Section A: Carrier and Preparer Information	
Carrier Name:	**CareSource Georgia**
Plan Year:	2022
Date of Completion:	12/30/2022
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Section B: Definitions & Medical Necessity Criteria

General Definitions

Mental Health/Behavioral Health Disorder

Behavioral Health Disorder means those mental health, substance use disorder, and development disorder diagnostic categories that are listed in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association).

Behavioral Health Care Services means Health Care Services for the diagnosis and treatment of Behavioral Health Disorders that are listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association), unless those services are specifically excluded. The fact that a condition or disorder is listed in the current DSM does not mean that treatment for the condition is a Covered Service.

Substance Use Disorder

Substance Use Disorder means a mental illness or addictive disease.

Medically Necessary/Medical Necessity

Medically Necessary/Medical Necessity means, with respect to the treatment of a mental health or substance use disorder, a service or product addressing the specific needs of that patient for the purpose of screening, preventing, diagnosing, managing or treating an illness, injury, condition, or its symptoms, including minimizing the progression of an illness, injury, condition, or its symptoms, in a manner that is:
(A) In accordance with the generally accepted standards of mental health or substance use disorder care;
(B) Clinically appropriate in terms of type, frequency, extent, site, and duration; and
(C) Not primarily for the economic benefit of the insurer, purchaser, or for the convenience of the patient, treating physician, or other health care provider.

Autism Spectrum Disorder

Autism Spectrum Disorder means any of the following pervasive developmental disorders as defined by the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association): Autism; Asperger's Disorder; or other condition that is specifically categorized as a pervasive developmental disorder in the Manual.

The Plan provides Benefits for Covered Persons to diagnose and treat Autism Spectrum Disorders. Covered Services include Medically Necessary evidence-based treatment, including, but not limited to Adaptive Behavior Treatment, including Applied Behavioral Analysis (ABA).

Inpatient In-Network

(1) All covered non-emergency items or services, including physician administered medications, that require a stay overnight in a facility;
(2) that are delivered by a network of providers established through direct contract, leased network, or delegation; and
(3) who are recognized under a plan as providing an in-network benefit

Inpatient Out-of-Network

(1) All covered non-emergency items or services, including physician administered medications, that require a stay overnight in a facility;
(2) that are delivered outside any network of providers established or recognized under a plan as providing an out of-network benefit;
(3) with the exception of emergency services

Outpatient In-Network

(1) All covered items or services, including physician administered medications;
(2) that are not inpatient, emergency, or retail pharmacy; CareSource Management Services LLC,
(3) that are delivered by a network of providers that are established through direct contract, leased network, or delegation; and
(4) who are recognized under a plan as providing an in-network benefit.

Sub-Classification: Office Visit
(1) Benefits for services that are delivered in a provider office setting, such as visits with physicians or other licensed professionals; or
(2) for services delivered via telehealth that would otherwise have been provided in an office setting; and
(3) that are delivered by a network of providers that are established through direct contract, leased

Outpatient Out-Of-Network

(1) All covered items or services, including physician administered medications;
(2) that are not inpatient, emergency, or retail pharmacy; and
(3) that are delivered outside any network of providers established or recognized under a plan as providing an out of-network benefit;
(4) with the exception of emergency services

Sub-Classification: Office Visit
(1) Benefits for services that are delivered in a provider office setting, such as visits with physicians or other licensed professionals; or
(2) for services delivered via telehealth that would otherwise have been provided in an office setting; and
(3) that are delivered outside any network of providers established or recognized under a plan as

Emergency Services

Emergency Medical Services means physical or mental health care services rendered for a medical or traumatic condition, sickness, or injury, including a mental health condition or substance use disorder, in which a person is exhibiting acute symptoms of sufficient severity, including, but not limited to, severe pain, regardless of the initial, interim, final, or other diagnoses that are given, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that his or her condition, sickness, or injury is of such a nature that failure to obtain immediate medical care could result in:
(A) Placing the patient's health in serious jeopardy;
(B) Serious impairment to bodily functions; or
(C) Serious dysfunction of any bodily organ or part.
"Emergency medical services" includes medical services rendered after such person is stabilized and as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which such services are furnished, unless each of the conditions of subdivision (a)(3)(C)(ii)(II) of the federal Public Health Service Act, 42 U.S.C. Section 300gg-111 are met.

Pharmacy Drug Services

(1) Covered medications, drugs, and associated supplies;
(2) that legally require a medical prescription to be dispensed, not including physician administered drugs or medications.

MH/SUD Medical Necessity Criteria

A. Describe the process used to develop and select the medical necessity criteria utilized in determining behavioral health, mental health, and substance use disorder benefits, and how that information is used in adverse benefit determinations.

1. Who is responsible for selecting the behavioral health, mental health, and substance use disorder criteria? Provide the name of the team and credentials required to be a part of the team.

Clinical Policy Writer (CPW) – CPW is responsible to research and develop moderate to complex medical, behavioral health, and other supporting provider policies, while adhering to company, state and federal guidelines. Among others, some essential functions include supporting operational processes of the Clinical Policy Governance Committee (CPGC), ensuring that all medical policies are compliant with relevant regulations and consistent across all lines of business, researching clinical and scientific literature and consensus guidelines to create work products for team input and CPGC, coordinating with subject matter experts to develop policy positions on issues that impact CareSource from various policy perspectives, and working with business product owners, government relations, and compliance leads to monitor legislative and regulatory activities for potential impact on existing or proposed behavioral health policies.

A bachelor's degree or equivalent work experience is required, while an advanced degree or equivalent experience is preferred. Minimum writing experience and policy development healthcare knowledge is also preferred. Competencies, knowledge, skills and licensure/certification requirements are all listed on the job descriptions for CPW.

2. What is the effective date of the current behavioral health, mental health, and substance use disorder criteria?

Effective dates vary according to the date the policy was written. All medical policies are reviewed and revised every year, according to NCQA requirements. All administrative and reimbursement policies are reviewed at least every two years. These timelines are also documented in the Policy Department's SOP for Clinical Policy Writing.

3. How and why did the Carrier select the specific behavioral health, mental health, and substance use disorder criteria that is in use today?

CareSource follows a medical necessity policy to identify specific coverage terms regarding benefits. CareSource's Medical Necessity Determinations policy link follows:
https://www.caresource.com/documents/marketplace-in-policy-admin-ad-0048-20220701/

Per medical necessity policy, the hierarchy is as follows:

1. When a request for a service, procedure or product is subject to medical necessity review, the reviewer will determine based on the following hierarchy:
A. Benefit contract language
B. Federal or State regulation, including state waiver regulations, when applicable
C. CareSource Medical Policy Statements
D. Nationally accepted, evidence-based clinical guideline (MCG, InterQual or ASAM)

2. If the requested service is not addressed by the above hierarchy of review, the medical or behavioral health reviewer will use professional judgment in the absence of evidence-based methodology to determine appropriate resources or other clinical best practice guidelines identified by the reviewer, which may be deemed applicable to the unique clinical circumstances of the member. Potential resources may include but are not limited to:
A. Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard
B. Evidence from two published studies from major scientific or medical peer-reviewed journals that are less than five (5) years old, preferred, and less than ten (10) years required to support the proposed use for the specific medical condition as safe and effective in persons aged 18 and over.
C. National panels and consortiums, such as NIH (National Institutes of Health), CDC (Centers for Disease Control and Prevention), AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network), Substance Abuse and Mental Health Services Administration (SAMHSA). For persons less than age 18, studies must be approved by a United States (US) institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) to protect vulnerable minors.

4. Discuss and identify all criteria that was considered, but not utilized, and the rational for rejecting.

Criteria that is not clinically relevant for a specific policy is rejected. Upon review of medical criteria from an external specialty group, such as AllMed, any criteria that are not nationally recognized industry standards are not utilized.

5. How often is the criteria reviewed? Discuss the change process and changes to the criteria in the past year, including the date the change was made.

Medical criteria are reviewed according to National Committee for Quality Assurance (NCQA) standards, annually. Administrative and reimbursement policies and criteria are reviewed at least one (1) to two (2) years, unless the following to detected:
•New or change in state or federal regulation
•New benefits or changes in benefits
•New standard of care or changes in the standard of care
•Fraud Waste and Abuse reviews that necessitate a policy of expectation to detect, prevent, or research fraud, waste, and abuse
The change process and changes in criteria occur from research outlined above. The same process is followed for new policies, annual reviews of existing policies or edit of policies due to changes in regulations, standards of care, etc.

A copy of all policies can be found at the following link:
Provider Policies | Georgia – Marketplace | CareSource

Mental Health/SUD policies:
List of MH/SUD policies for the 2022 plan year and outlined changes:
New policies for plan year 2022:
1.Behavioral Health Documentation Standards for Practitioners
2.Health Acquired Conditions
3.Interest Payments

Current policies undergoing revisions for plan year 2022:
1.Gender Affirming Surgery - Added to the behavior health provider list a psychiatric nurse practitioner. Added must be managed by an endocrinologist. Additionally, the hormones may be managed by an experienced physician, physician's assistant, or nurse practitioner.
2.Medical Necessity Determinations - Policy I. The reviewer will determine medical necessity based on the following hierarchy: A. Benefit contract language. B. Federal regulation or state regulation including state waiver regulations when applicable.

6. Provide below a list of the documentation used to support the responses to 1-5 above.

Links for the Medical Necessity Determinations - IN MP - AD-0048 and Policy Development Process - IN MP - AD-0914 are provided above. All policies can be found on Caresource.com under the Provider Policies tab.

M/S Medical Necessity Criteria

B. A description of the process used to develop and select the medical necessity criteria used in determining medical/surgical benefits and how that information is used in adverse benefit determinations.

1. Who is responsible for selecting the medical and surgical criteria? Provide the name of the team and credentials required to be a part of the team.

Same as MH/SUD above

2. What is the effective date of the current medical and surgical criteria?

Same as MH/SUD above

3. How, why, and when did the Carrier select the specific medical and surgical criteria that is in use today?

Same as MH/SUD above

4. Discuss and identify all criteria that was considered, but not utilized, and the rational for rejecting.
Same as MH/SUD above
5. How often is the criteria reviewed? Discuss the change process and changes to the criteria in the past year, including the date the change was made.
Medical/Surgical Policies: List of M/S policies for plan year 2021 and changes: New policies for plan year 2021: 1.Chiropractic Care 2.Durable Medical Equipment (DME) Modifiers 3.Health Acquired Conditions 4.Inhaled Nitric Oxide 5.Interest Payments 6.Modifiers 7.Myoelectric Lower Extremity Prosthetic Technology 8.Non-Invasive Vascular Studies 9.Pain Management Providers 10.Covid-19 Vaccination 11.Dental Procedures in Hospital, Outpatient Facility or Ambulatory Surgery Center 12.Temporomandibular Joint Disorder or Dysfunction (TMJD/TMD) Craniomandibular Jaw Disorder/Non-Surgical Treatment Current policies that saw no major changes for plan year 2021: 1.Breast Reconstruction Surgery 2.Court Mandated Health Services 3.Drug Testing 4.Fraction Flow Reserve from Computer Tomography (FFRct) 5.Genetic Testing and Counseling 6.Nutritional Supplements Current policies that saw changes for plan year 2021: 1.Abortion - Added telehealth may not be used for any abortion related services, including writing or filling of a prescription for any purpose that my result in abortion.
6. Provide below a list of the documentation used to support the responses to 1-5 above such as meeting minutes and policies and procedures and attach all listed documents to the response.
Same as MH/SUD above

Section C: Nonquantitative Treatment Limitations			
NQTL	**MH/SUD, Med/Surg, Both**	**Classification or Permitted Subclassification**	**Applicable Plans**
Prior Authorization (NQTL 1)	Both	All	All
Concurrent Review (NQTL 2)	Both	All except Pharmacy	All
Medical Necessity (NQTL 3)	Both	All	All
Network Standards (NQTL 4)	Both	All	All
Provider Reimbursement (NQTL 5)		Does not apply to Pharmacy	
Formulary (NQTL 6)	Both	Pharmacy	All
Clinical Coverage Guidelines (NQTL 7)	Both	All except Pharmacy	All
Blanket Exclusions (NQTL 8)	Both	All except Pharmacy	All

Section D: NQTL Comparative Analysis	
Title of the NQTL:	**Prior Authorization**
Classification(s) the NQTL is applicable to:	All

Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms regarding the NQTL.

Prior Authorization (PA) is defined as a required review of a service, treatment, prescription drug or admission for a benefit coverage determination, which must be obtained prior to the service, treatment or admission start date, pursuant to the terms of this Plan.

Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications. If the NQTL is not applicable for a classification, clearly state so.

The following are examples of elective MH/SUD inpatient procedures that require PA:
• Inpatient Acute
• Inpatient Subacute
• SUD Residential
The following are examples of outpatient procedures that require PA:
• Intensive Outpatient Program (IOP) after 15 visits
• Residential (Outpatient)
• Partial Hospitalization Program (PHP)

Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications. If the NQTL is not applicable for a classification, clearly state so.

All non-emergency IP benefits require PA.
The following are examples of elective M/S inpatient procedures that require PA:
• Inpatient Acute
• Inpatient Subacute
• Skilled Nursing Facility
• Hospice
• Some Elective Surgical Procedures (pre-service review and determination required)

Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met.

Behavioral Health/Mental Health/Substance Use Disorder

• All services that require prior authorization from CareSource should be authorized before the service is delivered. CareSource is not able to pay claims for services in which prior authorization is required, but not obtained by the provider
• If a provider is not participating within plan and services are delivered when there is in network providers available prior to obtaining an authorization, authorization may be denied for adequate service providers and/or claims may not pay for no and/or denied authorization

Medical/Surgical:

Same as above

Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. For any thresholds or metrics used to determine the application of an NQTL, provide the statistics or other measurements utilized.

Behavioral Health/Mental Health/Substance Use Disorder

- High intensity care
- Cost of services
- Cost of internal resources to PA services
- Industry standards
- Excessive and inappropriate utilization
- State or federal law for clinical safety

Medical/Surgical:

Same as above

Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.

Behavioral Health/Mental Health/Substance Use Disorder

- High intensity care
  - o Care provided by a multidisciplinary team for members with complex conditions to improve care and lower health cost
- Cost of services
  - o CareSource utilizes annual cost and utilization reports to determine the application of PA to particular services. IP benefits are high intensity and high cost benefits because payment is required

Medical/Surgical:

Same as above

Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource utilizes PA requirements for all IP benefits, regardless of whether they are MH/SUD or M/S. CareSource requires a PA for all IP benefits because they are high intensity, high cost benefits and payment is required to cover services 24 hours a day in a medically supervised setting.
At CareSource, all first line reviews are conducted by licensed clinical staff with the appropriate educational background and expertise (registered nurses, licensed mental health professionals, pharmacists, etc.). Clinical information must be submitted to request authorization. No specific form is required. Providers may make the request via provider portal, fax, or telephonically. The plan applies state requirements, MCG Guidelines, ASAM, or CareSource clinical policy for review.
For PA, the provider submits relevant clinical information including the admission date, primary diagnosis, provider information (to enter the authorization) and clinical documentation to justify the admission. If the documentation submitted does not appear to meet the criteria for approval by the front-line staff, the information is referred to a medical director, with the appropriate expertise, (based on the request) for secondary review. If, after secondary review, the clinical information provided still

Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

The plan wants to ensure that covered benefits are medically necessary (as required by CMS for Marketplace plan coverage) and confirm that less intensive services will not result in the desired outcome.

IP MH/SUD benefits are high intensity and high-cost benefits because payment is required to cover services 24 hours a day (which may include room and board) in a medically supervised setting.

SUD residential benefits are costly to provide, and the number and disciplines of team members must

Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Federal and Indiana Mental Health Parity laws.

Comparability of Strategy and Evidence: Subsets of both MH/SUD and M/S OP benefits are assigned UM because they are intensive, high cost and/or have the potential for overutilization. High cost and potential for inappropriate utilization includes annual cost and utilization reports compared to associated benchmarks from the previous year. CareSource uses statistical analysis with information provided by various departments including finance, internal audit, investigations and care management to determine the services that will provided authorization-free or for which overutilization has become a concern. The strategies and evidentiary support are comparable.

Step 5: Provide the specific findings and conclusions reached with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity statutes. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.

Timelines for authorization decisions are the same for MH/SUD and M/S. Failure to obtain authorization results in non-payment for MH/SUD and M/S services, although retrospective review and appeal processes are available.
Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other associated documentation supporting the plan's comparative analysis, findings, and conclusions. Ensure all documents listed include location information, such as the applicable section and/or page number, and documents are titled appropriately.
In summary, the UM processes, strategies and evidentiary standards are comparable and no more stringently applied to MH/SUD benefits than to M/S benefits, in writing or in operation, in the six benefit packages. Accordingly, UM processes are comparable, and no more stringently applied, to MH/SUD benefits than to M/S benefits, in writing and in operation.
Step 7: Provide any additional information and supporting documentation utilized regarding the plan's MHPAEA related comparative analysis not already provided above.
N/A

Section D: NQTL Comparative Analysis

Title of the NQTL:	**Concurrent Review**
Classification(s) the NQTL is applicable to:	All except Pharmacy

Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms regarding the NQTL.

CareSource defines Concurrent Review (CR) as a required review of a service, treatment, prescription drug or admission for a benefit coverage determination, which must be obtained prior to the service, treatment or admission start date, pursuant to the terms of this Plan.

Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

The following are examples of elective MH/SUD inpatient procedures that require CR:
- Inpatient Acute
- Inpatient Subacute
- SUD Residential

MH/SUD Benefits:
The following are examples of outpatient procedures that require PA:
- Intensive Outpatient Program (IOP) after 15 visits
- Residential (Outpatient)
- Partial Hospitalization Program (PHP)
- Urine Drug Screen
- Applied Behavioral Analysis (ABA)
- Transcranial Magnetic Stimulation (TMS)
- Hypnotherapy
- Individual Psychotherapy greater than 24 visits
- Family Psychotherapy greater than 24 visits
- Psychiatric diagnostic evaluation greater than 1 visit
- Genetic Testing
- Home Care Services
  - o Home Health Aide
  - o Skilled Nursing

Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications. If the NQTL is not applicable for a classification, clearly state so.

All non-emergency IP benefits require CR.
The following are examples of elective M/S inpatient procedures that require CR:
• Inpatient Acute
• Inpatient Subacute
• Skilled Nursing Facility
• Hospice
• Some Elective Surgical Procedures (e.g., cosmetic surgeries, craniotomies, abortion type procedures, bowel surgeries, hip replacements)
The following are examples of outpatient procedures that require PA:
• All Abortions
• Home Care Services
o Home Health Aides
o Private Duty Nursing
o Skilled Nurse visits
o PT/OT/ST visits
o Social Worker
• Urine Drug Screen
• Genetic Testing
• Durable Medical Equipment and other supplies over $500.00 billed charges
o The $500.00 rule does not apply to the following DME/other items (these require PA):
 All custom equipment
 All miscellaneous codes (example: E1399)
 Cochlear implants including any replacements
 Continuous Glucose Monitors
 Cranial remodeling helmets
 Donor milk
 Left Ventricular Assist Device (LVAD)

Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met.

Behavioral Health/Mental Health/Substance Use Disorder

• All services that require prior authorization from CareSource should be authorized before the service is delivered. CareSource is not able to pay claims for services in which prior authorization is required, but not obtained by the provider
• If a provider is not participating within plan and services are delivered when there is in network providers available prior to obtaining an authorization, authorization may be denied for adequate service providers and/or claims may not pay for no and/or denied authorization
• If a member doesn't complete necessary steps within treatment for the appropriate level of care and/or treatment itself, authorization may be denied

Medical/Surgical:

Same as above

Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. Include in this analysis any factors that were reviewed but subsequently rejected and why they were rejected. For any thresholds or metrics used to determine the application of an NQTL, provide the
Behavioral Health/Mental Health/Substance Use Disorder
Factors-quantitative evidentiary standards: • High intensity care • Cost of services • Cost of internal resources to PA services • Industry standards • Excessive and inappropriate utilization • State or federal law for clinical safety • Claims associated with a high percentage of fraud • FDA approval/compendia evidence for safety • Burden of COVID-19
Medical/Surgical:
Same as above
Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.
Behavioral Health/Mental Health/Substance Use Disorder

• High intensity care
  o Care provided by a multidisciplinary team for members with complex conditions to improve care and lower health cost
• Cost of services
  o CareSource utilizes annual cost and utilization reports to determine the application of PA to particular services. IP benefits are high intensity and high cost benefits because payment is required to cover services 24 hours a day in a medically supervised setting.
• Cost of internal resources to PA services
  o The cost of internal health plan review resources relative to the cost of the service. CareSource uses statistical analysis with information provided by various departments including finance, internal audit and investigations to determine the number of services provided authorization-free. The plan utilizes actuarial analysis to predict expected utilization of benefits and compares the actual utilization to this benchmark. The plan monitors utilization trends monthly and uses the data to inform the plan's recommendations for authorization requirements.
• Industry standards
  o Industry standards typically require PA on IP services.
• Excessive and inappropriate utilization
  o Length of stay or number of sessions that are greater than standard treatment length
• State or federal law for clinical safety
  o State and federal laws/regulations
• Claims associated with a high percentage of fraud
  o Through preventing, monitoring, investigating any anomalies and patterns that would suggest fraud.
• FDA approval/compendia evidence for safety
  o MCG- provides recommended authorization lengths.
  o State, clinical policy
• Burden of COVID-19

Medical/Surgical:

Same as above

Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource utilizes CR for all IP benefits, regardless of whether they are MH/SUD or M/S. CareSource uses CR for all IP benefits because they are high intensity, high cost benefits and payment is required to cover services 24 hours a day in a medically supervised setting.

At CareSource, all first line reviews are conducted by licensed clinical staff with the appropriate educational background and expertise (registered nurses, licensed mental health professionals, pharmacists etc.). Clinical information must be submitted to request authorization. No specific form is required. Providers may make the request via provider portal, fax, or telephonically. The plan applies state requirements, MCG Guidelines, ASAM, or CareSource clinical policy for review.

For CR, the provider submits relevant clinical information including the admission date, primary diagnosis, provider information (to enter the authorization) and clinical documentation to justify the admission. If the documentation submitted does not appear to meet the criteria for approval by the front-line staff, the information is referred to a medical director, with the appropriate expertise, (based on the request) for secondary review. If, after secondary review, the clinical information provided still does not support medical necessity, the provider has the option for a peer to peer review with a CareSource Medical Director, Pharmacist, Specialty Contracted Vendor as appropriate; or the member/provider have the opportunity to appeal the adverse determination. This authorization process is followed for medical, surgical, mental health, and substance use disorder services. For the addition, removal, or temporary suspension of items from the prior authorizations list, for classifications other than prescription drugs, the Clinical Director must ensure the documents include the following items listed: member impact, financial impact, and potential risks. The analysis must be based on 6 months of data, at a minimum. The addition, removal, or temporary suspension of the list item must be reviewed and approved by the Prior Authorization Committee. CR involves the review of clinical information and application of MNC by a licensed RN, CMCN, certified LPN, physician, or appropriately licensed clinician.

Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

The plan wants to ensure that covered benefits are medically necessary and confirm that less intensive services will not result in the desired outcome.

IP MH/SUD benefits are high intensity and high-cost benefits because payment is required to cover services 24 hours a day (which may include room and board) in a medically supervised setting.

SUD residential benefits are costly to provide, and the number and disciplines of team members must be appropriate to the range and severity of the individuals' problems. There is an expectation of a certain number of clinical treatment hours (10 to 30 depending on residential ASAM level) and the need to respond to SUD, Mental Health disorders, and individuals with cognitive impairments (ASAM 3.3).

http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg
http://asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

IP M/S benefits are high intensity and high-cost benefits because payment is required to cover services 24 hours a day (which may include room and board) in a medically supervised setting.

MH/SUD:

The average denial rate for concurrent stay acute IP MH/SUD benefits in 2021 was 4.41% (MH) & 9.20% (SUD).

1. Number of authorization concurrent requests:
o MH – 295
o SUD – 174

Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Federal and Indiana Mental Health Parity laws.

Comparability of Strategy and Evidence: Subsets of both MH/SUD and M/S OP benefits are assigned UM because they are intensive, high cost and/or have the potential for overutilization. High cost and potential for inappropriate utilization includes annual cost and utilization reports compared to associated benchmarks from the previous year. CareSource uses statistical analysis with information provided by various departments including finance, internal audit, investigations and care management to determine the services that will provided authorization-free or for which overutilization has become a concern. The strategies and evidentiary support are comparable.

Comparability and Stringency or Processes. Both MH/SUD and M/S UM reviews are conducted by qualified clinicians that evaluate clinical information submitted via telephone or fax relative MNC. These criteria include OIC requirements, MCG, ASAM or clinical/medical policy. There are no specific documentation requirements. IRR testing is utilized to promote consistent MNC application. The plan conducts IRR to a standard of 85% for MH, SUD, and M/S. Timelines for authorization decisions are the same for MH/SUD and M/S. Failure to obtain authorization results in non-payment for MH/SUD and M/S services, although retrospective review and appeal processes are available. CareSource monitors the denial rate data and has investigated the disparity in denial rates for SUD service requests. CareSource applies a review of clinical documentation and review of that documentation against medical necessity criteria that are based on nationally recognized guidelines in a comparable and no more stringent manner for SUD reviews as compared to M/S reviews.

CareSource will continue to monitor these operations measure data sources and will continue to assess any disparities in data and whether they reflect variations in parity compliant provider conduct or are a reflection of a parity violation. Even if the data reflects a parity compliant variation in provider conduct, CareSource will also continue to engage actively with providers on education and technical assistance to support the delivery of evidence-based care in accordance with clinical guidelines.

Stringency of Strategy and Evidence: OP MH/SUD service authorizations range from two to six months

Step 5: Provide the specific findings and conclusions reached by the plan with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity laws. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.

Timelines for authorization decisions are the same for MH/SUD and M/S. Failure to obtain authorization results in non-payment for MH/SUD and M/S services, although retrospective review and appeal processes are available.

Inter-Rater Reliability (IRR): To ensure quality and consistency of performance all levels of the review process, peer review and IRR evaluations are conducted for all clinical review staff on an annual basis. Failure to meet and maintain a 85% score for accuracy and completeness results in an individually tailored action plan to correct deficiency. All results are shared individually and in the aggregate with staff. Corrective action plans are developed and monitoring is performed as detailed in the corrective action plan. The results are reported to the Quality committees on an quarterly basis. Also reported to the Quality committees are volume, timeliness, and determination rates for services requested, internal and external appeals rates, and appeals overturn rates. IRR is the same across M/S, MH/SUD and therefore is no more stringent in operation.

Denial Rate: Based on analysis, CareSource has determined that the NQTL is applied comparably and no more stringently between MH/SUD and M/S benefits.

Appeal Overturn: CareSource continues to engage actively with providers with education and technical assistance to support the delivery of evidence-based care in accordance with clinical guidelines. Accordingly, UM processes are comparable, and no more stringently applied, to MH/SUD benefits than to M/S benefits, in writing and in operation.

Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other associated documentation supporting the plan's comparative analysis, findings, and conclusions. Ensure all documents listed include location information, such as the applicable section and/or page number, and documents are titled appropriately.

In summary, the UM processes, strategies and evidentiary standards are comparable and no more stringently applied to MH/SUD benefits than to M/S benefits, in writing or in operation, in the six benefit packages. Accordingly, UM processes are comparable, and no more stringently applied, to MH/SUD benefits than to M/S benefits, in writing and in operation.

Step 7: Provide any additional information and supporting documentation utilized regarding the plan's MHPAEA related comparative analysis not already provided above.

N/A

Section D: NQTL Comparative Analysis		
Title of the NQTL:	**Medical Necessity**	
Classification(s) the NQTL is applicable to:		All

Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms regarding the NQTL.

The development, modification or addition of criteria against which benefit authorization requests are compared to determine whether the benefit is appropriate for the evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care.

Medically necessary services are medical, surgical, mental health, or substance use disorder services that are determined to be medically appropriate in accordance with CareSource's medical policies and nationally recognized guidelines; are not experimental or investigational services; are necessary to meet the basic health needs of the covered person; are rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service; are consistent in type, frequency, and duration of treatment with scientifically-based guidelines of national medical, research, or health care coverage organizations or governmental agencies that are accepted by CareSource; are consistent with the diagnosis of the condition; are required for reasons other than the convenience of the covered person or his/her physician; and are demonstrated through prevailing peer-reviewed medical literature to be either: (a) safe and effective for treating or diagnosing the condition or sickness for which their use is proposed or (b) safe with promising efficacy for treating a life-threatening sickness or condition in a clinically controlled research setting using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health. (For purposes of this definition, the term "life threatening" is used to describe sickness or conditions that are more likely than not to cause death within one (1) year of the date of the request for treatment.) The fact that a physician has performed or prescribed a procedure or treatment, or the fact that it may be the only available treatment for an injury, sickness, or behavioral health disorder, or the fact that the physician has determined that a particular health care service is medically necessary or medically appropriate does not mean that the procedure or treatment is a covered service under the member's plan.

Prescription drug:
Pharmacy policies offer guidance on determination of medical necessity and appropriateness of care for approved drugs covered on the CareSource formulary.

Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications. If the NQTL is not applicable for a classification, clearly state so.

The following are examples of elective MH/SUD inpatient procedures that require PA:
• Inpatient Acute
• Inpatient Subacute
• SUD Residential
• ECT inpatient
The following are examples of outpatient procedures that require PA:
• Intensive Outpatient Program (IOP) after 15 visits
• Residential (Outpatient)
• Partial Hospitalization Program (PHP)
• Urine Drug Screen
• Applied Behavioral Analysis (ABA)
• Electroconvulsive Therapy (ECT)
• Transcranial Magnetic Stimulation (TMS)
• Hypnotherapy
• Individual Psychotherapy greater than 24 visits
• Family Psychotherapy greater than 24 visits
• Psychiatric diagnostic evaluation greater than 1 visit
• Genetic Testing
• Home Care Services
o Home Health Aide
o Skilled Nursing
Emergency:
CareSource defines emergency care as care provided for a condition in which a delay in treatment is likely to result in the recipient's death or permanent impairment. CareSource does not require submission of a PA for emergency services.

Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

All non-emergency IP benefits require PA.
The following are examples of elective M/S inpatient procedures that require PA:
• Inpatient Acute
• Inpatient Subacute
• Skilled Nursing Facility
• Hospice
• Some Elective Surgical Procedures (e.g., cosmetic surgeries, craniotomies, abortion type procedures, bowel surgeries, hip replacements)
The following are examples of outpatient procedures that require PA:
• All Abortions
• Home Care Services
o Home Health Aides
o Private Duty Nursing
o Skilled Nurse visits
o PT/OT/ST visits
o Social Worker
• Urine Drug Screen
• Genetic Testing
• Durable Medical Equipment and other supplies over $500.00 billed charges
o The $500.00 rule does not apply to the following DME/other items (these require PA):
 All custom equipment
 All miscellaneous codes (example: E1399)
 Cochlear implants including any replacements
 Continuous Glucose Monitors
 Cranial remodeling helmets
 Donor milk
 Left Ventricular Assist Device (LVAD)

Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met. Ensure the response lists any differences based on provider contracts and/or network status. For example: What are the consequences if a provider doesn't obtain prior authorization before providing the benefit to the member, or if a member doesn't complete the initial step required for step therapy before receiving the higher-level benefit. How would the answer change for each example if the provider was or was not a member of the plan's network.

Behavioral Health/Mental Health/Substance Use Disorder

• All services that require prior authorization from CareSource should be authorized before the service is delivered. CareSource is not able to pay claims for services in which prior authorization is required, but not obtained by the provider
• If a provider is not participating within plan and services are delivered when there is in network providers available prior to obtaining an authorization, authorization may be denied for adequate service providers and/or claims may not pay for no and/or denied authorization
• If a member doesn't complete necessary steps within treatment for the appropriate level of care and/or treatment itself, authorization may be denied

Medical/Surgical:

Same as above

Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. Include in this analysis any factors that were reviewed but subsequently rejected and why they were rejected. For any thresholds or metrics used to determine the application of an NQTL, provide the statistics or other measurements utilized.

Behavioral Health/Mental Health/Substance Use Disorder

Factors-quantitative evidentiary standards:
• High intensity care
o Care provided by a multidisciplinary team for members with complex conditions to improve care and lower health cost
• Cost of services
o CareSource utilizes annual cost and utilization reports to determine the application of PA to particular services. IP benefits are high intensity and high cost benefits because payment is required to cover services 24 hours a day in a medically supervised setting.
• Cost of internal resources to prior authorization services
o The cost of internal health plan review resources relative to the cost of the service. CareSource uses statistical analysis with information provided by various departments including finance, internal audit and investigations to determine the number of services provided authorization-free. The plan utilizes actuarial analysis to predict expected utilization of benefits and compares the actual utilization to this benchmark. The plan monitors utilization trends monthly and uses the data to inform the plan's recommendations for authorization requirements.
• Industry standards
o Industry standards typically require prior authorization on IP services.
• Excessive and inappropriate utilization
o Length of stay or number of sessions that are greater than standard treatment length
• State or federal law for clinical safety
o State and federal laws/regulations
• Claims associated with a high percentage of fraud
o Through preventing, monitoring, investigating any anomalies and patterns that would suggest fraud.
• FDA approval/compendia evidence for safety
o MCG- provides recommended authorization lengths.
o State, clinical policy
• Burden of COVID-19

Medical/Surgical:

Same as above

Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.

Behavioral Health/Mental Health/Substance Use Disorder

• Federal or State regulation
o State and Federal Laws for Clinical Safety: A variety of state or federal laws govern Medical Necessity Criteria: NQCA Standards
• Nationally accepted evidence based clinical guidelines (ASAM, MCG)
o Commercial External Review Organizations such as ECRI Institute and Hayes, Inc.
• Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard
o Evidence from TWO published studies from major scientific or medical peer-reviewed journals that are < 5 years old preferred and < 10 years required to support the proposed use for the specific medical condition as safe and effective in persons aged 18 and over.
o National panels and consortiums such as NIH (National Institutes of Health), CDC (Centers for Disease Control and Prevention), AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network), Substance Abuse and Mental Health Services Administration (SAMHSA).
o For persons less than age 18 studies must be approved by a United States (US) institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) to protect vulnerable minors.
• Specialty and sub-specialty societies
o Cardiology
o Heart failure and transplant cardiology
o Hospice and Palliative medicine
o Obstetrics and Gynecology
o Maternal Fetal medicine
o Neurology
o Pediatrics
o Pediatric Pulmonology
o Pediatric surgery

Medical/Surgical:

Same as above

Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource relies upon the same definition of medical necessity for all services without regard to classification. In accordance with state utilization management rules and NCQA accreditation, CareSource relies on licensed professionals with appropriate specialization and training to determine the medical necessity criteria for all services. The CPCG, UMC and CAC are responsible for the development and finalization of medical necessity criteria for all services according to uniform policies for all classifications of benefits. For prescription drugs, the P&T committee is responsible for drafting coverage criteria for MH/SUD and M/S drugs without regard to classification according to uniform policies and procedures and strategies.

For internally developed criteria, a draft policy is created by the policy writer from the using the resources described in Step 3. The writer collaborates with the appropriate SMEs to create a final policy revision. Examples of SMEs are medical/behavioral health providers, the configuration team, legal review, and utilization management. A final policy revision is reviewed and approved by the Clinical Policy Governance Committee (CPGC) and applicable entities such as configuration and State approval. The CPGC is the official governing body charged with the approval of new or revised clinical policies that relate to medical necessity determinations. The CPGC is responsible for determining whether the proposed clinical policy is clearly defined, is clinically evidenced-based, assures a high level of member safety and quality of care, and articulates a business value.

Prescription drug:
As written:
CareSource's pharmacy staff utilize clinical criteria for making pharmacy determinations related to medical necessity that is objective, measurable, and based on sound clinical evidence. When a request for a prescription drug is under review, the review criteria is based on the following: 1.) Federal and/or State Regulation 2.) CareSource Pharmacy Policy Statements; 3.) Package Insert 4.) Nationally accepted evidence-based clinical guidelines 5.) Peer-Reviewed Clinical Literature

Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource uses a hierarchy of evidence in order to develop medical necessity policy. When a request for a service, procedure or product is subject to medical necessity review, the Plan reviewer will determine based on the following hierarchy:

• Benefit contract language
• Federal or State regulation
• CareSource Medical Policy Statements
• Nationally-accepted evidence-based clinical guideline (MCG or ASAM or American Diabetes Association (ADA) or the Global Initiative for Asthma (GINA))

If the requested service is not addressed by the above hierarchy of review, the medical or behavioral health reviewer will use professional judgment in the absence of evidence-based methodology to determine appropriate resources or other clinical best practice guidelines identified by the reviewer, which may be deemed applicable to the unique clinical circumstances of the member. Potential resources may include but are not limited to: Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard; evidence from TWO published studies from major scientific or medical peer-reviewed journals that are < 5 years old preferred and < 10 years required to support the proposed use for the specific medical condition as safe and effective in persons aged 18 and over; national panels and consortiums such as NIH (National Institutes of Health), CDC (Centers for Disease Control and Prevention), AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network), Substance Abuse and Mental Health Services Administration (SAMHSA); for persons less than age 18, studies must be approved by a United States (US) institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) to protect vulnerable minors; Commercial External Review Organizations such as ECRI Institute and Hayes, Inc.; specialty and sub-specialty societies; consultation based on the requested service from a like specialty peer.

Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Federal and Indiana Mental Health Parity laws.

Comparability of Strategy and Evidence: Subsets of both MH/SUD and M/S OP benefits are assigned UM because they are intensive, high cost and/or have the potential for overutilization. High cost and potential for inappropriate utilization includes annual cost and utilization reports compared to associated benchmarks from the previous year. CareSource uses statistical analysis with information provided by various departments including finance, internal audit, investigations and care management to determine the services that will provided authorization-free or for which overutilization has become a concern. The strategies and evidentiary support are comparable.

Comparability and Stringency or Processes. Both MH/SUD and M/S UM reviews are conducted by qualified clinicians that evaluate clinical information submitted via telephone or fax relative MNC. These criteria include ODM requirements, MCG, ASAM or clinical/medical policy. There are no specific documentation requirements. IRR testing is utilized to promote consistent MNC application. The plan conducts IRR to a standard of 85% for MH, SUD, and M/S. Timelines for authorization decisions are the same for MH/SUD and M/S. Failure to obtain authorization results in non-payment for MH/SUD and M/S services, although retrospective review and appeal processes are available. CareSource monitors the denial rate data and has investigated the disparity in denial rates for SUD service requests. CareSource applies a review of clinical documentation and review of that documentation against medical necessity criteria that are based on nationally recognized guidelines in a comparable and no more stringent manner for SUD reviews as compared to M/S reviews.

CareSource will continue to monitor these operations measure data sources and will continue to assess any disparities in data and whether they reflect variations in parity compliant provider conduct or are a reflection of a parity violation. Even if the data reflects a parity compliant variation in provider conduct, CareSource will also continue to engage actively with providers on education and technical assistance to support the delivery of evidence-based care in accordance with clinical guidelines.

Stringency of Strategy and Evidence: OP MH/SUD service authorizations range from two to six months

Step 5: Provide the specific findings and conclusions reached by the plan with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity laws. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.

CareSource monitors the frequency and reasons for which medical necessity criteria are reviewed. CareSource reviews and updates all MH/SUD and M/S medical necessity criteria on at least an annual basis and revises them on an ad hoc basis more frequently as needed by developments in factors/sources identified in the responses to Steps 2 and 3.

Since the beginning of 2021, CareSource has updated or implemented 106 of the MH/SUD and M/S criteria for clinical and administrative policies. As such, CareSource has concluded that it is implementing the medical necessity criteria process in a comparable and no more stringent manner "in operation" for MH/SUD services as compared to M/S services.

Prescription drug:
Policies and criteria provided by the P&T are retrospectively evaluated on an annual basis to quantify the volume of policies defining medical necessity for mental health prescription drugs compared to medical/surgical prescription drugs to confirm that mental health prescription drugs are not restricted in greater volume than medical surgical prescription drugs.

Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other associated documentation supporting the plan's comparative analysis, findings, and conclusions. Ensure all documents listed include location information, such as the applicable section and/or page number, and documents are titled appropriately.

In summary, the UM processes, strategies and evidentiary standards are comparable and no more stringently applied to MH/SUD benefits than M/S benefits, in writing or in operation, in the six benefit packages. Accordingly, UM processes are comparable, and no more stringently applied, to MH/SUD benefits than to M/S benefits, in writing and in operation.

Prescription drug:
CareSource conducted a Compliance Risk Assessment for the company and has determined that Parity Compliance is an opportunity as a primary focus for improvement. As the plans and regulations become more sophisticated with Parity, so will the identified Policies and Procedures connected with the health plan's execution of benefits. CareSource continues to research appropriate analyses and tasks to support our efforts with continuing to confirm CareSource's parity compliance.
Based on the tasks and analyses outlined in this report, CareSource concludes, both as written and in operation, that the processes, strategies, evidentiary standards, and factors used to impose this NQTL on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose this same NQTL on medical/surgical benefits in each classification of benefits in which it is imposed.

Step 7: Provide any additional information and supporting documentation utilized regarding the plan's MHPAEA related comparative analysis not already provided above.

N/A

Section D: NQTL Comparative Analysis

Title of the NQTL:	**Network Standards**
Classification(s) the NQTL is applicable to:	All

Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms regarding the NQTL.

Provider Admission Standards defined - CareSource's ability to deliver proposed benefits by providing reasonable access to identified in-network primary care physicians, specialty physicians, mental health/substance use disorder providers, and all other health care services included under the terms of the contract.

Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications. If the NQTL is not applicable for a classification, clearly state so.

All classifications with the exception of Pharmacy managed by third party

Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

All classifications with the exception of Pharmacy managed by a third party.

Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met.

Behavioral Health/Mental Health/Substance Use Disorder

N/A as medical/surgical and MH/SUD providers go through the same network admission standards and therefore NQTL requirements should be met as the MH/SUD providers are not treated differently.

Medical/Surgical:

Same as above

Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. For any thresholds or metrics used to determine the application of an NQTL, provide the statistics or other measurements utilized.
Behavioral Health/Mental Health/Substance Use Disorder
Education Licensing Admitting Privileges Accreditation/Certification Valid DEA or Controlled Substances Certificate Medicare/Medicaid Program Participation Eligibility
Medical/Surgical:
Same As Above
Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.
Behavioral Health/Mental Health/Substance Use Disorder

Education - Proof of Completion of educational requirements: Graduation from allopathic or osteopathic medical school and completion of residency/other clinical training and experience for specialty and scope of practice
Licensing - Confirm proof of current, valid licensure or certification w/o material restrictions, conditions or disciplinary actions in all states where health plan practices
Admitting Privileges - Confirmation of the rights granted to a doctor to admit patients to a particular hospital, without restrictions.
Accreditation/Certification - Confirm Proof of Completion of accreditation requirements by means of Board Certification or successful completion of all required education and/or training pertinent to one's specialty, including, but not limited to residency and/or fellowship.
Valid DEA or Controlled Substances Certificate - Proof of valid DEA or CSC certificate
Medicare/Medicaid Program Participation Eligibility - Proof of active unrestricted participation in Medicare and Medicaid Programs
Work History - Required to provide 5-year employment history with 6 –months or longer gaps explained
Malpractice Insurance or state approved alternatives - Maintain minimum liability malpractice insurance or acceptable alternative, listing dates of coverage or copy of current liability insurance statement or face page of policy indicating proof of professional liability levels. Minimum limits vary by state.
Quality of Care - Review of quality measures included the following:

Hospital medical staff performance

Hospital medical staff performance

Licensure or specialty board actions or other disciplinary actions, medical or civil

Lack of member grievances or complaints related to access and service, adverse outcomes, office environment, office staff or other adverse indicators of overall member satisfaction

Quality of care concerns or actions

Lack of issues on HHS-OIG or SAM site or state specific exclusion website

Medical/Surgical:

Same As Above

Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource recruits providers to its network based on many factors (listed above). It is the goal of CareSource to have a robust network of providers for ease of member access. In order to meet this goal network adequacy reports are compiled quarterly and reviewed for recruitment opportunities. In addition provider vendor network options are evaluated regularly by the Strategic Accounts department. Ultimately contracting and negotiation will take place with providers that are interested in joining CareSource's network. In most cases CareSource is open to admissions negotiations with any willing provider. There are limited occasions in which the network is adequate or saturated in which CareSource may decline a willing provider. At times contract negotiations may not result in an admissions being dissolved by both CareSource and the provider, most often this is due to rate expectations (while still being rare). While provider type and specialty is taken into consideration in admission to CareSource's network the process for acceptance is no different for MH/SUD and Medical/Surgical.

As a result of a fully executed contract with intent to join CareSource's network a credentialing process will commence. The Credentialing Program establishes consistent policies and procedures for credentialing, re-credentialing and ongoing monitoring of licensed independent practitioners and facilities with whom CS contracts and to ensure compliance with all regulatory requirements related to credentialing activities. The program description is reviewed, updated and approved by the credentialing committee annually.

The Credentialing Program is used to ensure there are critical quality control mechanisms that provide the highest quality of care for our members. CareSource embraces the Institute of Medicine's definition that "Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

Upon successful completion of the credentialing program a provider is fully admitted to the

Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

In CY 2021, 512 MH providers were credentialed/re-credentialed and 0 (0%) of MH providers were denied/terminated. In CY 2021, 22 SUD providers were credentialed/re-credentialed and 0 (0%) of SUD providers were denied/terminated. In CY 2021, 7955 medical providers were credentialed/re-credentialed and 1 (0%) of medical providers were denied/terminated.

Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Federal and Indiana Mental Health Parity laws.

See Above

Step 5: Provide the specific findings and conclusions reached by the plan with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity statutes. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.
In CY 2021, 512 MH providers were credentialed/re-credentialed and 0 (0%) of MH providers were denied/terminated. In CY 2021, 22 SUD providers were credentialed/re-credentialed and 0 (0%) of SUD providers were denied/terminated. In CY 2021, 7955 medical providers were credentialed/re-credentialed and 1 (0%) of medical providers were denied/terminated.
Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other associated documentation supporting the plan's comparative analysis, findings, and conclusions. Ensure all documents listed include location information, such as the applicable section and/or page number, and documents are titled appropriately.
Based on the tasks and analyses outlined in this report, CareSource concludes, both as written and in operation, that the processes, strategies, evidentiary standards, and factors used to impose this NQTL on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose this same NQTL on medical/surgical benefits in each classification of benefits in which it is imposed.
Step 7: Provide any additional information and supporting documentation utilized regarding the plan's MHPAEA related comparative analysis not already provided above.
N/A

Section D: NQTL Comparative Analysis

Title of the NQTL:	**Provider Reimbursement (In Network and Out of Network)**
Classification(s) the NQTL is applicable to:	All

Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms regarding the NQTL.

In Network: refers to healthcare services provided to a covered person by providers or facilities who do belong to the provider network in the healthcare plan.

Out of Network: refers to healthcare services provided to a covered person by providers or facilities who do not belong to the provider network in the healthcare plan.

Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

In Network: All classifications with the exception of Pharmacy managed by a third party.

Out of Network: All classifications with the exception of Pharmacy managed by a third party.

Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

In Network: All classifications with the exception of Pharmacy managed by a third party.

Out of Network: All classifications with the exception of Pharmacy managed by a third party.

Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met.

Behavioral Health/Mental Health/Substance Use Disorder
In Network: N/A as medical/surgical and MH/SUD providers go through the same reimbursement standards and therefore NQTL requirements should be met as the MH/SUD providers are not treated differently. Out of Network: In Network: N/A as medical/surgical and MH/SUD providers go through the same reimbursement standards and therefore NQTL requirements should be met as the MH/SUD providers are not treated differently.
Medical/Surgical:
In Network: N/A as medical/surgical and MH/SUD providers go through the same reimbursement standards and therefore NQTL requirements should be met as the MH/SUD providers are not treated differently. Out of Network: In Network: N/A as medical/surgical and MH/SUD providers go through the same reimbursement standards and therefore NQTL requirements should be met as the MH/SUD providers are not treated differently.
Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. Include in this analysis any factors that were reviewed but subsequently rejected and why they were rejected. For any thresholds or metrics used to determine the application of an NQTL, provide the statistics or other measurements utilized.
Behavioral Health/Mental Health/Substance Use Disorder

In Network: Initial rate guardrails begin in the Provider Analytics department where the financial analysts gather details for the request such as market/state, line of business, contract type and provider type. The financial analyst will then use reimbursement tools to evaluate competitive guardrail rates, these tools include but are not limited to Policy Reporter and state and/or federal website resources. The key policy document supporting this process includes details about equity based on provider type and it is clearly defined that there is no parity non-compliance.

• Benchmarks (in-network, out-of-network rates)- Industry standards for reimbursement rates of medical services, (example reference sources Medicare or Policy Reporter)
• Regional market dynamics - State specific pricing guidelines based on local regulatory requirements.
• Provider Practice Size - Overall size of Provider's practice (patient base).
• Type of Provider - Provider specialty and services offered.
• Qualifications of Provider - Training, experience and licensure of providers.
• Demand for Services - The degree of need for a medical service.
• Network Adequacy/Quantity of provider type- Volume of providers available in a geographical area for any given specialty compared to the membership demand for said services.
• Discretionary Provider Negotiation - Provider's ability to negotiate rates
• Quality of Care/Outcomes - The measurement of how the provider's care impacts overall health of the member.
• Benefit Offerings - Providers ability to offer covered benefits and additional value added services.
• Member Enrollment/Attribution - Volume of members served by a provider.
• Multiple Products - The influence of a rate based on the motivation to have the provider enrolled in all product offerings.
• Value Based Reimbursement Contracts - Ties incentives for care delivery of the quality provided and rewards providers for efficiency and effectiveness.
• Single Case Agreements - Any negotiation takes place between the out of network provider and CareSource for clinically necessary services.
• Regulatory - Contract requirements for state entities that require specific rates for state defined

Medical/Surgical:

In Network: Same as above.

Out of Network: Same as above.

Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.

Behavioral Health/Mental Health/Substance Use Disorder

In Network: Business Owner Request for Rate Guidelines (in development and approval process), Reimbursement Committee Charter Out of Network: Internal Policy - Payment to Out of Network Providers-GA MPPY-1173, and Single Care Agreement Policy
Medical/Surgical:
In Network: Same as above Out of Network: Same as above
Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.
In Network: The CareSource Contract Review Committee maintains oversight of the health plan contract review and approval process, including custom (non-standard) contract reimbursement. The health plan's Reimbursement Policy Committee governs the review of reimbursement methodology, including standard rate configuration and associated reimbursement policies. It is comprised of members from the following departments: Finance, Clinical and Medical, Regulatory, Operations, Payment Lifecycle, and Health Partner Management, and Behavioral Health Leadership. It meets weekly and requires majority vote on all it oversees. These two Committees work collaboratively to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits. Out of Network: The Single Case Agreement process/policy defines the steps and resources used to manage rate discussions after an Out of Network authorization is offered to a provider and they are dissatisfied with the rate of reimbursement. This "SCA" process will utilize tools to negotiate a rate that satisfies our internal guardrails and the provider's need.
Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

In Network: They are the same within Med/Surgical and with BH/SUD. Out of Network: They are the same within Med/Surgical and with BH/SUD.
Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Federal and Indiana Mental Health Parity laws.
In Network: The Reimbursement Committee Charter governs the oversight of contracting (including reimbursement rates) and creation of all reimbursement and payment policy for Georgia. It is comprised of members from the following departments, Finance, Clinical and Medical, Regulatory, Operations, Payment Lifecycle, and Health Partner Management Leadership. It meets weekly and requires majority vote on all it oversees. Out of Network: Same as above
Step 5: Provide the specific findings and conclusions reached by the plan with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity statutes. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.
In Network: Based on the tasks and analyses outlined in this report, CareSource concludes, both as written and in operation, that the processes, strategies, evidentiary standards, and factors used to impose this NQTL on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose this same NQTL on medical/surgical benefits in each classification of benefits in which it is imposed. Out of Network: Same as above
Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other associated documentation supporting the plan's comparative analysis, findings, and conclusions. Ensure all documents listed include location information, such as the applicable section and/or page number, and documents are titled appropriately.

In-Network: Based on the tasks and analyses outlined in this report, CareSource concludes both as written and in operation, that the processes, strategies, evidentiary standards, and factors used to impose this NQTL on MH/SUD benefits are comparable to and no more stringent than the processes, strategies, evidentiary standards and factors used to impose this same NQTL on medical/surgical benefits in each classification of benefits in which it is imposed. Out of Network: Same as above.
Step 7: Provide any additional information and supporting documentation utilized regarding the plan's MHPAEA related comparative analysis not already provided above.
N/A

Section D: NQTL Comparative Analysis

Title of the NQTL:	**Formulary**
Classification(s) the NQTL is applicable to:	Pharmacy

Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms regarding the NQTL.

The formulary is the list of drugs billed through the pharmacy benefit that CareSource covers for its members and the cost-share group into which the medications fall. The cost-share groups are known as tiers. The formulary and the tiering structure encourage members to use cost-effective medication options including generics and preferred brand name drugs. Drugs that are included on the formulary may be subject to additional management such as Prior Authorization or Step Therapy. Drugs that are

Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

Pharmacy
The formulary NQTL does not apply to inpatient, outpatient, or emergency benefits

Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

Pharmacy
The formulary NQTL does not apply to inpatient, outpatient, or emergency benefits

Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met.

Behavioral Health/Mental Health/Substance Use Disorder

The formulary NQTL is triggered by the following factors:
◦ Annual plan binder filing
◦ FDA approval
◦ Annual policy and therapeutic class reviews
◦ Internal or external review requests

CareSource completes a comprehensive formulary review as part of the annual plan binder filing process for all Marketplace markets. This review includes evaluation of the formulary through both the formulary Drug Count Tool published by CMS and formulary Clinical Appropriateness tools published by CMS and any applicable states.

CareSource complies with all benchmark requirements in each state where it operates as a QHP on the Healthcare Exchange.

CareSource also completes a formulary review of each new drug, new indication, label change, new generic, new biosimilar, and other new FDA approvals in accordance with CareSource policy 0557 and procedure 0557.01 (attached).

Medical/Surgical:

Same as Behavioral Health/Mental Health/Substance Use Disorder

Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. Include in this analysis any factors that were reviewed but subsequently rejected and why they were rejected. For any thresholds or metrics used to determine the application of an NQTL, provide the statistics or other measurements utilized. The following is a brief non-exhaustive list of examples of factors:

Behavioral Health/Mental Health/Substance Use Disorder

The formulary NQTL is triggered by the following factors:
◦ Annual plan binder filing
◦ FDA approval
◦ Annual policy and therapeutic class reviews
◦ Internal or external review requests

CareSource completes a comprehensive formulary review as part of the annual plan binder filing process for all Marketplace markets. This review includes evaluation of the formulary through both the formulary Drug Count Tool published by CMS and formulary Clinical Appropriateness tools published by CMS and any applicable states.

CareSource complies with all benchmark requirements in each state where it operates as a QHP on the Healthcare Exchange.

CareSource also completes a formulary review of each new drug, new indication, label change, new generic, new biosimilar, and other new FDA approvals in accordance with CareSource policy 0557 and procedure 0557.01 (attached).

As outlined in the policy and procedure, the formulary design process applies to all drugs. The CareSource Pharmacy and Therapeutics (P&T) committee reviews all drugs based on their labeled indication as approved by the Food and Drug Administration (FDA), clinical trial evidence, clinical guideline recommendations, and other relevant data to assign a formulary designation. The P&T committee also reviews and approves formulary designations made by the Value Assessment Committee (VAC) to ensure that VAC recommendations are clinically appropriate. (Charters for both the P&T committee and VAC attached.)

Finally, CareSource will complete a formulary review of drugs or therapeutic classes as prompted by

Medical/Surgical:

Same as Behavioral Health/Mental Health/Substance Use Disorder

Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.

Behavioral Health/Mental Health/Substance Use Disorder

◦ Annual plan binder filing - Qualified Health Plan Information and Guidance (cms.gov); applicable federal and state regulation or guidelines
◦ FDA approval - CareSource Pharmacy & Therapeutics Committee Charter; CareSource Value Assessment Committee Charter; CareSource Marketplace Plan Evidence of Coverage (refer to Section 6 - Prescription Drugs); 0557 - Pharmacy - Generic and Formulary Management Policy; 0557.01 - Pharmacy - Generic and Formulary Management Procedure
◦ Annual policy and therapeutic class reviews - CareSource Pharmacy & Therapeutics Committee Charter; CareSource Value Assessment Committee Charter; CareSource Marketplace Plan Evidence of Coverage (refer to Section 6 - Prescription Drugs); 0557 - Pharmacy - Generic and Formulary Management Policy; 0557.01 - Pharmacy - Generic and Formulary Management Procedure
◦ Internal or external review requests - CareSource Pharmacy & Therapeutics Committee Charter; CareSource Value Assessment Committee Charter; CareSource Marketplace Plan Evidence of Coverage (refer to Section 6 - Prescription Drugs); 0557 - Pharmacy - Generic and Formulary Management Policy; 0557.01 - Pharmacy - Generic and Formulary Management Procedure

In addition to the evidentiary standards and factors listed above, decisions made by the P&T committee and VAC are based upon:
◦ Published clinical literature including clinical trials,
◦ Current, accepted clinical guidelines,
◦ Authoritative compendia such as: i) Drug Facts and Comparisons, ii)Clinical Pharmacology, or iii) Pharmacist's Letter and/or Physician's Letter,
◦ Information provided to CareSource by the pharmaceutical manufacturer,
◦ The product label as approved by the FDA including any treatment criteria found therein,

Medical/Surgical:

Same as Behavioral Health/Mental Health/Substance Use Disorder

Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource offer outpatient prescription drug coverage consistent with formulary design. Formulary design is a process handled by the Clinical Strategy team at CareSource, and all formularies must obtain approval by both CareSource Pharmacy and Therapeutics (P&T) and Value Assessment committees (VAC). The team makes recommendations; all formulary recommendations related to the coverage of a drug must be approved by the CareSource P&T and Value Assessment Committees.

Formulary coverage and utilization management criteria for prescription drugs are developed, adopted, and reviewed by CareSource staff and committee membership composed of appropriate practitioners. The criteria are reviewed and updated as necessary and approved by the Pharmacy and Therapeutics Committee at least annually and as otherwise required by applicable regulatory agencies. Subject matter experts are consulted, and current literature, clinical guidelines, and package inserts are reviewed when policies are written or updated. When a request for a drug is under review, the review criteria is based on the following: 1.) Federal and/or State Regulation 2.) CareSource Pharmacy Policy Statements; 3.) Package Insert 4.) Nationally accepted evidence-based clinical guidelines 5.) Peer-Reviewed Clinical Literature

Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource's pharmacy staff utilize clinical criteria for making pharmacy determinations related to medical necessity that is objective, measurable, and based on sound clinical evidence. Pharmacy policies offer guidance on determination of medical necessity and appropriateness of care for approved drugs. Approval and coverage decisions are subject to all the terms and conditions of CareSource including eligibility, definitions, specific inclusions or exclusions, and applicable state or federal laws. Guidance on determination of medical necessity and appropriateness of care for approved drugs. Approval and coverage decisions are subject to all the terms and conditions of CareSource including eligibility, definitions, specific inclusions or exclusions, and applicable state or federal laws.

In 2022, the CareSource P&T committee and Value Assessment Committee completed formulary review of 281 drugs. Of those, 274 drugs were M/S and 7 drugs were MH/SUD. Following review, 10% of M/S drugs were included on the formulary and 43% of MH/SUD drugs were included on the formulary. Additional utilization management was applied to 68% of the M/S drugs added to formulary and to 33% of the MH/SUD drugs added to formulary.

Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Federal and Indiana Mental Health Parity laws.

Quarterly review of all new drug agents and annual review of all therapeutic categories via P&T and

Step 5: Provide the specific findings and conclusions reached by the plan with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity statutes. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.
CareSource conducted a Compliance Risk Assessment for the company and has determined that Parity Compliance is an opportunity as a primary focus for improvement. As the plans and regulations become more sophisticated with Parity, so will the identified Policies and Procedures have connected with the health plan's execution of benefits. CareSource continues to research appropriate analyses and tasks to support our efforts with continuing to confirm CareSource's parity compliance. Quarterly review of all new drug agents and annual review of all therapeutic categories via P&T and VAC committee processes for formulary placement and utilization management are applied equally without consideration for the designations of mental/behavioral health diagnoses or medical/surgical diagnoses. All formulary recommendations follow the CareSource Policy for Mental Health Parity.
Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other associated documentation supporting the plan's comparative analysis, findings, and conclusions. Ensure all documents listed include location information, such as the applicable section and/or page number, and documents are titled appropriately.
Based on the tasks and analyses outlined in this report, CareSource concludes, both as written and in operation, that the processes, strategies, evidentiary standards, and factors used to impose this NQTL on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose this same NQTL on medical/surgical benefits in each classification of benefits in which it is imposed.
Step 7: Provide any additional information and supporting documentation utilized regarding the plan's MHPAEA related comparative analysis not already provided above.
See attached files: * 0557 / 0557.01 - Pharmacy - Generic and Formulary Management Policy and Procedure * 0596 / 0596.01 - Pharmacy - Pharmacy Exception Process Policy and Procedure * P&T Committee Charter * VAC Charter * PAD-0028-GA-MPP - Medical Necessity for Non-Formulary Medications Policy * Georgia Marketplace Formulary Drug List - 2022

Section D: NQTL Comparative Analysis

Title of the NQTL:	**Clinical Coverage Guidelines**
Classification(s) the NQTL is applicable to:	All except Pharmacy

Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms

CareSource follows a medical necessity policy to identify specific coverage terms regarding benefits. CareSource's Medical Necessity Determinations policy's links can be found on tab 2, Section B. The hierarchy of the medical necessity policies are attached including what occurs if a service is not addressed in the hierarchy.

Clinical Coverage Guidelines – These are evidence-based documents detailing the medical necessity of given procedures, prescription drugs, or technologies. The guidelines set consistent criteria for the coverage of a procedure or technology, leading to greater consistency and efficiency in clinical decision making. This consistency and efficiency results in better interactions between CareSource and the provider and also increases the quality of members' health.

The attachment (NQTL Report) provides more detail of how the guidelines are created, by whom, and the committee that approves policies.

Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.

The following are examples of elective MH/SUD inpatient procedures that require PA:
- Inpatient Acute
- Inpatient Subacute
- SUD Residential
- ECT inpatient

The following are examples of outpatient procedures that require PA:
- Intensive Outpatient Program (IOP) after 15 visits
- Residential (Outpatient)
- Partial Hospitalization Program (PHP)
- Urine Drug Screen
- Applied Behavioral Analysis (ABA)
- Transcranial Magnetic Stimulation (TMS)
- Hypnotherapy
- Individual Psychotherapy greater than 24 visits

Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications. If the NQTL is not applicable for a classification, clearly state so.

All non-emergency IP benefits require PA.
The following are examples of elective M/S inpatient procedures that require PA:
• Inpatient Acute
• Inpatient Subacute
• Skilled Nursing Facility
• Hospice
• Some Elective Surgical Procedures (e.g., cosmetic surgeries, craniotomies, abortion type procedures, bowel surgeries, hip replacements)
The following are examples of outpatient procedures that require PA:
• All Abortions
• Home Care Services
o Home Health Aides

Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met.

Behavioral Health/Mental Health/Substance Use Disorder

• All services that require prior authorization from CareSource should be authorized before the service is delivered. CareSource is not able to pay claims for services in which prior authorization is required, but not obtained by the provider
• If a provider is not participating within plan and services are delivered when there is in network providers available prior to obtaining an authorization, authorization may be denied for adequate service providers and/or claims may not pay for no and/or denied authorization
• If a member doesn't complete necessary steps within treatment for the appropriate level of care and/or treatment itself, authorization may be denied

Medical/Surgical:

Same As Above

Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. For any thresholds or metrics used to determine the application of an NQTL, provide the statistics or other measurements utilized.

Behavioral Health/Mental Health/Substance Use Disorder

· New or change in state or federal regulation
· New benefits or changes in benefits
· New standard of care or changes in the standard of care
· Fraud Waste and Abuse reviews that necessitate a policy of expectation to detect, prevent or research fraud, waste and abuse

Medical/Surgical:

Same As Above

Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.

Behavioral Health/Mental Health/Substance Use Disorder

· New or change in state or federal regulation
· New benefits or changes in benefits
· New standard of care or changes in the standard of care
A. Benefit Contract language
B. Federal and/or state regulation
C. CareSource medical Policy Statements
D. Nationally accepted, evidence-based clinical guidelines (i.e.: MCG Health, American Society of

Medical/Surgical:

Same As Above

Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource follows MCG Health coding, Centers for Medicaid and Medicare Services guidelines, state-specific provider manuals and Evidences of Coverage to determine clinical coverage. When guidelines are unclear or require additional guidance, requests are made by various CareSource team members to write policies that assist in guiding decisions on coverage. That process is described above in step 1. Timelines and deadlines for all policies/policy writing process remain the same, regardless of policy

Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

CareSource uses a hierarchy of evidence in order to develop medical necessity policy. When a request for a service, procedure or product is subject to medical necessity review, the Plan reviewer will determine based on the following hierarchy:

• Benefit contract language

Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Federal and Indiana Mental Health Parity laws.

Comparability of Strategy and Evidence: Subsets of both MH/SUD and M/S OP benefits are assigned UM because they are intensive, high cost and/or have the potential for overutilization. High cost and potential for inappropriate utilization includes annual cost and utilization reports compared to associated benchmarks from the previous year. CareSource uses statistical analysis with information provided by various departments including finance, internal audit, investigations and care management to determine the services that will provided authorization-free or for which overutilization has become a concern. The strategies and evidentiary support are comparable.

Comparability and Stringency or Processes. Both MH/SUD and M/S UM reviews are conducted by qualified clinicians that evaluate clinical information submitted via telephone or fax relative MNC. These criteria include ODM requirements, MCG, ASAM or clinical/medical policy. There are no specific

Step 5: Provide the specific findings and conclusions reached by the plan with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity laws. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.

Efficacy is measured by the following factors:

1. The standard operating procedure for policy writing ensures the efficacy process. Policies, whether m/s or bh/sud, are written in a manner that ensures consistency and standardized compliance. CareSource attempts to use guidelines that are nationally recognized, adopted by agencies such as Centers for Medicare and Medicaid Services (CMS), who play a major role in US

Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other

CareSource is currently in compliance with the Mental Health Parity and Addiction Equity Act. The Reimbursement and Clinical Policy standard operating procedure for policy writing ensures the efficacy process and will be reviewed and updated to include PolicyTech system information, as that system was initiated for use in October 2021. The PolicyTech system ensures a consistent,

Step 7: Provide any additional information and supporting documentation utilized regarding the plan's

IN NQTL Report
Medical Clinical Writer SOP 05.05.2022
CareSource Clinical Policy Governance Committee Charter

Section D: NQTL Comparative Analysis	
Title of the NQTL:	Blanket Exclusions
Classification(s) the NQTL is applicable to:	All
Step 1(a) – Define the NQTL and identify the specific plan or coverage terms or other relevant terms regarding the NQTL.	
"Blanket Exclusions of Services" means exclusions of benefits that apply uniformly to all claims or service requests for identified services for all Plan beneficiaries, even if it is recommended or prescribed by a physician or it is the only available treatment for a condition or diagnosis, with no consideration of Medical Necessity or other factors. "Blanket Exclusions of Services" Also includes Experimental or Investigational Services Exclusions. See Attached Exclusion List - NQTL Blanket Exclusions – Georgia 2022	NQTL Blanket Exclusions - Marketplace Georgia 2022 - Exclusion List.docx (sharepoint.com)
Step 1(b)(i) Identify the behavioral health, mental health, substance use disorder benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.	
All	
Step 1(b)(ii) Identify all medical/surgical benefits the NQTL is applied to for each of the six classifications (or eight if subclassifying). If the NQTL is not applicable for a classification, clearly state so.	
All	
Step 1(c): Describe the consequences or penalties applied if the NQTL requirement is not met. Ensure the response lists any differences based on provider contracts and/or network status. For example: What are the consequences if a provider doesn't obtain prior authorization before providing the benefit to the member, or if a member doesn't complete the initial step required for step therapy before receiving the higher-level benefit. How would the answer change for each example if the provider was or was not a member of the plan's network.	
Behavioral Health/Mental Health/Substance Use Disorder	
If a service is subject to exclusion, it is not covered.	
Medical/Surgical:	
If a service is subject to exclusion, it is not covered.	
Step 2: Identify the factors and standards used to determine that the NQTL is appropriate to be applied to the medical/surgical and/or behavioral health/mental health/substance use disorder benefit. Include in this analysis any factors that were reviewed but subsequently rejected and why they were rejected. For any thresholds or metrics used to determine the application of an NQTL, provide the statistics or other measurements utilized.	
Behavioral Health/Mental Health/Substance Use Disorder	
If the exclusion is listed in the EOC it will apply. For exclusions listed within specific sub sections, those will apply only to those sections of coverage. For Experimental or Investigational Exclusion we will generally consider the below criteria as outlined in the EOC: •Not approved by USFDA or other licensing agency •Determined by USFDA to be contraindicated for the specific use •Provided as part of a clinical research protocol or trial •Subject to review and approval of the IRB or similar body •Is provided pursuant to informed consent identifying it as Experimental or Investigational •Scientific evidence is conclusory concerning effects of the service on health outcomes •Evidence demonstrates harmful effects are outweighed by beneficial effects •Evidence demonstrates the service to be beneficial vs established alternatives •Evidence demonstrates improvement of net health outcomes under usual conditions outside of clinical investigatory settings	
Medical/Surgical:	
If the exclusion is listed in the EOC it will apply. For exclusions listed within specific sub sections, those will apply only to those sections of coverage. For Experimental or Investigational Exclusion we will generally consider the below criteria as outlined in the EOC: •Not approved by USFDA or other licensing agency •Determined by USFDA to be contraindicated for the specific use •Provided as part of a clinical research protocol or trial •Subject to review and approval of the IRB or similar body •Is provided pursuant to informed consent identifying it as Experimental or Investigational •Scientific evidence is conclusory concerning effects of the service on health outcomes •Evidence demonstrates harmful effects are outweighed by beneficial effects •Evidence demonstrates the service to be beneficial vs established alternatives •Evidence demonstrates improvement of net health outcomes under usual conditions outside of clinical investigatory settings	

Step 3: For each factor and standard listed in Step 2, provide the source (internal and external) for the evidentiary standard and any other factors relied upon to design and apply the NQTL to medical/surgical and/or behavioral health/mental health/substance use disorder benefits.

Behavioral Health/Mental Health/Substance Use Disorder

•Blanket Exclusions are sourced from:
oEssential Health Benefit Benchmark Plans including the Summary, Plan, State-Required Benefits, & additional information available at https://www.cms.gov/cciio/resources/data-resources/ehb
o45 CFR 156.115 – Provisions of EHB
oState Guidance through Department of Insurance and other similar regulatory bodies
oState Regulations guiding coverage and coverage limitations
oExclusions employed in other Markets
oCompetitive Intelligence and review of other approved Evidence of Coverages (EOCs)
•Experimental or Investigational Services Exclusion leverages:
oPublished authoritative, peer-reviewed medical or scientific literature, or the absence thereof; or
oEvaluations of national medical associations, consensus panels, and other technology evaluation bodies; or
oDocuments issued by and/or filed with the United States Food & Drug Administration or other federal, state or local agency with the authority to approve, regulate, or investigate the use of the drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
oDocuments of an institutional review board or other similar body performing substantially the same function; or
oConsent document(s) and/or the written protocol(s) used by your Providers studying substantially the same drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
oMedical records; or

Medical/Surgical:

•Blanket Exclusions are sourced from:
oEssential Health Benefit Benchmark Plans including the Summary, Plan, State-Required Benefits, & additional information available at https://www.cms.gov/cciio/resources/data-resources/ehb
o45 CFR 156.115 – Provisions of EHB
oState Guidance through Department of Insurance and other similar regulatory bodies
oState Regulations guiding coverage and coverage limitations
oExclusions employed in other Markets
oCompetitive Intelligence and review of other approved Evidence of Coverages (EOCs)
•Experimental or Investigational Services Exclusion leverages:
oPublished authoritative, peer-reviewed medical or scientific literature, or the absence thereof; or
oEvaluations of national medical associations, consensus panels, and other technology evaluation bodies; or
oDocuments issued by and/or filed with the United States Food & Drug Administration or other federal, state or local agency with the authority to approve, regulate, or investigate the use of the drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
oDocuments of an institutional review board or other similar body performing substantially the same function; or
oConsent document(s) and/or the written protocol(s) used by your Providers studying substantially the same drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or

Step 4(a): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to design and apply the NQTL to behavioral health/mental health/substance use disorder benefits, as written, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

It is the policy of CareSource that it will not create benefit designs or employ marketing practices that will have the effect of discouraging the enrollment of, or discriminating against, any individual on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, or on the basis of significant health needs or pre-existing conditions, in accordance with its corporate values and in compliance with all applicable state and federal laws. The benefit plans that are designed and offered by CareSource will be substantially equal to the benefits and limitations on coverage set forth in the EHB benchmark plan including, but not limited to, preventive services, emergency services, mental health and substance abuse disorder services, behavioral services, prescription drug coverage, and formulary drug list(s).
Appropriate CareSource Product Management resources will review the benefit requirements provided by each state, in conjunction with the specific state and federal laws governing those benefits. Product Management personnel will work in conjunction with the appropriate CareSource personnel in Legal and Regulatory (Enterprise and Market level) when appropriate to ensure that the company has an accurate legal interpretation of the requirements before undertaking the design or implementation of any benefit design or plan. Product Management will also review competitive intelligence, if available, about similar benefits and plans that may be offered by other health care providers and QHPs and consult with other CareSource personnel from areas such as Sales, Competitive Intelligence, Actuarial, Behavioral Health, Markets, and Pharmacy. In appropriate situations we will consult with our external partners. Based on the information obtained during these and other consultations Product Management will design benefit packages to best suit the market and meet or exceed the needs of individual health care customers. Product Management will follow Policy & Procedure 0109 – Marketplace Administration – Participation as a Qualified Health Plan Issuer regarding bringing any changes to market following afore mentioned consultations. If there are issues or concerns raised during the efforts within Policy & Procedure 0109, including feasibility review, CareSource will continue to take this Policy & Procedure into consideration when resolving the problematic elements. CareSource personnel in Marketing, Sales, Brand, Communications,

Step 4(b): Provide the comparative analyses conducted demonstrating that the processes, strategies, evidentiary standards, and other factors identified in Steps 2 and 3, and used to apply the NQTL to behavioral health/mental health/substance use disorder benefits, in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to medical/surgical benefits in each applicable benefit classification.

Blanket exclusions as well as our Experimental and Investigational Exclusion are documented within our filed and approved Evidence of Coverages (EOCs). These documents are shared across the company to ensure awareness and adoption including but not limited to Benefit Coding & Support, Configuration, Operations, Grievances & Appeals, Medical Officers, Customer Care, and Clinical Policy teams. These documents are also communicated to our Members and published online to ensure awareness and availability. These EOCs are a key foundation of our system set up as well as any benefit review/determination when an inquiry or complaint is raised.
Step 4(c): Identify and define the processes that are used to monitor and evaluate the application of the NQTL to determine its continued compliance with comparability and stringency requirements outlined in Indiana and Federal Mental Health Parity laws.
Same As Above
Step 5: Provide the specific findings and conclusions reached by the plan with respect to the comparative analyses, and the plan benefits, including any results that indicate that the plan or coverage is or is not compliant with relevant Federal and Indiana Mental Health Parity statutes. For any issues the plan determined to not be in compliance, provide the measures and steps that will be utilized to bring the NQTL into parity including timelines for completion.
In review of the information outlined above, our process for developing and deploying these Blanket Exclusions and Experimental and Investigational Exclusion are consistent and aligned across both Med/Surg and MH/SUD benefits. As these processes are aligned and agnostic to Med/Surg vs MH/SUD benefits, we reach the conclusion that we are in compliance with the MHPAEA NQTL requirements
Step 6: In reference to steps 4 and 5 above, provide the data analysis, underlying data and all other associated documentation supporting the plan's comparative analysis, findings, and conclusions. Ensure all documents listed include location information, such as the applicable section and/or page number, and documents are titled appropriately.
Based on the responses provided in the steps above, clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose the NQTL on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose the NQTL on medical/surgical benefits in each classification of benefits in which the NQTL is imposed.
Step 7: Provide any additional information and supporting documentation utilized regarding the plan's MHPAEA related comparative analysis not already provided above.
NQTL Blanket Exclusions - Marketplace Georgia 2022 - Exclusion List

POLICY			
0557 - Pharmacy - Generic Drug and Formulary Management Policy			
Effective Date: 10/28/2022			
Business Owner:	Condon, Kelani	**Approver:**	Steadman, Ryan
Line of Business:	GA - Marketplace, IN - Marketplace, KY - Marketplace, OH - Marketplace, WV - Marketplace		
Department:	Pharmacy	**Policy Number:**	0557

Purpose:

To describe how generic drugs are defined, identify the placement of generic and brand name medications on the CareSource Health Insurance Marketplace Formulary, and any clinical pharmacy management programs used to encourage the use of generic or formulary brand name medications. The CareSource Health Insurance Marketplace formularies will be in full compliance with the Mental Health Parity and Addiction Equity Act of 2008 and 45 CFR § 156.122(a) at all times.

Policy Statement:

It is the policy of CareSource to ensure that appropriate medications are available to its members on the Health Insurance Marketplace Formulary. CareSource will implement clinical pharmacy programs to encourage appropriate and cost-effective use of medications and pharmaceutical products, as approved by its Pharmacy and Therapeutics Committee. Compliance with the Mental Health Parity and Addiction Equity Act of 2008 and 45 CFR § 156.122(a) will be ensured before any change is made to the Health Insurance Marketplace formularies.

Related Procedure(s):

0557.01 – Pharmacy – Generic and Formulary Management Procedure

REVIEW/REVISION HISTORY	
Date	Description of changes
01/2014	Initial Release
08/2014	2014 Annual Review
12/2014	Updated to include KY & IN product lines.
08/2015	2015 Annual Review and process owner change

12/2015	Added information to Section B (Description/Purpose), Section D (Policy), and Section E (Procedure) to comply with Mental Health Parity Policy (Procedure) the requirement to be in compliance with MHPAEA at all times
02/2016	Miscellaneous changes
08/2016	2016 Annual Review with No Changes
08/2018	2018 Annual Review. Change BO.
08/2019	2019 Annual Review
12/2020	2020 Annual Review; business owner updated.
01/2022	2022 Annual Review
10/2022	Miscellaneous changes

PROCEDURE			
0557.01 - Pharmacy - Generic Drug and Formulary Management Procedure			
Effective Date: 10/28/2022			
Business Owner:	Condon, Kelani	**Approver:**	Steadman, Ryan
Line of Business:	GA - Marketplace, IN - Marketplace, KY - Marketplace, OH - Marketplace, WV - Marketplace		
Department:	Pharmacy	**Procedure Number:**	0557.01

Purpose:

To describe how generic drugs are defined, identify the placement of generic and brand name medications on the CareSource Health Insurance Marketplace Formulary, and any clinical pharmacy management programs used to encourage the use of generic or formulary brand name medications. The CareSource Health Insurance Marketplace formularies will be in full compliance with the Mental Health Parity and Addiction Equity Act of 2008 and 45 CFR § 156.122(a) at all times.

Definitions:

1. Formulary Brand Name Medication – Any medication or pharmaceutical product that is the original Trade Mark version, with or without a generic equivalent available

2. Generic Drug – Any medication or pharmaceutical product that is FDA approved as equivalent to a branded medication that has been developed, manufactured, and marketed as a Trade Name medication or pharmaceutical product. CareSource will use Orange Book to determine if products meet these criteria

3. Health Insurance Marketplace Formulary – This is a list of brand name and generic medications as well as other pharmaceutical products that are available to CareSource members when prescribed by a physician or other duly licensed health care provider

4. Non-Formulary Drug - Any medication or pharmaceutical product not on the CareSource Marketplace Drug Formulary

5. Orange Book – Approved Drug Products with Therapeutic Equivalence Evaluations (the List, commonly known as the Orange Book) identifies drug products approved on the basis of safety and effectiveness by the Food and Drug Administration (FDA) under the Federal Food, Drug, and Cosmetic Act. The List contains therapeutic equivalence evaluations for approved multisource prescription drug products. These evaluations have been prepared to serve as public information and advice to state

health agencies, prescribers, and pharmacists to promote public education in the area of drug product selection and to foster containment of health care costs.

6. PBM – Pharmacy Benefit Manager company – Responsible for processing of pharmacy claims for CareSource members based on eligibility and formulary criteria provided by CareSource

7. P&T – Pharmacy and Therapeutics Committee – This is the decision making body for CareSource Pharmacy formulary and clinical utilization management edits

Process Steps:

1. CareSource's PBM determines if a medication or pharmaceutical product will be defined as a brand or generic medication in its claims processing system.

2. Tier 0 Prescription Drugs include preventive medications. These medications are available without a Copayment or Coinsurance.

3. New brand name medications are not automatically added to the Health Insurance Marketplace Formulary unless otherwise indicated or required by State or Federal regulation. A review and approval by the CareSource P&T committee is required to add these medications to the Health Insurance Marketplace Formulary, as covered in a separate policy.

4. New generic medications may be added to the Health Insurance Marketplace Formulary as follows:
    a. If the brand name equivalent does not have a Prior Authorization requirement, the generic equivalent may be automatically added to the Health Insurance Marketplace Formulary
    b. If the brand name medication is available on the Health Insurance Marketplace Formulary (i.e., "on formulary"), but with a Prior Authorization requirement, the generic equivalent will also be added with the same Prior Authorization requirement
    c. Any other circumstance will be presented to the P&T prior to addition

5. Brand name equivalent drugs (Multi-Source Brands) will not be available on a CareSource Health Insurance Marketplace Formulary except where required by regulation. Exceptions will be made for medications used to treat epilepsy or other seizure disorder, after Prior Authorization is submitted and approved.

6. Generic or brand name drugs which are not yet reviewed by the P&T and/or remain non-formulary after P&T review require a coverage determination / exception request as required in 45 CFR § 156.122(c).

7. Clinical Pharmacy Programs:
    a. Therapeutic Interchange

b. CareSource requires the use of preferred/formulary medications through use of a closed formulary. This design requires a coverage determination / exception request for any product not on the Health Insurance Marketplace Formulary.
c. CareSource does not actively pursue therapeutic interchange, other than through the use of a closed formulary benefit
d. Quantity and Dose Limits

8. CareSource may implement dispensing limitations on medications and pharmaceutical products based on quantity or dose to ensure the safe and effective use of medications
    a. Dispensing limits are based on FDA-approved dosing guidelines or other appropriate compendia, as outlined in the "Off-Label Use" policy, and in accordance with and State or Federal requirements, if appropriate
    b. Prior Authorization

9. CareSource may implement Prior Authorization requirements on medications and pharmaceutical products to ensure appropriate use of medications
    a. Prior Authorization criteria are based on FDA-approved indications or other appropriate compendia, as outlined in the "Off-Label use" policy, and in accordance with and State or Federal requirements, if appropriate
    b. All Prior Authorization criteria are reviewed and approved by the CareSource P&T committee
    c. Step Therapy

10. CareSource may implement step therapy requirements on medications and pharmaceutical products to ensure appropriate and cost-effective use of medications
    a. Step Therapy criteria are based on preferred medications within a therapeutic category or used to treat a particular condition; relevant treatment guidelines and algorithms are considered as well
    b. All Step Therapy criteria are reviewed and approved by the CareSource P&T committee
    c. Exceptions for Non Formulary medications are subject to CareSource policy "Medical Necessity for Non Formulary Medications"
    d. In the event that a formulary benefit is found to be out of compliance with the Mental Health Parity and Addiction Equity Act of 2008, CareSource will move expeditiously to make the necessary changes in order to become in full compliance with the MHPAEA.

Related Citation(s):
45 CFR § 156.122(c)

Related Document(s):
CareSource Behavioral Health – Mental Health Parity Policy
0557 – Pharmacy – Generic and Formulary Management Policy

REVIEW/REVISION HISTORY	
Date	Description of changes

1/2014	Initial Release
08/2014	2014 Annual Review
12/2014	Updated to include KY & IN product lines.
08/2015	2015 Annual Review and process owner change
12/2015	Added information to Section B (Description/Purpose), Section D (Policy), and Section E (Procedure) to comply with Mental Health Parity Policy (Procedure) the requirement to be in compliance with MHPAEA at all times
02/2016	Miscellaneous changes
08/2016	2016 Annual Review with No Changes
08/2017	Miscellaneous changes. Moved to new templates.
08/2018	2018 Annual Review. Change BO.
08/2019	2019 Annual Review.
12/2020	2020 Annual Review; business owner updated.
01/2022	2022 Annual Review
10/2022	Miscellaneous changes

POLICY			
0596 - Pharmacy -Pharmacy Exception Process Policy			
Effective Date: 05/03/2022			
Business Owner:	Rattan, Sangeet	**Approver:**	Steadman, Ryan
Line of Business:	GA – Marketplace, IN – Marketplace, OH – Marketplace, WV – Marketplace		
Department:	Pharmacy	**Policy Number:**	0596

Purpose:

CareSource is responsible for administering an exception process that allows our member, their representative, or prescriber to request an exception to the drug formulary. CareSource will accept verbal, written, or electronic exception requests.

Policy Statement:

1. It is the policy of CareSource to have a process for reviewing exception requests for non-covered pharmaceuticals. As this process usually occurs before the organization denies a pharmaceutical, an issue can be resolved before it reaches the formal appeal level.
2. CareSource allows the member, their authorized representative, or prescriber to initiate the exception process verbally, in writing, or electronically. CareSource members may initiate the exception process on their own behalf.
3. The Plan has an exception process in place that allows the member to request benefits for prescription drugs that are not covered by the Plan. The exception process is described in the procedure document and applies to outpatient prescription drugs.

Related Procedure(s):

0596.01 – Pharmacy - Exception Process Procedure

REVIEW/REVISION HISTORY	
Date	Description of changes
02/2015	Initial Release to P&P Committee
04/2015	Removed reference to exception resulting from a denial.

08/2015	2015 Annual Review
08/2016	2016 Annual Review with No Changes
08/2017	2017 Annual Review
11/2017	Miscellaneous changes. Updated BO.
11/2018	2018 Annual Review
12/2019	2019 Annual review; added Marketplace (retiring 0590 & 0590.01,
05/2020	Review. Miscellaneous changes.
06/2020	Added TAT grid to Procedure (0596.01)
02/2021	2021 Annual Review; minor formatting and grammatical updates
03/2022	2022 Annual Review. BO updated and minor grammatical updates.
05/2022	Miscellaneous Changes

PROCEDURE			
0596.01 - Pharmacy -Pharmacy Exception Process Procedure			
Effective Date: 10/25/2022			
Business Owner:	Brock, Jessica	**Approver:**	Rattan, Sangeet
Line of Business:	GA – Marketplace, IN – Marketplace, OH – Marketplace, WV – Marketplace		
Department:	Pharmacy	**Procedure Number:**	0596.01

Purpose:

CareSource is responsible for administering a process that allows a member, their representative, or prescriber to request an exception to the drug formulary. CareSource will accept verbal, written, or electronic exception requests.

Definitions:

1. **Clinical Pharmacy Staff**: Includes licensed pharmacists, medical directors, licensed physicians (MD or DO), and nurse practitioners (when allowed by state law)

2. **Covered Prescription Drug**: Medications prescribed by a licensed health care provider for purposes which are Medically Necessary, are covered by CareSource for a member, and not excluded by the Plan.

3. **Drug Formulary**: The formulary is a list of prescription drugs (which includes covered outpatient prescription drugs), both generic and brand name, that CareSource covers.

4. **Medical Necessity Review**: A review performed by CareSource to determine services which are reasonably necessary for the diagnosis or treatment of disease, illness, and

injury, and meet accepted guidelines of medical practice. A medically necessary service must be reasonably related to the illness or injury for which it is performed regarding type, intensity, and duration of service and setting of treatment. Medical necessity determinations are made based on scientific evidence published in peer-reviewed medical literature generally recognized by the medical community, physician specialty society recommendations, and the opinions of physicians practicing in clinical areas relevant to the member's clinical circumstances.

5. **NCQA**: The National Committee for Quality Assurance is an independent 501 nonprofit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.

6. **Non-Formulary Prescription Drug:** A drug which requires a prescription to be dispensed, but that is not covered on CareSource's Drug Formulary.

7. **P&T**: A committee made up of medical staff who evaluate the clinical use of medications, determine formulary placement, and develop policies for managing access to medications, ensuring effective drug use and administration.

Process Steps:

1. A member, their authorized representative, or provider may contact CareSource via telephone, in writing, or electronically to request CareSource make an exception to cover an outpatient drug not listed on the formulary.

2. Electronic, written, and verbal exception requests will be communicated to the pharmacy department via the CareSource "Formulary Exception" shared mailbox.

3. Pharmacy technicians monitor the "Formulary Exception" mailbox to ensure all requests are reviewed and addressed promptly according to state, federal, and NCQA requirements.

4. The techician will evaluate the request per P&T approved criteria and seek clinical guidance for the appropriateness of the exception request.

    a. All exception requests will be reviewed and resolved per the grid below unless a more stringent process is required by state, federal, or NCQA requirements. Federal law prohibits any less stringent process.

LOB	Urgent	Standard
Ohio Marketplace	24 Hours	72 Hours
Indiana Marketplace	24 Hours	72 Hours
Georgia Marketplace	24 Hours	48 Hours

West Virginia Marketplace	24 Hours	72 Hours

5. Decisions to approve may be made by non-clinical pharmacy staff (i.e. pharmacy technicians) if criteria is met.

6. Decisions to deny must be made by clinical pharmacy staff.
    a. Clinical pharmacy staff will evaluate the request based on medical necessity.
        i. If the request meets CareSource criteria then the exception will be granted without provider outreach.
        ii. If additional information is needed to determine medical necessity, the pharmacy department will reach out to the provider to obtain the required information within the defined turnaround time.

7. If the exception is granted, pharmacy staff will place the authorization in the pharmacy claim adjudication system that allows for point of sale processing.
    a. The pharmacy staff representative will note in the pharmacy prior authorization processing system that the approval was due to an exception request.
    b. The pharmacy staff representative will notify both the member (via mail) and prescriber (via fax) of the approved exception request.
        i. The notification will outline the details of the authorization, including the approval duration.
    c. The pharmacy staff representative will contact the servicing pharmacy to request claim reprocessing and to notify the member when the prescription is ready for pick up.
    d. Unless otherwise required by state or federal regulations, exception requests may be approved for the lesser of:
        i. One (1) year from the date CareSource receives the request*; or
        ii. Until the last day of coverage under the member's health benefit

    ***NOTE** – The provisions of approval shall not apply to:
        a. Medications prescribed for non-maintenance conditions;
        b. Medications that have a typical treatment period of less than twelve (12) months; or
        c. Medications where the medical or scientific evidence does not support a twelve (12) month approval.

8. If the exception request is denied by clinical pharmacy staff, written notification of the denial will be sent to both the prescriber (via fax) and member (via mail).
    a. Written notification will include the following:
        i. Member Notice:
            1. The reason for the action;
            2. The reference to the benefit provision, guideline, protocol or criteria used to make the determination
            3. The member's right to file anexternal review for the non-formulary exception;
            4. If applicable, the member's or authorized representative's right to request a state hearing;

5. Procedures for grieving the action;
6. How and when an expedited resolution can be requested:
7. If applicable, the member's right to have benefits continue pending the resolution of theexternal review, how to request that benefits be continued, and the circumstances under which the member may be required to pay for the cost of these services;
8. The date the notice is being issued; and
9. How members and providers can obtain the clinical criteria utilized to make the determination:
    a. Information about the member's and provider's right to initiate an appeal, and instructions for initiating an appeal of the adverse determination. The State hearing rights are included in the member's letter, as appropriate.
    b. A copy of the letter is mailed to the member while a copy of the provider letter is faxed to the denied prescriber.
    c. A copy of each letter is maintained in the pharmacy authorization processing system.

ii. Provider Notice:
1. The reason for the action;
2. The reference to the benefit provision, guideline, protocol or criteria used to make the determination
3. The provider's right to have a peer to peer
4. The provider's right to file an appeal;
5. Procedures for appealing or grieving the action;
6. How and when an expedited resolution can be requested:
7. The date the notice is being issued.
8. How the provider can obtain the clinical criteria utilized to make the determination

NOTE:

The term "covered outpatient drug" does not include any drug, biological product, or insulin provided as part of, or as incident to and in the same setting as, any of the following (and for which payment may be made under this subchapter as part of payment for the following and not as direct reimbursement for the drug):

A. Inpatient hospital services
B. Hospice services.
C. Dental services, except drugs for which the State plan authorizes direct reimbursement to the dispensing dentist
D. Physicians' services.
E. Outpatient hospital services.
F. Nursing facility services and services provided by an intermediate care facility for the mentally retarded.
G. Other laboratory and x-ray services.
H. Renal dialysis.

The term "covered outpatient drug" also does not include any drug or product for which a National Drug Code number has not been issued by the Food and Drug Administration or a drug or biologic [8] used for a medical indication which is not a medically accepted indication. Any drug, biological product, or insulin excluded from the definition of such term(s) as a result

of this paragraph shall be treated as a covered outpatient drug for purposes of determining the best price (as defined in subsection (c)(1)(C)) for such drug, biological product, or insulin.

If a State plan for medical assistance includes coverage of prescribed drugs which may be sold without a prescription (commonly referred to as "over-the-counter" drugs), if prescribed by a physician (or other person authorized to prescribe under State law), such a drug shall be regarded as a covered outpatient drug.

Related Citation(s):

1. 45 CFR § 156.122
2. ORC 1753.21(A)(2)
3. IC 27-13-38-1(b)
4. O.C.G.A. § 33-20A-9(2)

Related Document(s):

1. NCQA Utilization Management Elements
2. U.S. Code § 1396r–8 Payment for covered outpatient drugs
3. CareSource Administrative Policy Statement – Marketplace – Medical Necessity for Non-Formulary Medications
4. 0596: Pharmacy- Exception Process Policy
5. 0592: Pharmacy Utilization Review Request Handling

REVIEW/REVISION HISTORY	
Date	Description of changes
2/2015	Initial Release to P&P Committee
04/2015	Removed reference to exception resulting from a denial.
08/2015	2015 Annual Review
08/2016	2016 Annual Review with No Changes
08/2017	2017 Annual Review
11/2017	Miscellaneous changes. Updated BO.
11/2018	2018 Annual Review
10/2019	2019 Annual Review, added Marketplace (retiring 0590 & 0590.01,
12/2019	Updates made based on regulation changes
04/2020	Updates made based on regulations and business practice
06/2020	Added TAT grid to Procedure (0596.01)
02/2021	2021 Annual Review; minor grammatical updates
03/2022	2022 Annual Review. BO updated and minor grammatical edits.
05/2022	Miscellaneous Changes
10/2022	Added Federal Citations. TAT Updates. Workflow clarifications. Grammatical and formatting updates, and updated member rights

1. PROCESS INFORMATION

1.1. SUBCOMMITTEE NAME: NEW MEDICAL TECHNOLOGY SUBCOMMITTEE

1.2. REPORTS TO: CLINICAL POLICY GOVERNANCE COMMITTEE

1.3. CHAIRPERSON(S): ENTERPRISE MEDICAL DIRECTOR

1.4. DOCUMENT AUTHOR: MANAGER, ENTERPRISE QUALITY IMPROVEMENT

1.5. DOCUMENT REVISION HISTORY

DATE	REV #	DESCRIPTION OF CHANGE	AUTHOR
7/9/2020	1	INITIAL CHARTER	LAUREN KNICKLE
1/13/2021	2	2021 ANNUAL REVIEW	LAUREN KNICKLE
5/3/2021	3	UPDATED MEMBER TITLES	LAUREN KNICKLE
1/1/2022	4	2022 ANNUAL REVIEW	LAUREN KNICKLE

1.6. PURPOSE DESCRIPTION

The Utilization Management National Committee for Quality Assurance module requires that CareSource has a formal mechanism to evaluate and address new developments in technology and new applications of existing technology for inclusion in its benefits plan to keep pace with changes and to ensure that members have equitable access to safe and effective care. In addition, CareSource quality best practices dictate a need for a fair and consistent process.

The New Medical Technology Subcommittee is a component of CareSource's formal process for the evaluation of new or emerging technologies. The Subcommittee conducts a quality & safety assessment of the proposed technology. The Subcommittee is comprised of medical and quality expertise which include in their review the science behind the technology or equipment, comparisions with existing technology and U.S. Food and Drug Administration (FDA) approval details.

New or emerging technologies are those product or equipment innovations which represent progressive developments for advancements within the medical field. These innovations are currently in a state of evolution and will substantially alter the business or medical outcome.

This Subcommittee reviews technology for all lines of business except where states mandate the benefits and new technology determinations.

1.7. BUSINESS OBJECTIVES

The following are business objectives of the New Medical Technology Subcommittee:

The New Medical Technology Subcommittee will review the proposed technology's strengths, limitations, and comparision to existing technology. They will make a decision whether the business should go forward with performing a financial analysis of the opportunity.

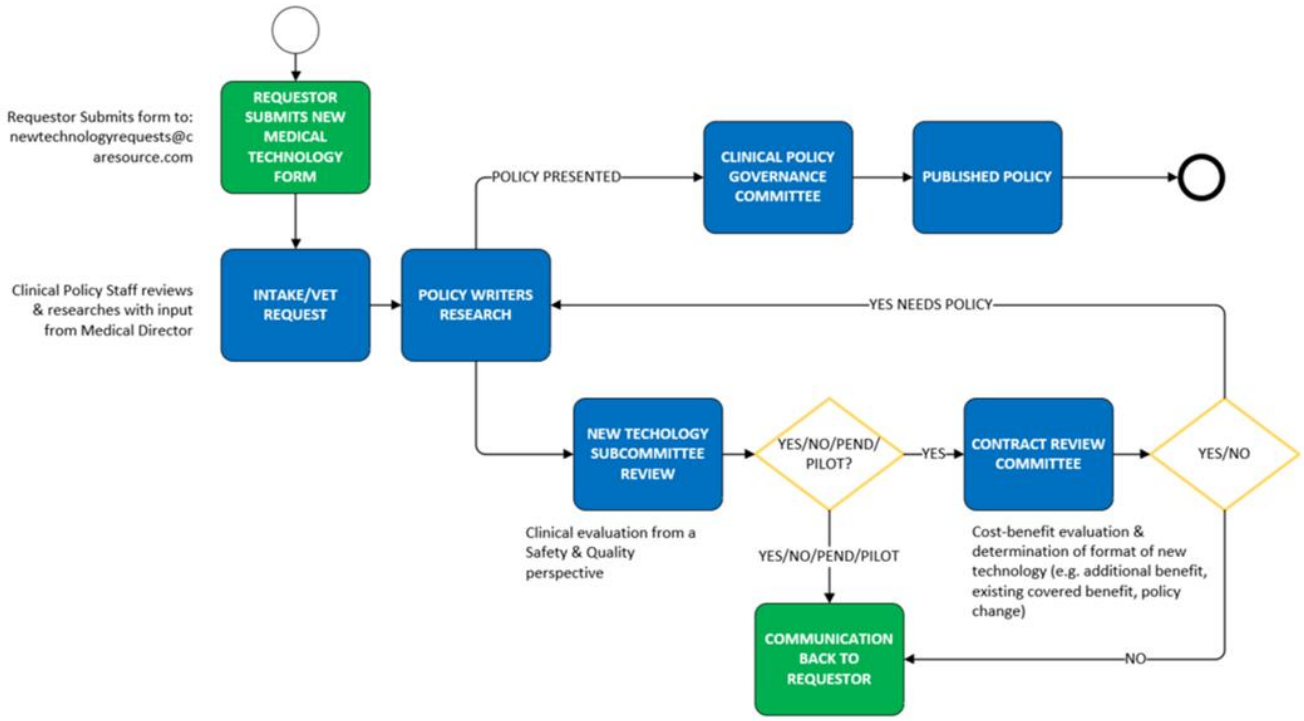
All decisions to move forward will be based on a review of a written evaluation.

The organization's written evaluation process includes the following:

1. Input from relevant specialists and professionals who have expertise in the technology.
2. A review of information from appropriate government regulatory bodies.
3. A review of information from published scientific evidence.
   - Articles in peer-reviewed literature.
   - Recommendations from professional societies.

1.8. PROCESS APPROACH:

- The Subcommittee will convene quarterly basis.
- Additional Subcommittee members will attend when needed. These will be non-voting subject matter experts from within CareSource representing various departments and functions including Utilization Management, Clinical Operations, Medical Policy, Member Benefits & Predictive Health, Quality Improvement, Health Partners, Legal, etc. will be participating on an as needed basis.
- Subcommittee members will be granted voting rights for all decisions presented to the Subcommittee
- Decisions and recommendations will be communicated to the Medical Affairs staff.
- If a decision to not go forward with the technology is made by the committee, the Committee will alert newtechologyrequets@caresource.com to send a communication to the requestor.
- Participants are approved by the SVP, Medical Affairs and VP, Quality & Performance Outcomes.
- Voting
  - Voting members: Enterprise Physicians including Behavioral Health, and Dentists. Each market should be represented by the Market Medical Director for a market vote. If Market Medical Director not able to attend the Market QI director is expected to attend and will execute the voting privilege for the Markets. Each member has equal voting rights.
  - Quorum definition –50% plus one of voting members required
  - Passage rules – simple majority of voting members present for passage



2. SCOPE

2.1. DELIVERABLES

- A decision to go forward or not go forward with a detailed financial analysis of the technology. This decision will focus on the technologies ability to offer an alternative that is shown to offer increased quality and safety to CareSource's members.
- A decision if the a demonstration from the technology vendor should be intitiated to further assess the technology.
- They will identify opportunities for proof of concepts and use the Initistute of Healthcare Improvement (IHI) methodology if further study is necessary to move forward with a the concept.

2.2. OUT OF SCOPE:

- Pharmaceutical Requests
- Request to become a CareSource Vendor
- IT Technology Requests

3. NEW MEDICAL TECHNOLOGY SUBCOMMITTEE STAKEHOLDERS

Role	Responsibilities	Representing	ROLE
EXECUTIVE SPONSORS	▪ ASSIGN SUBCOMMITTEE RESOURCES ▪ FINAL ESCALATION/DECISION MAKERS	ENTERPRISE & INDIVIDUAL MARKETS	CHIEF CLINICAL OFFICER
SUBCOMMITTEE CHAIR	▪ APPROVE SCOPE CHANGES ▪ FACILITATION OF SUBCOMMITTEE MEETINGS ▪ REVIEW INTERNAL SUBCOMMITTEE PROCEDURES	ENTERPRISE & INDIVIDUAL MARKETS	VP, CLINICAL POLICY
STAKEHOLDERS/ VOTING MEMBERS	▪ EXECUTE BUSINESS DECISIONS ▪ MANAGE ISSUE ESCALATIONS ▪ COMMUNICATE PRIORITIES AND ACCOUNTABILITY	ENTERPRISE & INDIVIDUAL MARKETS CHIEF MEDICAL, DENTAL & BEHAVIOR OFFICERS	ENTERPRISE MEDICAL DIRECTORS MARKET CHIEF MEDICAL OFFICERS BEHAVIORAL HEALTH MEDICAL DIRETORS DENTAL DIRECTORS
STAKEHOLDERS/ VOTING MEMBERS	▪ EXECUTE BUSINESS DECISIONS ▪ MANAGE ISSUE ESCALATIONS ▪ COMMUNICATE PRIORITIES AND ACCOUNTABILITY	ENTERPRISE QUALTIY, MEMBER BENEFITS & PREDICTIVE HEALH, CLINICAL OPERATIONS, UTILIZATION MANAGEMENT	VP, QUALITY & PEFORMANCE OUTCOMES SVP, CLINICAL OPERATIONS VP, UTILIZATION MANAGEMENT VP, NETWORK STRATEGY & CONTTRACTING VP, MARKET NETWORK & STRATEGY
NONVOTING MEMBERS	▪ PREPARATION AND FACILITATION OF TECHNOLOGY INFORMATION ▪ MAINTAIN AGENDA, MINUTES, FOLLOW UP PROCESS FOR SUBCOMMITTEE DECISIONS ▪ PROVIDE ADDITIONAL PERTINENT INFORMATION TO AID IN DECISION MAKING	ENTERPRISE QUALITY IMPROVEMENT MEDICAL POLICY PERSONNEL CLINICAL OPERATIONS PERSONNEL UTILIZATION MANAGEMENT PERSONNEL	ENTERPRISE QUALITY IMPROVEMENT MEDICAL POLICY PERSONNEL CLINICAL OPERATIONS PERSONNEL UTILIZATION MANAGEMENT PERSONNEL

Clinical Policy Governance Committee Charter

***Last Revised**: December 20, 2022*

Clinical Policy Governance Committee Charter

COMMITTEE NAME: Clinical Policy Governance Committee (CPGC)

REPORTS TO COMMITTEE: Quality Enterprise Committee (QEC)

CHAIRPERSON(S):

Chair: VP, Clinical Policy
Co-Chair: VP, Behavioral Health

PGC MEETING FACILITATORS: Policy Administrative Staff

CLINICAL POLICY GOVERNANCE OVERSIGHT:

The EVP & Chief Medical Officer of Medical Affairs provides executive oversight of the Enterprise function of the Clinical Policy Governance Team and Committee.

SCOPE OF CLINICAL POLICY GOVERNANCE COMMITTEE:

CareSource Clinical Policy Governance Committee (CPGC) is the official governing body charged with the approval of new or revised clinical policies that relate to medical necessity determinations. The CPGC is responsible for determining whether the proposed clinical policy is clearly defined, is clinically evidence-based, assures a high level of member safety and quality of care, and articulates a business value. The CPGC reports up through the Quality Enterprise Committee (QEC) which then reports to the CareSource Board of Directors.

In addition, the New Medical Technology Subcommittee as part of the CPGC, will evaluate new or emerging technologies. The Subcommittee will conduct a quality & safety assessment of the proposed technology. Recommendations from this group will follow the current workflow of CPGC.

PROCESS DESCRIPTION:

The Clinical Policy Governance Committee utilizes a robust, multidisciplinary approval process that encompasses internal business units, existing systems/tools, combination of internal analytics, industry standards and operational best practices for all lines of business.

RESPONSIBILITIES:

The primary objectives and responsibilities of the Clinical Policy Governance Committee (CPGC) members are:

- Voting members must actively participate and have full understanding of the policies to be presented prior to each meeting.
- Attend bi-weekly meetings for oversight of all financial analytic analysis and final approval of policies presented to the Clinical Policy Governance Committee.
- Review and vote for final approval on all the following:
    - New clinical policies
    - Revision of existing clinical policies
    - Annual reviews

- Approval for archiving of existing clinical policies

VOTING OUTCOMES:

- Committee Meeting Approval:
  - A quorum must be present for the meeting to occur. A quorum is defined as 2/3 of voting members. See below.
  - In order for policies to be approved and implemented, they must have a majority approval from the Committee.
- Electronic voting via email:
  - Utilized when policies have already been viewed by the Clinical Policy Governance Committee, but were tabled for revisions.
  - Annual revisions that had minimal to no revisions from previous year
  - Archiving of current policies
  - Administrative revisions that do not impact the policy substance and intent
  - Oversight of vendor policies, when applicable

MEMBERSHIP:

The Clinical Policy Governance Committee is the official body charged with issuing final approval of Clinical policies.

Each core voting member will assign a backup to perform in their role as it relates to the CareSource Clinical Policy Governance Committee voting and decision making.
Add SVP, Executive Medical Director

VOTING MEMBERS
AVP, Benefits Coding & Support
AVP, Health Partner
Director Utilization Management
Director, Grievance and Appeals
Director, Payment Integrity
Director, Provider Analytics
Enterprise Dental Medical Director
Enterprise Medical Directors
Medical Director – Clinical Appeals
Medical Director – Clinical Operations & Oversight
President, Market
Program Integrity
SVP, Executive Medical Director
VP, Clinical Operations Market Leaders
VP, CMO Market Medical Directors
VP, Configuration
VP, Integrated Care
VP, Medical Services – Physical Health Medical Services – Behavioral Health

Director/Policy Writer, Pharmacy
Manager, Product Management

ADDITIONAL SUBJECT MATTER EXPERTS (NON-VOTING MEMBERS) ** Medical Directors and other subject matter experts (SME) are pulled in based on specialty on an ad hoc basis to review and provide input for all applicable policies. SME input is taken into consideration during the development process, but they are NOT voting members. The list below includes the most frequently used SMEs but is not an all-inclusive list.**
Regulatory (All applicable Markets/Lines of business)
Audit & Recovery (Claims)
Clinical Utilization Analytics
Legal
Member Benefits
Provider Operations (Health Partner Reps)
Consumer Experience
Policy Writers

DOCUMENT REVISION HISTORY:

DATE	DESCRIPTION OF CHANGE	AUTHOR
12/20/2022	UPDATED VOTING MEMBERS	J SCHEIDWEILER
9/14/2022	UPDATED VOTING MEMBERS	J SCHEIDWEILER
8/11/2022	UPDATED VOTING MEMBERS, FORMATTING	S. DALTON, J. SCHEIDWEILER
3/30/2022	UPDATE VOTING MEMBERS AND QUORUM REQUIREMENTS	DR. M GREGG, S. DALTON, J SCHEIDWEILER
03/15/2021	UPDATE VOTING MEMBERS	DR. M GREGG, S. DALTON, A. GROSZKO
01/20/2021	UPDATE DESCRIPTION OF CLINICAL POLICY GOVERNANCE OVERSIGHT AND VOTING MEMBERS	DR. M GREGG, S. DALTON, A. GROSZKO
08/03/2020	REMOVED NAMES OF CHAIRPERSONS. UPDATED NAMES OF AUTHORS. UPDATED LANGUAGE OF SCOPE. UPDATED FORMAT.	DR. M GREGG, S. DALTON, A. GROSZKO
12/2019	REMOVED NAMES FROM VOTING MEMBERS TABLE AND RESTRUCTURED FORMAT	A. COLLINS, A. MCADAMS
09/2019	REVISION OF CHARTER – ADDED VOTING OUTCOMES SECTION AND UPDATED THE VOTING MEMBERS	Q. KLINE, A. COLLINS, M. GREGG, AND A. MCADAMS
06/2019	REVISION OF VOTING MEMBERS AND DOCUMENT FORMAT	Q. KLINE, A. COLLINS, A. MCADAMS
04/2019	REVISION OF CHARTER	Q. KLINE, A. COLLINS, A. MCADAMS
08/2018	ADD BEHAVIORAL HEALTH VOTING MEMBERS	S. LUCHT
05/2018	REVISION OF CHARTER	S. LUCHT
12/2017	CHARTER REVISION TO INCLUDE TWICE A MONTH MEETING FREQUENCY; OUT OF SCOPE 'ADDED VALUE'; TITLE CHANGES TO VOTING AND ALTERNATE VOTING MEMBERS	S. LUCHT
12/2016	CHARTER REVISION TO INCLUDE MATERNAL HEALTH; CHANGE OF PAYMENT POLICY WRITER TO REIMBURSEMENT POLICY WRITER	S. LUCHT
12/2015	CHARTER REVISION TO INCLUDE PRIMARY AND ALTERNATE VOTING MEMBERS	S. LUCHT
12/2014	CHARTER REVISION TO INCLUDE PHARMACY FOR UNIVERSAL CHARTER	S. LUCHT
10/2014	CHARTER REVISION TO REPORTING STRUCTURE AND VOTING/NON-VOTING MEMBERSHIP	S. LUCHT
03/2014	USE OF NEW TEMPLATE	S. LUCHT

CHARTER AUTHOR(S):

Dr. Mary Gregg

Susan Dalton
Jessica Scheidweiler

APPENDIX:

VOTING MEMBERSHIP AS OF AUGUST, 2022	
Chair VP, Clinical Policy	Dr. Mary Gregg
Co-Chair VP, Medical Services – Behavioral Health	Dr. Christina Weston
SVP, Executive Medical Director	Dr. Gisele Goff
VP, Clinical Operations Market Leaders	Ariel Esteves Betsy Tener
VP, CMO Market Medical Directors	Dr. Beejadi Mukunda Dr. Seema Csukas Dr. Larry Griffin Dr. Cameual Wright
VP, Configuration	Satendra Shukla
VP, Integrated Care	Amy Cleveland
AVP, Benefits Coding & Support	Sue Palcis
AVP, Health Partners	Kevin Everwine
Director Utilization Management	Deronda Honig
Director, Grievance and Appeals	Celeste Acuna
Director, Payment Integrity	Norman Reid
Director, Provider Analytics	Lawrence Corbo (temporary)
Director/Policy Writer, Pharmacy	Kelani Condon
Enterprise Dental Medical Director	Dr. Clarence Thomas
Enterprise Medical Directors	Dr. Michael Adolph Dr. David Choi Dr. Paul Rubinton
Program Integrity	Brandy Artz
President, Market	Michael Taylor
Medical Director – Clinical Appeals	Dr. Cathryn Caton
Medical Director – Behavioral Health	Dr. Michael Wilson
Manager, Product Management	Phoung Nguyen

Document name	Contract Review Committee Charter
Category	(X) Charter
Document date	8/16/2021
Adopted/approved by	Michael Fantoni and Market Network Leadership
Date adopted/approved	
Custodian (entity responsible for maintenance and upkeep)	Enterprise Provider Network Team
Stored/filed	Physical location: Enterprise Provider Network SharePoint Web URL: https://workspace.caresource.corp/sites/EPN/default.aspx
Status	(x) in effect ( ) usable, minor formatting/editing required ( ) modification needed ( ) superseded by _____ ( ) other _____ ( ) obsolete/archived

CHARTER

COMMITTEE: Contract Review Committee

Revised 10/04/2022

Establishment and Authority

The Committee (Contract Review) is a member (e.g., member or Board) committee established by the Enterprise Provider Network team in collaboration with appropriate functional areas at the Enterprise level, additionally there are cross-departmental attendants and representation from each market. The authority and decision making is shared between the enterprise teams and the markets. The Committee will govern approvals of non standard contract(s) outside established guardrails.

Purpose/Responsibilities (WHAT and WHY)

The purpose of the Contract Review Committee is to:

- Bring visibility to all non standard provider contracts
- Review/Discuss all non standard provider contract components and amendments that are outside of CareSource business approved guardrails including, but not limited to:
    - VBR
    - BH
    - Market
    - Pharmacy
    - National Agreements
    - Compensation Attachments
- Promote structured and standardized contract language
- Method of accountability
- Promote transparency in the contracting process
- Provide a tracking mechanism for non standard contractsPlatform for input/feedback from all function areas prior to signing a contract to ensure that terms can be operationalized
- Provide guidance/education to the CareSource Provider Network teams
- Manage unit cost and risk

- Intake and tracking mechanism of High Profile Priority Provider Negotiation Summaries (New Markets)

The responsibilities of the Contract Review Committee are:

- Contract Review Committee Intake Management
    - Intake form is submitted via the Enterprise Provider Network SharePoint site
- Intake/Submission Review
    - Uphold pre-approved contract language and rate guardrails as established by market leadership
    - Non standard contracts that are within pre-approved language and/or rate market guardrails will be submitted and receive an approval code that will be sent to the submitter. This code will be used when submitting final contract documents for loading to the Operations areas. These contracts will not require presentation at the committee meetings.
    - Non standard contracts that are outside of language and/or rate market guardrails will need to be presented for approval at the weekly committee meeting. Once approved an approval code will be sent to the submitter to be used when submitting final documents for loading to the Operations areas.
    - Historical Tracking of all submissions
- Meeting Facilitation
    - A forum where all impacted functional areas can discuss proposed exceptions, both language and rate related to provider contracts prior to signature. Approve/deny language exceptions and reimbursement requests beyond base rate, as determined by product (excluding language and rate requests that are within pre-approved leadership guardrails)
- Provide alternative language and suggestions of strategy for contract negotiation as necessary
- Track trends in alternative language requests to improve the existing Provider templates and PADU
    - Identify gaps and provide input to develop policies and procedures with Enterprise/Market teams
- Review and interpret updated policy information from state and federal regulatory bodies as it applies to the contract

- With membership participation monitor and ensure alignment of all CareSource policies
- Generate an approval code that indicates successful Contract Review Committee tracking, review, and approval

The Committee Participants (Members) shall:

- Come to committee meeting prepared with direct questions and ready/empowered to make decisions
- Designate a delegate that is empowered to make decisions if unable to attend, or send questions/approvals to the committee prior
- Adjust schedule in order to make urgent meetings whenever possible due to time-sensitive nature of requests
- Identify any gaps in policy or procedures that need to be addressed by the national team
- Review criteria and compare to guidelines to ensure the contract remains in compliance with CMS and other regulatory bodies
- Perform such other functions as may be delegated by charter members
- All Market leadership members will supply and maintain contract guardrails (rate and language)
- The Regulatory Department serves as an integral part of the Contact Review Committee;
    - Identify and communicate any regulatory changes including state policy manuals, banner messages, state agency directive, and statutory requirements
    - Serve as Market Liaison to our state agency partners to obtain clarification when necessary Supports Parity compliance
    - Ensure Parity Compliance

Committee Composition and Governance (WHO and WHAT)

1. *Participants (Members)*

- The Committee shall be composed of both Market and National/Enterprise members
    - Finance
    - Clinical
    - Regulatory/Compliance
    - Provider Operations (Data intake/Credentialing/Provider load)
    - Configuration
    - Health Partner Management leadership
    - Network enterprise/market
    - Pharmacy

- Legal

- All charter members shall have a vote when policy is being finalized
  - All Market leadership members will supply contract guardrails (rate and language) and reply to committee requests to keep these updated

2. Presenters

- Presenters shall:
  - Have prior market leadership acknowledgement and approval of items prior to presenting
  - Conduct preliminary review/research with appropriate departments to ensure the requests are viable whenever possible
    - For rate changes a Financial Impact report shall be requested and prepared in advance of being presented before the committee
  - Come prepared to present and discuss contract review submission(s)
  - Submit materials through contract submission form on the Enterprise Provider Network SharePoint 24 hours prior to the meeting
  - Follow up and seek any information that stems from a denial/pended and request to be added back to the next meeting agenda for review (email approval may be used in these cases)

3. Leadership

- The Enterprise Provider Network team shall:
  - Facilitate the meetings
  - Gather all materials from the submitter
  - Set agenda
  - Take and publish meeting notes
  - Distribute materials to members
  - Ensure decisions are posted to the SharePoint and communicated to presenter
  - Assist with follow up meeting(s) as needed
  - Ensure an approval code is provided for approved contracts
  - Request, track and maintain all Contract guardrails on the Enterprise Provider Network SharePoint
  - Participate with presenter in securing additional feedback and information when there is a contract denial/pend

- Add item to next agenda once required information is secured (email may be used in these cases)

- The Market leader(s) will ensure all market required attendees are present and prepared
- All Market leadership members will supply contract guardrails (rate and language) and reply to committee requests to keep these updates

4. Meetings

- The Contract Review Committee shall determine the time of its meetings, provided that it shall meet at least 1x per week
- Action taken by the Contract Review Committee shall require a majority vote of those members present
- Contract Review Committee meetings may be in person or by conference call
- The facilitator (or designee) shall provide e-mail notice of the time and place of all meetings to each member of the Committee
- An agenda of the items, with attached materials for which action may be taken shall be attached to the e-mail notice
- All topics discussed must be submitted for the agenda with complete information 24 hours prior to meeting time
- Meeting notes and agendas will be published on the Enterprise Provider Networks SharePoint site
- For items that have been denied/pended an email approval process will suffice in lieu of being adding to a scheduled meeting agenda

Dispute

In the event the committee cannot reach a unified decision on a contract submission the following steps will take place to resolve the dispute.

- The committee facilitator will schedule a follow up meeting with the market leaders, contract manager, finance leaders, legal representation, VP of Network, and the Market and Products EVP.
- The dispute will objectively be presented to the EVP with the final decision being made at the EVPs discretion.

New Market Development/High Profile Priority Provider Negotiations

1. The same processes listed above shall apply to new Markets with the below limited exceptions;

2. In New or Growth Markets High Profile Priority providers will require additional information, visibility and review prior to following the Contract review process above. A High Profile Priority provider is defined as;

    - A provider in a new or growth market where contracting is required to adhere to proper adequacy, RFP, or contractual agreements to meet state expectations (hospital systems, large specialty groups, and/or any other providers deemed a High Profile Priority by the executive leadership and/or new market leadership team).

3. The Lead negotiator for a High Profile Priority provider will be responsible for a one page summary. This summary should include the below and be submitted on an intake form to the Enterprise Provider SharePoint site;

    - Standard language and/or rates along with the requested exception and reasoning for that exception
    - Any operational challenges that would occur with agreement to this exception
    - Known financial impact to market due to exception
    - Risks if exception is not agreed to

4. The Lead negotiator will be responsible for communicating and distributing this one page summary to the executive leadership team and seeking their approval of all contract terms outside of usually accepted terms, financial implications and operational capabilities.

5. With executive leadership approval the Lead negotiator will contact the Contract review committee facilitator and advise the contract is ready to be scheduled and reviewed during a standard or ad hoc committee session.

    - In the event there is no leadership approval the contract will go back to negotiation until it meets executive leadership's expectations.

6. Furthermore, all Contract Review Committee requirements and processes shall be executed on the High Profile Priority provider contract by the committee facilitator as documented in this charter.

7. Additionally, in an effort to meet the unique requirements of a new build a supplemental ad hoc process may be used as needed during the initial contracting efforts, in which email voting buttons will be the approval mechanism for contracts that do not qualify for the High Profile Priority process. When used it will be noted as such on the intake form by the committee facilitator, with a copy of the email responses attached to the record/intake.

The Enterprise Provider Network team shall review this charter on an annual basis and recommend any changes to the committee.

Approved by the Charter Members _____

CareSource®

MARKETPLACE PLAN

Georgia
Drug Formulary
2022

INTRODUCTION

We are pleased to provide the 2022 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. **The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.**

2. **The Drug Formulary – Lists the drugs we cover.**

3. **The Index – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.**

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online Find a Pharmacy tool under Quick Links at CareSource.com/marketplace.

CareSource may also cover drugs administered in the member's **home, such as medicines given through a home health agency.**

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance andcopay amounts paid count toward members'maximum **out of-pocket amount.**

To find tier levels for drugs, go to the drug list section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get thedrug.The abbreviation "PA" **is used in the Drug Formulary to show that a prior authorization is needed.**

Here are some reasons for a prior authorization:

- **A generic or alternative drug is available.**
- **The drug can be misused or abused.**
- **The drug requires special handling, monitoring or is available from limited shipping locations.**
- **There are other drugs that must be tried first.**

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation "QL" is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers' recommended dosing frequencies. Patient safety is also considered. Quantity limits are based on the drug makers' recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation "ST" is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Choosing a brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's **representative may ask for** an exception to a drug listed on the Drug Formulary. The member or member's representative **must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.**

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" **drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.**

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- **Help members get prescriptions filled or moved to Accredo Pharmacyfrom another pharmacy**
- **Deliver** members' **specialty medicines to their homes, workplaces or their doctors' offices**
- **Help members learn about their specialty medications and give them support from specially-trained health care professionals**

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' **homes. This could change a** member's **copay amount. Express Scripts Pharmacy can:**

- **Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy.**
- **Deliver prescriptions to** members' **homes, workplaces or doctors' offices.**

For more information, call CareSource Member Services at 1-833-230-2030. Hours are Monday through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the My CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the My CareSource member portal, go to mycaresource.com.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the Index to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on the CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin	Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel	Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone	Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Table of Contents

List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1	
clotrimazole mucous membrane troche 10 mg	1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
ketoconazole oral tablet 200 mg	1	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
terbinafine hcl oral tablet 250 mg	1	QL
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	QL
abacavir oral tablet 300 mg	1	QL
abacavir-lamivudine oral tablet 600-300 mg	1	QL
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
APTIVUS ORAL CAPSULE 250 MG	2	QL
atazanavir oral capsule 150 mg, 200 mg	1	QL
atazanavir oral capsule 300 mg	1	
ATRIPLA ORAL TABLET 600-200-300 MG	2	QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	PA
BIKTARVY ORAL TABLET 30-120-15 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL
COMPLERA ORAL TABLET 200-25-300 MG	2	QL
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	2	QL
DOVATO ORAL TABLET 50-300 MG	2	QL
efavirenz oral capsule 200 mg, 50 mg	1	QL
efavirenz oral tablet 600 mg	1	QL
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	QL
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	0	QL
EMTRIVA ORAL CAPSULE 200 MG	2	QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
entecavir oral tablet 0.5 mg, 1 mg	1	PA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	PA
EVOTAZ ORAL TABLET 300-150 MG	2	QL
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	QL
fosamprenavir oral tablet 700 mg	1	QL
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL
INTELENCE ORAL TABLET 100 MG, 200 MG	2	QL
INVIRASE ORAL TABLET 500 MG	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL
ISENTRESS ORAL TABLET 400 MG	2	QL
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL
JULUCA ORAL TABLET 50-25 MG	2	QL
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	QL
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	PA; QL
lamivudine oral solution 10 mg/ml	1	QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	QL
lamivudine-zidovudine oral tablet 150-300 mg	1	QL
LEXIVA ORAL SUSPENSION 50 MG/ML	2	QL
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1	QL
maraviroc oral tablet 150 mg, 300 mg	1	QL
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL
nevirapine oral suspension 50 mg/5 ml	1	QL
nevirapine oral tablet 200 mg	1	QL
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	1	QL
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL
NORVIR ORAL SOLUTION 80 MG/ML	2	QL
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	QL
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	PA
PIFELTRO ORAL TABLET 100 MG	2	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; QL
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL
tenofovir disoproxil fumarate oral tablet 300 mg	1	QL
TIVICAY ORAL TABLET 50 MG	3	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	2	PA; QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	QL
TYBOST ORAL TABLET 150 MG	2	
valacyclovir oral tablet 1 gram, 500 mg	1	QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	QL
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL
CEPHALOSPORINS		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	1	ST
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg	1	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral packet 1 gram	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
e.e.s. 400 oral tablet 400 mg	1	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin lactobionate intravenous recon soln 500 mg	1	ST
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	PA; QL
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	QL
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; QL
chloroquine phosphate oral tablet 250 mg, 500 mg	1	QL
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
COARTEM ORAL TABLET 20-120 MG	2	QL
CYCLOSERINE ORAL CAPSULE 250 MG	2	
dapsone oral tablet 100 mg, 25 mg	1	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
ethambutol oral tablet 100 mg, 400 mg	1	
hydroxychloroquine oral tablet 200 mg	1	
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	1	QL
linezolid oral suspension for reconstitution 100 mg/5 ml	1	PA
linezolid oral tablet 600 mg	1	PA
mefloquine oral tablet 250 mg	1	QL
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	1	QL
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
pentamidine inhalation recon soln 300 mg	1	PA; QL
praziquantel oral tablet 600 mg	1	
PRETOMANID ORAL TABLET 200 MG	2	ST; QL
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	4	PA
quinine sulfate oral capsule 324 mg	1	QL
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
tinidazole oral tablet 250 mg, 500 mg	1	QL
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	PA; QL
tobramycin inhalation solution for nebulization 300 mg/4 ml	4	PA; QL
tobramycin sulfate injection recon soln 1.2 gram	1	ST
tobramycin sulfate injection solution 40 mg/ml	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; QL
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
dicloxacillin oral capsule 250 mg, 500 mg	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
QUINOLONES		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	QL
SULFA'S & RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	1	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 150 mg	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	PA
URINARY TRACT AGENTS		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	2	PA; QL
vancomycin oral capsule 125 mg, 250 mg	1	PA; QL
vancomycin oral recon soln 50 mg/ml	1	PA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; QL
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA
anastrozole oral tablet 1 mg	0	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
bexarotene oral capsule 75 mg	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
bexarotene topical gel 1 %	4	PA; QL
bicalutamide oral tablet 50 mg	1	
capecitabine oral tablet 150 mg, 500 mg	4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; QL
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA
cyclophosphamide oral capsule 25 mg, 50 mg	1	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
EMCYT ORAL CAPSULE 140 MG	3	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA; QL
etoposide oral capsule 50 mg	1	
EULEXIN ORAL CAPSULE 125 MG	3	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	
exemestane oral tablet 25 mg	0	
flutamide oral capsule 125 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL
hydroxyurea oral capsule 500 mg	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL
imatinib oral tablet 100 mg, 400 mg	4	PA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	4	PA
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG	2	PA
LYSODREN ORAL TABLET 500 MG	4	
MATULANE ORAL CAPSULE 50 MG	4	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; QL
melphalan oral tablet 2 mg	1	PA
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	
MYLERAN ORAL TABLET 2 MG	2	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	PA
NEORAL ORAL SOLUTION 100 MG/ML	3	PA
NEXAVAR ORAL TABLET 200 MG	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
nilutamide oral tablet 150 mg	1	PA
romidepsin intravenous recon soln 10 mg/2 ml	4	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
sorafenib oral tablet 200 mg	4	PA; QL
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	QL
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL
tamoxifen oral tablet 10 mg, 20 mg	0	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL
toremifene oral tablet 60 mg	1	PA
tretinoin (antineoplastic) oral capsule 10 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
TYKERB ORAL TABLET 250 MG	4	PA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; QL
ZOLINZA ORAL CAPSULE 100 MG	4	PA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
carbamazepine oral tablet,chewable 100 mg	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	QL
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
epitol oral tablet 200 mg	1	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	QL
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	QL
gabapentin oral tablet 600 mg, 800 mg	1	QL
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	2	ST
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	PA; QL
pregabalin oral capsule 150 mg, 200 mg	1	QL
pregabalin oral solution 20 mg/ml	1	QL
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 1,000 mg, 500 mg, 750 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL ORAL TABLET 200 MG	3	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	PA
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
valproic acid oral capsule 250 mg	1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	PA; QL
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIPARKINSONISM AGENTS		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	PA
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	ST
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg	1	ST
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tolcapone oral tablet 100 mg	1	PA
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	QL
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	PA; QL
eletriptan oral tablet 20 mg, 40 mg	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ergotamine-caffeine oral tablet 1-100 mg	1	
frovatriptan oral tablet 2.5 mg	1	QL
migergot rectal suppository 2-100 mg	1	
naratriptan oral tablet 1 mg, 2.5 mg	1	QL
rizatriptan oral tablet 10 mg, 5 mg	1	QL
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL
sumatriptan-naproxen oral tablet 85-500 mg	1	ST; QL
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; QL
dalfampridine oral tablet extended release 12 hr 10 mg	5	PA; QL
donepezil oral tablet 10 mg, 5 mg	1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
tetrabenazine oral tablet 12.5 mg, 25 mg	4	PA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	4	PA; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 250 mg, 350 mg	1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	PA
chlorzoxazone oral tablet 500 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
CYCLOTENS REFILL COMBO PACK 10 MG	3	
CYCLOTENS STARTER COMBO PACK 10 MG	2	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate oral tablet extended release 100 mg	1	
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	
vanadom oral tablet 350 mg	1	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	PA; QL
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	PA; QL
buprenorphine hcl injection solution 0.3 mg/ml	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	PA; QL
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	QL
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	QL
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	PA
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA; QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	ST; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	PA; QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	PA; QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	1	PA
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	PA; QL
hydromorphone oral liquid 1 mg/ml	1	PA; QL
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	PA; QL
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	QL
levorphanol tartrate oral tablet 2 mg, 3 mg	1	PA
methadone oral concentrate 10 mg/ml	1	PA
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	PA; QL
methadone oral tablet 10 mg, 5 mg	1	PA; QL
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA; QL
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg	1	PA; QL
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	PA; QL
morphine oral tablet 15 mg, 30 mg	1	PA; QL
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	PA; QL
oxycodone oral capsule 5 mg	1	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
oxycodone oral concentrate 20 mg/ml	1	PA; QL
oxycodone oral solution 5 mg/5 ml	1	PA; QL
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	PA; QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	PA; QL
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	1	PA
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1	ST
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA; QL
oxycodone-acetaminophen oral tablet 2.5-300 mg, 7.5-300 mg	1	
oxymorphone oral tablet 10 mg, 5 mg	1	PA
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	3	
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
zebutal oral capsule 50-325-40 mg	1	QL
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	0	OTC
aspirin oral tablet 325 mg	0	OTC
aspirin oral tablet,chewable 81 mg	0	OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	0	OTC
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	0	OTC
bayer aspirin oral tablet 325 mg	0	OTC
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	0	OTC
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST
children's aspirin oral tablet,chewable 81 mg	0	OTC
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	3	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical gel 1 %	1	QL
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
DICLOZOR TOPICAL KIT 1 %	3	ST
diflunisal oral tablet 500 mg	1	
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	0	OTC
ecotrin oral tablet,delayed release (dr/ec) 325 mg	0	OTC
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
fenoprofen oral tablet 600 mg	1	ST
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
IBUPAK ORAL KIT 600 MG	3	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST
ketorolac oral tablet 10 mg	1	QL
lofena oral tablet 25 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL
nabumetone oral tablet 500 mg, 750 mg	1	
naloxone injection solution 0.4 mg/ml	1	QL
naloxone injection syringe 1 mg/ml	1	
naloxone nasal spray,non-aerosol 4 mg/actuation	1	QL
naltrexone oral tablet 50 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
st joseph aspirin oral tablet,chewable 81 mg	0	OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	0	OTC
sulindac oral tablet 150 mg, 200 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
tramadol oral tablet 50 mg	1	PA; QL
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL
tramadol-acetaminophen oral tablet 37.5-325 mg	1	PA; QL
VENNGEL ONE TOPICAL KIT 1 %	3	ST
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	QL
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	QL
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	QL
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	QL
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	ST; QL
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	QL
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	QL
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
doxepin oral tablet 3 mg, 6 mg	1	ST; QL
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	1	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
ergoloid oral tablet 1 mg	1	PA
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	QL
estazolam oral tablet 1 mg, 2 mg	1	QL
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	PA; QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
fluoxetine oral capsule 10 mg, 40 mg	1	QL
fluoxetine oral capsule 20 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	1	ST; QL
fluoxetine oral tablet 20 mg, 60 mg	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	QL
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1	ST; QL
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	QL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	QL
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	QL
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	QL
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
methamphetamine oral tablet 5 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg	1	
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	QL
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	2	ST; QL
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	QL
midazolam (pf) injection solution 1 mg/ml, 5 mg/ml	1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml	1	
midazolam injection solution 1 mg/ml, 5 mg/ml	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
modafinil oral tablet 100 mg, 200 mg	1	PA; QL
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	QL
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg	1	ST
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	QL
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1	QL
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	QL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	ST; QL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
protriptyline oral tablet 10 mg, 5 mg	1	
QUAZEPAM ORAL TABLET 15 MG	3	QL
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	2	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	PA; QL
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	QL
temazepam oral capsule 15 mg, 30 mg	1	QL
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	QL
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1	QL
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; QL
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL
zaleplon oral capsule 10 mg, 5 mg	1	QL
ZENZEDI ORAL TABLET 2.5 MG	2	QL
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL
zolpidem oral tablet 10 mg, 5 mg	1	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 200 mg, 400 mg	1	PA
disopyramide phosphate oral capsule 100 mg, 150 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	
pacerone oral tablet 200 mg, 400 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	QL
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	QL
enalapril maleate oral solution 1 mg/ml	1	ST
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML	2	ST
eplerenone oral tablet 25 mg, 50 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metyrosine oral capsule 250 mg	1	PA
minoxidil oral tablet 10 mg, 2.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
phenoxybenzamine oral capsule 10 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	QL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	1	QL
triamterene-hydrochlorothiazid oral tablet 75-50 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 80 mg	1	
verapamil oral tablet 40 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
CARDIAC GLYCOSIDES		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	ST
BRILINTA ORAL TABLET 60 MG, 90 MG	2	ST
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
enoxaparin subcutaneous solution 300 mg/3 ml	4	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	
heparin (porcine) injection solution 5,000 unit/ml	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
pentoxifylline oral tablet extended release 400 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
phytonadione (vitamin k1) oral tablet 5 mg	1	QL
prasugrel oral tablet 10 mg, 5 mg	1	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; QL
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin oral tablet 10 mg, 20 mg	0	QL
atorvastatin oral tablet 40 mg, 80 mg	1	QL
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	1	PA
colesevelam oral tablet 625 mg	1	PA
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	ST; QL
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	ST
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	0	ST; QL
fluvastatin oral tablet extended release 24 hr 80 mg	0	QL
gemfibrozil oral tablet 600 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
lovastatin oral tablet 10 mg, 20 mg, 40 mg	0	QL
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	0	QL
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
rosuvastatin oral tablet 10 mg, 5 mg	0	QL
rosuvastatin oral tablet 20 mg, 40 mg	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	0	QL
simvastatin oral tablet 80 mg	1	QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
calcipotriene scalp solution 0.005 %	1	QL
calcipotriene topical cream 0.005 %	1	QL
calcipotriene topical ointment 0.005 %	1	QL
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	QL
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1	QL
calcitriol topical ointment 3 mcg/gram	1	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
selenium sulfide topical lotion 2.5 %	1	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
BURN THERAPY		
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
KERATOLYTICS		
salicylic acid topical cream 6 %	1	QL
salicylic acid topical cream,extended release 6 %	1	QL
salicylic acid topical lotion 6 %	1	QL
salicylic acid topical lotion,extended release 6 %	1	QL
salicylic acid topical shampoo 6 %	1	QL
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %	1	
salimez topical cream 6 %	1	QL
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
doxepin topical cream 5 %	1	PA; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; QL
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL
fluorouracil topical cream 5 %	1	QL
fluorouracil topical solution 2 %, 5 %	1	QL
pimecrolimus topical cream 1 %	1	PA; QL
podofilox topical solution 0.5 %	1	QL
tacrolimus topical ointment 0.03 %, 0.1 %	1	QL
THERAPY FOR ACNE		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
ADAPALENE TOPICAL LOTION 0.1 %	2	ST
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	
avar topical cleanser 10-5 % (w/w)	1	QL

Drug Name	Drug Tier	Requirements / Limits
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	2	ST
AVAR-E LS TOPICAL CREAM 10-2 %	2	ST; QL
avita topical cream 0.025 %	1	PA; QL
AVITA TOPICAL GEL 0.025 %	2	PA; QL
clindacin etz topical swab 1 %	1	
clindamycin phosphate topical gel 1 %	1	QL
clindamycin phosphate topical gel, once daily 1 %	1	QL
clindamycin phosphate topical lotion 1 %	1	QL
clindamycin phosphate topical solution 1 %	1	QL
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	1	
dapsone topical gel with pump 7.5 %	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EPSOLAY TOPICAL CREAM 5 %	3	ST
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical cream 0.75 %	1	QL
metronidazole topical gel 0.75 %	1	QL
metronidazole topical lotion 0.75 %	1	QL
refissa topical cream 0.05 %	1	
rosadan topical cream 0.75 %	1	QL
rosadan topical gel 0.75 %	1	QL
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	3	ST
sss 10-5 topical cream 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	QL
sulfacetamide sodium-sulfur topical cleanser 9-4 %	1	
sulfacetamide sodium-sulfur topical cream 10-2 %	1	QL
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
sulfacleanse 8-4 topical suspension 8-4 %	1	ST
tretinoin (emollient) topical cream 0.05 %	1	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; QL
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; QL
TOPICAL ANESTHETICS		
AGONEAZE TOPICAL KIT 2.5-2.5 %	3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 %	3	
APRIZIO PAK TOPICAL KIT 2.5-2.5 %	3	
dermacinrx prizopak topical kit 2.5-2.5 %	1	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl topical cream 3 %	1	QL
lidocaine topical adhesive patch,medicated 5 %	1	PA; QL
lidocaine viscous mucous membrane solution 2 %	1	QL
lidocaine-prilocaine topical cream 2.5-2.5 %	1	QL
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
lidopin topical cream 3 %	1	QL
lidopril topical kit 2.5-2.5 %	1	
LIDOPRIL XR TOPICAL KIT 2.5-2.5 %	3	
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	3	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	3	
PRILOLID TOPICAL KIT 2.5-2.5 %	3	
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	3	
PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 %	3	
SKYADERM-LP TOPICAL KIT 2.5-2.5 %	3	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	QL
gentamicin topical ointment 0.1 %	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
mafenide acetate topical packet 50 gram	1	PA
mupirocin topical ointment 2 %	1	QL
sulfacetamide sodium (acne) topical suspension 10 %	1	QL
XEPI TOPICAL CREAM 1 %	2	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	
CICLODAN KIT TOPICAL SOLUTION 8 %	2	ST
ciclodan topical cream 0.77 %	1	QL
ciclodan topical solution 8 %	1	QL
ciclopirox topical cream 0.77 %	1	QL
ciclopirox topical gel 0.77 %	1	QL
ciclopirox topical shampoo 1 %	1	QL
ciclopirox topical solution 8 %	1	QL
ciclopirox topical suspension 0.77 %	1	QL
ciclopirox-ure-camph-menth-euc topical solution 8 %	1	
clotrimazole topical cream 1 %	1	QL
clotrimazole-betamethasone topical cream 1-0.05 %	1	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
ketoconazole topical cream 2 %	1	QL
ketoconazole topical shampoo 2 %	1	QL
LULICONAZOLE TOPICAL CREAM 1 %	2	PA; QL
LUZU TOPICAL CREAM 1 %	3	QL
MENTAX TOPICAL CREAM 1 %	2	ST; QL
naftifine topical cream 1 %, 2 %	1	PA; QL
nyamyc topical powder 100,000 unit/gram	1	QL
nystatin topical cream 100,000 unit/gram	1	QL
nystatin topical ointment 100,000 unit/gram	1	QL
nystatin topical powder 100,000 unit/gram	1	QL
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	QL
nystop topical powder 100,000 unit/gram	1	QL
oxiconazole topical cream 1 %	1	PA; QL
SULCONAZOLE TOPICAL CREAM 1 %	2	PA; QL
SULCONAZOLE TOPICAL SOLUTION 1 %	2	PA; QL
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	2	ST; QL
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	QL
alclometasone topical cream 0.05 %	1	QL
alclometasone topical ointment 0.05 %	1	QL
amcinonide topical cream 0.1 %	1	PA
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLLIENT 0.05 %	3	ST
beser topical lotion 0.05 %	1	ST; QL
betamethasone dipropionate topical cream 0.05 %	1	QL
betamethasone dipropionate topical lotion 0.05 %	1	QL
betamethasone dipropionate topical ointment 0.05 %	1	ST; QL
betamethasone valerate topical cream 0.1 %	1	QL
betamethasone valerate topical lotion 0.1 %	1	QL
betamethasone valerate topical ointment 0.1 %	1	QL
betamethasone, augmented topical cream 0.05 %	1	QL
betamethasone, augmented topical lotion 0.05 %	1	QL
betamethasone, augmented topical ointment 0.05 %	1	QL
clobetasol scalp solution 0.05 %	1	ST; QL
clobetasol topical cream 0.05 %	1	ST; QL
clobetasol topical gel 0.05 %	1	ST; QL
clobetasol topical ointment 0.05 %	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
clobetasol topical shampoo 0.05 %	1	ST; QL
clobetasol-emollient topical cream 0.05 %	1	QL
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	3	ST
clodan topical shampoo 0.05 %	1	ST; QL
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST; QL
CORDRAN TOPICAL LOTION 0.05 %	3	ST; QL
desonide topical cream 0.05 %	1	QL
desonide topical ointment 0.05 %	1	QL
desoximetasone topical cream 0.05 %	1	ST
desoximetasone topical cream 0.25 %	1	ST; QL
desoximetasone topical gel 0.05 %	1	ST
desoximetasone topical ointment 0.05 %, 0.25 %	1	ST
desoximetasone topical spray,non-aerosol 0.25 %	1	PA
diflorasone topical cream 0.05 %	1	ST; QL
diflorasone topical ointment 0.05 %	1	ST; QL
fluocinolone and shower cap scalp oil 0.01 %	1	QL
fluocinolone topical cream 0.01 %, 0.025 %	1	QL
fluocinolone topical oil 0.01 %	1	QL
fluocinolone topical ointment 0.025 %	1	QL
fluocinolone topical solution 0.01 %	1	QL
fluocinonide topical cream 0.05 %	1	ST; QL
fluocinonide topical gel 0.05 %	1	PA; QL
fluocinonide topical ointment 0.05 %	1	ST; QL
fluocinonide topical solution 0.05 %	1	QL
fluocinonide-e topical cream 0.05 %	1	QL
flurandrenolide topical cream 0.05 %	1	PA; QL
flurandrenolide topical lotion 0.05 %	1	PA; QL
fluticasone propionate topical cream 0.05 %	1	QL
fluticasone propionate topical lotion 0.05 %	1	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
fluticasone propionate topical ointment 0.005 %	1	QL
halcinonide topical cream 0.1 %	1	PA
halobetasol propionate topical cream 0.05 %	1	ST
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	2	PA
hydrocortisone butyrate topical cream 0.1 %	1	QL
hydrocortisone butyrate topical ointment 0.1 %	1	ST; QL
hydrocortisone butyrate topical solution 0.1 %	1	ST; QL
hydrocortisone butyr-emollient topical cream 0.1 %	1	QL
hydrocortisone topical cream 1 %, 2.5 %	1	QL
hydrocortisone topical lotion 2.5 %	1	QL
hydrocortisone topical ointment 1 %	1	
hydrocortisone topical ointment 2.5 %	1	QL
hydrocortisone valerate topical cream 0.2 %	1	QL
mometasone topical cream 0.1 %	1	QL
mometasone topical ointment 0.1 %	1	QL
mometasone topical solution 0.1 %	1	QL
nolix topical cream 0.05 %	1	ST; QL
nolix topical lotion 0.05 %	1	ST; QL
prednicarbate topical cream 0.1 %	1	QL
prednicarbate topical ointment 0.1 %	1	
SILA III TOPICAL KIT 0.1 %- 4" X 4"	3	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	QL
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	QL
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	QL
triamcinolone acetonide topical ointment 0.05 %	1	ST
triderm topical cream 0.5 %	1	ST; QL
tritocin topical ointment 0.05 %	1	ST
TOPICAL ENZYMES		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX TOPICAL CREAM 10 %	3	PA
lindane topical shampoo 1 %	1	QL
malathion topical lotion 0.5 %	1	QL
permethrin topical cream 5 %	1	QL
spinosad topical suspension 0.9 %	1	PA; QL
ULESFIA TOPICAL LOTION 5 %	3	QL
DIAGNOSTICS & MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
anagrelide oral capsule 0.5 mg, 1 mg	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	PA
cevimeline oral capsule 30 mg	1	ST
CHEMET ORAL CAPSULE 100 MG	3	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA
disulfiram oral tablet 250 mg, 500 mg	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
pilocarpine hcl oral tablet 5 mg	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; QL
risedronate oral tablet 30 mg	1	QL
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	0	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	0	
CHANTIX ORAL TABLET 1 MG	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	OTC; QL
NICORETTE BUCCAL GUM 2 MG	0	OTC; QL
nicorette buccal gum 4 mg	0	OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	0	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	OTC; QL
nicotine (polacrilex) buccal gum 2 mg, 4 mg	0	OTC; QL
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	0	OTC; QL
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	0	OTC; QL
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	0	OTC; QL
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	0	OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	0	QL
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	0	QL
quit 2 buccal gum 2 mg	0	OTC; QL
quit 2 buccal lozenge 2 mg	0	OTC; QL
quit 4 buccal gum 4 mg	0	OTC; QL
quit 4 buccal lozenge 4 mg	0	OTC; QL
stop smoking aid buccal lozenge 2 mg, 4 mg	0	OTC; QL
varenicline oral tablet 0.5 mg, 1 mg	0	
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	0	
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	QL
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
denta 5000 plus dental cream 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	QL
olopatadine nasal spray,non-aerosol 0.6 %	1	QL
oralone dental paste 0.1 %	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 7.5 mg	1	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	QL
ofloxacin otic (ear) drops 0.3 %	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	3	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	ST
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; QL
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	5	PA; QL
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution 1 gram/ml	1	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
BD VERITOR AT-HOME COVID19 TST KIT	0	OTC; QL
BINAXNOW COVD AG CARD HOME TST KIT	0	OTC; QL
BINAXNOW COVID-19 AG SELF TEST KIT	0	OTC; QL
CARESTART COVID-19 AG HOME TST KIT	0	OTC; QL
CELLTRION DIATRUST COV-19 HOME KIT	0	OTC; QL
CLINITEST COVID-19 HOME TEST KIT	0	OTC; QL
COVID-19 AT-HOME TEST KIT	0	OTC; QL
ELLUME COVID-19 HOME TEST KIT	0	OTC; QL
FLOWFLEX COVID-19 AG HOME TEST KIT	0	OTC; QL
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	2	
IHEALTH COVID-19 AG HOME TEST KIT	0	OTC; QL
INDICAID COVID-19 AG HOME TEST KIT	0	OTC; QL
INTELISWAB COVID-19 HOME TEST KIT	0	OTC; QL
ON-GO COVID-19 AG AT HOME TEST KIT	0	OTC; QL
PILOT COVID-19 AT-HOME TEST KIT	0	OTC; QL
QUICKVUE AT-HOME COVID-19 TEST KIT	0	OTC; QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	ST; QL
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
glucagon emergency kit (human) injection recon soln 1 mg	1	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
EASY TALK PLUS II LOW CONTROL SOLUTION	3	OTC; QL
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 3 SENSOR KIT	3	PA; QL
ONETOUCH SOLUTIONS STARTER KIT	3	OTC; QL
ONETOUCH VERIO METER	2	OTC; QL
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	QL
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA; QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	PA; QL
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA; QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; QL
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1	QL
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	PA
clomid oral tablet 50 mg	1	
clomiphene citrate oral tablet 50 mg	1	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg	1	ST
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA; QL
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; QL
KUVAN ORAL TABLET,SOLUBLE 100 MG	4	PA
methyltestosterone oral capsule 10 mg	1	PA
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	PA; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
oxandrolone oral tablet 10 mg, 2.5 mg	1	
SAMSCA ORAL TABLET 15 MG	4	PA; QL
sapropterin oral powder in packet 100 mg	5	PA
sapropterin oral powder in packet 500 mg	4	PA
sapropterin oral tablet,soluble 100 mg	4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	1	PA; QL
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram)	1	PA; QL
tolvaptan oral tablet 30 mg	4	PA; QL
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	ST; QL
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	2	ST; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	ST; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	QL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	QL
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
metformin oral solution 500 mg/5 ml	1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
METFORMIN ORAL TABLET 625 MG	3	ST
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	QL
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	ST; QL
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	QL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
THYROID HORMONES		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	PA
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anti-diarrheal (loperamide) oral capsule 2 mg	1	OTC; QL
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	2	PA
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ed-spaz oral tablet,disintegrating 0.125 mg	1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
loperamide oral capsule 2 mg	1	QL
methscopolamine oral tablet 2.5 mg, 5 mg	1	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	5	PA
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	3	
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg, 1 mg	1	PA
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	PA; QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
AURYXIA ORAL TABLET 210 MG IRON	2	
balsalazide oral capsule 750 mg	1	
betaine oral powder 1 gram/scoop	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
budesonide oral capsule,delayed,extend.release 3 mg	1	
calcium acetate(phosphat bind) oral capsule 667 mg	1	QL
calcium acetate(phosphat bind) oral tablet 667 mg	1	QL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL
citrate of magnesia oral solution	0	OTC
citroma oral solution	0	OTC
clearlax oral powder 17 gram/dose	0	OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	0	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1	PA
DIPENTUM ORAL CAPSULE 250 MG	2	PA
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1	PA; QL
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	0	OTC
enulose oral solution 10 gram/15 ml	1	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	0	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
generlac oral solution 10 gram/15 ml	1	
granisetron hcl oral tablet 1 mg	1	QL
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1	PA; QL
laxative peg 3350 oral powder 17 gram/dose	0	OTC
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	QL
magnesium citrate oral solution	0	OTC
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	0	OTC
milk of magnesia oral suspension 400 mg/5 ml	0	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
natura-lax oral powder 17 gram/dose	0	OTC
ondansetron hcl oral solution 4 mg/5 ml	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	0	OTC
OSMOPREP ORAL TABLET 1.5 GRAM	0	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	0	
peg-electrolyte soln oral recon soln 420 gram	0	
peg-prep oral kit 5-210 mg-gram	0	
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	0	OTC
powderlax oral powder 17 gram/dose	0	OTC
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
procto-med hc topical cream with perineal applicator 2.5 %	1	
procto-pak topical cream with perineal applicator 1 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	ST
sevelamer carbonate oral tablet 800 mg	1	PA; QL
sevelamer hcl oral tablet 400 mg	1	PA; QL
sodium polystyrene sulfonate oral powder	1	
SODIUM,POTASSIUM,MAG SULFATES ORAL RECON SOLN 17.5-3.13-1.6 GRAM	0	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	0	
SYMPROIC ORAL TABLET 0.2 MG	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG	2	ST; QL
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	PA; QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	0	OTC
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	QL
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	QL
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	OTC
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	PA; QL
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	PA
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	1	QL
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	ST; OTC; QL
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	PA; QL
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
GROWTH HORMONES		
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
INTERFERONS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	4	PA; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; QL
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; QL
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	4	PA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
ribavirin oral capsule 200 mg	4	
ribavirin oral tablet 200 mg	4	
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL
INTERLEUKINS		

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Drug Name	Drug Tier	Requirements / Limits
imiquimod topical cream in packet 5 %	1	PA; QL
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	4	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	0	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	QL
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	

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Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	0	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	0	QL
MODERNA COVID-19 BOOSTER (EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	QL
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	QL

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Drug Name	Drug Tier	Requirements / Limits
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	QL
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	0	QL
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	QL
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	0	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	0	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	QL
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	0	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	0	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	0	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML	0	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	0	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	0	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	1	QL
febuxostat oral tablet 40 mg, 80 mg	1	ST
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	ST
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	QL
ibandronate oral tablet 150 mg	1	QL
raloxifene oral tablet 60 mg	0	
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	QL
OTHER RHEUMATOLOGICALS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL
leflunomide oral tablet 10 mg, 20 mg	1	QL
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; QL
OLUMIANT ORAL TABLET 4 MG	5	PA
OTEZLA ORAL TABLET 30 MG	4	PA; QL
penicillamine oral capsule 250 mg	1	PA
penicillamine oral tablet 250 mg	1	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
FC2 FEMALE CONDOM	0	OTC; QL
FEMCAP VAGINAL DEVICE 22 MM	0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	QL
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	QL
camila oral tablet 0.35 mg	0	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	5	
deblitane oral tablet 0.35 mg	0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	QL
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	3	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
errin oral tablet 0.35 mg	0	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
estradiol vaginal tablet 10 mcg	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
heather oral tablet 0.35 mg	0	
incassia oral tablet 0.35 mg	0	
jencycla oral tablet 0.35 mg	0	
lyleq oral tablet 0.35 mg	0	
lyza oral tablet 0.35 mg	0	
medroxyprogesterone intramuscular suspension 150 mg/ml	0	QL
medroxyprogesterone intramuscular syringe 150 mg/ml	0	QL
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
mimvey oral tablet 1-0.5 mg	1	
nora-be oral tablet 0.35 mg	0	
norethindrone (contraceptive) oral tablet 0.35 mg	0	
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
progesterone micronized oral capsule 100 mg, 200 mg	1	
sharobel oral tablet 0.35 mg	0	
tulana oral tablet 0.35 mg	0	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	2	
clindamycin phosphate vaginal cream 2 %	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	0	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	ST
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	QL
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	OTC
tranexamic acid oral tablet 650 mg	1	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	QL
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	OTC
xulane transdermal patch weekly 150-35 mcg/24 hr	0	
zafemy transdermal patch weekly 150-35 mcg/24 hr	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	0	
after pill oral tablet 1.5 mg	0	OTC; QL
AFTERA ORAL TABLET 1.5 MG	0	OTC; QL
altavera (28) oral tablet 0.15-0.03 mg	0	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	0	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL
amethyst (28) oral tablet 90-20 mcg (28)	0	QL
apri oral tablet 0.15-0.03 mg	0	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	0	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL
aubra eq oral tablet 0.1-20 mg-mcg	0	
aubra oral tablet 0.1-20 mg-mcg	0	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	0	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
aviane oral tablet 0.1-20 mg-mcg	0	
ayuna oral tablet 0.15-0.03 mg	0	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
balziva (28) oral tablet 0.4-35 mg-mcg	0	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
briellyn oral tablet 0.4-35 mg-mcg	0	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	0	QL
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	0	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	0	
chateal (28) oral tablet 0.15-0.03 mg	0	
chateal eq (28) oral tablet 0.15-0.03 mg	0	
cryselle (28) oral tablet 0.3-30 mg-mcg	0	
cyred eq oral tablet 0.15-0.03 mg	0	
cyred oral tablet 0.15-0.03 mg	0	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	0	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	0	
dolishale oral tablet 90-20 mcg (28)	0	QL
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	0	
econtra ez oral tablet 1.5 mg	0	OTC; QL
econtra one-step oral tablet 1.5 mg	0	OTC; QL
elinest oral tablet 0.3-30 mg-mcg	0	
ELLA ORAL TABLET 30 MG	0	QL
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
enskyce oral tablet 0.15-0.03 mg	0	
estarylla oral tablet 0.25-35 mg-mcg	0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	0	
falmina (28) oral tablet 0.1-20 mg-mcg	0	
femynor oral tablet 0.25-35 mg-mcg	0	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	0	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	0	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
hailey oral tablet 1.5-30 mg-mcg	0	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL
isibloom oral tablet 0.15-0.03 mg	0	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL
jasmiel (28) oral tablet 3-0.02 mg	0	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL
juleber oral tablet 0.15-0.03 mg	0	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
junel 1/20 (21) oral tablet 1-20 mg-mcg	0	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	0	
kalliga oral tablet 0.15-0.03 mg	0	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	0	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	0	
kurvelo (28) oral tablet 0.15-0.03 mg	0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	0	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
larin 1/20 (21) oral tablet 1-20 mg-mcg	0	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	0	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	0	
lessina oral tablet 0.1-20 mg-mcg	0	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
levonorgestrel oral tablet 1.5 mg	0	OTC; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	0	QL
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
levora-28 oral tablet 0.15-0.03 mg	0	

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Drug Name	Drug Tier	Requirements / Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	0	ST
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	0	QL
loryna (28) oral tablet 3-0.02 mg	0	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	0	
lo-zumandimine (28) oral tablet 3-0.02 mg	0	
lutera (28) oral tablet 0.1-20 mg-mcg	0	
marlissa (28) oral tablet 0.15-0.03 mg	0	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	0	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	0	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	0	ST
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
mili oral tablet 0.25-35 mg-mcg	0	
mono-linyah oral tablet 0.25-35 mg-mcg	0	
my choice oral tablet 1.5 mg	0	OTC; QL
my way oral tablet 1.5 mg	0	OTC; QL
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	0	
new day oral tablet 1.5 mg	0	OTC; QL
nikki (28) oral tablet 3-0.02 mg	0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	0	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	0	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	0	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	0	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	0	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	0	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	0	
nymyo oral tablet 0.25-35 mg-mcg	0	
ocella oral tablet 3-0.03 mg	0	
opcicon one-step oral tablet 1.5 mg	0	OTC; QL
option-2 oral tablet 1.5 mg	0	OTC; QL
philith oral tablet 0.4-35 mg-mcg	0	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	0	OTC; QL
portia 28 oral tablet 0.15-0.03 mg	0	
reclipsen (28) oral tablet 0.15-0.03 mg	0	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	0	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL

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Drug Name	Drug Tier	Requirements / Limits
sprintec (28) oral tablet 0.25-35 mg-mcg	0	
sronyx oral tablet 0.1-20 mg-mcg	0	
syeda oral tablet 3-0.03 mg	0	
TAKE ACTION ORAL TABLET 1.5 MG	0	OTC; QL
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	0	ST
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	0	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	0	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	0	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	0	
vestura (28) oral tablet 3-0.02 mg	0	
vienva oral tablet 0.1-20 mg-mcg	0	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
vyfemla (28) oral tablet 0.4-35 mg-mcg	0	
vylibra oral tablet 0.25-35 mg-mcg	0	
wera (28) oral tablet 0.5-35 mg-mcg	0	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	0	
zarah oral tablet 3-0.03 mg	0	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	0	
zumandimine (28) oral tablet 3-0.03 mg	0	
OXYTOCICS		
methergine oral tablet 0.2 mg	1	ST; QL
methylergonovine oral tablet 0.2 mg	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	QL
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	QL
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	PA
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
atropine ophthalmic (eye) ointment 1 %	1	
cyclopentolate ophthalmic (eye) drops 1 %, 2 %	1	
homatropaire ophthalmic (eye) drops 5 %	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA
azelastine ophthalmic (eye) drops 0.05 %	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	PA
cromolyn ophthalmic (eye) drops 4 %	1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL
epinastine ophthalmic (eye) drops 0.05 %	1	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	3	PA
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	1	
proparacaine ophthalmic (eye) drops 0.5 %	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	1	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ketorolac ophthalmic (eye) drops 0.4 %	1	QL
ketorolac ophthalmic (eye) drops 0.5 %	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	PA
bimatoprost ophthalmic (eye) drops 0.03 %	1	ST
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	PA
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	PA
dorzolamide ophthalmic (eye) drops 2 %	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA
travoprost ophthalmic (eye) drops 0.004 %	1	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	PA
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops 0.5 %	1	PA
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	PA
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
cetirizine oral solution 1 mg/ml	1	
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	ST; QL
dexchlorpheniramine maleate oral solution 2 mg/5 ml	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
levocetirizine oral solution 2.5 mg/5 ml	1	
levocetirizine oral tablet 5 mg	1	QL
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 200 mg	1	QL
benzonatate oral capsule 150 mg	1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	2	
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
g tussin ac oral liquid 10-100 mg/5 ml	1	
guaiatussin ac oral liquid 10-100 mg/5 ml	1	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	PA; QL
hydromet oral syrup 5-1.5 mg/5 ml	1	QL
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
maxi-tuss ac oral liquid 10-100 mg/5 ml	1	
m-clear wc oral liquid 6.3-100 mg/5 ml	1	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1	
virtussin ac oral liquid 10-100 mg/5 ml	1	
virtussin dac oral syrup 30-10-100 mg/5 ml	1	
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1	QL
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL
ambrisentan oral tablet 10 mg, 5 mg	5	PA; QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL
bosentan oral tablet 125 mg, 62.5 mg	5	PA; QL
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	PA; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	QL
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	PA; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	ST; QL
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
ipratropium bromide inhalation solution 0.02 %	1	QL
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; QL
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	QL
metaproterenol oral syrup 10 mg/5 ml	1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	ST; QL
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	PA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
sildenafil (pulm.hypertension) oral tablet 20 mg	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	PA; QL
tadalafil (pulm. hypertension) oral tablet 20 mg	5	PA; QL
terbutaline oral tablet 2.5 mg, 5 mg	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	PA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	4	PA
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL
zafirlukast oral tablet 10 mg, 20 mg	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	3	ST; QL
zileuton oral tablet, er multiphase 12 hr 600 mg	1	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	PA
flavoxate oral tablet 100 mg	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	ST
tolterodine oral tablet 1 mg, 2 mg	1	
trospium oral capsule,extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	1	ST
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	ST
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tadalafil oral tablet 5 mg	1	PA; QL
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
ELMIRON ORAL CAPSULE 100 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
phosphasal oral tablet 81.6-10.8-40.8 mg	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
tadalafil oral tablet 10 mg, 20 mg	1	QL
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	
ustell oral capsule 120-0.12 mg	1	
utira-c oral tablet 81.6-10.8-40.8 mg	1	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
effer-k oral tablet, effervescent 25 meq	1	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
klor-con/ef oral tablet, effervescent 25 meq	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	
VITAMINS & HEMATINICS		
b complex 1 (with folic acid) oral tablet 0.4 mg	0	OTC
b complex-vitamin c-folic acid oral tablet 400 mcg	0	OTC
balanced b-100 oral tablet 0.4 mg	0	OTC
b-complex with vitamin c oral tablet 400-500 mcg-mg	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
classic prenatal oral tablet 28 mg iron-800 mcg	0	OTC
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
dialyvite 800 oral tablet 0.8 mg	0	OTC
dodex injection solution 1,000 mcg/ml	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	0	OTC
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	0	OTC
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	OTC
folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg	0	OTC
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	0	OTC
full spectrum b-vitamin c oral tablet 0.8 mg	0	OTC
kobee oral tablet 0.4 mg	0	OTC
kpn oral tablet	0	OTC
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	0	OTC
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	0	OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	0	OTC
multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg	0	OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	0	OTC
one daily prenatal oral combo pack 28-800-440 mg-mcg-mg	0	OTC
perry prenatal oral capsule 13.5-0.4 mg	0	OTC
prenatal complete oral tablet 14 mg iron- 400 mcg	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg	0	OTC
prenatal multivitamins oral tablet 28 mg iron-800 mcg	0	OTC
prenatal one daily oral tablet 27 mg iron- 800 mcg	0	OTC
prenatal oral tablet 28 mg iron- 800 mcg	0	OTC
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	0	OTC
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	0	OTC
prenatal vitamin with minerals oral tablet 28 mg iron-800 mcg	0	OTC
prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg	0	OTC
rena-vite oral tablet 0.8 mg	0	OTC
stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron	0	OTC
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	0	OTC
super b maxi complex oral tablet 0.4 mg	0	OTC
super quints oral tablet 0.4 mg	0	OTC
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	0	OTC
vitamin b complex-folic acid oral tablet 0.4 mg	0	OTC
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	0	OTC
wescap-c dha oral capsule 35-1-200 mg	1	

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GA NQTL Report

MH/SUD Medical Necessity Criteria

A – Describe the process used to develop and select the medical necessity criteria utilized in determining BH, MH and SUD benefits, and how that info is used in adverse benefit determinations.

Clinical Policy Writer (CPW) – CPW is responsible for researching and developing moderate to complex medical, behavioral health, and other supporting provider policies, while adhering to company, state and federal guidelines, and national clinical criteria, such as Interqual, MCG Health or American the Society of Addiction Medicine (ASAM). Among others, some essential functions include supporting operational processes of the Clinical Policy Governance Committee (CPGC), ensuring that all medical policies are compliant with relevant regulations and consistent across all lines of business, researching clinical and scientific literature and consensus guidelines to create work products for team input and CPGC, coordinating with subject matter experts to develop policy positions on issues that impact CareSource from various policy perspectives, and working with business product owners, government relations, and compliance leads to monitor legislative and regulatory activities for potential impact on existing or proposed behavioral health policies.

A bachelor's degree or equivalent work experience is required, while an advanced degree or equivalent experience is preferred. Minimum writing experience and policy development healthcare knowledge is also preferred. Competencies, knowledge, skills and licensure/certification requirements are all listed on the job descriptions for CPW.

What is the effective date of the current BH, MH and SUD disorder criteria that is in use today?

Effective dates vary according to the date the policy was written, but for the sake of this report, all policies reported herein have an effective date of January 1, 2022 or later (December, 2022). All medical policies are reviewed and revised every year, according to NCQA requirements. All administrative and reimbursement policies are reviewed at least every two years. These timelines are also documented in the Policy Department's SOP for Clinical Policy Writing.

How/why did we select the specific BH, MH, and SUD criteria that is in use today?

CareSource follows a medical necessity policy to identify specific coverage terms regarding benefits. CareSource's Medical Necessity Determinations policy, effective January 1 – July 1, 2022, link follows: https://www.caresource.com/documents/marketplace-ga-policy-admin-ad-0766-20210601/. The current active policy, effective July1, 2022, can be found at the following link: https://www.caresource.com/documents/marketplace-ga-policy-admin-ad-0766-20220701/. All active and archived policies for CareSource can be located at the following address: Provider Policies | Georgia – Marketplace | CareSource.

Per medical necessity policy, the hierarchy is as follows:

1. When a request for a service, procedure or product is subject to medical necessity review, the reviewer will determine based on the following hierarchy:
   A. Benefit contract language
   B. Federal or State regulation, including state waiver regulations, when applicable
   C. CareSource Medical Policy Statements
   D. Nationally accepted, evidence-based clinical guideline (MCG, Interqual or ASAM)

2. If the requested service is not addressed by the above hierarchy of review, the medical or behavioral health reviewer will use professional judgment in the absence of evidence-based methodology to determine appropriate resources or other clinical best practice guidelines

identified by the reviewer, which may be deemed applicable to the unique clinical circumstances of the member. Potential resources may include but are not limited to:

A. Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard.
B. Evidence from two published studies from major scientific or medical peer-reviewed journals that are less than five (5) years old, preferred, and less than ten (10) years required to support the proposed use for the specific medical condition as safe and effective in persons aged 18 and over.
C. National panels and consortiums, such as NIH (National Institutes of Health), CDC (Centers for Disease Control and Prevention), AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network), Substance Abuse and Mental Health Services Administration (SAMHSA). For persons less than age 18, studies must be approved by a United States (US) institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) to protect vulnerable minors.
D. Commercial Review Organizations (external to CareSource), such as Hayes, Inc. and UpToDate.
E. Consultation from a like-specialty peer.
E. Specialty and sub-specialty societies established as leaders in the subject matter. The list that follows includes some, but not all, of those societies and organizations:

Sub-specialty	Specialty Society
Addiction Medicine	American Society of Addiction Medicine
Cardiology	American College of Cardiology
Clinical Cardiac Electrophysiology	Heart Rhythm Society
Critical Care Medicine	Society of Critical Care Medicine
Endocrinology, Diabetes and Metabolism	American Academy of Clinical Endocrinologists Endocrine Society
Gastroenterology	American Gastroenterological Association American College of Gastroenterology
Geriatric Medicine	American Geriatrics Society
Gynecology	American Congress of Obstetricians and Gynecologists Society of Gynecologic Oncologists
Gynecologic Oncology	Society of Gynecologic Oncologists
Hematology	American Society of Hematology
Hospice and Palliative Medicine	American Academy of Hospice and Palliative Medicine
Infectious Disease	Infectious Disease Society of America
Internal Medicine	UpToDate
Nephrology	American Society of Nephrology
Oncology	American Society of Clinical Oncology
Pediatrics	American Academy of Pediatrics
Psychiatry	American Psychiatric Association American Academy of Child & Adolescent Psychiatry
Pulmonary Disease	American College of Chest Physicians
Rheumatology	American College of Rheumatology
Sleep Medicine	American Academy of Sleep Medicine
Surgery of the Hand	American Society for Surgery of the Hand

3. In addition, the medical or behavioral reviewers may seek a consultation based on the requested service from a like specialty peer or applicable medical director.

When guidelines are unclear or require additional guidance, requests are made by various CareSource team members to write policies that assist in guiding decisions on coverage. The link for CareSource Policy Development Process policy (effective January 1, 2022 to April 30, 2022) follows: https://www.caresource.com/documents/marketplace-ga-policy-admin-ad-0916-20210101/. The current, active policy (effective May 1, 2022) can be found at the following link: https://www.caresource.com/documents/marketplace-ga-policy-admin-ad-

0916-20220501/.

Clinical Coverage Guidelines – These are evidence-based documents detailing the medical necessity of given procedures, prescription drugs, or technologies. The guidelines set consistent criteria for the coverage of a procedure or technology, leading to greater consistency and efficiency in clinical decision making. This consistency and efficiency results in better interactions between CareSource and providers and also increases the quality of members' health.

Clinical coverage guidelines can be clarified using one of more of the following policy types:

1. **Medical/Clinical Policy Statement** – Policies written to provide guidance to a provider as to what medical necessity criteria (medical/surgical or behavioral health/substance use disorder) must be met for the provider to render a service and receive payment.
2. **Administrative Policy Statement** – Policies written to assist the provider in the provision and administration of physical or behavioral health benefits.
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If it is determined that a policy is needed or that there is an existing gap in medical necessity determination, the business owner (requestor of the policy) enters a policy intake into the PolicyTech system. The intake is assigned to a Clinical Policy Writer (CPW).

The CPW then follows the CareSource internal Reimbursement and Clinical Writers Standard Operating Procedure, a 74-page document that outlines steps and procedures for creation through completion of CareSource policies. What follows is an abbreviated summary of the content of this process:
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- Cite AutoAuth: An MCG product that allows payers and providers to automatically access evidence-based information in order to facilitate a prior authorization.
- MCG Health: Provides evidence-based medical literature established though assessment of the latest research, scholarly articles and data analysis in order to develop clinical care guidelines used by payers, providers and patients.
- HAYES: Provides evidence-based assessments, evaluations and ratings of clinical programs and health technologies to determine health outcomes and patient safety.
- UpToDate: A continuously updated evidence-based source for the latest medical care knowledge that also includes point of care recommendations.
- Policy Reporter: Connects users to live medical, diagnostic and pharmaceutical policies across the marketplace to assess market trends and organize policy information.
- State-specific provider manuals, state administrative and rule codes, and state Medicaid manuals (as necessary by market line of business or need).

Upon conclusion of research, a draft of the policy will be created. The policy draft will be reviewed by Utilization Management and others, as follows, and a final policy will be edited. Coding and benefits will also review the policy to ensure that any code sets or required/requested configuration is completed. Subject matter experts are personnel who are considered knowledgeable in applicable areas and provide approval for drafts. CareSource Medical Directors and other management staff are continuously involved in the review and approval of drafts. Some of this review includes various state-specific CareSource line of business meetings with particular line of business managers, medical directors, operations and provider network specialists, etc. Vendor medical review will occur, if needed, by an independent medical reviewer for any clinical coverage policies with new criteria to determine if the policy meets national standards of care and best practices. CareSource uses AllMed as one independent, medical reviewing company. AllMed partners with nurses and physicians to provide clinical expertise and covers more than 120 different specialties and subspecialists. All physicians are board certified and remain in active practice. Once review occurs by all the above collaborators, a configuration confirmation request will be entered and confirmed. Once complete, the policy will go to the Clinical Policy Governance Committee for final review.

Clinical Policy Governance Committee (CPGC) – The CPGC is the official governing body charged with the approval of new or revised clinical policies relating to medical necessity determinations. The CPGC is responsible for determining whether a proposed clinical policy is clearly defined, clinically evidenced-based, assures a high level of member safety and quality of care, and is in line with core business values and any state requirements. CPGC is operated according to an annual charter that is reviewed and approved by all voting members. Charter is attached. The charter outlines applicable duties and responsibilities of the committee and its voting members. CPWs are non-voting members of the CPGC and have varying education and experience levels, including at least a bachelor's degree or equivalent years of relevant work experience and technical writing experience.

The CPGC consists of the following members, including Medical Doctors (MDs), Registered Nurses (RNs) and Doctors of Dental Science (DDSs):

- Behavioral health, substance use disorder, and medical subject matter experts (SMEs) with specialties in psychiatry (adult, child and adolescent, and addiction), surgery, hospice & palliative medicine, obstetrics and gynecology, internal medicine, family medicine, and dental specialties.
- Nurses.
- Licensed professional clinical counselors (LPCC); and,

Other representation from the following areas or departments:

- Utilization Management
- Market Support & Member Benefits
- Program Integrity
- Clinical Pharmacy
- Behavioral Health Payment Cycle & Reimbursement Strategy
- Configuration
- Grievance and Appeals
- Clinical Utilization Analytics
- Provider Operations
- Consumer Experience
- Clinical Policy Writers
- Audit & Recovery (Claims)
- Regulatory/Compliance
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The CPGC places a request for marketing to obtain internal regulatory and external state approvals, post provider network notifications and post, archive, or swap out policies on

CareSource's internet site.

Clinical coverage policies are reviewed and updated annually by CPGC. PolicyTech generates a list of policies monthly that are assigned to a CPW for annual review. The Policy Department uses the policy's effective month minus four months to determine the date that the CPGC needs to review and vote on the revised policy. PolicyTech houses the previous Word and pdf versions of the policy in various stages from draft to published statuses. These documents are used to begin research, coding, and analytics review for a revised draft, which then follows the same process as described above until completion and posting of the final, revised policy.

Additionally, new and emerging technologies are evaluated to determine efficacy and inclusion in CareSource benefits.

New or emerging technologies - New or emerging technologies are those products or equipment innovations, which represent progressive developments for advancements within the medical or behavioral health fields. At the time of review, these innovations are in a state of evolution and will substantially alter business or medical outcomes.

Reviews are completed to evaluate the science behind the technology or equipment, comparisons with existing technology and U.S. Food and Drug Administration (FDA) approval details. Investigative research is completed using at least the same sources used when CPWs write new clinical guidelines or revise current policies. Once research is completed, a presentation is compiled and presented to the NMT. That subcommittee reviews the proposed technology's strengths, limitations, and comparison to existing technology and decides whether the business should go forward with performing a financial analysis of the opportunity. NMT will decide to approve the new technologies request and move the request to contracting, pend the request and conduct additional research or answer additional questions, and/or deny the request and relay that denial to the requesting company with a reason for denial.

New Medical Technology Subcommittee (NMT)- A formal mechanism to evaluate and address new developments in technology and new applications of existing technology for inclusion in CareSource's benefits plan to keep pace with changes and to ensure that members have equitable access to safe and effective care. In addition, CareSource quality best practices dictate a need for a fair and consistent process. NMT is operated according to an annual charter that is reviewed and approved by all voting members. Charter is attached.

NMT meets on a quarterly basis to conduct a quality and safety assessment of the proposed technology(-ies). NMT is comprised of medical, behavioral health, substance use disorder and quality expertise, including Medical Doctors (MDs), Registered Nurses (RNs) and Doctors of Dental Science (DDSs) and the following:

- Behavioral health, substance use disorder, and medical Subject Matter Experts (SMEs) with specialties in psychiatry (adult, child and adolescent, and addiction), surgery, hospice & palliative medicine, obstetrics and gynecology, internal medicine, family medicine, and dental specialties
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Other representation may include members from the following areas or departments:

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- Grievance and Appeals
- Clinical Utilization Analytics

- Provider Operations
- Consumer Experience
- Clinical Policy Writers
- Audit & Recovery (Claims)
- Regulatory/Compliance
- Provider Analytics
- Clinical Operations

Discuss and identify all criteria that was considered but not utilized and the rationale for rejecting.
Criteria that is not clinically relevant or evidence based for a specific policy is rejected. Upon review of medical criteria from an external specialty group, such as AllMed, any criteria that are not nationally recognized industry standards are not utilized.

How often is the criteria reviewed? Discuss the change process and changes to the criteria in the past year, including the date the change was made.
Medical criteria are reviewed according to National Committee for Quality Assurance (NCQA) standards, annually. Administrative and reimbursement policies and criteria are reviewed at least one (1) to two (2) years, unless the following occurs:

- New or change in state or federal regulation
- New benefits or changes in benefits
- New standard of care or changes in the standard of care
- Fraud Waste and Abuse reviews that necessitate a policy of expectation to detect, prevent, or research fraud, waste, and abuse

The change process and changes in criteria occur from research outlined above. The same process is followed for new policies, annual reviews of existing policies or edit of policies due to changes in regulations, standards of care, etc.

Behavioral Health/Substance Use Disorder policies:
List of BH/SUD policies for the 2022 plan year and outlined changes:

Policies that were archived for or during the 2022 year:

Drug Testing – policy content managed by Avalon, vendor

New policies for plan year 2022:

Modifier 59

Current policies reviewed with no major content changes for plan year 2022:

Against Medical Advice
Behavioral Health Service Documentation Standards
Buprenorphine Treatment Providers
Continuity of Care
Court Mandated Health Services
Gender Affirming Surgery
Genetic Testing and Counseling
Intensive Outpatient Program - Mental Health
Intensive Outpatient Program – Substance Use Disorder
Interest Payments
Itemized Billing
Medical Necessity Determinations
Methadone Treatment Providers
Modifiers

Overpayment Recovery
Partial Hospitalization Program - Mental Health
Partial Hospitalization Program – Substance Use Disorder
Pass Through Billing
Payment to Out of Network Providers
Policy Development Process
Program Integrity Provider Prepayment Review
Readmission
Residential Treatment Services - Mental Health
Residential Treatment Services – Substance Use Disorder
Sentinel Events & Provider Preventable Conditions
Trading Partners
Transcranial Magnetic Stimulation

Medical/Surgical Medical Necessity Criteria

Medical/Surgical Policies:
List of M/S policies for plan year 2022 and changes:

Policies that were archived during the 2022 year:

Abortion – follows state specific legislation
Car-T Medications: Abecma – managed by pharmacy & MCG criteria available
Car-T Medications: Breyanzi – managed by pharmacy & MCG criteria available
Car-T Medications: Kymriah – managed by pharmacy & MCG criteria available
Car-T Medications: Tecartus – managed by pharmacy & MCG criteria available
Car-T Medications: Yescarta – managed by pharmacy & MCG criteria available
Glycosylated Hemoglobin A1C – managed by Avalon, vender
Hepatitis Panel for Acute Viral Hepatitis – managed by Avalon, vendor
Screening for Sexually Transmitted Infections – managed by Avalon, vendor
Serum Biomarker Panel Testing in Systemic Lupus Erythematosus & Rheumatoid Arthritis – codes are nonspecific, no configuration needed for content

New policies for plan year 2022:

Hyperthermic Intraperitoneal Chemotherapy
Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea
Intraosseous Basivertebral Nerve Ablation
Modifier 25
Modifier 59
Neonatal Discharge Criteria
Peroral Endoscopic Myotomy (POEM)
Positive Airway Pressure Devices for Pulmonary Disorders
ProACT Adjustable Continence Therapy
Radiofrequency & Microwave Ablation of Tumors
Standing Frames
Three-Day Payment Window

Current policies that saw no major content changes for plan year 2022:

Against Medical Advice
Applied Behavior Analysis for Autism Spectrum Disorder
Breast Reconstruction Surgery
Breast Reduction Surgery
Chiropractic Care
Continuity of Care
Continuous Glucose Monitoring
Court Mandated Health Services
Cystic Fibrosis Carrier Testing
Dental Procedures in Hospital Outpatient Facility or Ambulatory Surgery Center
Durable Medical Equipment (DME) Modifiers
Emergency Department Electrocardiogram (EKG/ECG) Interpret & Imaging Interpretation
Emergency Department Services Leveling for Facility Claims
Epidural Steroid Injections
Facet Joint Interventions
Fraction Flow Reserve from Computed Tomography (FFRct)
Gender Affirming Surgery
Genetic Testing & Counseling
Impacted Cerumen Removal
Implantable Pain Pump
Implantable Spinal Cord Stimulator
Inhaled Nitric Oxide
Insulin Infusion Pump Therapy
Interest Payments
Itemized Billing
Mechanical Stretching Devices
Medical Necessity Determinations
Medical Record Documentation Standards for Practitioners
Molecular Diagnostic Testing
Myoelectric Lower Extremity Prosthetic Technology
Negative Pressure Wound Therapy (NPWT)
Non-Invasive Vascular Studies
Nutritional Supplements
Overpayment Recovery
Pain Management Providers
Pass Through Billing
Payment of Out of Network Providers
Personal Emergency Response Systems
Policy Development Process
Preventive Evaluation & Management Services & Acute Care on Same Date of Service
Program Integrity Provider Prepayment Review
Readmission
Robotic-Assisted Surgery
Sacroiliac Joint Fusion
Sacroiliac Joint Procedures
Sentinel Events/Provider Preventable Conditions
Trading Partners

Transcutaneous Electrical Nerve Stimulation (TENS)
Trigger Point Injections

IN NQTL Report

Tab 2, Section B (Def & Criteria)

MH/SUD Medical Necessity Criteria

A – Describe the process used to develop and select the medical necessity criteria utilized in determining BH, MH and SUD benefits, and how that info is used in adverse benefit determinations.

Clinical Policy Writer (CPW) – CPW is responsible to research and develop moderate to complex medical, behavioral health, and other supporting provider policies, while adhering to company, state and federal guidelines. Among others, some essential functions include supporting operational processes of the Clinical Policy Governance Committee (CPGC), ensuring that all medical policies are compliant with relevant regulations and consistent across all lines of business, researching clinical and scientific literature and consensus guidelines to create work products for team input and CPGC, coordinating with subject matter experts to develop policy positions on issues that impact CareSource from various policy perspectives, and working with business product owners, government relations, and compliance leads to monitor legislative and regulatory activities for potential impact on existing or proposed behavioral health policies.

A bachelor's degree or equivalent work experience is required, while an advanced degree or equivalent experience is preferred. Minimum writing experience and policy development healthcare knowledge is also preferred. Competencies, knowledge, skills and licensure/certification requirements are all listed on the job descriptions for CPW.

What is the effective date of the current BH, MH and SUD disorder criteria that is in use today?

Effective dates vary according to the date the policy was written. All medical policies are reviewed and revised every year, according to NCQA requirements. All administrative and reimbursement policies are reviewed at least every two years. These timelines are also documented in the Policy Department's SOP for Clinical Policy Writing.

How/why did we select the specific BH, MH, and SUD criteria that is in use today?

CareSource follows a medical necessity policy to identify specific coverage terms regarding benefits. CareSource's Medical Necessity Determinations policy link follows:
https://www.caresource.com/documents/marketplace-in-policy-admin-ad-0048-20220701/

Per medical necessity policy, the hierarchy is as follows:

1. When a request for a service, procedure or product is subject to medical necessity review, the reviewer will determine based on the following hierarchy:
   A. Benefit contract language
   B. Federal or State regulation, including state waiver regulations, when applicable
   C. CareSource Medical Policy Statements
   D. Nationally accepted, evidence-based clinical guideline (MCG, Interqual or ASAM)

2. If the requested service is not addressed by the above hierarchy of review, the medical or behavioral health reviewer will use professional judgment in the absence of evidence-based

methodology to determine appropriate resources or other clinical best practice guidelines identified by the reviewer, which may be deemed applicable to the unique clinical circumstances of the member. Potential resources may include but are not limited to:

A. Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard
B. Evidence from two published studies from major scientific or medical peer-reviewed journals that are less than five (5) years old, preferred, and less than ten (10) years required to support the proposed use for the specific medical condition as safe and effective in persons aged 18 and over.
C. National panels and consortiums, such as NIH (National Institutes of Health), CDC (Centers for Disease Control and Prevention), AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network), Substance Abuse and Mental Health Services Administration (SAMHSA). For persons less than age 18, studies must be approved by a United States (US) institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) to protect vulnerable minors.
D. Commercial External Review Organizations such as Hayes, Inc. and UpToDate.
E. Consultation from a like-specialty peer.
E. Specialty and sub-specialty societies established as leaders in the subject matter. The list that follows includes some, but not all, of those societies and organizations:

Sub-specialty	Specialty Society
Addiction Medicine	American Society of Addiction Medicine
Cardiology	American College of Cardiology
Clinical Cardiac Electrophysiology	Heart Rhythm Society
Critical Care Medicine	Society of Critical Care Medicine
Endocrinology, Diabetes and Metabolism	American Academy of Clinical Endocrinologists Endocrine Society
Gastroenterology	American Gastroenterological Association American College of Gastroenterology
Geriatric Medicine	American Geriatrics Society
Gynecology	American Congress of Obstetricians and Gynecologists Society of Gynecologic Oncologists
Gynecologic Oncology	Society of Gynecologic Oncologists
Hematology	American Society of Hematology
Hospice and Palliative Medicine	American Academy of Hospice and Palliative Medicine
Infectious Disease	Infectious Disease Society of America
Internal Medicine	UpToDate
Nephrology	American Society of Nephrology
Oncology	American Society of Clinical Oncology
Pediatrics	American Academy of Pediatrics
Psychiatry	American Psychiatric Association American Academy of Child & Adolescent Psychiatry
Pulmonary Disease	American College of Chest Physicians
Rheumatology	American College of Rheumatology
Sleep Medicine	American Academy of Sleep Medicine
Surgery of the Hand	American Society for Surgery of the Hand

3. In addition, the medical or behavioral reviewers may seek a consultation based on the requested service from a like specialty peer or applicable medical director.

When guidelines are unclear or require additional guidance, requests are made by various CareSource team members to write policies that assist in guiding decisions on coverage. The link for CareSource Policy Development Process policy follows: https://www.caresource.com/documents/marketplace-in-policy-admin-ad-0914-20220501/

Clinical Coverage Guidelines – These are evidence-based documents detailing the medical necessity of given procedures, prescription drugs, or technologies. The guidelines set consistent criteria for the coverage of a procedure or technology, leading to greater consistency and efficiency in clinical decision making. This consistency and efficiency results in better interactions between CareSource and the provider and also increases the quality of members' health.

Clinical coverage guidelines can be clarified using one of more of the following policy types:

1. **Medical/Clinical Policy Statement** – Policies written to provide guidance to a provider as to what medical necessity criteria (medical or behavioral) must be met for the provider to render a service and receive payment.
2. **Administrative Policy Statement** – Policies written to assist the provider in the provision and administration of behavioral or physical health benefits.
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Other representation from the following areas or departments:

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Reviews are completed to evaluate the science behind the technology or equipment, comparisons with existing technology and U.S. Food and Drug Administration (FDA) approval details. Investigative research is completed using at least the same sources used when CPWs write new clinical guidelines or revise current policies. Once research is completed, a presentation is compiled and presented to the NMT. That subcommittee reviews the proposed technology's strengths, limitations, and comparison to existing technology and decides whether the business should go forward with performing a financial analysis of the opportunity. NMT will decide to approve the new technologies request and move the request to contracting, pend the request and conduct additional research or answer additional questions, and/or deny the request and relay that denial to the requesting company with a reason for denial.

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- Behavioral and medical Subject Matter Experts (SMEs) with specialties in psychiatry (adult, child and adolescent, and addiction), surgery, hospice & palliative medicine, obstetrics and gynecology, internal medicine, family medicine, and dental specialties.
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- Provider Operations
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Discuss and identify all criteria that was considered but not utilized and the rationale for rejecting.

Criteria that is not clinically relevant for a specific policy is rejected. Upon review of medical criteria from an external specialty group, such as AllMed, any criteria that are not nationally recognized industry standards are not utilized.

How often is the criteria reviewed? Discuss the change process and changes to the criteria in the past year, including the date the change was made.

Medical criteria are reviewed according to National Committee for Quality Assurance (NCQA) standards, annually. Administrative and reimbursement policies and criteria are reviewed at least one (1) to two (2) years, unless the following to detected:

- New or change in state or federal regulation
- New benefits or changes in benefits
- New standard of care or changes in the standard of care
- Fraud Waste and Abuse reviews that necessitate a policy of expectation to detect, prevent, or research fraud, waste, and abuse

The change process and changes in criteria occur from research outlined above. The same process is followed for new policies, annual reviews of existing policies or edit of policies due to changes in regulations, standards of care, etc.

A copy of all policies can be found at the following link:
Provider Policies | Indiana – Marketplace | CareSource

Mental Health/SUD policies:
List of MH/SUD policies for the 2021 plan year and outlined changes:

New policies for plan year 2021:

1. *Behavioral Health Documentation Standards for Practitioners*
2. *Health Acquired Conditions*
3. *Interest Payments*

Current policies undergoing revisions for plan year 2021:

1. *Gender Affirming Surgery* - Added to the behavior health provider list a psychiatric nurse practitioner. Added must be managed by an endocrinologist. Additionally, the hormones may be managed by an experienced physician, physician's assistant, or nurse practitioner.

2. *Medical Necessity Determinations* - Policy I. The reviewer will determine medical necessity based on the following hierarchy: A. Benefit contract language. B. Federal regulation or state regulation including state waiver regulations when applicable.
3. *Readmission* - Removing Peer to Peer and appeals process.
4. *Residential Treatment Services–Mental Health* - Changed from a reimbursement policy to administrative. No other substantive changes.
5. Residential Treatment Services - Substance Use Disorder - Changed from a reimbursement policy to administrative. Clarification of HCPCS codes.
6. *Transcranial Magnetic Stimulation* – Changed Sec C 1 a from maximum to "Adequate trials of 4 antidepressant agents which include at least 2 different agent classes, at or near the maximum effective dose. Changes in definitions. Added medication side effects. Updated and revised Major Depressive Disorder to align with other standards. PA is required with confirmed diagnosis.

Current policies that saw no major changes for plan year 2021:
1. *Court Mandated Health Services*
2. *Drug Testing*
3. *Intensive Outpatient Program – Mental Health*
4. *Intensive Outpatient Program – Substance Use Disorder*
5. *Partial Hospitalization Program – Mental Health*
6. *Partial Hospitalization Program – Substance Use Disorder*

Medical/Surgical Medical Necessity Criteria

Medical/Surgical Policies:
List of M/S policies for plan year 2021 and changes:

New policies for plan year 2021:
1. *Chiropractic Care*
2. *Durable Medical Equipment (DME) Modifiers*
3. *Health Acquired Conditions*
4. *Inhaled Nitric Oxide*
5. *Interest Payments*
6. *Modifiers*
7. *Myoelectric Lower Extremity Prosthetic Technology*
8. *Non-Invasive Vascular Studies*
9. *Pain Management Providers*
10. *Covid-19 Vaccination*
11. *Dental Procedures in Hospital, Outpatient Facility or Ambulatory Surgery Center*
12. *Temporomandibular Joint Disorder or Dysfunction (TMJD/TMD) Craniomandibular Jaw Disorder/Non-Surgical Treatment*

Current policies that saw no major changes for plan year 2021:
1. *Breast Reconstruction Surgery*
2. *Court Mandated Health Services*
3. *Drug Testing*
4. *Fraction Flow Reserve from Computer Tomography (FFRct)*
5. *Genetic Testing and Counseling*
6. *Nutritional Supplements*

Current policies that saw changes for plan year 2021:

1. *Abortion* - Added telehealth may not be used for any abortion related services, including writing or filling of a prescription for any purpose that my result in abortion.
2. *Applied Behavior Analysis Therapy for Autism Spectrum Disorder* – Changed from a reimbursement policy to an administrative policy. Removed PA language. III.B.1. Primary diagnosis by a qualified practitioner. Added to section 5. F.02: Will be performance-based and based on child's assessment and treatment needs, etc. Removed old section M. Sec. DIII 5.g. added ABA services must include parent/family training. Edited Sec. V. Removed VII. Discussion over section D. Policy III. ABA treatment B 1. And 2. Changes made to verbiage B. For initiation of ABA services, documentation needs to show medical necessity through the following criteria: 1. Definitive primary diagnosis made by a qualified practitioner who has a clinical relationship with the member and is independent of the ABA provider. 2. An ABA order/recommendation from a provider other than one who has a financial relationship with the ABA entity that is planning to provide these services.
3. *Breast Reconstruction Surgery* – added updates to MCG Health clinical indications (25th ed).
4. *Continuous Glucose Monitoring* – EOC has some different language, added for MP LOB.
5. *Emergency Department Electrocardiogram Interpretation and Imaging Interpretation* - *C*onverting to an administrative policy. Separated out the EKG interpretation Emergency Department language. This policy was to prevent duplicate billing. CareSource will reimburse the first EKG interpretation claim that is received for the member on the date of service. If a second EKG interpretation is medically necessary on the same date of service before the member is discharged, modifier 76 or modifier 77 must be appended to the second EKG interpretation for reimbursement.
6. *Epidural Steroid Injections* - Removed PA language and reorganized
7. *Facet Joint Interventions* – Removed PA language.
8. *Gender Affirming Surgery* – Added to the behavior health provider list a psychiatric nurse practitioner. Added must be managed by an endocrinologist. Additionally, the hormones may be managed by an experienced physician, physician's assistant, or nurse practitioner.
9. *Implantable Pain Pump* - Removed PA language and reorganized
10. *Implantable Spinal Cord Stimulator* – Removed PA language and reorganized
11. *Insulin Infusion Pump* – Added standards of care and removed PA language. Added OAC note. Small differences in some of the policies per State.
12. *Medical Record Documentation Standards for Practitioners* – Additions requested by SIU to prevent falsified documentation by providers: Falsified Documentation
    A. Providers are reminded that deliberate falsification of medical records is a felony offense and is viewed seriously when encountered. Examples of falsifying records include:
        1. Creation of new records when records are requested;
        2. Back-dating entries;
        3. Post-dated entries;
        4. Writing over, or
        5. Adding to existing documentation (except where described in amendments, late entries, or corrections).
    B. Corrections to the medical record legally amended prior to claims submission and/or medical review will be considered in determining the validity of services billed. If these changes appear in the record following payment determination

based on medical review, only the original record will be reviewed in determining payment of services billed.

C. Appeal of claims denied on the basis of an incomplete record may result in a reversal of the original denial if the information supplied includes pages or components that were part of the original medical record but were not submitted on the initial review.

13. *Overpayment Recovery* - Added management of claims balance information and definitions.
14. *Personal Emergency Response System (PERS)* - added State references for the IAC
15. *Sacroiliac Joint Fusion* - Removed PA language and reorganized
16. *Sacroiliac Joint Procedures* - Removed PA language and reorganized
17. *Trigger Point Injections* – Removed PA language and reorganized

NQTL Blanket Exclusions – Georgia 2022

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SECTION 5 – YOUR COVERED SERVICES

1. AMBULANCE SERVICES

Limitations

The Plan does not cover Ambulance Services provided by ambulettes or similar vehicles, including taxi or other means of public transportation.

Non-Covered Services include trips to a Physician's office, clinic, morgue or funeral home.

2. AUTISM SPECTRUM DISORDER SERVICES

Limitations:

Adaptive Behavioral Treatment; including Applied Behavioral Analysis; must be provided by or under the supervision of a professional who is licensed; certified; or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan.

4. BEHAVIORAL HEALTH CARE SERVICES

Limitations

The following Health Care Services are not Covered Services:

- Custodial Care or Domiciliary Care.
- Supervised living or halfway houses.
- Room and board charges unless the treatment provided meets our Medical Necessity criteria for Inpatient Services for your condition.
- Services or care provided or billed by a school, halfway house, Custodial Care center for the developmentally disabled, or outward-bound programs, even if psychotherapy is included.

5. COVERED CLINICAL TRIALS

Limitations

The Plan does not cover the following:

- A Health Care Service is provided solely to satisfy data collection and analysis needs for the clinical trial that is not used in the direct clinical management of you;

• A Health Care Service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

• An Experimental or Investigational drug or device that has not been approved for market by the United States Food and Drug Administration;

• Transportation, lodging, food, or other expenses for you, your family members or your companions that are associated with the travel to or from a Facility providing the approved clinical trial;

• A Health Care Service provided by the clinical trial sponsors free of charge to you; and

• A Health Care Service that is eligible for reimbursement by a person other than the Plan, including the sponsor of the clinical trial.

6. DENTAL SERVICES – PEDIATRIC

Limitations:

An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the Dentist. The ABP does not commit the Covered Person to the less costly treatment. However, if the Covered Person and the Provider choose the more expensive treatment, the Covered Person is responsible for the additional charges beyond those allowed under this ABP.

Exclusions:

In addition to the exclusions listed in Section 7: *What Is Not Covered*, the following exclusions apply to Pediatric Dental Benefits.

- Although we may list a specific service as a Benefit, we will not cover it unless we determine it is Medically Necessary for the prevention, diagnosis, care, or treatment of a Covered Service.
- Any dental service or procedure not listed as a Covered Service under Class I, II, III, or IV above.
- Services provided by providers not within the Dental Benefit Manager's Network of Providers
- Services and treatments not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In those states, the Plan will pay for eligible Covered Services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
- Hospitalization or other facility charges.
- Any Dental Procedure performed solely for cosmetic/aesthetic reasons.
- Any Dental Procedure not directly associated with dental disease.

- Any Dental Procedure not performed in a dental setting.
- Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jawbone surgery (including that related to the temporomandibular joint). Orthognathic surgery, jaw alignment, and treatment for the temporomandibular joint.
- Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
- Replacement of complete dentures, fixed and removable partial dentures, or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dental Provider. If replacement is Necessary because of patient non- compliance, the patient is liable for the cost of replacement.
- Infection control, including, but not limited to, sterilization techniques.
- Prescription Drugs or pre-medications, whether dispensed or prescribed.

7. DENTAL SERVICES – OTHER

Benefits are not provided for routine dental care, except as provided in Section 5: *Your Covered Services, Dental Services- Pediatric* or by rider.

Limitations

The provisions of this section may not be construed to require coverage for the dental care for which the general anesthesia is provided.

Injury as a result of chewing or biting is not considered an accidental Injury, and Health Care Services related to such injuries are not Covered Services.

The Plan may restrict coverage for general anesthesia and associated Outpatient Facility charges unless the dental care is provided by:

- A fully accredited specialist in pediatric dentistry or other dentist fully accredited in a recognized dental specialty for which hospital or ambulatory surgical facility privileges are granted;
- A dentist who is certified by virtue of completion of an accredited program of postgraduate training to be granted hospital or ambulatory surgical facility privileges; or
- A dentist who has not yet satisfied certification requirements but has been granted hospital or ambulatory surgical facility privileges.

8. DIABETIC EDUCATION, EQUIPMENT, AND SUPPLIES

Limitations

Covered Services for diabetes self-management training must be provided by a certified, registered, or licensed Network Provider with expertise in diabetes and will conform to current standards established by the American Diabetes Association.

10. EMERGENCY HEALTH CARE SERVICES

Limitations

Follow-up care and other care and treatment provided after you have been Stabilized is no longer considered Emergency Health Care Services. Continuation of care from a Non-Network Provider beyond that needed to evaluate or Stabilize your condition in an Emergency will not be covered unless we authorize the continuation of such care and it is Medically Necessary.

13. HOME HEALTH CARE SERVICES

Limitations

The Plan provides Benefits for up to a maximum of one hundred twenty (120) Home Health Care Services visits per Benefit Year. Each visit by an authorized representative of a Home Health Care agency of two (2) hours or less will be considered as one (1) Home Health Care visit.

Non-Covered Services include but are not limited to:

- Food, housing, homemaker services and home delivered meals.
- Custodial Care.
- Maintenance Therapy.
- Home or Outpatient hemodialysis services (these are covered under Therapy Services).
- Physician charges billed by the Home Health Care Agency.
- Helpful environmental materials (handrails, ramps, telephones, air conditioners, and similar services, appliances, and devices).
- Services provided by registered nurses and other health workers who are not acting as employees or under approved arrangements with a contracting Home Health Care Agency.
- Services provided by a member of your family.

- Services provided by volunteer Ambulance associations for which you are not obligated to pay, visiting teachers, vocational guidance and other counselors, and services related to outside, occupational, and social activities.
- The provision or administration of self-administered injectable drugs; unless otherwise approved by us.

14. HOSPICE SERVICES

Limitations

Non-Covered Services include:

- Medical equipment, supplies and equipment used to treat you when the Facility you are in should provide such equipment.
- Services provided by volunteers.
- Services by a licensed pastoral counselor to a member of his or her congregation. These are services in the course of the duties to which he or she is called as a pastor or minister.
- Housekeeping services.
- Services received if you do not have a Terminal Illness.
- Inpatient Services not required for acute pain control or other treatment for an acute phase of chronic symptom management.

15. INFERTILITY SERVICES

Limitations

Not all services connected with the treatment of infertility are Covered Services. Refer to Section 7: *What Is Not Covered*.

16. INPATIENT SERVICES

Limitations

The Plan provides Benefits for a maximum of sixty (60) days per Benefit Year for Skilled Nursing Facility stays.

The Plan provides Benefits for a maximum of sixty (60) days per Benefit Year for Inpatient Rehabilitation Facility stays.

The following consultations are not Covered Services: staff consultations required by Hospital rules; consultations requested by you; routine radiological or cardiographic

consultations; telephone consultations; and EKG transmittal by phone.

18. MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT, AND APPLIANCES

A. Medical Supplies

Limitations

The following items are not Covered Services:

- Adhesive tape, Band-Aids, cotton tipped applicators
- Arch Supports
- Donut cushions
- Hot packs, ice bags
- Vitamins, except those covered under the Prescription Drug Formulary as a Preventive Service.
- Med injectors

B. Durable Medical Equipment

Limitations

The following are not Covered Services:

- Air Conditioners
- Ice bags/cold pack pump
- Raised Toilet Seats
- Rental Equipment if the Covered Person is in a Facility that is expected to provide such equipment
- Translift chairs
- Treadmill exerciser
- Tub Chair used in shower

Reimbursement for a motorized wheelchair will be limited to the reimbursement for a standard wheelchair, when a standard wheelchair adequately accommodates your condition.

C. Prosthetics

Limitations

The following are not Covered Services:

- Denture, replacing teeth or structures directly supporting teeth
- Dental appliances when the primary diagnosis is dental in origin. This exclusion does not apply to dental appliances for which Benefits are provided as described under Section 5 – Your Covered Services - Dental Services – Pediatric.
- Such non-rigid appliances as elastic stockings, garter belts, arch supports and corsets
- Artificial heart implants
- Penile prosthesis when the primary diagnosis is suffering from impotency resulting from disease or Injury.

D. Orthotics

Limitations

The following are not Covered Services:

- Orthopedic Shoes (except therapeutic shoes for diabetics)
- Foot support devices, such as arch supports and corrective shoes, unless they are an integral part of a leg brace
- Standard elastic stockings, garter belts and other supplies not specifically made and fitted (except as specified under Medical Supplies).

20. OUTPATIENT SERVICES

Limitations

Professional charges only include services billed by a Network Physician or other Network Provider.

26. ROUTINE HEARING SERVICES, HEARING AIDS AND RELATED SERVICES

Exclusion

Non-routine and medical based hearing exams are not covered within this category of this Evidence of Coverage.

29. TELEMEDICINE HEALTH CARE SERVICES

Limitations

Covered Services do not include normal communication with your PCP or other Network provider, including, the following:

- Reporting normal lab or other test results;

- Office appointment requests;
- Billing, insurance coverage or payment questions;
- Requests for referrals to doctors outside the online care panel;
- Benefit precertification; and
- Physician to Physician consultation.

The use of standard telephone, fax transmissions, electronic mail, or a combination thereof does not constitute Telehealth and is not a Covered Service.

31. TRANSPLANT: HUMAN ORGAN AND TISSUE TRANSPLANT (BONE MARROW/STEM CELL) SERVICES

Non-Covered Services for transportation and lodging include:

- Childcare;
- Mileage for travel while within the Facility's city;
- Rental cars, buses, taxis, or shuttle service, except as specifically approved by us;
- Frequent Flyer miles;
- Coupons, Vouchers, or Travel tickets;
- Prepayments or deposits;
- Services for a condition that is not directly related to, or a direct result of, the transplant;
- Telephone calls;
- Laundry;
- Postage;
- Entertainment;
- Interim visits to a medical care Facility while waiting for the actual transplant procedure;
- Travel expenses for donor companion/caregiver; and
- Return visits for the donor for a treatment of a condition found during the evaluation.

31. VISION SERVICES – PEDIATRIC

Exclusions:

We do not cover the following:

- Services provided by providers not within the EyeMed™ Insight Network of Providers;
- Any vision service, treatment or materials not specifically listed as a Covered Service;
- Services and materials that are Experimental or Investigational;
- Services or materials which are rendered prior to your effective date;
- Services and materials incurred after the termination date of your coverage unless otherwise indicated;
- Services and materials not meeting accepted standards of optometric practice;
- Services and materials resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, charges for personalization or characterization of prosthetic appliances;
- Services or materials provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts, or any costs associated with forwarding/mailing copies of your records or charts;
- State or territorial taxes on vision services performed;
- Medical treatment of eye disease or Sickness or Injury;
- Visual therapy;
- Special lens designs or coatings other than those listed as Covered Services;
- Replacement of lost/stolen eyewear;
- Non-prescription (Plano) lenses;
- Two pairs of eyeglasses in lieu of bifocals;
- Services not performed by licensed personnel;
- Prosthetic devices and services;

- Insurance of contact lenses;

- Professional services you receive from immediate relatives or household members, such as a spouse, parent, child, brother or sister, by blood, marriage or adoption.

SECTION 6 – PRESCRIPTION DRUGS

Prescription Drugs Exclusions - What the Prescription Drug Plan Will Not Cover

Exclusions from coverage listed under Section 6: What Is Not Covered also apply to this section. In addition, the following Exclusions apply.

Medications that are:

- Prescription Drugs not on the Prescription Drug Formulary and that do not meet all requirements for Medical Necessity and the Medical Necessity for Non-Formulary policy.

- Not approved by the Food and Drug Association

- Dispensed with a date of service outside of your coverage eligibility

For any condition, Injury, Sickness or Behavioral Health Disorder arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a Claim for such benefits is made or payment or benefits are received;

- A Prescription Drug for which payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law;

- Pharmaceutical products for which Benefits are provided under the medical portion of this EOC (Section 5: Your Covered Services);

- An available over-the-counter drug that does not require a prescription order or refill by federal or state law before being dispensed, unless (1) the Plan has designated the over-the-counter drug as eligible for coverage as if it were a Prescription Drug or the over-the-counter drug is classified as a Preventive Health Care Service and (2) it is obtained with a prescription order or refill from a Physician and (3) is available on the Prescription Drug Formulary;

- Prescription Drugs that are available in over-the-counter form or are comprised of components that are available in over-the-counter form or equivalent. This Exclusion does not apply to over-the-counter products that the Plan is required to cover under federal law that are mandated as a Preventive Health Care Service;

- Certain Prescription Drugs that the Plan has determined are Therapeutically Equivalent to an over-the-counter drug. This Exclusion does not apply to over-the-counter products

that the Plan is required to cover under federal law that are mandated as a Preventive Health Care Service;

- Compounded drugs that do not contain at least one ingredient that has been approved by the United States Food and Drug Administration which is on the Prescription Drug Formulary, and requires a prescription order or refill. Compounded drugs that are available as a similar commercially available Prescription Drug. (Compounded drugs that contain at least one covered ingredient that requires a prescription order or refill are assigned to the highest applicable copay, or Tier 3);

- Compounded drugs that are commercially available in a different form to treat the same disorder, unless the compounded dosage form and it's components meet all standards of Medical Necessity and contains covered Drugs that cannot be administered through another commercially available product.

- Dispensed by a Pharmacy that is a Non-Network Provider;

- Dispensed outside of the United States, unless dispensed as part of Emergency Health Care Services or Urgent Care Services;

- Durable Medical Equipment (prescribed and non-prescribed Outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered on the Prescription Drug Formulary);

- Dispensed in an amount (days' supply or quantity or dose limit) which exceeds the supply limit;

- Prescribed, dispensed, or intended for use during an Inpatient Stay;

- Prescribed, dispensed, or intended for use during a Skilled Nursing Stay.

- Prescribed for appetite suppression and other weight loss products;

- Prescribed for hyperhidrosis

- Prescribed for sexual dysfunction as a primary diagnosis

- Prescription Drugs, including new Prescription Drugs or new dosage forms, that CareSource determines do not meet the definition of a Covered Service;

- Prescription Drugs that contain an active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug;

- Typically administered by a qualified Provider or licensed health professional in an Outpatient setting. This Exclusion does not apply to Depo Provera and other injectable drugs used for contraception which may be covered according to the Prescription Drug Formulary;

- Used for conditions and/or at dosages determined to be Experimental or Investigational, or Unproven, unless CareSource has agreed to cover an Experimental or Investigational or Unproven Service, as defined in Section 13: Glossary;

- Used for Cosmetic Procedures or purposes;

- For growth hormone therapy to treat familial short stature. (This Exclusion does not apply to growth hormone therapy which is Medically Necessary, as determined by CareSource, to treat a diagnosed medical condition other than familial short stature);

- Used for treatment of onchomycosis;

- Fertility drugs unless used to treat the medical condition that results in infertility; and

- Drugs considered as natural or homeopathic remedies, medical foods, herbal remedies or supplements, naturopathic therapies, complementary medicines, or alternative medicines.

SECTION 7 – WHAT IS NOT COVERED

Exclusions

We will not pay Benefits for any of the services, treatments, items or supplies described in this section. All Exclusions listed in this section apply to you. The services, treatments, items or supplies listed in this section are not Covered Services unless they are listed as a Covered Service in Section 5: Your Covered Services or through a Rider/Enhancement or Amendment to this EOC.

We do not provide Benefits for the following Health Care Services that are: • Listed as an Exclusion in this EOC.

- Listed as an Exclusion in the EOC

- Not Medically Necessary or do not meet our medical policy, clinical coverage guidelines, or Benefit policy guidelines.

- Received from a Non-Network Provider unless specifically covered in this EOC or authorized by the Plan.

- Received from an individual or entity that is not recognized by us as a Provider, as defined in this EOC.

- For services that require prior authorization and prior authorization is not obtained

- For services that exceed applicable benefit limitations.

- Experimental or Investigational Services. The fact that a service is the only available treatment for a condition will not make it eligible for coverage if we deem it to be an Experimental or Investigational Service. Please refer to the Experimental or Investigational Services Exclusion section, below, for further information on how we determine whether a service is Experimental or Investigational.

- Received to treat any condition, disease, defect, ailment, or Injury arising out of and in the course of employment if benefits are available under any Workers' Compensation Act or other similar law. If Workers' Compensation Act benefits are not available to you, then this Exclusion does not apply. This Exclusion applies if you receive Workers' Compensation Act benefits in whole or in part. This Exclusion also applies whether or not you Claim the benefits or compensation. It also applies whether or not you recover compensation from any Third Party.

- Provided to you as benefits by any governmental unit, unless otherwise required by law or regulation.

- Received to treat any Sickness or Injury that occurs while serving in the armed forces.

- Received to treat a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.

- Abortion, except in the case of a Medical Emergency. For purposes of this Exclusion, Medical Emergency shall mean any condition which, in reasonable medical judgment, so complicates the medical condition of a pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial or irreversible impairment of a major bodily function of the pregnant woman or death of the unborn child. No such condition shall be deemed to exist if it is based on a diagnosis or claim of a mental or emotional condition of the pregnant woman or that the pregnant woman will purposefully engage in conduct which she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function.

- For court ordered testing or care unless Medically Necessary.

- Health Care Services received while incarcerated due to a felony conviction in a federal, state or local penal institution or required while in custody of federal, state, or local law enforcement authorities due to a felony conviction, including work release programs, unless otherwise required by law or regulation.

- Health Care Services for which you have no legal obligation to pay in the absence of this or like coverage.

- For the following Provider charges listed below:

    o Surcharges for furnishing and/or receiving medical records and reports.

    o Charges for doing research with Providers not directly responsible for your care.

    o Charges that are not documented in Provider records.

    o Charges from an outside laboratory or shop for services in connection with an order involving devices that are manufactured by that laboratory or shop, but which are designed to be fitted and adjusted by the attending Physician.

o For membership, administrative, or access fees charged by Providers. Examples of administrative fees include, fees charged for educational brochures or calling you to provide your test results.

• Received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.

• Prescribed, ordered or referred by or received from a member of your immediate family.

• For completion of Claim forms or charges for medical records or reports unless otherwise required by law.

• For missed or canceled appointments.

• For any travel related expenses, except as authorized by us or specifically stated as a Covered Service

• For Health Care Services received prior to the date your coverage began under this EOC.

• For Health Care Services received after the date your coverage terminates.

• For Health Care Services provided in connection with Cosmetic Procedures or cosmetic services. Cosmetic Procedures and cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for psychiatric or psychological reasons. No Benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

• For Health Care Services to treat complications directly related to a Cosmetic Procedure, as determined by the Plan. This Exclusion applies even if the original Cosmetic Procedure was performed while the Covered Person was covered by another policy, plan or other benefit program when the original Cosmetic Procedure was performed. Directly related means that the Health Care Services were the direct result of the Cosmetic Procedure and would not have been performed in the absence of the Cosmetic Procedure.

• For maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. Maintenance therapy includes treatment that preserves your present level of functioning and prevents loss of that functioning, but which does not result in any additional improvement. Maintenance therapy does not include services classified as Habilitative Services.

- Sleep therapy.
- Chemonucleolysis.
- Biliary lithotripsy.

- Light treatments for Seasonal Affective Disorder.
- Prolotherapy.
- Sensory integration therapy.
- Services provided by a Family Member.

• Charges for the following:

o Custodial Care, convalescent care or rest cures.

o Domiciliary Care provided in a residential institution, treatment center, halfway house, or school because your own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.

o Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.

o Services or care provided or billed by a school, Custodial Care center for the developmentally disabled, or outward bound programs, even if psychotherapy is included.

o Wilderness camps.

• For surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.

• For routine foot care, including the cutting or removing of corns and calluses; nail trimming, cutting or debriding, hygienic and preventive maintenance foot care, including:

o Cleaning and soaking the feet.

o Applying skin creams in order to maintain skin tone.

o Other services that are performed when there is not a localized Sickness, Injury or symptom involving the foot.

• For weight loss programs unless specifically listed as covered in this EOC. This Exclusion includes commercial weight loss programs and fasting programs.

• For bariatric surgery, regardless of the purpose it is performed. This includes Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery, Gastroplasty, or gastric banding procedures.

• For Health Care Services to treat complications directly related to bariatric surgery, including Health Care Services that result in an Inpatient Stay or an extended Inpatient Stay, as determined by us. This Exclusion applies when the bariatric surgery was not a Covered Service under this Plan. This exclusion also applies even if the bariatric surgery was performed while the Covered Person was covered by another policy, plan or other benefit program when the bariatric surgery was performed. Directly related means that the Health Care Services were the direct result of the bariatric surgery and would not have been performed in the absence of the bariatric surgery.

• For any treatment or Health Care Services received outside the United States, excluding Emergency Health Care Services received outside the United States.

• For marital counseling.

• For biofeedback.

• For workplace / hiring physicals.

• For prescription, fitting, or purchase of eyeglasses or contact lenses.

• For vision orthoptic training.

• For hearing aids or examinations to prescribe or fit them.

• For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.

• For Health Care Services and associated expenses for Assisted Reproductive Technology (ART) including: artificial insemination, in vitro fertilization, gamete intrafallopian transfer (GIFT) procedures, zygote intrafallopian transfer (ZIFT) procedures or any other treatment or procedure designed to create a Pregnancy. This includes any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation.

• For the reversal of surgical sterilization.

• For cryo-preservation and other forms of preservation of reproductive materials.

• For long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue and testicular tissue.

• For Health Care Services related to surrogacy if the Covered Person is not the surrogate.

• For services and materials not meeting accepted standards of optometric practice.

• For visual therapy.

• For workplace / hiring physicals.

- For special lens designs or coatings other than those described in this EOC.
- For replacement of lost/stolen eyewear.
- For non-prescription (Plano) lenses.
- For two (2) pairs of eyeglasses in lieu of bifocals.
- For insurance of contact lenses, except as explained herein.
- For personal hygiene, environmental control, or convenience items including:
    - o Air conditioners, humidifiers, air purifiers;
    - o Personal comfort and convenience items during an Inpatient Stay such as daily television rental, telephone services, cots or visitor's meals;
    - o Charges for non-medical self-care except as otherwise stated;
    - o Purchase or rental of supplies for common household use, such as water purifiers;
    - o Allergenic pillows, cervical neck pillows, special mattresses, or waterbeds;
    - o Infant helmets to treat positional plagiocephaly;
    - o Safety helmets for neuromuscular diseases; or
    - o Sports helmets.
- For emergency response systems, unless otherwise authorized by Plan.
- For automatic medication dispensers, unless otherwise authorized by Plan.
- For health club memberships, health spas, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a Provider.
- For telephone consultations or consultations via electronic mail or web site, except as required by law, authorized by us, or as otherwise described in this EOC.
- For Health Care Services received in an Emergency Room which are not Emergency Health Care Services. This includes but is not limited to suture removal in an Emergency Room.
- For eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis or excimer laser refractive keratectomy.
- For self-help training and other forms of non-medical self-care.
- For examinations relating to research screenings.

• For stand-by charges of a Provider.

• For physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, for licensing, or for other purposes; this Exclusion shall not apply to those Health Care Services for which Benefits have not been exhausted or that have not been covered by another source.

• For private duty nursing services rendered in a Hospital or Skilled Nursing Facility. Private duty nursing services are Covered Services only when provided through the Home Health Care Services Benefit as specifically stated in Section 5: *Your Covered Services.*

• For services and supplies related to the primary diagnosis of male or female sexual or erectile dysfunction or inadequacies. This exclusion includes sexual therapy and counseling, penile prostheses or implants and vascular or artificial reconstruction, prescription drugs, and all other procedures and equipment developed for or used in the treatment of a primary diagnosis of impotency, and all related diagnostic services.

• For services or supplies related to alternative or complementary medicine. Services in this category include acupuncture, holistic medicine, homeopathy, hypnosis, aroma therapy, massage and massage therapy, reiki therapy, herbal, vitamin or dietary products or therapies, naturopathy, thermograph, orthomolecular therapy, contact reflex analysis, bioenergial synchronization technique (BEST), iridology-study of the iris, auditory integration therapy (AIT), colonic irrigation, magnetic innervation therapy, electromagnetic therapy, and neurofeedback.

• For any services or supplies provided to a person not covered under this EOC in connection with a surrogate Pregnancy.

• For surgical treatment of gynecomastia.

• For treatment of hyperhidrosis (excessive sweating).

• For human growth hormone for children born small for gestational age.

• For drugs, devices, products, or supplies with over-the-counter equivalents and any drugs, devices, products, or supplies that are Therapeutically Equivalent to an over-the-counter drug, device, product, or supply.

• For sclerotherapy for the treatment of varicose veins of the lower extremities including ultrasonic guidance for needle and/or catheter placement and subsequent sequential ultrasound studies to assess the results of ongoing treatment of varicose veins of the lower extremities with sclerotherapy.

• For treatment of telangiectatic dermal veins (spider veins) by any method.

• For reconstructive services except as specifically stated in the Your Covered Services section of this EOC, or as required by law.

• For nutritional and/or dietary supplements, except as provided in Section 3: How the Plan Works or as required by law. This Exclusion includes: those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed Pharmacist.

• Received if the Injury, Illness, or Sickness for which the Health Care Services are rendered resulted from an action or omission for which a governmental entity is liable.

• Not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible Covered Services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.

• For all adult dental treatment except as specified elsewhere in this EOC. "Dental treatment" includes: preventive care, diagnosis, treatment of or related to the teeth, jawbones (except that temporomandibular disorders (TMJ) and craniomandibular disorders (CMD) are Covered Services) or gums, including but not limited to :

  o Extraction, restoration and replacement of teeth.

  o Medical or surgical treatments of dental conditions for adults.

  o Services to improve dental clinical outcomes.

• For adults - treatment of the teeth, jawbone or gums that is required as a result of a medical condition except as expressly required by law or specifically stated as a Covered Service.

• For dental implants for adults.

• For dental braces for adults.

• For adults - dental x-rays, supplies & appliances and all associated expenses, including hospitalization and anesthesia, except as required by law. The only exceptions to this are for any of the following:

  o Transplant preparation.

  o Initiation of immunosuppressives.

  o Direct treatment of acute traumatic Injury, cancer or cleft palate.

• For treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a Congenital Anomaly.

• For oral surgery that is dental in origin for adults.

Experimental or Investigational Services Exclusion

Any drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply used in or directly related to the diagnosis, evaluation, or treatment of a disease, Injury, Illness, or other health condition which we determine to be Experimental or Investigational is not covered under the Plan.

We will deem any drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply to be Experimental or Investigational if we determine that one or more of the following criteria apply when the service is rendered with respect to the use for which coverage is sought. The drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply:

- Cannot be legally marketed in the United States without the final approval of the United States Food and Drug Administration, or other licensing or regulatory agency, and such final approval has not been granted; or
- Has been determined by the United States Food and Drug Administration to be contraindicated for the specific use; or
- Is provided as part of a clinical research protocol or clinical trial or is provided in any other manner that is intended to evaluate the safety, toxicity, or efficacy of the drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
- Is subject to review and approval of an Institutional Review Board (IRB) or other body serving a similar function; or
- Is provided pursuant to informed consent documents that describe the drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply as Experimental or Investigational, or otherwise indicate that the safety, toxicity, or efficacy of the drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is under evaluation

Any service not deemed Experimental or Investigational based on the criteria above may still be deemed Experimental or Investigational by us. In determining whether a Health Care Service is Experimental or Investigational, we will consider the information described below and assess whether:

- The scientific evidence is conclusory concerning the effect of the service on health outcomes;
- The evidence demonstrates the service improves net health outcomes of the total population for whom the service might be proposed by producing beneficial effects that outweigh any harmful effects;
- The evidence demonstrates the service has been shown to be as beneficial for the total population for whom the service might be proposed as any established alternatives; and
- The evidence demonstrates the service has been shown to improve the net health outcomes of the total population for whom the service might be proposed under the usual conditions of medical practice outside clinical investigatory settings.

The information considered or evaluated by us to determine whether a drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is Experimental or

Investigational under the above criteria may include one or more items from the following list which is not all inclusive:

- Published authoritative, peer-reviewed medical or scientific literature, or the absence thereof; or
- Evaluations of national medical associations, consensus panels, and other technology evaluation bodies; or
- Documents issued by and/or filed with the United States Food & Drug Administration or other federal, state or local agency with the authority to approve, regulate, or investigate the use of the drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
- Documents of an institutional review board or other similar body performing substantially the same function; or
- Consent document(s) and/or the written protocol(s) used by your Providers studying substantially the same drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
- Medical records; or
- The opinions of consulting Providers and other experts in the field.
- We have the sole authority and discretion to decide whether a drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is Experimental or Investigational.

ADULT DENTAL AND VISION BENEFITS AND FITNESS RIDER POLA-Rider (2022)

Network of Providers

We do not cover dental, vision, and fitness program services provided by Non-Network Providers.

1. DENTAL BENEFITS

Exclusions.

The Plan does not cover the following:

- Services provided by Providers not within the Dental Benefit Manager's Network of Providers.
- Adult Dental Services and treatments not listed within this rider.

- Services and treatment not prescribed by or under the direct supervision of a dentist., except for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.

- Services and treatment which are not Medically Necessary or which do not meet generally accepted standards of dental practice;

- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD).

- State or territorial taxes on dental services performed.

- Those submitted by a dentist, which is for the same services performed on the same date for the same Covered Person by another dentist.

- Those performed by a dentist who is compensated by a Facility for similar covered services performed for Covered Persons.

- Duplicate, provisional and temporary devices, appliances, and services.

- Plaque control programs, oral hygiene instruction, and dietary instructions.

- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.

- Gold foil restorations.

- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.

- Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.

- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (Inpatient or Outpatient).

- Charges by the Provider for completing dental forms.

- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.

- Use of material or home health aides to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners.

- Sealants for permanent teeth.

- Precision attachments, personalization, precious metal bases and other specialized techniques.

- Replacement of dentures that have been lost, stolen or misplaced.

- Repair of damaged orthodontic appliances.
- Replacement of lost or missing appliance.
- Fabrication of athletic mouth guard.
- Internal bleaching.
- Nitrous oxide.
- Oral sedation.
- Intravenous sedation.
- Topical medicament center.
- Bone grafts when done in connection with extractions, apicoectomies or non-covered/non eligible implants.

2. VISION BENEFITS

Exclusions

The Plan does not cover the following:

- Services and materials not meeting accepted standards of optometric practice;
- State or territorial taxes on vision services performed;
- Visual therapy;
- Replacement of lost/stolen eyewear;
- Non-prescription (Plano) lenses;
- Two pairs of eyeglasses in lieu of bifocals; or
- Insurance of contact lenses.

3. ACTIVE&FIT FITNESS PROGRAM

Limitations:

- Fees paid under this program, if required, do not count towards your Annual Out-of-Pocket Maximum, are non-refundable, are not prorated, and may be required to be paid to a third party and not CareSource.
- Available fitness or exercise centers \ may vary and change at any time. Enrolled adults may not have access to all services offered by the fitness center and some services may require the purchase of upgraded memberships.
- Prior to enrollment, please verify with the fitness center what services are included as part of this program and what services (if any) would require additional fees.

- Not all Covered Persons may be eligible to participate in this program. Available fitness centers may have certain restrictions for enrollment, such as age requirements.

- Enrollment in this program is limited to the current Benefit Year and while Covered Persons are enrolled in the Plan. If you disenroll or are terminated from the Plan during the Benefit Year, then you will no longer be able to access fitness centers.

Pharmacy and Therapeutic (P&T) Charter
Updated 12/2021

Purpose: To establish a clinically sound and high-quality formulary(ies) to promote appropriate use of pharmaceuticals in the care of CareSource members.

Responsibilities:
The P&T Committee is responsible for the following functions:

- Develop and maintain formulary(ies) to ensure the pharmaceuticals covered are effective and safe.
- Review the formulary(ies) in their entirety at least annually.
- Review new drugs and chemical entities, drug classes, new clinical indications, therapeutic advantages, and new safety information within six (6) months of any new market launch or change.
- Make recommendations to the Value Assessment Committee (VAC) for placement determination on the formulary using FDA-approved prescribing information, evidence-based literature, drug compendia, and treatment guidelines. The committee will denote each pharmaceutical as: Include, Optional, and Exclude (see Process).
- Complete final review of the VAC formulary placement determinations.

Committee Structure:
The P&T Committee reports decisions to the Quality Enterprise Committee (QEC) for final approval. The P&T Committee is co-chaired by the Chief Clinical Officer and the Manager of Formulary. The membership consists of internal and external physicians and pharmacists with broad primary care and specialty expertise (see Table 1. Committee Membership).

Members of the P&T Committee shall complete a conflict of interest statement annually. Any member with a conflict of interest should take action to resolve the conflict, recuse themselves from decisions for which they are in conflict, or step down from their position. In addition, voting members should not engage in direct contact with representatives of the pharmaceutical industry. This policy does not apply to non-voting members that work for CareSource that must have regular contact with pharmaceutical industry personnel in order to perform their assigned duties. All members should refrain from accepting any gift from a pharmaceutical company, including meals, books, office supplies, and sample drugs. It is also important that all information, including pre-decisional sensitive information, discussed by P&T be considered confidential until the meeting minutes are completed, and the release of information approved by the CareSource RX Innovations leadership. As such, voting members, non-voting members, invited subject matter experts and speakers, and invited guests (residents, students/interns, etc.) will be asked to sign a non-disclosure agreement, annually, which prevents them from releasing information and decisions discussed during the P&T Committee meetings until approved to release.

Meetings:
The P&T Committee meets at least quarterly in person or telephonically. Minutes will reflect the members in attendance, items discussed, and decisions reached. The meeting minutes are forwarded to QEC and will be maintained for a period of not less than 10 years.

At all meetings of the P&T Committee must have a quorum (defined as one-third of voting members) for the transaction of business consisting of members present either telephonically or in-person. For voting purposes, the present voting members are the decision-making body at the P&T Committee. In case of a

tie vote by the majority present members, the Chair or Vice Chair will render the tie breaking vote, either telephonically or in person.

Electronic votes will be sent between meetings only for medications with significant clinical impact that require an urgent decision. Voting members will be given one week to reply with any concerns, acceptance, or denial. Changes may be made depending on that feedback. Lack of response constitutes acceptance of the proposed designation of the medication.

Process:
Formulary requests, new drugs, class reviews and potential changes to existing formularies are first reviewed by the Clinical Pharmacists within CareSource RxInnovations. The Clinical Pharmacists will prepare a policy or criteria proposal and suggest a formulary coverage option after doing a comprehensive review of the literature, FDA-approved prescribing information, and treatment guidelines. The P&T Committee considers the proposed drug criteria, literature, and the monograph for each medication and determines if a drug should or should not be included on the formulary with the proposed clinical criteria for utilization. The P&T Committee will vote on the formulary coverage options for each of the pharmaceuticals using one of the following:

Formulary Coverage Options:

- Include: Medication must be covered on all formularies, as preferred or non-preferred. The medication has a unique indication addressing a clinically significant unmet treatment need and/or superior efficacy or safety to alternatives.
- Optional: Medication may be included as preferred or non-preferred. The medication is safe and effective for its indicated use. Medications denoted as optional may be clinically similar to alternatives and/or is only marginally better than alternatives or placebo. Designated optional medications are referred to the VAC committee to be reviewed for formulary placement based on non-clinical business considerations including cost, utilization, and market share.
- Exclude: Medication should not be added to formulary. The medication has inferior efficacy or safety risks compared to alternatives or insufficient data is available for evaluation. Coverage of this medication is only permitted with medical necessity review on a case by case basis. Medications denoted as Exclude may also receive this designation if they are required to be excluded based upon Federal or State regulation or requirement.

The P&T Committee will forward the recommendations for each of the pharmaceuticals to the Value Assessment Committee for review and formulary determination of the optional agents. The VAC will also review and approve the use of the utilization management criteria approved by P&T such as prior authorization, step therapy, quantity limits, age, and gender edits. The VAC may not select a final formulary placement that is inconsistent with the drug designation made by the P&T Committee.
The final recommendations made by VAC will be sent back to the P&T Committee via an e-vote. The P&T will review the final positions of each drug reviewed and move to the QEC for final approval before implementation.

For existing drugs with new indications or changes to existing criteria, the P&T committee will only be reviewing the clinical changes of those criteria or indications for approval. The Clinical Pharmacists will not be making a recommendation (Include, Optional, or Exclude) for these drugs, unless there is any new clinical information since the previous review that warrants a change in the recommendation.

Table 1. Committee Membership

ROLE	RESPONSIBILITIES	REPRESENTING	VOTING MEMBER?
Vice President, Market Chief Clinical Officer	Chairperson Clinical Executive Leadership Quality	Individual Markets	Yes
Clinical Formulary Pharmacist	Clinical Quality	Pharmacy	No
Manager, Clinical Formulary Strategy	Clinical Quality Leadership	Pharmacy	No
Director or Association Vice President, Pharmacy Market	Clinical Quality Leadership Strategy Execution	Individual Markets	Yes
Director, Pharmacy Operations	Clinical Leadership Strategy Execution	Pharmacy	No
Formulary and Strategy Pharmacist	Clinical Implementation Quality Strategy Development	Pharmacy	No
Director, Pharmacy Clinical Strategy	Chairperson Clinical Leadership Quality Strategy Execution	Pharmacy	No
Manager, Formulary Design and Strategy	Clinical Leadership Strategy Development	Pharmacy	No
Manager, Specialty Pharmacy Prior Authorization	Clinical Leadership Strategy Development	Pharmacy	No
Medical Directors	Clinical Leadership Medical Management Quality	Enterprise and Individual Markets	Yes
Physicians and Pharmacists, External	Clinical Leadership Medical Management Quality	Health Partners	Yes

ROLE	RESPONSIBILITIES	REPRESENTING	VOTING MEMBER?
Senior Vice President, Pharmacy	Executive Leadership Quality Strategy Execution	Pharmacy	No

Table 2. Document Revision History

DATE	REVISION NUMBER	DESCRIPTION OF CHANGE	AUTHOR
08/1/2012	1	UPDATED TO NEW FORMAT	KAREN HUDSON
08/07/2013	2	UPDATED TO NEW FORMAT	KAREN HUDSON
02/14/2014	3	UPDATED TO NEW FORMAT	KAREN HUDSON
10/30/2014	4	NEEDED TO ADD NEW THERAPY STATEMENT FOR NCQA	WENDY NULL
01/29/2015	5	UPDATED DATE FOR 2015	OWEN NEFF
01/21/2016	6	UPDATED FOR 2016	OWEN NEFF
01/21/2017	7	UPDATED FOR 2017	OWEN NEFF
02/28/2018	8	UPDATED FOR 2018	DAVID HARTZELL
12/13/2018	9	UPDATED FOR 2019	DAVID HARTZELL
05/6/2019	10	UPDATED FOR 2020	JENNIFER SZUMOWICZ
11/8/2019	11	ADDITIONAL 2020 UPDATES	JENNIFER SZUMOWICZ
8/25/2020	12	UPDATED TO NEW FORMAT AND UPDATED PROCESS FOR DESIGNATION AND RECOMMENDATION TO VAC AND FINAL P&T APPROVAL	JESSICA HATTON
11/30/2020	13	UPDATED THE POST VAC PROCESS. UPDATED THE VOTING PROCESS AND RECOMMENDATION FOR NON-NEW DRUGS	PHUONG LUU
12/1/2021	14	UPDATED COMMITTEE MEMBERS	ANDREA ENTERLINE

Administrative Policy Statement
GEORGIA MARKETPLACE

Policy Name	Policy Number	Date Effective
Medical Necessity for Non-Formulary Medications	PAD-0028-GA-MPP	01/01/2022

Policy Type			
Medical	**ADMINISTRATIVE**	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

Table of Contents

A. Subject

Medical Necessity for Non-Formulary Medications

B. Background

CareSource uses a Marketplace Formulary Drug List that is established, reviewed, and approved by a Pharmacy and Therapeutics (P&T) Committee and applicable state and federal regulatory agencies. Drugs on the Marketplace Formulary Drug List are classified into tiers as explained in the Member's Evidence of Coverage (EOC). The Marketplace Formulary Drug List is reviewed routinely for addition or deletion of drugs and for movement of drugs from one tier to another. Drugs may be added to or deleted from the Marketplace Formulary Drug List in response to new clinical evidence related to safety or efficacy for the drug in question or for a comparable drug with the same indication for use. CareSource will follow the guidance of the state Marketplace programs in the states that it services to enforce clinically appropriate, low cost drugs as first line therapy through the use of the Marketplace Formulary Drug List.

The intent of CareSource Pharmacy Policy Statements is to encourage clinically appropriate and cost-effective selection of drug therapy for members according to product labeling, clinical guidelines, and/or clinical studies as well as to encourage use of drugs on the Marketplace Formulary Drug List.

NOTE: *The Introduction section is for your general knowledge and is not to be construed as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals and is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider can also be a place where medical care is given, like a hospital, clinic or lab. This policy informs providers about when a service may be covered.*

C. Definitions

- **Clinical Judgment –** Decisions made within the scope of the expertise of a pharmacist following the review of subjective and objective medical data for a member. A pharmacist can use Clinical Judgment for a benefit determination for an exception request for a Non-Formulary Drug. If the request is outside the scope of a pharmacist's expertise, a benefit determination will be made in collaboration with a medical director.
- **Clinically Adequate Trials** – Trials of prior drug therapies indicated to treat a member's condition based on FDA-approved indications, evidence-based guidelines, evidence-based clinical literature, and peer-reviewed studies, and benefit design on the Marketplace Formulary Drug List. A clinically adequate trial must be of a sufficient duration and/or dose for treatment of the member's condition based on appropriate FDA labeling and/or compendia guidance as determined by a licensed physician or pharmacist engaged in utilization management reviews on behalf of CareSource.
- **Marketplace Formulary Drug List** (i.e., Marketplace Drug Formulary, Formulary) – A list of prescription drugs which includes a group of selected generic and brand-name drugs which are covered by CareSource at the designated member cost share in the member's EOC. The Marketplace Formulary Drug List is based on evidence based guidelines, FDA-approved indications, evidence-based clinical literature, and peer-reviewed studies, and benefit design, The Marketplace Formulary Drug List is reviewed and approved by the Pharmacy & Therapuetics Committee composed of practicing physicians, pharmacists and other health care professionals as required by 45 CFR §156.122(a)(3)(i)(B).
- **Medical Necessity** – Health care services, supplies, or drugs needed to diagnose, treat or prevent illness, injury, conditions, diseases or the associated symptoms in accordance with

accepted standards in the practice of medicine. Medical necessity will be evaluated based on the overall health and well-being of the member and when the member's day to day health would be impacted. Prescription Drugs, unless otherwise stated in the EOC, must be Medically Necessary in order to be Covered Services.

- **Potential Covered Alternatives** – Drugs that share the same clinical indication or are positioned similarly in FDA labelling, clinical guidelines, and/or clinical trials.
- **Submitted Documentation** – Information provided by the prescriber that includes, but is not limited to, chart notes specific to member's condition, previous treatments, and the provider's rationale for medical necessity. Documentation of previous treatments must include the dates of the treatment trial.
- **Therapeutic Failure** – Failure to accomplish the goals of treatment following a clinically adequate trial. Therapeutic failure can include an allergic reaction, lack of physiologic response, and/or intolerable adverse reaction to a drug.

D. Policy

CareSource will approve the use of non-formulary drugs (i.e. drugs that are not on the Marketplace Formulary Drug List) when the criteria below have been met. This policy will not supersede drug-specific criteria developed and approved by the P&T Committee nor drug or therapeutic category benefit exclusions. Drug and therapeutic category benefit exclusions can be found in the member's EOC. Formulary exception requests should be submitted for each non-formulary medication and should include chart notes and documentation supporting medical necessity.

Use of non-formulary drugs will be approved when the following criteria are met:

I. The drug is being used for an FDA approved indication or meets the criteria laid out in the **Medical Necessity – Off Label, Approved Orphan and Compassionate Drugs** policy, AND
II. The requested dose of the drug is based on FDA approved labeling for the member's age and indication, AND
III. The submitted documentation includes ONE of the following:
    A. Documentation of clinically adequate trial and therapeutic failure of:
        1. At least 3 potential covered alternatives that are included on the Marketplace Formulary Drug List, OR
        2. If fewer than 3 potential covered alternatives are available on the Marketplace Formulary Drug List, then all of the available alternatives must be tried, AND
    B. If the member was enrolled with CareSource at the time of the treatment trial, the documentation must be supported by paid claims, OR
    C. Documentation of contraindication to ALL of the alternative drugs on the Marketplace Formulary Drug List based on the member's diagnosis, medical conditions, and/or other medication therapies, OR
    D. In the absence of a clinically adequate trial, documentation of clinical reasons why the alternative drugs on the Marketplace Formulary Drug List are expected to be ineffective or less effective than the non-formulary drug. Documented clinical reasons are subject to the clinical judgement of the reviewing pharmacist or physician, AND

IV. If the request is for a combination product, the submitted documentation includes a clinical reason why the member is unable to take the active ingredients of the combination product separately as individually prescribed medications, AND
***NOTE**: This criteria is waived if the separate active ingredients are not included on the Marketplace Formulary Drug List.*

V. If the request is for a long-acting formulation, the submitted documentation includes a clinical reason why the member is unable to use the immediate-release formulation of the drug, AND
***NOTE:** This criteria is waived if the immediate-release formulation is not included on the Marketplace Formulary Drug List.*

VI. If the request is for a multi-source branded drug, the submitted documentation includes trial and therapeutic failure of a minimum of two generic manufacturers of the requested brand name medication. The submitted documentation must include information about the therapeutic failure that was experienced by the member for each generic manufacturer and is subject to the clinical judgement of the reviewing pharmacist or physician.

Limitations of Scope:

- Requests for drugs that are provider administered or that are otherwise billed through the medical benefit should meet the criteria in the Marketplace **Medical Necessity for Medical Benefit Medications** policy.

E. Conditions of Coverage

Applicable NDCs

AUTHORIZATION PERIOD – 1 year unless otherwise determined by the clinical judgement of the reviewer

F. Related Policies/Rules

Any applicable drug-specific clinical policies
Medical Necessity Determinations
Medical Necessity for Medical Benefit Medications
Medical Necessity – Off Label, Approved Orphan and Compassionate Use

G. Review/Revision History

DATES		ACTION
Date Issued	**12/06/2013**	
Date Revised	**09/01/2021**	
	04/20/2017	Policy separated by State/LOB.
	06/19/2018	Definitions added. All sections updated.
	06/11/2020	Policy moved to the new template.
	09/16/2021	Annual review
Date Effective	**01/01/2022**	Approved by P&T
Date Archived		

H. References

1. Definitions for Formulary, Medical Necessity: Healthcare.gov.
2. Definitions for Clinical Judgement: Ombudsman Saskatchewan, Canada; “Administrative versus Clinical Decisions” January 2016.
3. 45 CFR - Chapter A - Subchapter B - §156.122 - Prescription drug benefits.
4. 2021 NCQA Standards and Guidelines for the Accreditation of Health Plans.

Document name	**Reimbursement Committee Charter**
Category	(x) Charter
Revised Document date	2/1/21
Adopted/approved by	Director/VP of GA Market Payment Cycle and Operations
Original Date adopted/approved	3/1/18
Custodian (entity responsible for maintenance and upkeep)	Team Lead, Market Operations
Stored/filed	Physical location: GA Operations SP Site Web URL: Click Link
Status	(x) in effect ( ) usable, minor formatting/editing required ( ) modification needed ( ) superseded by _____ ( ) other _____ ( ) obsolete/archived

CHARTER

COMMITTEE: Reimbursement Committee

Revised (NA)

Establishment and Authority

The Committee (Reimbursement) is a member (e.g., member or Board) committee established by the Georgia Market.

Purpose/Responsibilities

The purpose of the Reimbursement Committee is to:

a) Review and approve provider agreement templates(Standard and Non Standard)

b) Provide clarity for reimbursement configuration changes

c) Creation of policy where gaps may be identified

d) Review and interpret updated policy information from state and federal regulatory bodies

e) Review of fee schedule changes for all products in Georgia

f) Defining reimbursement for newly covered services

g) Provide direction to enterprise payment lifecycle entities

h) Create and approve reimbursement policy and procedures

i) Alignment of Administrative, Medical, and Reimbursement policies

j) Determine provider impact and communicate to health partner management team to review and identify next steps

k) Delegate member/s to participate on an enterprise Payment Cycle Comittee (potentially organized and facilitated by market liaison leadership)

l) The Regulatory Department serves as an intergral part of the Reimbursement Committee;

- Identify and communicate any regulatory changes including state policy manuals, banner messages, state agency directive, and statuatory requirements

- Diseminate, track, and trend any regulatory changes via the Regulatory Review Tool
- Serve as Market Liason to our state agency partners to obtain clarification when necessary

The Reimbursement Committee shall:

a) Create market/enterprise policy as proposed by its charter members.

b) Review criteria and compare to guidelines to ensure the Georgia Market remains in compliance with CMS and DCH.

c) Provide a forum to review, interpret, and promulgate payment policy.

d) Perform such other functions as may be delegated by charter members.

e) Act as an advisory body to the following:

- Health Partners – Provider Education
- Finance – Actuarial Rate Setting
- Population Health – Care Management

Committee Composition and Governance

1. *Membership*

a. The Reimbursement Committee shall be composed of Finance, Clinical and Medical, Regulatory, Operations, Payment Lifecycle, and Health Partner Management Leadership.

b. The Reimbursement Committee members shall be appointed annually by Director/VP of Payment Cycle and Operations

c. All charter members shall have a vote when policy is being finalized.

2. Leadership

a. The chair shall appoint a facilitator who need not be a director or a committee member.

b. The Reimbursement Committee chairs shall manage the committee and its meetings.

c. One of the chairs of the board shall always be present during meetings. If both cannot attend they may appoint a representative chair.

d. The facilitator shall prepare minutes of Reimbursement Committee meetings for the committee's approval.

3. Meetings

a. The Reimbursement Committee shall determine the time of its meetings, provided that it shall meet at least 2x per month.

b. Action taken by the Reimbursement Committee shall require a majority vote of those members present.

c. Reimbursement Committee meetings may be in person or by conference call, as determined by the chair.

d. The chair (or designee) shall provide e-mail notice of the time and place of all meetings to each member of the Reimbursement Committee. An agenda of the items for which action may be taken shall be attached to the e-mail notice. Any member of the Board may attend any meeting held in person and may monitor any meeting held by conference call.

e. Designated facilitator shall provide documented agenda and RAID documenting action items for follow to closure

Reporting

The Reimbursement Committee shall report to VP of Operations on its activities and any recommendations.

Review and Changes to the Charter

The Reimbursement Committee shall review this charter on an annual basis and recommend any changes to the chair.

Approved by the Charter Members _____

RxInnovations Value Assessment Committee (VAC) Charter
Updated 01/2022

Purpose: To establish financially sound and cost-effective formulary(ies) to promote responsible use of pharmaceuticals in the care of CareSource members

Responsibilities:
The VAC is responsible for evaluating the actual or predicted net cost, market share, and drug utilization trends of clinically similar drugs to make a value assessment and determine final formulary placement of the drugs. The VAC will make determinations regarding:

- Quarterly drug Formulary change proposals
- Therapeutic Class coverage strategies
- Drug formulary placement and coverage determinations for new and existing drugs and new line extensions including:
    - Drug status as included on or excluded from the formulary
    - Drug status as preferred or non-preferred within the formulary
    - Use of Utilization Management (UM) criteria approved by the CareSource Pharmacy and Therapeutics (P&T) Committee for both Preferred and Non-Preferred drugs (e.g. Prior Authorization, Step Therapy, and/or Quantity Limits)
- Approval of delegated formularies at least annually or as needed on an ad hoc basis

Committee Structure:
The VAC reports decisions to the Quality Enterprise Committee (QEC) for final approval. The VAC is co-chaired by the CareSource Enterprise Senior Medical Director and the RxInnovations Manager of Formulary and Benefit Design.

The membership consists of Market and Enterprise staff; see Table 1. Committee Membership. The voting membership of VAC will be composed of the Market President and the Market Finance Director from each Market served by CareSource. The Market President and/or Market Finance Director may appoint a designee to vote on his/her behalf provided advance notice is given to the co-chairs. Only committee members designated as voting members will have voting privileges.

All voting members must attend a minimum of 75% of scheduled VAC meetings or send a designee to attend in his/her absence. If a voting member does not attend two subsequent meetings and/or fails to send a designee in his/her place, the Senior Vice President of Marketswill be asked to replace the voting member.

Voting members of VAC are prohibited from serving in any capacity on the CareSource P&T Committee or any subcommittee thereof. Likewise, voting members of the CareSource P&T Committee are prohibited from serving in any capacity on VAC.

The non-voting membership of VAC will include:

- Market Medical Director from each Market
- Market Pharmacy Director from each Market
- Members of RxInnovations leadership
- Designated member(s) of the RxInnovations Clinical Strategy team

- Designated member of the RxInnovations Analytics team
- Designated member of the CareSource Enterprise Finance team

Meetings:
The VAC meets at least quarterly in person or virtually following a meeting of the CareSource P&T Committee. Minutes will reflect the members in attendance, items discussed, and decisions reached. The meeting minutes will be forwarded to both the CareSource P&T Committee and the CareSource QEC and will be maintained for a period of not less than 10 years.

Process:
Prior to VAC, market representatives will receive modeling scenarios prepared by the RxInnovations Formulary, Analytics, Finance, and/or Actuarial teams. These scenarios will include the CareSource P&T Committee's evaluation of the drugs designating them as include, optional, or exclude. The VAC may not select a final formulary placement that is inconsistent with the drug designation made by the P&T Committee.

During VAC, the modeling scenarios as well as other information including, for example, drug pipelines, drug shortages, and delegated market reports will be presented to the committee. Market representatives will have the opportunity to ask questions or discuss any of the information presented.

The vote will be collected electronically following the VAC meeting. Voting members will be given 24 hours reply with acceptance or denial of the items discussed in the meeting. The votes collected from each market will apply only to that market.

Additional electronic votes may be sent between meetings in response to a CareSource P&T Committee electronic vote for medications with significant clinical impact that require an urgent decision. Voting members will be given one week to reply with any concerns, acceptance, or denial. Changes may be made depending on that feedback. Lack of response constitutes acceptance of the proposed designation of the medication.

Following all collected votes, the VAC will send final positions of each reviewed drug to P&T for final review and approval prior to moving to the QEC for final approval before implementation.

RxInnovations Value Assessment Committee (VAC) Charter
Updated 01/2022

Table 1. Committee Membership

ROLE	RESPONSIBILITIES	REPRESENTING	VOTING MEMBER?
Market President	Executive Leadership Quality	Individual Markets	Yes
Market Finance Director	Leadership Quality Financial Strategy	Individual Markets	Yes
Medical Directors	Clinical Leadership Medical Management Quality	Enterprise and Individual Markets	No
Director or Associate Vice President, Pharmacy Market	Clinical Quality Leadership Strategy Execution	Individual Markets	No
Formulary and Strategy Pharmacist	Clinical Implementation Quality Strategy Development	Pharmacy	No
Clinical Pharmacist	Clinical Quality	Pharmacy	No
Pharmacy Analysts	Data Analytics	Pharmacy	No
Manager, Formulary and Benefit Design	Chairperson Clinical Leadership Quality Strategy Execution	Pharmacy	No
Senior Vice President, Pharmacy	Executive Leadership Quality Strategy Execution	Pharmacy	No
Vice President, Pharmacy Innovation	Executive Leadership Quality Strategy Execution	Pharmacy	No

Table 2. Document Revision History

DATE	REVISION NUMBER	DESCRIPTION OF CHANGE	AUTHOR
10/20/2020	1	INITIAL CHARTER	JESSICA HATTON
01/20/2022	2	UPDATE TO VOTING PROCEDURE	JESSICA HATTON