ALZHEIMER'S	
galantamine hydrobromide er Capsule Extended Release 24 Hour	1
rivastigmine tartrate Capsule	1
NAMENDA XR Capsule Extended Release 24 Hour	2
NAMZARIC Capsule ER 24 Hour Therapy Pack	2
NAMZARIC Capsule Extended Release 24 Hour	2
EXELON Patch 24 Hour	3
NAMENDA Solution	3
ANTICONVULSANTS	
carbamazepine Tablet	1

ANTICONVULSANTS

carbamazepine <i>Suspension</i>	1
carbamazepine er <i>Tablet Extended Release 12 Hour</i>	1
carbamazepine er <i>Tablet Extended Release 12 Hour</i>	1
clonazepam <i>Tablet</i>	1
clonazepam odt <i>Tablet Disintegrating</i>	1
diazepam <i>Gel</i>	1
divalproex sodium dr <i>Tablet Delayed Release</i>	1
divalproex sodium er <i>Tablet Extended Release 24 Hour</i>	1
epitol <i>Tablet</i>	1
ethosuximide <i>Capsule</i>	1
ethosuximide <i>Capsule</i>	1
ethosuximide <i>Solution</i>	1
felbamate <i>Tablet</i>	1
felbamate <i>Suspension</i>	1
fosphenytoin sodium <i>Solution</i>	1
gabapentin <i>Capsule</i>	1
gabapentin <i>Tablet</i>	1
lamotrigine <i>Tablet</i>	1
levetiracetam <i>Tablet</i>	1
levetiracetam <i>Solution</i>	1
oxcarbazepine <i>Suspension</i>	1
oxcarbazepine <i>Tablet</i>	1
phenobarbital <i>Elixir</i>	1
phenobarbital <i>Tablet</i>	1
phenytoin <i>Suspension</i>	1
phenytoin sodium extended <i>Capsule</i>	1
primidone <i>Tablet</i>	1
tiagabine hydrochloride <i>Tablet</i>	1

topiramate <i>Tablet</i>	1
valproic acid <i>Solution</i>	1
valproic acid <i>Capsule</i>	1
zonisamide <i>Capsule</i>	1
BANZEL <i>Tablet</i>	2
FYCOMPA <i>Tablet</i>	2
GABITRIL <i>Tablet</i>	2
LAMICTAL XR <i>Kit</i>	2
LYRICA <i>Capsule</i>	2
LYRICA CR <i>Tablet Extended Release 24 Hour</i>	2
ONFI <i>Suspension</i>	2
OXTELLAR XR <i>Tablet Extended Release 24 Hour</i>	2
PEGANONE <i>Tablet</i>	2
POTIGA <i>Tablet</i>	2
SABRIL <i>Tablet</i>	2
TROKENDI XR <i>Capsule Extended Release 24 Hour</i>	2
VIMPAT <i>Tablet</i>	2
VIMPAT <i>Solution</i>	2
DEPAKOTE ER <i>Tablet Extended Release 24 Hour</i>	3
EQUETRO <i>Capsule Extended Release 12 Hour</i>	3
HORIZANT <i>Tablet Extended Release</i>	3
LAMICTAL ODT <i>Tablet Disintegrating</i>	3
ANTIDEPRESSANTS	
amitriptyline hcl <i>Tablet</i>	1
amoxapine <i>Tablet</i>	1
bupropion hcl <i>Tablet</i>	1
bupropion hcl xl <i>Tablet Extended Release 24 Hour</i>	1
chlordiazepoxide/amitriptyline <i>Tablet</i>	1
citalopram hydrobromide <i>Solution</i>	1

ANTIDEPRESSANTS

citalopram hydrobromide <i>Tablet</i>	1
clomipramine hcl <i>Capsule</i>	1
desipramine hcl <i>Tablet</i>	1
doxepin hcl <i>Capsule</i>	1
doxepin hcl <i>Concentrate</i>	1
duloxetine hcl <i>Capsule Delayed Release Particles</i>	1
escitalopram oxalate <i>Tablet</i>	1
escitalopram oxalate <i>Solution</i>	1
fluoxetine hcl <i>Capsule</i>	1
fluoxetine hcl <i>Solution</i>	1
fluvoxamine maleate <i>Tablet</i>	1
imipramine hcl <i>Tablet</i>	1
imipramine pamoate <i>Capsule</i>	1
maprotiline hcl <i>Tablet</i>	1
mirtazapine <i>Tablet</i>	1
nefazodone hcl <i>Tablet</i>	1
nortriptyline hcl <i>Capsule</i>	1
nortriptyline hcl <i>Solution</i>	1
paroxetine hcl <i>Tablet</i>	1
paroxetine hcl er <i>Tablet Extended Release 24 Hour</i>	1
perphenazine/amitriptyline <i>Tablet</i>	1
phenelzine sulfate <i>Tablet</i>	1
protriptyline hcl <i>Tablet</i>	1
sertraline hcl <i>Tablet</i>	1
tranylcypromine sulfate <i>Tablet</i>	1
trazodone hcl <i>Tablet</i>	1
venlafaxine hcl <i>Tablet</i>	1
venlafaxine hcl er <i>Capsule Extended Release 24 Hour</i>	1

FETZIMA <i>Capsule Extended Release 24 Hour</i>	2
FETZIMA TITRATION PACK <i>Capsule ER 24 Hour Therapy Pack</i>	2
TRINTELLIX <i>Tablet</i>	2
VIIBRYD <i>Kit</i>	2
VIIBRYD <i>Tablet</i>	2
VIIBRYD STARTER PACK <i>Kit</i>	2
APLENZIN <i>Tablet Extended Release 24 Hour</i>	3
BRISDELLE <i>Capsule</i>	3
DESVENLAFAXINE ER <i>Tablet Extended Release 24 Hour</i>	3
EMSAM <i>Patch 24 Hour</i>	3
FORFIVO XL <i>Tablet Extended Release 24 Hour</i>	3
KHEDEZLA <i>Tablet Extended Release 24 Hour</i>	3
MARPLAN <i>Tablet</i>	3
PEXEVA <i>Tablet</i>	3
PRISTIQ <i>Tablet Extended Release 24 Hour</i>	3
SARAFEM <i>Tablet</i>	3
ANTIPARKINSONISM	
benztropine mesylate <i>Tablet</i>	1
bromocriptine mesylate <i>Tablet</i>	1
carbidopa/levodopa <i>Tablet</i>	1
carbidopa/levodopa er <i>Tablet Extended Release</i>	1
carbidopa/levodopa/entacapone <i>Tablet</i>	1
entacapone <i>Tablet</i>	1
ropinirole hcl <i>Tablet</i>	1
selegiline hcl <i>Tablet</i>	1
trihexyphenidyl hcl <i>Tablet</i>	1
trihexyphenidyl hcl <i>Elixir</i>	1
NEUPRO <i>Patch 24 Hour</i>	2
XADAGO <i>Tablet</i>	2

ANTIPARKINSONISM

ZELAPAR <i>Tablet Disintegrating</i>	2
AZILECT <i>Tablet</i>	3
MIRAPEX ER <i>Tablet Extended Release 24 Hour</i>	3
STALEVO 75 <i>Tablet</i>	3
TASMAR <i>Tablet</i>	3

ANTI-PSYCHOTIC

aripiprazole <i>Tablet</i>	1
chlorpromazine hcl <i>Tablet</i>	1
clozapine <i>Tablet</i>	1
clozapine odt <i>Tablet Disintegrating</i>	1
fluphenazine hcl <i>Concentrate</i>	1
fluphenazine hcl <i>Tablet</i>	1
haloperidol <i>Tablet</i>	1
haloperidol <i>Concentrate</i>	1
haloperidol decanoate <i>Solution</i>	1
loxapine succinate <i>Capsule</i>	1
olanzapine <i>Tablet</i>	1
olanzapine odt <i>Tablet Disintegrating</i>	1
olanzapine/fluoxetine <i>Capsule</i>	1
perphenazine <i>Tablet</i>	1
quetiapine fumarate <i>Tablet</i>	1
quetiapine fumarate er <i>Tablet Extended Release 24 Hour</i>	1
risperidone <i>Tablet</i>	1
risperidone odt <i>Tablet Disintegrating</i>	1
thioridazine hcl <i>Tablet</i>	1
thiothixene <i>Capsule</i>	1
trifluoperazine hcl <i>Tablet</i>	1
ziprasidone hcl <i>Capsule</i>	1

ABILIFY MAINTENA <i>Prefilled Syringe</i>	2
INVEGA SUSTENNA <i>Suspension</i>	2
INVEGA TRINZA <i>Suspension</i>	2
INVEGA TRINZA <i>Suspension</i>	2
LATUDA <i>Tablet</i>	2
RISPERDAL CONSTA <i>Suspension Reconstituted</i>	2
SAPHRIS <i>Tablet Sublingual</i>	2
VRAYLAR <i>Capsule Therapy Pack</i>	2
VRAYLAR <i>Capsule</i>	2
ABILIFY <i>Tablet</i>	3
FANAPT <i>Tablet</i>	3
FAZACLO <i>Tablet Disintegrating</i>	3
ORAP <i>Tablet</i>	3
REXULTI <i>Tablet</i>	3
SEROQUEL XR <i>Tablet Extended Release 24 Hour</i>	3
VERSACLOZ <i>Suspension</i>	3

ANXIOLYTICS

alprazolam <i>Tablet</i>	1
alprazolam er <i>Tablet Extended Release 24 Hour</i>	1
alprazolam odt <i>Tablet Disintegrating</i>	1
alprazolam xr <i>Tablet Extended Release 24 Hour</i>	1
buspirone hcl <i>Tablet</i>	1
chlordiazepoxide hcl <i>Capsule</i>	1
clorazepate dipotassium <i>Tablet</i>	1
diazepam <i>Tablet</i>	1
diazepam intensol <i>Concentrate</i>	1
lorazepam <i>Tablet</i>	1
lorazepam intensol <i>Concentrate</i>	1
midazolam hcl <i>Syrup</i>	1

ANXIOLYTICS	
oxazepam <i>Capsule</i>	1
ALPRAZOLAM INTENSOL <i>Concentrate</i>	3
MISCELLANEOUS	
armodafinil <i>Tablet</i>	1
lithium <i>Solution</i>	1
lithium carbonate <i>Capsule</i>	1
lithium carbonate er <i>Tablet Extended Release</i>	1
modafinil <i>Tablet</i>	1
BELVIQ <i>Tablet</i>	2
NUDEXTA <i>Capsule</i>	2
QSYMIA <i>Capsule Extended Release 24 Hour</i>	3
SAXENDA <i>Solution Pen-injector</i>	3
XENAZINE <i>Tablet</i>	3
MS	
AMPYRA <i>Tablet Extended Release 12 Hour</i>	2
AUBAGIO <i>Tablet</i>	2
COPAXONE <i>Solution Prefilled Syringe</i>	2
GILENYA <i>Capsule</i>	2
TECFIDERA <i>Capsule Delayed Release</i>	4
SLEEP	
estazolam <i>Tablet</i>	1
eszopiclone <i>Tablet</i>	1
flurazepam hcl <i>Capsule</i>	1
quazepam <i>Tablet</i>	1
temazepam <i>Capsule</i>	1
zaleplon <i>Capsule</i>	1
zolpidem tartrate er <i>Tablet Extended Release</i>	1
BELSOMRA <i>Tablet</i>	2
ROZEREM <i>Tablet</i>	2

BUTISOL SODIUM <i>Tablet</i>	3
INTERMEZZO <i>Tablet Sublingual</i>	3
ZOLPIMIST <i>Solution</i>	3
DPP-4	
JANUMET <i>Tablet</i>	2
JANUMET XR <i>Tablet Extended Release 24 Hour</i>	2
JANUVIA <i>Tablet</i>	2
JENTADUETO <i>Tablet</i>	2
TRADJENTA <i>Tablet</i>	2
ALOGLIPTIN <i>Tablet</i>	4
ALOGLIPTIN/METFORMIN HCL <i>Tablet</i>	4
KAZANO <i>Tablet</i>	4
KOMBIGLYZE XR <i>Tablet Extended Release 24 Hour</i>	4
NESINA <i>Tablet</i>	4
ONGLYZA <i>Tablet</i>	4
OSENI <i>Tablet</i>	4
INCRETINS	
OZEMPIC <i>Solution Pen-injector</i>	2
TRULICITY <i>Solution Pen-injector</i>	2
VICTOZA <i>Solution Pen-injector</i>	2
BYDUREON <i>Suspension Reconstituted ER</i>	4
BYDUREON PEN <i>Pen-injector</i>	4
BYETTA <i>Solution Pen-injector</i>	4
TANZEUM <i>Pen-injector</i>	4
INSULIN	
FIASP <i>Solution</i>	2
FIASP FLEXTOUCH <i>Solution Pen-injector</i>	2
NOVOLIN 70/30 <i>Suspension</i>	2
NOVOLIN N <i>Suspension</i>	2

INSULIN	
NOVOLIN R <i>Solution</i>	2
NOVOLOG <i>Solution</i>	2
NOVOLOG FLEXPEN <i>Solution Pen-injector</i>	2
NOVOLOG MIX 70/30 <i>Suspension</i>	2
NOVOLOG MIX 70/30 PREFILLED FLEXPEN <i>Suspension Pen-injector</i>	2
NOVOLOG PENFILL <i>Solution Cartridge</i>	2
SOLIQUA 100/33 <i>Solution Pen-injector</i>	2
XULTOPHY 100/3.6 <i>Solution Pen-injector</i>	2
ADMELOG <i>Solution</i>	4
ADMELOG SOLOSTAR <i>Solution Pen-injector</i>	4
AFREZZA <i>Powder</i>	4
APIDRA <i>Solution</i>	4
APIDRA SOLOSTAR <i>Solution Pen-injector</i>	4
HUMALOG <i>Solution</i>	4
HUMALOG MIX 50/50 <i>Suspension</i>	4
HUMALOG MIX 75/25 <i>Suspension</i>	4
HUMULIN 70/30 <i>Suspension</i>	4
HUMULIN N <i>Suspension</i>	4
HUMULIN R <i>Solution</i>	4
HUMULIN R U-500 (CONCENTRATED) <i>Solution</i>	4
HUMULIN R U-500 KWIKPEN <i>Solution Pen-injector</i>	4
INSULIN: LONG ACTING	
LANTUS <i>Solution</i>	2
LANTUS SOLOSTAR <i>Solution Pen-injector</i>	2
LEVEMIR <i>Solution</i>	2
LEVEMIR FLEXTOUCH <i>Solution Pen-injector</i>	2
TOUJEO SOLOSTAR <i>Solution Pen-injector</i>	2
TRESIBA FLEXTOUCH <i>Solution Pen-injector</i>	2

BASAGLAR KWIKPEN <i>Solution Pen-injector</i>	4
OTHER	
acarbose <i>Tablet</i>	1
metformin hcl <i>Tablet</i>	1
metformin hcl er <i>Tablet Extended Release 24 Hour</i>	1
nateglinide <i>Tablet</i>	1
repaglinide <i>Tablet</i>	1
CYCLOSET <i>Tablet</i>	2
GLUCAGEN HYPOKIT <i>Solution Reconstituted</i>	2
GLUCAGON EMERGENCY KIT <i>Kit</i>	2
SYMLINPEN 120 <i>Solution Pen-injector</i>	2
GLUMETZA <i>Tablet Extended Release 24 Hour</i>	3
GLYSET <i>Tablet</i>	3
RIOMET <i>Solution</i>	3
SGLT-2	
FARXIGA <i>Tablet</i>	2
JARDIANCE <i>Tablet</i>	2
SYNJARDY <i>Tablet</i>	2
SYNJARDY XR <i>Tablet Extended Release 24 Hour</i>	2
XIGDUO XR <i>Tablet Extended Release 24 Hour</i>	2
INVOKAMET <i>Tablet</i>	4
INVOKANA <i>Tablet</i>	4
SGLT-2 / DPP-4	
GLYXAMBI <i>Tablet</i>	2
QTERN <i>Tablet</i>	4
SULFONYLUREAS	
glimepiride <i>Tablet</i>	1
glipizide er <i>Tablet Extended Release 24 Hour</i>	1
glipizide/metformin hcl <i>Tablet</i>	1
glyburide <i>Tablet</i>	1

SULFONYLUREAS	
glyburide micronized <i>Tablet</i>	1
glyburide/metformin hcl <i>Tablet</i>	1
TESTING	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/2l <i>Miscellaneous</i>	2
BD NEEDLE/27G X 1/2" <i>Miscellaneous</i>	2
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16" <i>Miscellaneous</i>	2
DEXCOM G4 PLATINUM RECEIVER KIT <i>Device</i>	2
DEXCOM G5 MOBILE RECEIVERKIT <i>Device</i>	2
INSULIN SYRINGE/U-100/1ML/28G X 1/2" <i>Miscellaneous</i>	2
NOVOFINE 30GX8MM <i>Miscellaneous</i>	2
NOVOFINE 32GX6MM <i>Miscellaneous</i>	2
NOVOFINE AUTOCOVER 30GX8MM <i>Miscellaneous</i>	2
NOVOFINE PLUS 32GX4MM <i>Miscellaneous</i>	2
NOVOTWIST 30GX8MM <i>Miscellaneous</i>	2
NOVOTWIST 32GX5MM <i>Miscellaneous</i>	2
ONETOUCH ULTRA 2 <i>Kit</i>	2
ONETOUCH ULTRA BLUE <i>Strip</i>	2
ONETOUCH VERIO FLEX BLOODGLUCOSE MONI <i>Kit</i>	2
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITO <i>Kit</i>	2
ONETOUCH VERIO SYNC BLOODGLUCOSE MONI <i>Kit</i>	2
ONETOUCH VERIO TEST STRIPS <i>Strip</i>	2
ACCU-CHEK AVIVA CONNECT <i>Kit</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ACCU-CHEK AVIVA PLUS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ACCU-CHEK COMPACT PLUS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ACCU-CHEK NANO SMARTVIEW <i>Kit</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ACCU-CHEK SMARTVIEW STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	

ACCUTREND GLUCOSE <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ADVOCATE BLOOD GLUCOSE MONITORING SYS <i>Device</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
AGAMATRIX PRESTO TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ASSURE PLATINUM TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ASSURE PRISM MULTI TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
ASSURE PRISM MULTI TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
BAYER BREEZE 2 TEST DISC <i>Disk</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
BAYER CONTOUR BLOOD GLUCOSE TEST STRIP <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
BAYER CONTOUR NEXT BLOODGLUCOSE TEST <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
CLEVER CHEK TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
EMBRACE BLOOD GLUCOSE TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
FORA GD20 TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
FREESTYLE INSULINX BLOODGLUCOSE TEST <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
FREESTYLE INSULINX BLOODGLUCOSE TEST ST <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
FREESTYLE LITE TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
FREESTYLE TEST STRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
GE100 BLOOD GLUCOSE TESTSTRIPS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
GLUCOCARD 01 SENSOR PLUS <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	
GLUCOCARD EXPRESSION BLOOD GLUCOSE TE <i>Strip</i>	4 (ST)
<i>* Must try and fail OneTouch</i>	

TESTING

GLUCOCARD VITAL TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
IN TOUCH BLOOD GLUCOSE TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
NOVA MAX GLUCOSE TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
OPTIUM TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
OPTIUMEZ TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
PRECISION PCX PLUS TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
PRECISION QID TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
PRECISION XTRA BLOOD GLUCOSE TEST STRIP <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
PRODIGY AUTOCODE BLOOD GLUCOSE MONITOR <i>Device</i> <i>* Must try and fail OneTouch</i>	4 (ST)
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIP <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
TRUE METRIX BLOOD GLUCOSE TEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
TRUE METRIX SELF MONITORING BLOOD GLUCOSE <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
TRUETEST STRIPS <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
TRUETRACK SMART SYSTEM <i>Kit</i> <i>* Must try and fail OneTouch</i>	4 (ST)
TRUETRACK TEST <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)
UNISTRIP1 GENERIC <i>Strip</i> <i>* Must try and fail OneTouch</i>	4 (ST)

TZD

pioglitazone hcl <i>Tablet</i>	1
pioglitazone hcl/metformin hcl <i>Tablet</i>	1
pioglitazone hcl-glimepiride <i>Tablet</i>	1

ADRENAL HORMONES

dexamethasone <i>Tablet</i>	1
fludrocortisone acetate <i>Tablet</i>	1
hydrocortisone <i>Tablet</i>	1
methylprednisolone acetate <i>Suspension</i>	1
methylprednisolone dose pack <i>Tablet Therapy Pack</i>	1
prednisolone <i>Solution</i>	1
prednisone <i>Tablet</i>	1
SOLU-CORTEF <i>Solution Reconstituted</i>	2
H.P. ACTHAR <i>Gel</i>	3
ORAPRED ODT <i>Tablet Disintegrating</i>	3
RAYOS <i>Tablet Delayed Release</i>	3
CONTRACEPTIVES	
altavera <i>Tablet</i>	1
alyacen 1/35 <i>Tablet</i>	1
amethia <i>Tablet</i>	1
amethyst <i>Tablet</i>	1
apri <i>Tablet</i>	1
aranelle <i>Tablet</i>	1
aubra <i>Tablet</i>	1
aviane <i>Tablet</i>	1
azurette <i>Tablet</i>	1
balziva <i>Tablet</i>	1
briellyn <i>Tablet</i>	1
camrese <i>Tablet</i>	1
caziant <i>Tablet</i>	1
chateal <i>Tablet</i>	1
cryselle-28 <i>Tablet</i>	1
cyclafem 1/35 <i>Tablet</i>	1
dasetta 7/7/7 <i>Tablet</i>	1

CONTRACEPTIVES	
daysee Tablet	1
elinest Tablet	1
emoquette Tablet	1
enpresse-28 Tablet	1
enskyce Tablet	1
estarylla Tablet	1
falmina Tablet	1
gianvi Tablet	1
gildagia Tablet	1
introvale Tablet	1
jolessa Tablet	1
junel 1.5/30 Tablet	1
kariva Tablet	1
kelnor 1/35 Tablet	1
kurvelo Tablet	1
larin fe 1.5/30 Tablet	1
leena Tablet	1
lessina Tablet	1
levonest Tablet	1
levora 0.15/30-28 Tablet	1
lomedica 24 fe Tablet	1
loryna Tablet	1
low-ogestrel Tablet	1
lutera Tablet	1
marlissa Tablet	1
microgestin 1/20 Tablet	1
mono-linyah Tablet	1
mononessa Tablet	1

myzilra Tablet	1
necon 1/50-28 Tablet	1
nortrel 1/35 Tablet	1
ocella Tablet	1
orsythia Tablet	1
philiith Tablet	1
pimtrea Tablet	1
pirmella 7/7/7 Tablet	1
portia-28 Tablet	1
previfem Tablet	1
quasense Tablet	1
reclipsen Tablet	1
sprintec 28 Tablet	1
sronyx Tablet	1
syeda Tablet	1
tilia fe Tablet	1
tri-estarylla Tablet	1
tri-linyah Tablet	1
trinessa Tablet	1
tri-previfem Tablet	1
tri-sprintec Tablet	1
trivora-28 Tablet	1
velivet Tablet	1
vestura Tablet	1
viorele Tablet	1
wera Tablet	1
wymzya fe Tablet Chewable	1
zarah Tablet	1

CONTRACEPTIVES	
zenchent <i>Tablet</i>	1
zovia 1/35e <i>Tablet</i>	1
LO LOESTRIN FE <i>Tablet</i>	2
NATAZIA <i>Tablet</i>	2
NUVARING <i>Ring</i>	2
OGESTREL <i>Tablet</i>	2
SAFYRAL <i>Tablet</i>	2
SKYLA <i>Intrauterine Device</i>	2
TAYTULLA <i>Capsule</i>	2
BEYAZ <i>Tablet</i>	3
GENERESS FE <i>Tablet Chewable</i>	3
ORTHO TRI-CYCLEN LO <i>Tablet</i>	3
QUARTETTE <i>Tablet</i>	3
ESTROGENS	
esterified estrogens/methyltestosterone hs <i>Tablet</i>	1
estradiol <i>Patch Weekly</i>	1
estradiol/norethindrone acetate <i>Tablet</i>	1
jinteli <i>Tablet</i>	1
COMBIPATCH <i>Patch Twice Weekly</i>	2
DIVIGEL <i>Gel</i>	2
DUAVEE <i>Tablet</i>	2
ESTRING <i>Ring</i>	2
MINIVELLE <i>Patch Twice Weekly</i>	2
PREMARIN <i>Cream</i>	2
PREMARIN <i>Tablet</i>	2
PREMPHASE <i>Tablet</i>	2
PREMPRO <i>Tablet</i>	2
ALORA <i>Patch Twice Weekly</i>	3

ANGELIQ <i>Tablet</i>	3
CLIMARA PRO <i>Patch Weekly</i>	3
ESTRACE <i>Cream</i>	3
ESTROGEL <i>Gel</i>	3
FEMHRT LOW DOSE <i>Tablet</i>	3
PREFEST <i>Tablet</i>	3
VAGIFEM <i>Tablet</i>	3
GONADOTROPIN	
CETROTIDE <i>Kit</i>	2
GANIRELIX ACETATE <i>Solution</i>	2
NOVAREL <i>Solution Reconstituted</i>	2
PREGNYL W/DILUENT BENZYLALCOHOL/NACL <i>Solution Reconstituted</i>	3
MISCELLANEOUS	
cabergoline <i>Tablet</i>	1
calcitriol <i>Capsule</i>	1
desmopressin acetate <i>Tablet</i>	1
desmopressin acetate <i>Solution</i>	1
ADDYI <i>Tablet</i>	2
OVULATORY STIMULANTS	
clomiphene citrate <i>Tablet</i>	1
GONAL-F <i>Solution Reconstituted</i>	2
MENOPUR <i>Solution Reconstituted</i>	2
BRAVELLE <i>Solution Reconstituted</i>	3
FOLLISTIM AQ <i>Solution</i>	4
FOLLISTIM AQ <i>Solution</i>	4
PROGESTINS	
camila <i>Tablet</i>	1
errin <i>Tablet</i>	1
heather <i>Tablet</i>	1
jencycla <i>Tablet</i>	1

PROGESTINS	
jolivettable Tablet	1
lyza Tablet	1
nora-be Tablet	1
norethindrone Tablet	1
progesterone Capsule	1
CRINONE Gel	2
ENDOMETRIN Insert	2
TESTOSTERONE	
androxy Tablet	1
danazol Capsule	1
oxandrolone Tablet	1
testosterone cypionate Solution	1
ANDROGEL Gel	2
ANDROGEL PUMP Gel	2
ANDROID Capsule	3
DEPO-TESTOSTERONE Solution	3
NATESTO Gel	3
STRIANT Miscellaneous	3
TESTOPEL Pellet	3
TESTOSTERONE Gel	3
TESTOSTERONE Gel	3
TESTOSTERONE PUMP Gel	3
TESTRED Capsule	3
ANDRODERM Patch 24 Hour	4
AXIRON Solution	4
FORTESTA Gel	4 (ST)
* Must try and fail Androgel 1.62%	

TESTIM Gel	4 (ST)
* Must try and fail Androgel 1.62%	
VOGELXO Gel	4 (ST)
* Must try and fail Androgel 1.62%	
VOGELXO Gel	4 (ST)
* Must try and fail Androgel 1.62%	
VOGELXO PUMP Gel	4 (ST)
* Must try and fail Androgel 1.62%	
THYROID	
levothyroxine sodium Tablet	1
levoxyl Tablet	1
liothyronine sodium Tablet	1
methimazole Tablet	1
nature-throid Tablet	1
unithroid Tablet	1
ARMOUR THYROID Tablet	3
SSKI Solution	3
THYROLAR-1/4 Tablet	3
TIROSINT Capsule	3
ANTIDIARRHEALS	
dicyclomine hcl Capsule	1
dicyclomine hcl Capsule	1
diphenoxylate/atropine Tablet	1
diphenoxylate/atropine Liquid	1
glycopyrrolate Tablet	1
hyoscyamine sulfate Solution	1
loperamide hcl Capsule	1
methscopolamine bromide Tablet	1
ANASPAZ Tablet Disintegrating	3
CUVPOSA Solution	3
ANTIEMETIC	

ANTIEMETIC	
dronabinol <i>Capsule</i>	1
granisetron hcl <i>Tablet</i>	1
meclizine hcl <i>Tablet</i>	1
ondansetron hcl <i>Solution</i>	1
ondansetron hcl <i>Tablet</i>	1
ondansetron odt <i>Tablet Disintegrating</i>	1
prochlorperazine <i>Suppository</i>	1
prochlorperazine maleate <i>Tablet</i>	1
trimethobenzamide hcl <i>Capsule</i>	1
BONJESTA <i>Tablet Extended Release</i>	2
DICLEGIS <i>Tablet Delayed Release</i>	2
ANZEMET <i>Tablet</i>	3
EMEND <i>Capsule</i>	3
SANCUSO <i>Patch</i>	3
TRANSDERM-SCOP <i>Patch 72 Hour</i>	3
ZUPLENZ <i>Film</i>	4
BOWEL EVACUANTS	
MOVIPREP <i>Solution Reconstituted</i>	2
COLYTE-FLAVOR PACKS <i>Solution Reconstituted</i>	3
OSMOPREP <i>Tablet</i>	3
PREPOPIK <i>Packet</i>	3
SUCLEAR <i>Kit</i>	3
SUPREP BOWEL PREP KIT <i>Solution</i>	3
DIGESTIVE ENZYMES	
CREON <i>Capsule Delayed Release Particles</i>	2
SUCRAID <i>Solution</i>	2
ZENPEP <i>Capsule Delayed Release Particles</i>	2
PANCREAZE <i>Capsule Delayed Release Particles</i>	4
PERTZYE <i>Capsule Delayed Release Particles</i>	4

VIOKACE <i>Tablet</i>	4
H2 ANTAGONISTS	
cimetidine <i>Tablet</i>	1
cimetidine hcl <i>Solution</i>	1
famotidine <i>Tablet</i>	1
famotidine <i>Suspension Reconstituted</i>	1
misoprostol <i>Tablet</i>	1
nizatidine <i>Capsule</i>	1
ranitidine hcl <i>Syrup</i>	1
ranitidine hcl <i>Tablet</i>	1
OTHER	
balsalazide disodium <i>Capsule</i>	1
budesonide <i>Capsule Delayed Release Particles</i>	1
chlordiazepoxide hcl/clidinium bromide <i>Capsule</i>	1
constulose <i>Solution</i>	1
lactulose <i>Solution</i>	1
metoclopramide hcl <i>Solution</i>	1
metoclopramide hcl <i>Tablet</i>	1
sulfasalazine <i>Tablet</i>	1
sulfasalazine <i>Tablet Delayed Release</i>	1
ursodiol <i>Capsule</i>	1
AMITIZA <i>Capsule</i>	2
APRISO <i>Capsule Extended Release 24 Hour</i>	2
BELLADONNA <i>Tincture</i>	2
CHENODAL <i>Tablet</i>	2
DELZICOL <i>Capsule Delayed Release</i>	2
KINEVAC <i>Solution Reconstituted</i>	2
MOVANTI <i>Tablet</i>	2
UCERIS <i>Tablet Extended Release 24 Hour</i>	2

OTHER	
VIBERZI <i>Tablet</i>	2
ASACOL HD <i>Tablet Delayed Release</i>	3
DIPENTUM <i>Capsule</i>	3
ENTEREG <i>Capsule</i>	3
GIAZO <i>Tablet</i>	3
KRISTALOSE <i>Packet</i>	3
LIALDA <i>Tablet Delayed Release</i>	3
LOTRONEX <i>Tablet</i>	3
PENTASA <i>Capsule Extended Release</i>	3
TRULANCE <i>Tablet</i>	3
LINZESS <i>Capsule</i>	4
RELISTOR <i>Solution</i>	4
RELISTOR <i>Tablet</i>	4

OTHER ULCER THERAPY	
lansoprazole/amoxicillin/clarithromycin <i>Miscellaneous</i>	1
sucralfate <i>Tablet</i>	1
CARAFATE <i>Suspension</i>	2
PYLERA <i>Capsule</i>	3

PROTON PUMP INHIBITORS	
lansoprazole <i>Capsule Delayed Release</i>	1
omeprazole <i>Capsule Delayed Release</i>	1
omeprazole/sodium bicarbonate <i>Capsule</i>	1
pantoprazole sodium <i>Tablet Delayed Release</i>	1
rabeprazole sodium <i>Tablet Delayed Release</i>	1
DEXILANT <i>Capsule Delayed Release</i>	3
NEXIUM <i>Packet</i>	3
NEXIUM <i>Capsule Delayed Release</i>	3

RECTAL

anucort-hc <i>Suppository</i>	1
colocort <i>Enema</i>	1
mesalamine <i>Enema</i>	1
CORTIFOAM <i>Foam</i>	2
UCERIS <i>Foam</i>	2
CANASA <i>Suppository</i>	3
ROWASA <i>Kit</i>	3

PROTROPIN	
NORDITROPIN FLEXPRO <i>Solution</i>	2 (PA)
EGRIFTA <i>Solution Reconstituted</i>	3 (PA)
GENOTROPIN <i>Solution Reconstituted</i>	4 (PA)
HUMATROPE <i>Solution Reconstituted</i>	4 (PA)
NUTROPIN AQ NUSPIN 10 <i>Solution</i>	4 (PA)
OMNITROPE <i>Solution</i>	4 (PA)
SAIZEN CLICK.EASY <i>Solution Reconstituted</i>	4 (PA)
SEROSTIM <i>Solution Reconstituted</i>	4 (PA)
ZOMACTON <i>Solution Reconstituted</i>	4 (PA)
ZORBTIVE <i>Solution Reconstituted</i>	4 (PA)

PROCRIT	
PROCRIT <i>Solution</i>	2
ZARXIO <i>Solution Prefilled Syringe</i>	2
NEULASTA <i>Solution Prefilled Syringe</i>	3
ARANESP ALBUMIN FREE <i>Solution Prefilled Syringe</i> * Must try and fail Procrit	3 (ST)
ARANESP ALBUMIN FREE <i>Solution</i> * Must try and fail Procrit	3 (ST)
EPOGEN <i>Solution</i> * Must try and fail Procrit	3 (ST)
MIRCERA <i>Solution Prefilled Syringe</i> * Must try and fail Procrit	3 (ST)

NEUPOGEN <i>Solution Prefilled Syringe</i>	4
[REDACTED]	
azathioprine <i>Tablet</i>	1
cyclosporine modified <i>Solution</i>	1
cyclosporine modified <i>Capsule</i>	1
gengraf <i>Solution</i>	1
gengraf <i>Capsule</i>	1
mycophenolate mofetil <i>Capsule</i>	1
sirolimus <i>Tablet</i>	1
tacrolimus <i>Capsule</i>	1
AZASAN <i>Tablet</i>	2
RAPAMUNE <i>Solution</i>	2
SANDIMMUNE <i>Solution</i>	2
ZORTRESS <i>Tablet</i>	2
ASTAGRAF XL <i>Capsule Extended Release 24 Hour</i>	3
CELLCEPT <i>Suspension Reconstituted</i>	3
NEORAL <i>Solution</i>	3
NEORAL <i>Capsule</i>	3
RAPAMUNE <i>Tablet</i>	3
SANDIMMUNE <i>Capsule</i>	3
[REDACTED]	
ACTIMMUNE <i>Solution</i>	2
ALFERON N <i>Solution</i>	2
BETASERON <i>Kit</i>	2
INTRON A W/DILUENT <i>Solution Reconstituted</i>	2
PEGASYS <i>Solution</i>	2
PEGINTRON <i>Kit</i>	2
PEG-INTRON REDIPEN <i>Kit</i>	2

REBIF <i>Solution Prefilled Syringe</i>	2
REBIF REBIDOSE <i>Solution Auto-injector</i>	2
REBIF REBIDOSE TITRATIONPACK <i>Solution Auto-injector</i>	2
REBIF TITRATION PACK <i>Solution Prefilled Syringe</i>	2
SYLATRON <i>Kit</i>	2
AVONEX <i>Kit</i>	4
EXTAVIA <i>Kit</i>	4
[REDACTED]	
bupropion hcl sr <i>Tablet Extended Release 12 Hour</i>	1
calcitonin salmon <i>Solution</i>	1
cevimeline hcl <i>Capsule</i>	1
disulfiram <i>Tablet</i>	1
epinephrine <i>Solution Auto-injector</i>	1
epinephrine <i>Solution Auto-injector</i>	1
epipen 2-pak <i>Solution Auto-injector</i>	1
epipen-jr 2-pak <i>Solution Auto-injector</i>	1
etidronate disodium <i>Tablet</i>	1
midodrine hcl <i>Tablet</i>	1
riluzole <i>Tablet</i>	1
CARBAGLU <i>Tablet</i>	2
CHANTIX CONTINUING MONTHPAK <i>Tablet</i>	2
EXJADE <i>Tablet Soluble</i>	2
ADRENACLICK <i>Solution Auto-injector</i>	3
AUVI-Q <i>Solution Auto-injector</i>	3
EPISNAP <i>Kit</i>	3
FOSRENOL <i>Tablet Chewable</i>	3
GELCLAIR <i>Gel</i>	3
RENAGEL <i>Tablet</i>	3

REVELA Packet	3
SALIVAMAX Packet	3
VELPHORO Tablet Chewable	3
ANTI-INFLAMMATORY	
OTREXUP Solution Auto-injector	2
RASUVO Solution Auto-injector	2
COSENTYX Solution Prefilled Syringe * Coverage based on indication.	2 (PA)
COSENTYX SENSOREADY PEN Solution Auto-injector * Coverage based on indication.	2 (PA)
ENTYVIO Solution Reconstituted * Coverage based on indication.	2 (PA)
HUMIRA PEN Pen-injector Kit * Coverage based on indication.	2 (PA)
KINERET Solution Prefilled Syringe * Coverage based on indication.	2 (PA)
ORENCIA Solution Prefilled Syringe * Coverage based on indication.	2 (PA)
ORENCIA CLICKJECT Solution Auto-injector * Coverage based on indication.	2 (PA)
SAVELLA Tablet * Coverage based on indication.	2 (PA)
SAVELLA Tablet * Coverage based on indication.	2 (PA)
ACTEMRA Solution Prefilled Syringe * Coverage based on indication.	3 (PA)
KEVZARA Solution Prefilled Syringe * Coverage based on indication.	3 (PA)
KEVZARA Solution Prefilled Syringe * Coverage based on indication.	3 (PA)
SILIQ Solution Prefilled Syringe * Coverage based on indication.	3 (PA)
TREMFYA Solution Prefilled Syringe * Coverage based on indication.	3 (PA)

XELJANZ Tablet * Coverage based on indication.	3 (PA)
XELJANZ XR Tablet Extended Release 24 Hour * Coverage based on indication.	3 (PA)
CIMZIA Kit * Coverage based on indication.	4 (PA)
CIMZIA STARTER KIT Kit * Coverage based on indication.	4 (PA)
ENBREL SURECLICK Solution Auto-injector * Coverage based on indication.	4 (PA)
INFLECTRA Solution Reconstituted * Coverage based on indication.	4 (PA)
OTEZLA Tablet * Coverage based on indication.	4 (PA)
REMICADE Solution Reconstituted * Coverage based on indication.	4 (PA)
RENFLEXIS Solution Reconstituted * Coverage based on indication.	4 (PA)
RENFLEXIS Solution Reconstituted * Coverage based on indication.	4 (PA)
SIMPONI Solution Auto-injector * Coverage based on indication.	4 (PA)
STELARA Solution Prefilled Syringe * Coverage based on indication.	4 (PA)
TALTZ Solution Auto-injector * Coverage based on indication.	4 (PA)
TALTZ Solution Prefilled Syringe * Coverage based on indication.	4 (PA)

GOUT THERAPY

allopurinol Tablet	1
probenecid Tablet	1
COLCRYS Tablet	2
ULORIC Tablet	2
MUSCLE RELAXANTS	
baclofen Tablet	1

MUSCLE RELAXANTS

carisoprodol <i>Tablet</i>	1
carisoprodol/aspirin <i>Tablet</i>	1
carisoprodol/aspirin <i>Tablet</i>	1
carisoprodol/aspirin/codeine <i>Tablet</i>	1
chlorzoxazone <i>Tablet</i>	1
cyclobenzaprine hcl <i>Tablet</i>	1
dantrolene sodium <i>Capsule</i>	1
meprobamate <i>Tablet</i>	1
metaxalone <i>Tablet</i>	1
methocarbamol <i>Tablet</i>	1
orphenadrine citrate er <i>Tablet Extended Release 12 Hour</i>	1
tizanidine hcl <i>Tablet</i>	1
AMRIX <i>Capsule Extended Release 24 Hour</i>	3
LORZONE <i>Tablet</i>	3

OSTEOPOROSIS

alendronate sodium <i>Solution</i>	1
alendronate sodium <i>Tablet</i>	1
ibandronate sodium <i>Tablet</i>	1
FORTEO <i>Solution</i>	2 (PA)
ACTONEL <i>Tablet</i>	3
AELVIA <i>Tablet Delayed Release</i>	3
BINOSTO <i>Tablet Effervescent</i>	3
FOSAMAX PLUS D <i>Tablet</i>	3
PROLIA <i>Solution</i>	3

anastrozole <i>Tablet</i>	1
bicalutamide <i>Tablet</i>	1
cytarabine <i>Solution</i>	1

exemestane <i>Tablet</i>	1
flutamide <i>Capsule</i>	1
hydroxyurea <i>Capsule</i>	1
imatinib mesylate <i>Tablet</i>	1
letrozole <i>Tablet</i>	1
leucovorin calcium <i>Tablet</i>	1
megestrol acetate <i>Suspension</i>	1
megestrol acetate <i>Tablet</i>	1
mercaptopurine <i>Tablet</i>	1
methotrexate <i>Tablet</i>	1
tamoxifen citrate <i>Tablet</i>	1
temozolomide <i>Capsule</i>	1
AFINITOR <i>Tablet</i>	2
AFINITOR DISPERZ <i>Tablet Soluble</i>	2
ALECENSA <i>Capsule</i>	2
BOSULIF <i>Tablet</i>	2
CAPRELSA <i>Tablet</i>	2
DROXIA <i>Capsule</i>	2
ELIGARD <i>Kit</i>	2
EMCYT <i>Capsule</i>	2
FARESTON <i>Tablet</i>	2
GILOTRIF <i>Tablet</i>	2
HYCAMTIN <i>Capsule</i>	2
ICLUSIG <i>Tablet</i>	2
IMBRUVICA <i>Capsule</i>	2
INLYTA <i>Tablet</i>	2
JAKAFI <i>Tablet</i>	2
LEUKERAN <i>Tablet</i>	2

LYSODREN	2
Tablet	
MATULANE	2
Capsule	
MEKINIST	2
Tablet	
MESNEX	2
Tablet	
NEXAVAR	2
Tablet	
POMALYST	2
Capsule	
REVLIMID	2
Capsule	
SPRYCEL	2
Tablet	
STIVARGA	2
Tablet	
SUTENT	2
Capsule	
TABLOID	2
Tablet	
TAFINLAR	2
Capsule	
TARCEVA	2
Tablet	
TASIGNA	2
Capsule	
THALOMID	2
Capsule	
TREXALL	2
Tablet	
TYKERB	2
Tablet	
VOTRIENT	2
Tablet	
XALKORI	2
Capsule	
ZELBORAF	2
Tablet	
ZOLINZA	2
Capsule	
ZYTIGA	2
Tablet	
COMETRIQ	3
Kit	
GLEEVEC	3
Tablet	
MEGACE ES	3
Suspension	
SOLTAMOX	3
Solution	
TEMODAR	3
Capsule	
VIDAZA	3
Suspension Reconstituted	

XTANDI	4
Capsule	
ANTIBIOTICS	
bacitracin	1
Ointment	
bacitracin	1
Ointment	
bacitracin/polymyxin b	1
Ointment	
ciprofloxacin hcl	1
Solution	
erythromycin	1
Ointment	
gatifloxacin	1
Solution	
gentamicin sulfate	1
Solution	
gentamicin sulfate	1
Ointment	
levofloxacin	1
Solution	
neomycin/bacitracin/polymyxin	1
Ointment	
neomycin/polymyxin/bacitracin/hydrocortisone	1
Ointment	
neomycin/polymyxin/dexamethasone	1
Suspension	
neomycin/polymyxin/dexamethasone	1
Ointment	
neomycin/polymyxin/gramicidin	1
Solution	
neomycin/polymyxin/hc	1
Solution	
neomycin/polymyxin/hydrocortisone	1
Suspension	
ofloxacin	1
Solution	
sodium sulfacetamide	1
Solution	
sulfacetamide sodium/prednisolone sodium phosphat	1
Solution	
tobramycin sulfate	1
Solution	
tobramycin/dexamethasone	1
Suspension	
trimethoprim sulfate/polymyxin b sulfate	1
Solution	
AZASITE	2
Solution	
BESIVANCE	2
Suspension	
CIPRODEX	2
Suspension	
MOXEZA	2
Solution	

ANTIBIOTICS	
NATACYN <i>Suspension</i>	2
TOBRADEX <i>Ointment</i>	2
TOBRADEX ST <i>Suspension</i>	2
ZYLET <i>Suspension</i>	2
BLEPH-10 <i>Solution</i>	3
BLEPHAMIDE <i>Suspension</i>	3
BLEPHAMIDE S.O.P. <i>Ointment</i>	3
CILOXAN <i>Ointment</i>	3
CIPRO HC <i>Suspension</i>	3
COLY-MYCIN S <i>Suspension</i>	3
PRED-G S.O.P. <i>Ointment</i>	3
TOBREX <i>Ointment</i>	3
BETA BLOCKERS	
betaxolol hcl <i>Solution</i>	1
carteolol hcl <i>Solution</i>	1
levobunolol hcl <i>Solution</i>	1
metipranolol <i>Solution</i>	1
timolol maleate <i>Solution</i>	1
BETIMOL <i>Solution</i>	3
BETOPTIC-S <i>Suspension</i>	3
ISTALOL <i>Solution</i>	3
TIMOPTIC OCUDOSE <i>Solution</i>	3
GLAUCOMA	
dorzolamide hcl <i>Solution</i>	1
dorzolamide hcl/timolol maleate <i>Solution</i>	1
latanoprost <i>Solution</i>	1
pilocarpine hcl <i>Solution</i>	1
AZOPT <i>Suspension</i>	2
COMBIGAN <i>Solution</i>	2

LUMIGAN <i>Solution</i>	2
MITOSOL <i>Kit</i>	2
TRAVATAN Z <i>Solution</i>	2
VYZULTA <i>Solution</i>	2
COSOPT PF <i>Solution</i>	3
RESCULA <i>Solution</i>	3
SIMBRINZA <i>Suspension</i>	3
XALATAN <i>Solution</i>	3
ZIOPTAN <i>Solution</i>	3
MISCELLANEOUS	
altacaine <i>Solution</i>	1
apraclonidine <i>Solution</i>	1
azelastine hcl <i>Solution</i>	1
brimonidine tartrate <i>Solution</i>	1
cromolyn sodium <i>Solution</i>	1
epinastine hcl <i>Solution</i>	1
flucaine <i>Solution</i>	1
fluorescein-benoxinate <i>Solution</i>	1
proparacaine hcl <i>Solution</i>	1
tetravisc <i>Solution</i>	1
trifluridine <i>Solution</i>	1
ALPHAGAN P <i>Solution</i>	2
BEPREVE <i>Solution</i>	2
CYSTARAN <i>Solution</i>	2
RESTASIS <i>Emulsion</i>	2
RESTASIS MULTIDOSE <i>Emulsion</i>	2
ZIRGAN <i>Gel</i>	2
ALOCRIL <i>Solution</i>	3
EMADINE <i>Solution</i>	3

MISCELLANEOUS	
IOPIDINE <i>Solution</i>	3
LASTACFT <i>Solution</i>	3
PATADAY <i>Solution</i>	3
PATANOL <i>Solution</i>	3
PAZEO <i>Solution</i>	3
VIROPTIC <i>Solution</i>	3
XIIDRA <i>Solution</i>	3
MYDRIATICS	
atropine sulfate <i>Solution</i>	1
cyclopentolate hcl <i>Solution</i>	1
homatropine hbr <i>Solution</i>	1
tropicamide <i>Solution</i>	1
CYCLOGYL <i>Solution</i>	3
PAREMYD <i>Solution</i>	3
NSAIDS	
bromfenac <i>Solution</i>	1
diclofenac sodium <i>Solution</i>	1
flurbiprofen sodium <i>Solution</i>	1
ketorolac tromethamine <i>Solution</i>	1
ILEVRO <i>Suspension</i>	2
NEVANAC <i>Suspension</i>	2
PROLENSA <i>Solution</i>	2
ACUVAIL <i>Solution</i>	3
STEROIDS	
dexamethasone sodium phosphate <i>Solution</i>	1
fluorometholone <i>Suspension</i>	1
prednisolone acetate <i>Suspension</i>	1
ALREX <i>Suspension</i>	2
DUREZOL <i>Emulsion</i>	2

LOTEMAX <i>Ointment</i>	2
LOTEMAX <i>Suspension</i>	2
LOTEMAX <i>Gel</i>	2
PRED MILD <i>Suspension</i>	2
FLAREX <i>Suspension</i>	3
FML FORTE <i>Suspension</i>	3
MAXIDEX <i>Suspension</i>	3
VASOCONSTRICTOR	
CYCLOMYDRIL <i>Solution</i>	3
MISCELLANEOUS	
acetasol hc <i>Solution</i>	1
acetic acid <i>Solution</i>	1
ciprofloxacin <i>Solution</i>	1
hydrocortisone/acetic acid <i>Solution</i>	1
CETRAXAL <i>Solution</i>	3
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	
ipratropium bromide/albuterol sulfate <i>Solution</i>	1
montelukast sodium <i>Packet</i>	1
montelukast sodium <i>Tablet</i>	1
zafirlukast <i>Tablet</i>	1
ADCIRCA <i>Tablet</i>	2
ADVAIR DISKUS <i>Aerosol Powder Breath Activated</i>	2
ADVAIR HFA <i>Aerosol</i>	2
ANORO ELLIPTA <i>Aerosol Powder Breath Activated</i>	2
BREO ELLIPTA <i>Aerosol Powder Breath Activated</i>	2
COMBIVENT RESPIMAT <i>Aerosol Solution</i>	2
DALIRESP <i>Tablet</i>	2
INCRUSE ELLIPTA <i>Aerosol Powder Breath Activated</i>	2
KALYDECO <i>Tablet</i>	2

PULMOZYME <i>Solution</i>	2
SPIRIVA HANDHALER <i>Capsule</i>	2
SPIRIVA RESPIMAT <i>Aerosol Solution</i>	2
STIOLTO RESPIMAT <i>Aerosol Solution</i>	2
XOLAIR <i>Solution Reconstituted</i>	2
ATROVENT HFA <i>Aerosol Solution</i>	3
ZYFLO <i>Tablet</i>	3
AIRDUO RESPICLICK 113/14 <i>Aerosol Powder Breath Activated</i>	4
DULERA <i>Aerosol</i>	4
SYMBICORT <i>Aerosol</i>	4
TUDORZA PRESSAIR <i>Aerosol Powder Breath Activated</i>	4
UTIBRON NEOHALER <i>Capsule</i>	4
ANTIHISTAMINES	
arbinoxa <i>Tablet</i>	1
carbinoxamine maleate <i>Solution</i>	1
carbinoxamine maleate <i>Tablet</i>	1
clemastine fumarate <i>Tablet</i>	1
cyproheptadine hcl <i>Tablet</i>	1
desloratadine <i>Tablet</i>	1
diphenhydramine hcl <i>Elixir</i>	1
hydroxyzine hcl <i>Syrup</i>	1
hydroxyzine hcl <i>Tablet</i>	1
hydroxyzine pamoate <i>Capsule</i>	1
hydroxyzine pamoate <i>Capsule</i>	1
levocetirizine dihydrochloride <i>Tablet</i>	1
promethazine hcl <i>Tablet</i>	1
cyproheptadine hcl <i>Syrup</i>	3
SEMPREX-D <i>Capsule</i>	3
ANTITUSSIVE	

benzonatate <i>Capsule</i>	1
bromfed dm <i>Syrup</i>	1
guaifenesin/codeine <i>Solution</i>	1
hydrocodone bitartrate/homatropine methylbromide <i>Tablet</i>	1
hydrocodone polistirex/chlorpheniramine polistirex <i>Suspension Extended Release</i>	1
promethazine vc/codeine <i>Syrup</i>	1
promethazine-dm <i>Syrup</i>	1
TUSSICAPS <i>Capsule Extended Release 12 Hour</i>	2
BETA AGONISTS	
albuterol sulfate <i>Tablet</i>	1
albuterol sulfate <i>Syrup</i>	1
albuterol sulfate <i>Nebulization Solution</i>	1
levalbuterol hcl <i>Nebulization Solution</i>	1
metaproterenol sulfate <i>Syrup</i>	1
metaproterenol sulfate <i>Tablet</i>	1
terbutaline sulfate <i>Tablet</i>	1
PROAIR HFA <i>Aerosol Solution</i>	2
PROAIR RESPICLICK <i>Aerosol Powder Breath Activated</i>	2
SEREVENT DISKUS <i>Aerosol Powder Breath Activated</i>	2
STRIVERDI RESPIMAT <i>Aerosol Solution</i>	2
VENTOLIN HFA <i>Aerosol Solution</i>	2
ARCAPTA NEOHALER <i>Capsule</i>	4
FORADIL AEROLIZER <i>Capsule</i>	4
PERFORMIST <i>Nebulization Solution</i>	4
PROVENTIL HFA <i>Aerosol Solution</i>	4
XOPENEX HFA <i>Aerosol</i>	4
INHALED STEROIDS	
budesonide <i>Suspension</i>	1
ARNUITY ELLIPTA <i>Aerosol Powder Breath Activated</i>	2

INHALED STEROIDS	
FLOVENT DISKUS <i>Aerosol Powder Breath Activated</i>	2
FLOVENT HFA <i>Aerosol</i>	2
QVAR <i>Aerosol Solution</i>	2
TRELEGY ELLIPTA <i>Aerosol Powder Breath Activated</i>	2
ALVESCO <i>Aerosol Solution</i>	3
ASMANEX TWISTHALER 120 METERED DOSES <i>Aerosol Powder Breath Activated</i>	4
PULMICORT FLEXHALER <i>Aerosol Powder Breath Activated</i>	4
NASAL STEROIDS	
flunisolide <i>Solution</i>	1
fluticasone propionate <i>Suspension</i>	1
DYMISTA <i>Suspension</i>	2
QNASL <i>Aerosol Solution</i>	2
NASONEX <i>Suspension</i>	3
ZETONNA <i>Aerosol Solution</i>	3
BECONASE AQ <i>Suspension</i>	4
OMNARIS <i>Suspension</i>	4
OTHER	
azelastine hcl <i>Solution</i>	1
ipratropium bromide <i>Solution</i>	1
theophylline <i>Solution</i>	1
theophylline er <i>Tablet Extended Release 12 Hour</i>	1
AEROCHAMBER PLUS FLOW-VU/SMALL MASK <i>Miscellaneous</i>	2
AEROCHAMBER/FLOWSIGNAL <i>Miscellaneous</i>	2
PATANASE <i>Solution</i>	3
PAH	
ADEMPAS <i>Tablet</i>	2
LETAIRIS <i>Tablet</i>	2
TRACLEER <i>Tablet</i>	2
ACNE	
adapalene <i>Gel</i>	1

benzoyl peroxide <i>Foam</i>	1
claravis <i>Capsule</i>	1
clindamycin phosphate <i>Swab</i>	1
clindamycin phosphate <i>Solution</i>	1
clindamycin phosphate <i>Lotion</i>	1
clindamycin phosphate <i>Foam</i>	1
clindamycin phosphate <i>Gel</i>	1
clindamycin phosphate/tretinoin <i>Gel</i>	1
clindamycin/benzoyl peroxide <i>Gel</i>	1
erythromycin <i>Solution</i>	1
erythromycin <i>Gel</i>	1
erythromycin/benzoyl peroxide <i>Gel</i>	1
myorisan <i>Capsule</i>	1
pr benzoyl peroxide wash <i>Liquid</i>	1
sodium sulfacetamide/sulfur <i>Lotion</i>	1
sodium sulfacetamide/sulfur cleanser in urea <i>Emulsion</i>	1
tretinoin <i>Gel</i>	1
tretinoin <i>Cream</i>	1
tretinoin microsphere <i>Gel</i>	1
ABSORICA <i>Capsule</i>	2
ACANYA <i>Gel</i>	2
ONEXTON <i>Gel</i>	2
ACCUCAINE <i>Kit</i>	3
ACZONE <i>Gel</i>	3
ATRALIN <i>Gel</i>	3
AVAGE <i>Cream</i>	3
AVAR <i>Pad</i>	3
AZELEX <i>Cream</i>	3

ACNE	
BENZAFLIN WITH PUMP <i>Gel</i>	3
BENZEFOAM <i>Foam</i>	3
CLINDAGEL <i>Gel</i>	3
DIFFERIN <i>Lotion</i>	3
EPIDUO <i>Gel</i>	3
ERYGEL <i>Gel</i>	3
FABIOR <i>Foam</i>	3
INOVA <i>Kit</i>	3
NUOX <i>Gel</i>	3
TAZORAC <i>Cream</i>	3
TAZORAC <i>Gel</i>	3
VELTIN <i>Gel</i>	3
ANESTHETICS	
lidocaine <i>Ointment</i>	1
lidocaine hcl/hydrocortisone acetate <i>Cream</i>	1
lidocaine/prilocaine <i>Cream</i>	1
NOVACORT <i>Gel</i>	3
PLIAGLIS <i>Cream</i>	3
ANTIBACTERIALS	
mupirocin <i>Ointment</i>	1
SULFAMYLON <i>Cream</i>	2
ALCORTIN A <i>Gel</i>	3
ALTABAX <i>Ointment</i>	3
CENTANY <i>Ointment</i>	3
ANTIFUNGALS	
ciclopirox <i>Suspension</i>	1
ciclopirox <i>Shampoo</i>	1
ciclopirox <i>Gel</i>	1
clotrimazole <i>Cream</i>	1

clotrimazole <i>Solution</i>	1
clotrimazole/betamethasone dipropionate <i>Lotion</i>	1
clotrimazole/betamethasone dipropionate <i>Cream</i>	1
econazole nitrate <i>Cream</i>	1
ketoconazole <i>Shampoo</i>	1
ketoconazole <i>Cream</i>	1
nystatin <i>Ointment</i>	1
nystatin/triamcinolone <i>Cream</i>	1
JUBLIA <i>Solution</i>	2
LUZU <i>Cream</i>	2
ECOZA <i>Foam</i>	3
ERTACZO <i>Cream</i>	3
EXELDERM <i>Solution</i>	3
EXODERM <i>Lotion</i>	3
KERYDIN <i>Solution</i>	3
MENTAX <i>Cream</i>	3
NAFTIN <i>Gel</i>	3
NAFTIN <i>Cream</i>	3
OXISTAT <i>Cream</i>	3
OXISTAT <i>Lotion</i>	3
OXISTAT <i>Cream</i>	3
ANTIPSORIATIC	
acitretin <i>Capsule</i>	1
calcipotriene <i>Solution</i>	1
calcipotriene <i>Cream</i>	1
calcipotriene <i>Ointment</i>	1
calcitrene <i>Ointment</i>	1
dritho-creme hp <i>Cream</i>	1
selenium sulfide <i>Lotion</i>	1

ANTIPSORIATIC	
selenium sulfide <i>Shampoo</i>	1
sodium sulfacetamide <i>Shampoo</i>	1
sodium sulfacetamide wash <i>Liquid</i>	1
TACLONEX <i>Suspension</i>	2
EPIFOAM <i>Foam</i>	3
OVACE PLUS <i>Shampoo</i>	3
PRAMOSONE <i>Lotion</i>	3
PRAMOSONE <i>Cream</i>	3
PRAMOSONE E <i>Cream</i>	3
SORILUX <i>Foam</i>	3
TERSI FOAM <i>Foam</i>	3
ZITHRANOL-RR <i>Cream</i>	3
ANTIVIRALS	
acyclovir <i>Ointment</i>	1
DENAVIR <i>Cream</i>	3
XERESE <i>Cream</i>	3
CORTICOSTEROIDS HIGH POTENCY	
amcinonide <i>Cream</i>	1
amcinonide <i>Lotion</i>	1
amcinonide <i>Ointment</i>	1
augmented betamethasone dipropionate <i>Cream</i>	1
betamethasone dipropionate <i>Ointment</i>	1
betamethasone dipropionate <i>Lotion</i>	1
betamethasone valerate <i>Ointment</i>	1
desoximetasone <i>Ointment</i>	1
desoximetasone <i>Cream</i>	1
desoximetasone <i>Gel</i>	1
diflorasone diacetate <i>Cream</i>	1
fluocinonide <i>Ointment</i>	1

fluocinonide <i>Cream</i>	1
fluocinonide <i>Cream</i>	1
fluocinonide emulsified base <i>Cream</i>	1
triamcinolone acetonide <i>Cream</i>	1
APEXICON E <i>Cream</i>	3
HALOG <i>Ointment</i>	3
HALOG <i>Cream</i>	3
TOPICORT <i>Liquid</i>	3
CORTICOSTEROIDS VERY HIGH POTENCY	
clobetasol propionate <i>Shampoo</i>	1
clobetasol propionate <i>Solution</i>	1
clobetasol propionate <i>Ointment</i>	1
clobetasol propionate emollient <i>Cream</i>	1
halobetasol propionate <i>Ointment</i>	1
CLOBEX <i>Liquid</i>	3
MISCELLANEOUS	
fluorouracil <i>Cream</i>	1
imiquimod <i>Cream</i>	1
malathion <i>Lotion</i>	1
permethrin <i>Cream</i>	1
podofilox <i>Solution</i>	1
silver sulfadiazine <i>Cream</i>	1
thermazene <i>Cream</i>	1
ELIDEL <i>Cream</i>	2
EUCRISA <i>Ointment</i>	2
LINDANE <i>Shampoo</i>	2
PICATO <i>Gel</i>	2
REGRANEX <i>Gel</i>	2
SANTYL <i>Ointment</i>	2

MISCELLANEOUS	
TOLAK <i>Cream</i>	2
ALDARA <i>Cream</i>	3
BIONECT <i>Gel</i>	3
BIONECT <i>Cream</i>	3
CARAC <i>Cream</i>	3
EURAX <i>Cream</i>	3
FLUOROURACIL <i>Cream</i>	3
PROTOPIC <i>Ointment</i>	3
ZYCLARA <i>Cream</i>	3
ZYCLARA PUMP <i>Cream</i>	3
ROSACEA	
metronidazole <i>Lotion</i>	1
metronidazole <i>Cream</i>	1
metronidazole <i>Gel</i>	1
rosadan <i>Cream</i>	1
rosadan <i>Gel</i>	1
FINACEA <i>Foam</i>	2
RHOFADE <i>Cream</i>	2
MIRVASO <i>Gel</i>	3
NORITATE <i>Cream</i>	3
SOOLANTRA <i>Cream</i>	3
TOPICAL CORTICOSTEROIDS LOW POTENCY	
alclometasone dipropionate <i>Cream</i>	1
alclometasone dipropionate <i>Ointment</i>	1
desonide <i>Ointment</i>	1
desonide <i>Lotion</i>	1
fluocinolone acetonide <i>Solution</i>	1
fluocinolone acetonide <i>Cream</i>	1
hydrocortisone <i>Cream</i>	1

CAPEX <i>Shampoo</i>	3
DESONATE <i>Gel</i>	3
SYNALAR CREAM KIT <i>Kit</i>	3
TEXACORT <i>Solution</i>	3
VERDESO <i>Foam</i>	3
TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
betamethasone valerate <i>Lotion</i>	1
betamethasone valerate <i>Cream</i>	1
fluticasone propionate <i>Lotion</i>	1
fluticasone propionate <i>Cream</i>	1
hydrocortisone butyrate <i>Cream</i>	1
hydrocortisone butyrate <i>Solution</i>	1
mometasone furoate <i>Solution</i>	1
mometasone furoate <i>Ointment</i>	1
prednicarbate <i>Ointment</i>	1
triderm <i>Cream</i>	1
CLODERM PUMP <i>Cream</i>	3
CORDRAN <i>Cream</i>	3
KENALOG <i>Aerosol Solution</i>	3
LOCOID <i>Lotion</i>	3
TOPICORT <i>Ointment</i>	3
TRIANEX <i>Ointment</i>	3
ANTISPASMODICS	
bethanechol chloride <i>Tablet</i>	1
flavoxate hcl <i>Tablet</i>	1
oxybutynin chloride <i>Syrup</i>	1
oxybutynin chloride <i>Tablet</i>	1
oxybutynin chloride er <i>Tablet Extended Release 24 Hour</i>	1
tolterodine tartrate <i>Tablet</i>	1

ANTISPASMODICS

tolterodine tartrate er <i>Capsule Extended Release 24 Hour</i>	1
tropium chloride <i>Tablet</i>	1
MYRBETRIQ <i>Tablet Extended Release 24 Hour</i>	2
VESICARE <i>Tablet</i>	2
ENABLEX <i>Tablet Extended Release 24 Hour</i>	3
GELNIQUE <i>Gel</i>	3
OXYTROL <i>Patch Twice Weekly</i>	3
TOVIAZ <i>Tablet Extended Release 24 Hour</i>	4

BPH

finasteride <i>Tablet</i>	1
RAPAFLO <i>Capsule</i>	2
AVODART <i>Capsule</i>	3
JALYN <i>Capsule</i>	3

ERECTILE DYSFUNCTION

sildenafil <i>Tablet</i>	1
sildenafil citrate <i>Tablet</i>	1
CIALIS <i>Tablet</i>	2 (PA)
LEVITRA <i>Tablet</i>	3
MUSE <i>Pellet</i>	3
STAXYN <i>Tablet Disintegrating</i>	3
STENDRA <i>Tablet</i>	3
VIAGRA <i>Tablet</i>	3

BOOSTRIX <i>Suspension</i>	2
CERVARIX <i>Suspension</i>	2
ENGERIX-B <i>Suspension</i>	2
GARDASIL <i>Suspension</i>	2
HAVRIX <i>Suspension</i>	2
INFANRIX <i>Suspension</i>	2

PNEUMOVAX 23/1 DOSE <i>Injectable</i>	2
PREVNAR 13 <i>Suspension</i>	2
RECOMBIVAX HB <i>Suspension</i>	2
ROTATEQ <i>Solution</i>	2
TWINRIX <i>Suspension</i>	2
ZOSTAVAX <i>Suspension Reconstituted</i>	2
MINOR/OTHER DRUGS	
calcium acetate <i>Capsule</i>	1
dialyvite <i>Tablet</i>	1
fluoride <i>Tablet Chewable</i>	1
folic acid <i>Tablet</i>	1
klor-con <i>Packet</i>	1
potassium chloride <i>Solution</i>	1
potassium chloride <i>Solution</i>	1
ELITE-OB <i>Tablet</i>	2
NASCOBAL <i>Solution</i>	2
DUET DHA 400 <i>Miscellaneous</i>	3
K-TAB <i>Tablet Extended Release</i>	3
OB COMPLETE <i>Tablet</i>	3
OBSTETRIX DHA <i>Miscellaneous</i>	3
PHOSLYRA <i>Solution</i>	3
PNV PRENATAL PLUS MULTIVITAMIN <i>Tablet</i>	3
PRENATABS RX <i>Tablet</i>	3

Exhibit "P"

HDHP Preventative Drug List

2018 HDHP Preventative Drug List Attached – 2019 HDHP Preventative Drug List to be provided by October 9, 2018; subsequent annual HDHP Preventative Drug List to be provided annually by October 9 of each Plan Year.



2018 No Cost High Deductible Health Plan Preventive Drug List

ANTIANGINAL

isosorbide dinitrate IR/ER
isosorbide mononitrate IR/ER
minitran
nitro-time
nitroglycerin IR/ER

ANTIARRHYTHMICS

amiodarone
dipyridamole
flecainide
propafenone IR/ER
sotalol AF
sotalol
sorine

ANTICOAGULANTS/ ANTIPLATELETS

aspirin-dipyridamole ER
clopidogrel
jantoven
warfarin

ANTICONVULSANTS (ANTI-SEIZURES)

carbamazepine IR/ER
clonazepam
divalproex DR/ER
ethosuximide
lamotrigine IR/ER
levetiracetam IR/ER
oxcarbazepine
phenobarbital
phenytoin IR/ER
primidone
topiramate IR
valproic acid
zonisamide

ASTHMA/COPD

albuterol sulfate
budesonide
cromolyn
ipratropium bromide
ipratropium-albuterol
metaproterenol sulfate
montelukast
PROAIR HFA
terbutaline sulfate
theochron
theophylline IR/ER
VENTOLIN HFA
zafirlukast

DIABETIC SUPPLIES

FREESTYLE products
ONE TOUCH products
PRECISION products

DIABETES

acarbose
alogliptin
alogliptin-metformin
alogliptin-pioglitazone
chlorpropamide
glimepiride
glipizide IR/ER
glipizide-metformin
glyburide
glyburide, micronized
glyburide-metformin
JANUVIA
JANUMET
LANTUS
LEVEMIR
metformin
Miglitol
Nateglinide
NOVOLOG
NOVOLIN

pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
tolbutamide
TOUJEO
TRESIBA

HIGH CHOLESTEROL

atorvastatin
cholestyramine
cholestyramine light
colestipol
ezetimibe
fenofibrate
fluvastatin
gemfibrozil
lovastatin
omega-3-acid ethyl esters
pravastatin
rosuvastatin
simvastatin

HYPERTENSION

acebutolol
afeditab CR
amiloride
amiloride-HCTZ
amlodipine
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
atenolol
atenolol-chlorthalidone
benazepril
benazepril-HCTZ
betaxolol
bisoprolol
bisoprolol-HCTZ
bumetanide
candesartan



2018 No Cost High Deductible Health Plan Preventive Drug List

HYPERTENSION

candesartan-HCTZ
captopril
captopril-HCTZ
cartia XT
carvedilol
chlorothiazide
chlorthalidone
clonidine
dilt-CD
diltiazem
diltiazem CD
diltiazem ER
diltiazem ER Coated Beads
dilt-XR
diltzac
enalapril
enalapril-HCTZ
eplerenone
eprosartan
fosinopril
fosinopril-HCTZ
guanabenz
guanfacine IR/ER
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan-HCTZ
isradipine
labetalol
lisinopril
lisinopril-HCTZ
losartan
losartan-HCTZ
matzim LA
methyldopa
methyldopa-HCTZ
metoprolol succinate
metoprolol tartrate
metoprolol-HCTZ

moexipril
moexipril-HCTZ
nadolol
nadolol-bendroflumethiazide
nicardipine
nifedac CC
nifedical XL
nifedipine
nifedipine ER
olemsartan
olemsartan-HCTZ
perindopril
pindolol
propranolol IR/ER
propranolol-HCTZ
quinapril
quinapril-HCTZ
ramipril
spironolactone
spironolactone-HCTZ
taztia XT
telmisartan
telmisartan-HCTZ
timolol
torsemide
trandolapril
triamterene-HCTZ
valsartan
valsartan-HCTZ
verapamil IR/ER

MENTAL HEALTH

amitriptyline
amoxapine
aripiprazole
bupropion ER/IR/SR/XL
chlorpromazine
citalopram
clomipramine
clozapine
desipramine
desvenlafaxine

doxepin
duloxetine
escitalopram
fluoxetine
fluphenazine
fluvoxamine IR
haloperidol
imipramine
loxapine
maprotiline
nortriptyline
olanzapine
olanzapine ODT
paroxetine IR
perphenazine
phenelzine
protriptyline
quetiapine
risperidone
sertraline
thioridazine
thiothixene
tranylcypromine
trazodone
trifluoperazine
trimipramine maleate
venlafaxine IR/ER
ziprasidone

OSTEOPOROSIS

alendronate
ibandronate

THYROID

armour thyroid
levothyroxine
levo-T
levoxyl
SYNTHROID
unithroid
unithroid direct

Exhibit "R"

Plan Designs

Attached is the Plan Design for each Plan offered.

EXHIBIT "R"		
COMMUNITY CARE PLAN		
2019		
PLAN: CCP HDHP SELECT NETWORK (NARROW NETWORK)		
	EE ONLY	FAMILY (CHILD(REN) AND/OR SPOUSE/DP)
Annual Deductible	\$1,350	\$2,700
Annual Coinsurance 20%	\$2,075	\$4,150
Annual Max Out of Pocket	\$3,425	\$6,850
No deductible or coinsurance carry over to following year.		
HSA Funding (based on completion of annual Engagement Incentive, prorated by month of entry into plan)	\$1,350	\$2,700
SERVICES		
Preventive Care including Preventive Lab Work and EKG during annual physical.	No Cost when billed as Preventive Care	
PCP Visit	Deduct then 20% coins CareGuardian Program ⁽¹⁾ – Deduct then no cost	
Specialist Visit	Deduct then 20% coins CareGuardian Program ⁽¹⁾ – Deduct then no cost	
2 nd /3 rd Opinions	Deduct then 20% coins	
Virtual visit	Deduct then 20% coins	
Allergist Testing, Office Visits, Injections, Serum	Deduct then 20% coins	
Hearing Exam and Audiological Testing and Devices (limited to two ears per year to annual max of \$1,500 per covered member)	Deduct then 20% coins	
Cochlear Implant	Deduct then 20% coins	
Post Cochlear Implant Aural Therapy (limited to 30 visits per year)	Deduct then 20% coins	
Urgent Care	Deduct then 20% coins	
Emergency Room (Facility and Physician Fees)	Deduct then 20% coins	

PLAN: CCP HDHP SELECT NETWORK (NARROW NETWORK)	
Ambulance	Deduct then 20% coins
Hospital-Inpatient	Deduct then 20% coins
Hospital-Outpatient Surgery	Deduct then 20% coins
Surgical Phys Fees	Deduct then 20% coins
Pre- and Post-natal care (dependent daughters covered)	No Cost
Childbirth/delivery - Professional Services	Deduct then 20% coins
Childbirth/delivery - Facility Services	Deduct then 20% coins
Newborn Care – Birth Admission	Deductible does not apply, 20% coins
Lab & X-Ray in office	Deduct then 20% coins
Advanced Imaging (MRI, PET, CAT, etc) at Freestanding, Outpatient Facility or ER	Deduct then 20% coins
Non-preventive Mammography (includes 3D mammogram)	Deduct then 20% coins
Mental Health/Substance Abuse-Outpatient	Deduct, then 20 visits at no cost, then 20%
Mental Health/Substance Abuse-Inpatient	Deduct then 20% coins
Mental Health/Substance Abuse -Partial Hospitalization	Deduct then 20% coins
Home Health Care (up to 60 visits per calendar year)	Deduct then 20% coins
Neurobiological and Autism Spectrum Disorders	Deduct then 20% coins
Physical, occupational, cognitive and speech therapy (up to 60 combined visits per year)	Deduct then 20% coins
Cardiac Rehabilitation	Deduct then 20% coins
Pulmonary Rehabilitation	Deduct then 20% coins

PLAN: CCP HDHP SELECT NETWORK (NARROW NETWORK)	
Spinal Manipulations, adjustment, modalities (up to 24 visits per year)	Deduct then 20% coins
Skilled Nursing Facility (up to 60 days per calendar year)	Deduct then 20% coins
Hospice	Deduct then 20% coins
Enteral Nutrition (inborn error of metabolism only)	Deduct then 20% coins
Durable Medical Equipment including Diabetic DME (insulin infusion pumps and related supplies)	Deduct then 20% coins
Durable Medical Equipment replacement	Deduct then 20% coins <ul style="list-style-type: none"> • Covered when required due to change in condition.
Disposable Medical Supplies	Deduct then 20% coins <ul style="list-style-type: none"> • Surgical/Compression Stockings – No • Surgical Dressings – No • Catheters (non-ostomy) – Yes • Ostomy Supplies – Yes (limited to pouches, face places and belts, irrigation sleeves, bags and catheters, skin barriers)
Prosthetics	Deduct then 20% coins
Prosthetic replacement	Deduct then 20% coins <ul style="list-style-type: none"> • Covered if due to pathological changes or growth
Orthotics	Deduct then 20% coins <ul style="list-style-type: none"> • Must be custom made or custom fitted and made of rigid or semi-rigid material. • (Not covered: foot orthotics, custom molded as prescribed by a physician, inclusive of Shoe Inserts and Arch Supports)
Dental Care – Accidental Injury	Deduct then 20% coins Treatment must be started within 3 months of the accident and completed 12 months after the accident.

PLAN: CCP HDHP SELECT NETWORK (NARROW NETWORK)	
Dental Care – TMJ	<p style="text-align: center;">Deduct then 20% coins</p> <ul style="list-style-type: none"> • Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ) and associated muscles. • Diagnosis: Examination, radiographs and applicable imaging studies, and consultation. • Non-surgical treatment: clinical examinations, oral appliances (orthotic splints), arthrocentesis, and trigger-point injections. • Surgical treatment: arthrocentesis, arthroscopy, arthroplasty, arthrotomy, open or closed reduction of dislocations, and TMJ implants. • Benefits are provided for surgical treatment if the following criteria are met: <ul style="list-style-type: none"> ○ There is clearly demonstrated radiographic evidence of significant joint abnormality. ○ Non-surgical treatment has failed to adequately resolve the symptoms. ○ Pain or dysfunction is moderate or severe.
Dental Care - Orthognathic Surgery	<p style="text-align: center;">Deduct then 20% coins</p> <ul style="list-style-type: none"> • Covered when needed for traumatic injury, cancer, tumors/cysts, cleft lip/palate, and congenital anomalies resulting in functional impairment
Dental Care – Wisdom Teeth	<p style="text-align: center;">Deduct then 20% coins</p> <p style="text-align: center;">Benefits are provided for the removal of partially or completely unerupted impacted teeth, including associated anesthesia charges.</p>
Reconstructive Procedures Breast Reductions	<p style="text-align: center;">Deduct then 20% coins</p> <ul style="list-style-type: none"> • When reconstruction has been performed on the other breast as part of the Women’s Health and Cancer Rights Act of 1998.
Transplant	<p style="text-align: center;">Deduct then 20% coins</p>
Cataract Vision Hardware	<p style="text-align: center;">Deduct then 20% coins</p> <ul style="list-style-type: none"> • Initial pair of eyeglasses or contact lenses needed after cataract surgery - maximum of \$300

PLAN: CCP HDHP SELECT NETWORK (NARROW NETWORK)	
Gender Dysphoria	<p style="text-align: center;">Deduct then 20% coins</p> <p>Covered:</p> <ul style="list-style-type: none"> • Psychotherapy and mental health services • Certain drug therapies including cross-sex hormone therapy. • Laboratory testing to monitor safety of continuous cross-sex hormone therapy. • Specified surgeries including genital surgery for the treatment of gender dysphoria and breast surgery including bilateral mastectomies and breast reduction. • Puberty suppressing medications for treatment of gender dysphoria which are administered in the physician's office such as Lupton and Supprelin LA <p>Excluded:</p> <ul style="list-style-type: none"> • Services that are cosmetic, unproven, and not medically necessary.
Exclusions from coverage:	<ul style="list-style-type: none"> • Infertility • Reproductive Resource Services • Routine foot care unless for neurological or vascular diseases arising from diseases such as diabetes. • Obesity Surgery, i.e. Bariatric Surgery, gastric sleeve, etc. • Travel Immunizations • Private Duty Nursing – inpatient or outpatient
RIDERS	
Dental Plan Services	<ul style="list-style-type: none"> • Annual dental evaluation covered at no charge • 20-40% discount on additional dental services.
Vision Plan Services	<ul style="list-style-type: none"> • Annual vision evaluation covered at no charge. • 25% discount on all glasses and lenses.

PHARMACY	
Preventive List	No Cost
Generic	Deduct then 20% coins
Preferred	Deduct then 20% coins
Non-Preferred	Deduct then 20% coins
Specialty	Deduct then 20% coins

PLAN: CCP HDHP SELECT NETWORK (NARROW NETWORK)	
Rx Out of Pocket Max	<ul style="list-style-type: none"> • Deductible, coinsurance, max out of pocket for Health & Rx combined. • If dependents covered, must meet Family deductible before coinsurance is applied.

RETIREE COVERAGE

Medicare Eligible	Medicare is primary even if member does not enroll in Medicare Part A and/or B
Eligibility, billing and payment	TPA – Benefits Outsource Inc.

All other services not listed above should be verified with the County prior to approving or administering claims.

(1) CareGuardian Program (C3) – Additional support and enhanced benefits for Members with qualifying conditions who enroll in (C3). Qualifying conditions limited to: Asthma/COPD, Diabetes/Pre-Diabetes, High Risk Pregnancy, and Hypertension.

COMMUNITY CARE PLAN		
2019		
PLAN: CCP CDH SELECT NETWORK (NARROW NETWORK)		
	EE ONLY	FAMILY (Spouse/DP and/or Child(ren))
Annual Deductible	\$1,300	\$2,600
Annual Coinsurance 20%	\$1,500	\$3,000
Annual Max Out of Pocket	\$2,800	\$5,600
<p>No Deductible or Coinsurance carry over to following year. Copays do not apply toward the Annual Health Deductible. Copays apply toward the Annual Max Out of Pocket. Pharmacy copays do not apply to Annual Health Deductible and Max Out of Pocket.</p>		
SERVICES		
Preventive Care including Preventive Lab Work and EKG during annual physical.	No Cost when billed as Preventive Care	
PCP Visit	\$25 Copay CareGuardian Program ⁽¹⁾ – \$0 Copay	
Specialist Visit	\$50 Copay CareGuardian Program ⁽¹⁾ – \$25 Copay	
2 nd /3 rd Opinions	PCP-\$25 Copay, Specialist-\$50 Copay	
Virtual visit	\$40 Copay	
Allergist Office Visit	\$50 Copay	
Allergy Injections (no Office Visit)	\$25 Copay	
Allergy Serum	No cost	
Hearing Exam and Audiological Testing and Devices (limited to two ears per year to annual max of \$1,500 per covered member)	Deductible then 20% Coinsurance	
Cochlear Implant	Deductible then 20% Coinsurance	
Post Cochlear Implant Aural Therapy (limited to 30 visits per year)	Deductible then 20% Coinsurance	
CVS Minute Clinic	\$25 Copay	
Urgent Care / MD Now Clinic	\$50 Copay	
Emergency Room (Facility and Physician Fees)	\$250 Copay	

PLAN: CCP CDH SELECT NETWORK (NARROW NETWORK)	
Ambulance	Deductible then 20% Coinsurance
Hospital-Inpatient	Deductible then 20% Coinsurance
Hospital-Outpatient Surgery	Deductible then 20% Coinsurance
Surgical Phys Fees	Deductible then 20% Coinsurance
Termination of pregnancy (elective or	Deductible then 20% Coinsurance
Sterilization	Deductible then 20% Coinsurance
Sterilization – reversal	No covered
Contraceptives administered by a Provider (Diaphragms, cervical caps, IUDs, implants, 3-month injections)	No cost for covered birth control products
Diaphragm/IUD – device, fitting and removal	No Cost for covered birth control products
Pre- and Post-natal care (dependent daughters covered)	\$25 Copay 1 st visit only
Childbirth/delivery - Professional Services	Deductible then 20% Coinsurance
Childbirth/delivery - Facility Services	Deductible then 20% Coinsurance
Newborn Care – Birth Admission	Deductible does not apply, 20% Coinsurance
Lab & X-Ray in office	Included in applicable Office Visit copay
Advanced Imaging (MRI, PET, CAT, etc.) at Freestanding or Outpatient Facility	Deductible does not apply, 20% Coinsurance up to a maximum of \$100, then 100% per scan.
Mammography (includes 3D mammogram)	1 st mammogram performed in the calendar year is covered at 100% whether preventive or diagnostic. (Does not include ultrasounds)
Colonoscopy	1 st colonoscopy performed in the calendar year is covered at 100% whether preventive or diagnostic. (Includes removal of polyps during procedure)
Mental Health/Substance Abuse/Autism-Outpatient	First 20 visits of calendar year at no cost, then \$25 Copay
Mental Health/Substance Abuse/Autism-Inpatient	Deductible then 20% Coinsurance
Mental Health/Substance Abuse/ Autism - Partial Hospitalization	\$25 Copay

PLAN: CCP CDH SELECT NETWORK (NARROW NETWORK)	
Neurobiological and Autism Spectrum Disorders	See Mental Health/Substance Abuse/Autism
Physical, occupational, cognitive and speech therapy (up to 60 combined visits per year)	Deductible then 20% Coinsurance
Cardiac Rehabilitation	Deductible then 20% Coinsurance
Pulmonary Rehabilitation	Deductible then 20% Coinsurance
Spinal Manipulations, adjustment, modalities (up to 24 visits per year)	Deductible then 20% Coinsurance
Home Health Care (up to 60 visits per calendar year)	Deductible then 20% Coinsurance
Skilled Nursing Facility (up to 60 days per calendar year)	Deductible then 20% Coinsurance
Hospice – Inpatient	Deductible then 20% Coinsurance
Hospice – Outpatient (including hospice home visits)	Deductible then 20% Coinsurance
Enteral Nutrition (inborn error of metabolism only)	Deductible then 20% Coinsurance
Durable Medical Equipment - Diabetic DME only (insulin infusion pumps and related supplies)	No Deductible, 20% Coinsurance
Durable Medical Equipment excluding Diabetic DME	Deductible then 20% Coinsurance
Durable Medical Equipment replacement	Deductible then 20% Coinsurance <ul style="list-style-type: none"> • Covered when required due to change in condition.
Disposable Medical Supplies	Deductible then 20% Coinsurance <ul style="list-style-type: none"> • Surgical/Compression Stockings – Not covered • Surgical Dressings – Not covered • Catheters (non-ostomy) – Covered • Ostomy Supplies – Covered (limited to pouches, face places and belts, irrigation sleeves, bags and catheters, skin barriers)
Prosthetics	Deductible then 20% Coinsurance

PLAN: CCP CDH SELECT NETWORK (NARROW NETWORK)	
Prosthetic replacement	<p style="text-align: center;">Deductible then 20% Coinsurance</p> <ul style="list-style-type: none"> • Covered if due to pathological changes or growth
Orthotics	<p style="text-align: center;">Deductible then 20% Coinsurance</p> <ul style="list-style-type: none"> • Must be custom made or custom fitted and made of rigid or semi-rigid material. • (Not covered: foot orthotics, custom molded as prescribed by a physician, inclusive of Shoe Inserts and Arch Supports)
Dental Care – Accidental Injury	<p style="text-align: center;">Deductible then 20% Coinsurance</p> <p style="text-align: center;">Treatment must be started within 3 months of the accident and completed 12 months after the accident.</p>
Dental Care – TMJ	<p style="text-align: center;">Deductible then 20% Coinsurance</p> <ul style="list-style-type: none"> • Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ) and associated muscles. • Diagnosis: Examination, radiographs and applicable imaging studies, and consultation. • Non-surgical treatment: clinical examinations, oral appliances (orthotic splints), arthrocentesis, and trigger-point injections. • Surgical treatment: arthrocentesis, arthroscopy, arthroplasty, arthrotomy, open or closed reduction of dislocations, and TMJ implants. • Benefits are provided for surgical treatment if the following criteria are met: <ul style="list-style-type: none"> ○ There is clearly demonstrated radiographic evidence of significant joint abnormality. ○ Non-surgical treatment has failed to adequately resolve the symptoms. ○ Pain or dysfunction is moderate or severe.
Dental Care - Orthognathic Surgery	<p style="text-align: center;">Deductible then 20% Coinsurance</p> <ul style="list-style-type: none"> • Covered when needed for traumatic injury, cancer, tumors/cysts, cleft lip/palate, and congenital anomalies resulting in functional impairment
Dental Care – Wisdom Teeth	<p style="text-align: center;">Deductible then 20% Coinsurance</p> <p style="text-align: center;">Benefits are provided for the removal of partially or completely unerupted impacted teeth, including associated anesthesia charges.</p>

PLAN: CCP CDH SELECT NETWORK (NARROW NETWORK)	
Outpatient Therapeutic Treatments (Intravenous Chemotherapy, Intravenous Infusion, Radiation Oncology, Dialysis)	Deductible then 20% Coinsurance
Reconstructive Procedures Breast Reductions	Deductible then 20% Coinsurance <ul style="list-style-type: none"> • When reconstruction has been performed on the other breast as part of the Women’s Health and Cancer Rights Act of 1998.
Transplant	Deductible then 20% Coinsurance
Cataract Vision Hardware	Deductible then 20% Coinsurance <ul style="list-style-type: none"> • Initial pair of eyeglasses or contact lenses needed after cataract surgery - maximum of \$300
Vision Therapy (Orthoptic)	Not Covered
Gender Dysphoria	Deductible then 20% Coinsurance Covered: <ul style="list-style-type: none"> • Psychotherapy and mental health services • Certain drug therapies including cross-sex hormone therapy. • Laboratory testing to monitor safety of continuous cross-sex hormone therapy. • Specified surgeries including genital surgery for the treatment of gender dysphoria and breast surgery including bilateral mastectomies and breast reduction. • Puberty suppressing medications for treatment of gender dysphoria which are administered in the physician’s office such as Lupton and Supprelin LA Excluded: <ul style="list-style-type: none"> • Services that are cosmetic, unproven, and not medically necessary.
Exclusions from coverage:	<ul style="list-style-type: none"> • Infertility • Reproductive Resource Services • Routine foot care unless for neurological or vascular diseases arising from diseases such as diabetes. • Obesity Surgery, i.e. Bariatric Surgery, gastric sleeve, etc. • Travel Immunizations • Private Duty Nursing – inpatient or outpatient

PLAN: CCP CDH SELECT NETWORK (NARROW NETWORK)	
RIDERS (DOES NOT GO TOWARD MEETING ANNUAL HEALTH DEDUCTIBLE AND MAX OUT OF POCKET)	
Dental Plan Services	<ul style="list-style-type: none"> • Annual dental evaluation covered at no charge • 20-40% discount on additional dental services.
Vision Plan Services	<ul style="list-style-type: none"> • Annual vision evaluation covered at no charge. • 25% discount on all glasses and lenses.

PHARMACY (DOES NOT GO TOWARD MEETING ANNUAL HEALTH DEDUCTIBLE AND MAX OUT OF POCKET)		
	30 Day Supply⁽²⁾	90 Day Supply
CareGuardian Program ⁽¹⁾ Generic and Preferred Tiers	\$0	\$0
Generic	\$7	\$14
Preferred	\$30	\$60
Non-Preferred	\$50	\$100
Specialty	\$75	N/A
Rx Out of Pocket Max	<ul style="list-style-type: none"> • \$3,000 Individual* • \$6,000 Family *No one family member can exceed the Individual Rx Out of Pocket Maximum.	
	⁽²⁾ Maintenance medications can only be filled 3 times as a 30-day fill, must then be filled as a 90-day supply.	

RETIREE COVERAGE

Medicare Eligible	Medicare is primary even if member does not enroll in Medicare Part A and/or B
Eligibility, billing and payment	TPA – Benefits Outsource Inc.

All other services not listed above should be verified with the County prior to approving or administering claims.

(1) CareGuardian Program (C3) – Additional support and enhanced benefits for Members with qualifying conditions who enroll in (C3). Qualifying conditions limited to: Asthma/COPD, Diabetes/Pre-Diabetes, High Risk Pregnancy, and Hypertension.

**COMMUNITY CARE PLAN (CCP)
CAREGUARDIAN PROGRAM
FOR CCP CDH SELECT NETWORK (NARROW NETWORK) AND
CCP HDHP SELECT NETWORK (NARROW NETWORK) PLANS**

The CareGuardian Program provides Concierge Care Coordination (C3) services for members with the following qualifying conditions:

- Asthma/COPD
- Diabetes/Pre-Diabetes
- High Risk Pregnancy
- Hypertension

Concierge Care Coordination nurses work directly with providers and members, and provide services to help reduce missed appointments, reduce unnecessary trips to the Emergency Room, and improve member self-care between provider visits. Nurse Managed services include:

<ul style="list-style-type: none"> • Assistance with appointments: <ul style="list-style-type: none"> ○ Transportation needs ○ Locating in-network specialists 	<ul style="list-style-type: none"> • Patient coaching services: <ul style="list-style-type: none"> ○ Support with treatment plan progress and medication management ○ Provide health education materials ○ Help with how to use health benefits
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Members who enroll in the CareGuardian Program through self-referral will receive enhanced benefits that can help reduce clinical and financial barriers to care providing that Member remains compliant with the care plan. Enhanced benefits include:

<p align="center">CCP CDH SELECT NETWORK PLAN (applies to qualifying conditions only)</p> <ul style="list-style-type: none"> • PCP Office Visit - \$0 copay • Specialist Office Visit - \$25 copay • Waived copays for generic and preferred tier medications and non-DME diabetic supplies 	<p align="center">CCP HDHP SELECT NETWORK PLAN (applies to qualifying conditions only)</p> <p>After annual deductible is met:</p> <ul style="list-style-type: none"> • No cost for PCP and Specialist visits (applies to qualifying conditions only)
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ELIGIBILITY:

Employee, spouse/domestic partner, children over the age of 18.

ENROLLMENT:

- Members with qualifying conditions self-refer and are required to disclose conditions through a confidential Health Needs Questionnaire. Member is then contacted by a C3 nurse.
- Enrollment is open all year, members may enroll at any point during the plan year.

PROGRAM:

- Member completes a holistic Health Risk Assessment. A C3 nurse evaluates member's medical, behavioral and social determinants of health, self-care ability, screenings and more. Based on assessment, an individual-centered plan is developed and reviewed and confirmed by member's Primary Care Physician (PCP).
- C3 nurses work with member's providers, dietitians and other agencies to help member access the care and programs they need.
- C3 nurses reinforce the provider's plan of care for the member and provide teach-back learning and education opportunities for the member to improve self-reliance.

COMPLIANCE:

- Member must work with a CCP Case Manager
- Member must visit their doctor and follow treatment plan as recommended by doctor.
- If Member is out of compliance with treatment six (6) months after enrollment, the enhanced benefits described above will end and all services received from that point forward will be subject to the regular Member Cost based on plan enrollment.
- Member may re-enroll during the next open enrollment period.