

# City of Albuquerque

## Addendum #1 Issued May 3, 2021

**Solicitation Number: RFP-2021-167-DFA-CG**

### **Workers' Compensation Cost Containment Services – Pharmacy Benefit Management**



**Deadline for Receipt of Proposals: May 27, 2021: 2:00 p.m. (Mountain Time)**  
**The City eProcurement System will not allow Proposals to be submitted after this date and time.**

**City of Albuquerque  
Department of Finance and Administrative Services**

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RFP-2021-167-DFA Workers' Compensation Cost Containment Service – Pharmacy Benefit  
Management

## **Purchasing Division**

**The purpose of this Addendum is to respond to questions that were timely submitted by potential offerors. Questions may be paraphrased:**

1. Question: Who is the incumbent PBM (not the one doing repricing?)

ANSWER: The City contracts with Tmesys formally known as Optum/Helios.

2. Question: In order to compare “apples to apples” and due to the differences in cost of the same generic medications produced by different Pharma companies, could you please provide the NDC”s of the drugs in question? We would like to ensure the comparison of the SAME medications with fellow bidders.

ANSWER: Please see the revised prescription list with NDC numbers below.

3. Question: What is the percentage of brand/generic drugs filled?

ANSWER: The percentage of brand/generic drugs is 90% generic and 10% are brand.

4. Question: What is the percentage of mail order prescriptions filled?

ANSWER: The percentage of mail order prescriptions is 1%.

5. Question: What is the percentage of 90-day at retail prescriptions filled?

ANSWER: Report with 90-day information is not readily available.

6. Question: Appendix A; Can you please provide the NDC and Date of Dispense to accurately price out the medications for Retail, 90-day Retail and Mail Order?

ANSWER: See Q/A #2. The date of dispense should follow the instructions provided in 2.2.3 which is the month the RFP is published; i.e., April, 2021.

7. Question: 3.1.1.F; In the question “this”, what is the City referencing for number or subject? F. How do you calculate savings for customers who are seeking the determine this number, either on an individual prescription or as an aggregate of their prescriptions filled?

ANSWER: “This” is referring to the dollar amount of cost savings determined on an individual prescription or the aggregate of prescriptions filled.

**Please incorporate the change in this Addendum into the original Proposal document. Offeror must acknowledge receipt of this addendum in the City's eProcurement system. Failure to acknowledge an Addendum may result in your response being deemed non-responsive.**

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**Acknowledged & Returned:**



\_\_\_\_\_  
**Signature**

Jeff Pirino, Sr. Vice President, Mitchell International, Inc.

\_\_\_\_\_  
**Printed Name Title Company**

**RETAIL MEDICATION COST**

<b>Medication Name</b>	<b>QTY</b>	<b>AWP- Generic Drug</b>	<b>Discounted Price- off AWP Medi-Span Generic Drug</b>	<b>DISCOUNTED PRICE- off AWP 2nd Publication generic drug (identify publication)</b>	<b>AWP- Brand</b>	<b>Discounted Price- off AWP Medi- Span Brand Drug</b>
REVLIMID CAP 10MG NDC#59572041028	28					
PREGABALIN CAP 100MG NDC#69097068105	90					
CELECOXIB CAP 200MG NDC#13668044201	30					
LIDOCAINE PAD 5% NDC#68462041827	30					
DULOXETINE CAP 60MG NDC#51991074810	60					
TEMOZOLOMIDE CAP 180MG NDC#16729013053	10					
DICLOFENAC GEL 1% NDC#49884093547	100					
DICLOFENAC GEL 3% NDC#00472178310	100					
OXYCODONE TAB 15MG NDC#10702000801	60					
NARCAN SPRAY NDC#69547035302	2					
OXYCONTIN TAB 20MG CR NDC#59011042020	60					
TIZANIDINE TAB 2MG NDC#55111017915	90					
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 NDC#00093760756	28					
ISENTRESS TAB 400MG NDC#00006022761	28					
GABAPENTIN TAB 800MG NDC#65862052405	90					
HYDROCODONE-APAP TAB 5-325 NDC#00406012301	60					
TRAMADOL TAB 50MG NDC#65162062750	60					
XARELTO TAB 10MG NDC#50458058030	30					

Identify 2<sup>nd</sup> AWP Publication (if applicable): \_\_\_\_\_



**90 DAY RETAIL MEDICATION COSTS**  
if you don't offer 90 Day Retail, please indicate.

Medication Name	QTY	AWP- Generic Drug	Discounted Price- off AWP Medi-Span Generic Drug	DISCOUNTED PRICE- off AWP 2nd Publication generic drug (identify publication)	AWP- Brand	Discounted Price- off AWP Medi- Span Brand Drug
REVLIMID CAP 10MG NDC#59572041028	84					
PREGABALIN CAP 100MG NDC#69097068105	270					
CELECOXIB CAP 200MG NDC#13668044201	90					
LIDOCAINE PAD 5% NDC#63481068706	90					
DULOXETINE CAP 60MG NDC#51991074810	180					
TEMOZOLOMIDE CAP 180MG NDC#16729013053	30					
DICLOFENAC GEL 1% NDC#49884093547	300					
DICLOFENAC GEL 3% NDC#00472178310	300					
OXYCODONE TAB 15MG NDC#10702000801	180					
NARCAN SPRAY NDC#69547035302	2					
OXYCONTIN TAB 20MG CR NDC#59011042020	180					
TIZANIDINE TAB 2MG NDC#55111017915	270					
GABAPENTIN TAB 800MG NDC#65862052405	270					
HYDROCODONE-APAP TAB 5-325 NDC#00406012301	180					
TRAMADOL TAB 50MG NDC#65162062750	180					
XARELTO TAB 20MG NDC#50458058030	90					

Identify 2<sup>nd</sup> AWP Publication (if applicable): \_\_\_\_\_

# MAIL ORDER MEDICATION COSTS

Medication Name	QTY	AWP- Generic Drug	Discounted Price- off AWP Medi-Span Generic Drug	DISCOUNTED PRICE- off AWP 2nd Publication generic drug (identify publication)	AWP- Brand	Discounted Price- off AWP Medi- Span Brand Drug
REVLIMID CAP 10MG NDC#59572041028	84					
PREGABALIN CAP 100MG NDC#69097068105	270					
CELECOXIB CAP 200MG NDC#13668044201	90					
LIDOCAINE PAD 5% NDC#63481068706	90					
DULOXETINE CAP 60MG NDC#51991074810	180					
TEMOZOLOMIDE CAP 180MG NDC#16729013053	30					
DICLOFENAC GEL 1% NDC#49884093547	300					
DICLOFENAC GEL 3% NDC#00472178310	300					
TIZANIDINE TAB 2MG NDC#55111017915	270					
GABAPENTIN TAB 800MG NDC#65862052405	270					
TRAMADOL TAB 50MG NDC#65162062750	180					
XARELTO TAB 20MG NDC#50458058030	90					

Identify 2<sup>nd</sup> AWP Publication (if applicable): \_\_\_\_\_



## Exhibit 3.1.4.B

### Injured Worker Communications



##PBMAAddress\_L1L2##  
##PBMCity##, ##PBMState## ##PBMZip9##

##CImName##  
##CImAddress\_L1L2##  
##CTCity##, ##CTState## ##CTPostal##

## Mitchell ScriptAdvisor®

### Your Prescription Benefit Information

<<Company Name>> <<Additional Company >> wants to get you on the road to recovery as soon as possible.

Early access to your prescribed medications can have a positive impact on your recovery, which is why <<Company Name>> is working with **Mitchell ScriptAdvisor** to give you access to quality pharmaceutical care through a trusted network of more than 70,000 pharmacies nationwide.

<<Alternative Text eg: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet ipsum dolor sit amet ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet Lorem ipsum dolor>>

#### FIND A PHARMACY

**Mitchell ScriptAdvisor** has a large network of pharmacies where pharmacists can quickly find and verify your claim information.

##### 1. FIND A PHARMACY

Call: 866.846.9279

Click: [mitchellscriptheadvisor.com](https://mitchellscriptheadvisor.com)

View: 12 nearest pharmacies listing attached

##### 2. SHOW YOUR MITCHELL SCRIPTADVISOR CARD

Your pharmacy benefit card is attached and is to be used for prescriptions related to your workers' compensation injury covered under your insurance policy. *Please discard any previous pharmacy benefit cards for this claim.*

#### HOME DELIVERY

**Mitchell ScriptAdvisor** can also deliver your medications directly to your door. Contact us at 866.846.9279 to sign up.

This card is to be used for prescriptions related to your workers' compensation injury covered under your insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card. © Mitchell International 2019

VISIT A PHARMACY NEAR YOU





QUESTIONS?  
**866.846.9279**

## Mitchell ScriptAdvisor®

### Prescription Benefit Card

Member Name: ##CImName##  
Member ID#: ##MPS-CardNumber##

DOI#: ##CTDOI##

For coverage and/or prior authorizations, call pharmacy help desk: **866.846.9279**

Below are the closest pharmacies to your home Zip Code:

001-000001-00001

000-00001-999

John Sample

123 Main St - Irvine, CA 92617

<b>Pharm 1</b> 1 Harbor Blvd Costa Mesa1, CA 99991 <b>(999) 999-9991</b>	<b>Pharm 2</b> 2222 Harbor Blvd Costa Mesa2, CA 99992 <b>(999) 999-9992</b>
<b>Pharm 3</b> 3333 Harbor Blvd Costa Mesa3, CA 99993 <b>(999) 999-9993</b>	<b>Pharm 4</b> 4444 Harbor Blvd Costa Mesa4, CA 99994 <b>(999) 999-9994</b>
<b>Pharm 5</b> 5555 Harbor Blvd Costa Mesa5, CA 99995 <b>(999) 999-9995</b>	<b>Pharm 6</b> 6666 Harbor Blvd Costa Mesa6, CA 99996 <b>(999) 999-9996</b>
<b>Pharm 7</b> 7777 Harbor Blvd Costa Mesa7, CA 99997 <b>(999) 999-9997</b>	<b>Pharm 8</b> 8888 Harbor Blvd Costa Mesa8, CA 99998 <b>(999) 999-9998</b>
<b>Pharm 9</b> 9999 Harbor Blvd Costa Mesa9, CA 99999 <b>(999) 999-9999</b>	<b>Pharm 10</b> 1010 Harbor Blvd Costa Mesa10, CA 99910 <b>(999) 999-9910</b>
<b>Pharm 11</b> 1111 Harbor Blvd Costa Mesa11, CA 99911 <b>(999) 999-9911</b>	<b>Pharm 12</b> 1212 Harbor Blvd Costa Mesa12, CA 99912 <b>(999) 999-9912</b>





##PBMAAddress\_L1L2##  
##PBMCity##, ##PBMState## ##PBMZip9##

##CImName##  
##CImAddress\_L1L2##  
##CTCity##, ##CTState## ##CTPostal##

## Mitchell ScriptAdvisor®

### Información Sobre Sus Beneficios de Prescripción

<<Company Name>> <<Additional Company >> quiere asistirle en su camino hacia la recuperación lo más pronto posible.

Acceso temprano a sus medicamentos prescritos pueden tener un impacto positivo en su recuperación, por lo que <<Company Name>> está trabajando con **Mitchell ScriptAdvisor** para darle acceso a la calidad de atención farmacéutica a través de una red de confianza de más de 70,000 farmacias en toda la nación, incluyendo aquellos en su área. Por favor tenga en cuenta que usted no está obligado a utilizar este programa y puede llenar recetas relacionadas con su lesión de compensación del trabajador.

<<Alternative Text eg: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus blandit quis nisl vel lacinia. Lorem ipsum dolor sit amet ipsum dolor sit amet ipsum dolor>>

#### ENCUENTRE UNA FARMACIA

**Mitchell ScriptAdvisor** tiene una amplia red de farmacias donde los farmacéuticos pueden encontrar y verificar rápidamente su información de reclamo y seguir en su camino sin demoras.

##### 1. ENCUENTRE UNA FARMACIA

Llame al: 866.846.9279

Acceda: [mitchellscriptheadvisor.com](http://mitchellscriptheadvisor.com)

Vea: Ver las 12 farmacias más cercanas



##### 2. PRESENTE SU TARJETA DE MITCHELL SCRIPTADVISOR

Su tarjeta de beneficios de farmacia se encuentra debajo y debe ser utilizada para las recetas relacionadas con su lesión de compensación al trabajador cubiertas bajo su póliza de seguro. *Descarte cualquier tarjeta de beneficios de farmacia que haya recibido anteriormente para este reclamo.*

#### ENTREGA A DOMICILIO

**Mitchell ScriptAdvisor** también puede entregar sus medicamentos directamente en su puerta. Para obtener más información contáctenos al 866.846.9279.

Esta tarjeta debe ser utilizada para las recetas relacionadas con su accidente de compensación al trabajador cubiertas por su póliza de seguro. El uso de esta tarjeta no provoca la renuncia a sus beneficios limitados o exclusiones de la póliza. Esta tarjeta no confirma cobertura. Para confirmar la elegibilidad y obtener información específica, contacte al servicio de atención al cliente con la información ubicada en el frente de esta tarjeta. © Mitchell International 2019



## Exhibit 3.1.3.A

Formulary Program and Standard Formularies

## MITCHELL SCRIPTADVISOR FORMULARY MANAGEMENT

ScriptAdvisor provides a robust and flexible drug formulary system designed to meet the therapeutic needs of the injured worker. Our program offers the ability to customize any formularies to meet our clients' specific needs, including for length of claim, injured body part or classification and other individual formulary requests.

Multiple customized formularies can be deployed for any subset of injured workers and criteria that clients define. Edits that focus on medical relatedness, NCCI or ICD codes or specific drug classifications are customizable. In addition, for each individual claim, the formulary may be restricted to specific NDC number(s) or drug(s) classes depending on what is required for that claim.

Our formularies are also dynamic when dealing with claim age. For example, skeletal muscle relaxants are not recommended past 21 days.

Successful formulary management is a dynamic process. The quickly changing nature of drug therapy in workers' compensation makes it critical to continually monitor performance and modify formularies to address emerging trends. Quarterly formulary review and modification delivers the best results for clients.

To maximize formulary impact, it is also critical to implement state formularies as intended. Most PBMs implement ACOEM based formularies (NY and CA) at the drug level; however, these formularies were designed to be injury specific. By implementing these formularies at the injury level, clients maximize their impact of leveraging utilization review, while preventing unnecessary prior authorizations from going to UR.

For states of jurisdiction without mandated formularies, Mitchell's customized injury-specific formularies have been the most successful. Formularies are designed in collaboration with the client to maximize savings by ensuring medications are directly related to the injury while minimizing claims staff workload by reducing unnecessary prior authorization requests. Metrics are benchmarked before changes are implemented and tracked post implementation. Indicators of success include increases in clinical savings and improvements in the denial percentage associated with prior authorization requests.

Effective formulary management is a process of continual improvement designed to adapt to the changing nature of each customer's unique business

Formulary Type	Description
First Fill	Customized by the City, our first fill formulary is designed to meet the therapy needs of the newly injured worker while ensuring that only injury-related medications are dispensed. First fills often occur well before a claim is even reported. ScriptAdvisor accepts financial risk on first fills in the event the claim is ultimately denied.
Injury-Specific	The most dynamic and sophisticated of ScriptAdvisor's formulary offering is the injury- specific formulary. Based on the injured body part and nature of the injured worker's injury, the formulary includes only medications that are appropriate in the treatment of that specific injury. The injury-specific formulary



	also adapts dynamically as the claim ages, further ensuring appropriate drug therapy throughout the claim lifecycle.
Workers' Compensation	Our workers' compensation-specific formulary contains only medications typically used in the treatment of work-related injuries. The formulary can be customized to meet the client's specific needs, including customized by the City client. The dynamic construct of the formulary adjusts as the claim ages. For example, skeletal muscle relaxants may be allowed early in the claim but not after 21 days post injury per clinical guidelines.
State-Specific	We have extensive experience implementing and managing state-mandated formularies. Our compliance team proactively identifies pending formulary regulations and ensures their timely and accurate implementation. Many state mandated formularies should be implemented as injury-specific formularies. Mitchell implements these as intended to maximize the intended cost benefit of the formulary.
Custom	ScriptAdvisor has the ability to customize any of its formularies to meet the specific needs of our customers. Different customized formularies can be deployed for any subset of injured workers and criteria that the client can define, including by the City clients.
Surgical	Certain medications are commonly prescribed as pre-operative and post-operative medications. These are often only needed for a short time and should not be part of a claimant's ongoing drug therapy. ScriptAdvisor's surgical formulary provides the short- term addition of these medications to include the eight days of pre- /post-operative need, before expiring from the claimant's allowed regimen.
Emergency Formulary	<p>Mitchell has the ability to implement a wide range of emergency override protocols.</p> <p>These flexible and customizable emergency protocols enable clients to define the override rules, and specifically when the rules should apply. The rules can be customized to define which drugs would be allowed and the length of days' supply. Some of the rules include: After hours, Holidays, Regional Natural Disasters (hurricanes, floods, wildfires), National Emergencies (COVID-19)</p>
COVID-19 Emergency Formulary	Mitchell developed and implemented a COVID-19-specific formulary when the health crisis was announced. The COVID formulary is updated as recommend changes in treatment are made to ensure compliance with treatment guidelines.

## Formulary Development

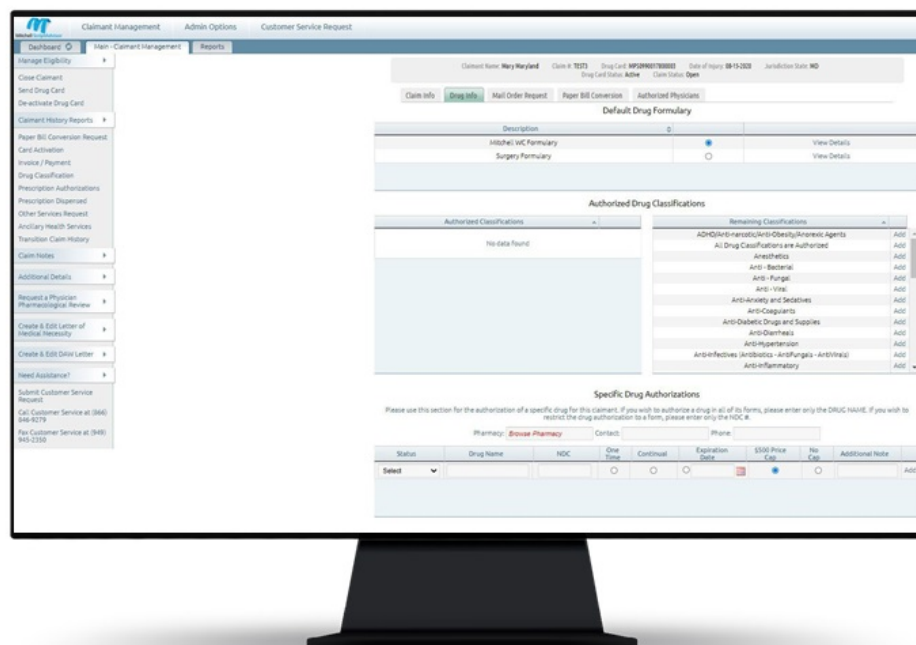
The ScriptAdvisor standard formularies, including Step Therapy and the Price Opportunist medication list have been developed and are maintained by the Pharmacy & Therapeutics (P & T) committee.

The P & T committee is comprised of the Medical Director, a pharmacist representative from each functional area (Clinical Operations, Clinical AM (Core and Federal), Regulatory, Communications, Pharmacy Review, Product Development), and Chief Clinical Officer. Additions and deletions to the Price Opportunist exclusion list are approved on a quarterly basis by the P & T committee.

Our clinical pharmacists review drugs requiring prior authorization and makes periodic recommendations to customers regarding the inclusion/exclusion of certain drugs to the covered drug list. The clinical team also reviews any identified safety issues, drug recalls and new generic introductions that have occurred within the current quarter. Recommendations to enhance formularies are provided to our clients during quarterly reviews and at their annual stewardship meetings.

## Formulary Modification

By utilizing the ScriptAdvisor web portal, claims professionals and nurse case managers can make real-time modifications to each individual claimant's drug formulary at any time. This can include classification of drugs, drugs that are specific to a particular claimant and multiple additional drug formulary combinations that are available through the web-based user portal. Drug changes that resulted from a clinical review and agreed upon by the physician will be applied to the individual injured worker's formulary. This capability can also be limited to certain users.



Mitchell also offers the ability for the claims professional to set their claims to the auto-formulary lock feature. Though this process is automatic, the claims professional still maintains the ability to review and edit the formulary within the portal.

## MITCHELL INJURY SPECIFIC FORMULARY

Body Part			Nature of Injury		
Body Part Code	BP Description	Formulary	Injury Code	Injury Description	Formulary
01	Not Defined	<a href="#">PA</a>	01	No Physical Injury	<a href="#">PA</a>
02	Not Defined	<a href="#">PA</a>	02	Amputation	<a href="#">Skin</a>
03	Not Defined	<a href="#">PA</a>	03	Angina Pectoris	<a href="#">CV</a>
04	Not Defined	<a href="#">PA</a>	04	Burn	<a href="#">Skin</a>
05	Not Defined	<a href="#">PA</a>	05	Not Defined	<a href="#">PA</a>
06	Not Defined	<a href="#">PA</a>	06	Not Defined	<a href="#">PA</a>
07	Not Defined	<a href="#">PA</a>	07	Concussion	<b>See Body Part</b>
08	Not Defined	<a href="#">PA</a>	08	Not Defined	<a href="#">PA</a>
09	Not Defined	<a href="#">PA</a>	09	Not Defined	<a href="#">PA</a>
10	Multiple Head Injury	<a href="#">CNS</a>	10	Contusion	<a href="#">Pain</a>
11	Skull	<a href="#">CNS</a>	11	Not Defined	<a href="#">PA</a>
12	Brain	<a href="#">CNS</a>	12	Not Defined	<a href="#">PA</a>
13	Ears	<a href="#">ENTEM</a>	13	Crushing	<a href="#">Pain</a>
14	Eyes	<a href="#">ENTEM</a>	14	Not Defined	<a href="#">PA</a>
15	Nose	<a href="#">ENTEM</a>	15	Not Defined	<a href="#">PA</a>
16	Teeth	<a href="#">ENTEM</a>	16	Dislocation	<a href="#">Pain</a>
17	Mouth	<a href="#">ENTEM</a>	17	Not Defined	<a href="#">PA</a>
18	Soft Tissue	<a href="#">ENTEM</a>	18	Not Defined	<a href="#">PA</a>
19	Facial Bones	<a href="#">ENTEM</a>	19	Electric Shock	<a href="#">PA</a>
20	Multiple Neck Injury	<a href="#">Pain</a>	20	Not Defined	<a href="#">PA</a>
21	Vertebrae	<a href="#">Pain</a>	21	Not Defined	<a href="#">PA</a>
22	Disc	<a href="#">Pain</a>	22	Enucleation	<a href="#">PA</a>
23	Spinal Cord (cervical segment)	<a href="#">CNS</a>	23	Not Defined	<a href="#">PA</a>
24	Larynx	<a href="#">ENTEM</a>	24	Not Defined	<a href="#">PA</a>
25	Soft Tissue	<a href="#">ENTEM</a>	25	Foreign Body	<a href="#">PA</a>
26	Trachea	<a href="#">ENTEM</a>	26	Not Defined	<a href="#">PA</a>
27	Not Defined	<a href="#">PA</a>	27	Not Defined	<a href="#">PA</a>
28	Not Defined	<a href="#">PA</a>	28	Fracture	<a href="#">Pain</a>
29	Not Defined	<a href="#">PA</a>	29	Not Defined	<a href="#">PA</a>
30	Multiple Upper Extremities	<b>See Injury</b>	30	Freezing	<a href="#">Skin</a>
31	Upper Arm	<b>See Injury</b>	31	Hearing Loss or Impairment	<a href="#">PA</a>
32	Elbow	<b>See Injury</b>	32	Heat Prostration	<a href="#">PA</a>
33	Lower Arm	<b>See Injury</b>	33	Not Defined	<a href="#">PA</a>
34	Wrist	<b>See Injury</b>	34	Hernia	<a href="#">Skin</a>
35	Hand	<b>See Injury</b>	35	Not Defined	<a href="#">PA</a>
36	Fingers	<b>See Injury</b>	36	Infection	<a href="#">Skin</a>

## MITCHELL INJURY SPECIFIC FORMULARY

Body Part			Nature of Injury		
Body Part Code	BP Description	Formulary	Injury Code	Injury Description	Formulary
37	Thumb	<a href="#">See Injury</a>	37	Inflammation	<a href="#">Pain</a>
38	Shoulders	<a href="#">See Injury</a>	38	Not Defined	<a href="#">PA</a>
39	Wrist & Hands	<a href="#">See Injury</a>	39	Not Defined	<a href="#">PA</a>
40	Multiple Trunk	<a href="#">Pain</a>	40	Laceration	<a href="#">Skin</a>
41	Upper Back	<a href="#">Pain</a>	41	Myocardial Infarction	<a href="#">CV</a>
42	Lower Back	<a href="#">Pain</a>	42	Poisoning	<a href="#">Poisoning</a>
43	Disc	<a href="#">Pain</a>	43	Puncture	<a href="#">Skin</a>
44	Chest	<a href="#">See Injury</a>	44	Not Defined	<a href="#">PA</a>
45	Sacrum & Coccyx	<a href="#">Pain</a>	45	Not Defined	<a href="#">PA</a>
46	Pelvis	<a href="#">Pain</a>	46	Rupture	<a href="#">Skin</a>
47	Spinal Cord	<a href="#">CNS</a>	47	Severance	<a href="#">Skin</a>
48	Internal Organs	<a href="#">PA</a>	48	Not Defined	<a href="#">PA</a>
49	Heart	<a href="#">CV</a>	49	Sprain or Tear	<a href="#">Pain</a>
50	Multiple Lower Extremities	<a href="#">See Injury</a>	50	Not Defined	<a href="#">PA</a>
51	Hip	<a href="#">See Injury</a>	51	Not Defined	<a href="#">PA</a>
52	Upper Leg	<a href="#">See Injury</a>	52	Strain or Tear	<a href="#">Pain</a>
53	Knee	<a href="#">See Injury</a>	53	Syncope	<a href="#">PA</a>
54	Lower Leg	<a href="#">See Injury</a>	54	Asphyxiation	<a href="#">Pulmonary</a>
55	Ankle	<a href="#">See Injury</a>	55	Vascular	<a href="#">PA</a>
56	Foot	<a href="#">See Injury</a>	56	Not Defined	<a href="#">PA</a>
57	Toes	<a href="#">See Injury</a>	57	Not Defined	<a href="#">PA</a>
58	Great Toe	<a href="#">See Injury</a>	58	Vision Loss	<a href="#">PA</a>
59	Not Defined	<a href="#">PA</a>	59	All Other Specific Injuries, NOC	<a href="#">PA</a>
60	Lungs	<a href="#">Pulmonary</a>	60	Dust Disease, NOC	<a href="#">Pulmonary</a>
61	Abdomen Including Groin	<a href="#">See Injury</a>	61	Asbestosis	<a href="#">Pulmonary</a>
62	Buttocks	<a href="#">See Injury</a>	62	Black Lung	<a href="#">Pulmonary</a>
63	Lumbar & or Sacral Vertebrae	<a href="#">Pain</a>	63	Byssinosis	<a href="#">Pulmonary</a>
64	Artificial Appliance	<a href="#">PA</a>	64	Silicosis	<a href="#">Pulmonary</a>
65	Unknown - Insufficient Info	<a href="#">PA</a>	65	Respiratory Disorders	<a href="#">Pulmonary</a>
66	No Physical Injury	<a href="#">PA</a>	66	Poisoning - Chemical - non-metal	<a href="#">Poisoning</a>
67	Not Defined	<a href="#">PA</a>	67	Poisoning - Metal	<a href="#">Poisoning</a>
68	Not Defined	<a href="#">PA</a>	68	Dermatitis	<a href="#">Skin</a>
69	Not Defined	<a href="#">PA</a>	69	Mental Disorders	<a href="#">PA</a>
70	Not Defined	<a href="#">PA</a>	70	Radiation	<a href="#">PA</a>
71	Not Defined	<a href="#">PA</a>	71	All Other Occ Dis - NOC	<a href="#">PA</a>

## MITCHELL INJURY SPECIFIC FORMULARY

Body Part			Nature of Injury		
Body Part Code	BP Description	Formulary	Injury Code	Injury Description	Formulary
72	Not Defined	<a href="#">PA</a>	72	Loss of Hearing	<a href="#">PA</a>
73	Not Defined	<a href="#">PA</a>	73	Contagious Disease	<a href="#">PA</a>
74	Not Defined	<a href="#">PA</a>	74	Cancer	<a href="#">PA</a>
75	Not Defined	<a href="#">PA</a>	75	AIDS	<a href="#">PA</a>
76	Not Defined	<a href="#">PA</a>	76	Video Display Terminal Disease	<a href="#">PA</a>
77	Not Defined	<a href="#">PA</a>	77	Mental Stress	<a href="#">PA</a>
78	Not Defined	<a href="#">PA</a>	78	Carpal Tunnel Syndrome	<a href="#">Pain</a>
79	Not Defined	<a href="#">PA</a>	79	Hepatitis C	<a href="#">PA</a>
80	Not Defined	<a href="#">PA</a>	80	All Other Cumulative Injury	<a href="#">PA</a>
81	Not Defined	<a href="#">PA</a>	81	Not Defined	<a href="#">PA</a>
82	Not Defined	<a href="#">PA</a>	82	Not Defined	<a href="#">PA</a>
83	Not Defined	<a href="#">PA</a>	83	Not Defined	<a href="#">PA</a>
84	Not Defined	<a href="#">PA</a>	84	Not Defined	<a href="#">PA</a>
85	Not Defined	<a href="#">PA</a>	85	Not Defined	<a href="#">PA</a>
86	Not Defined	<a href="#">PA</a>	86	Not Defined	<a href="#">PA</a>
87	Not Defined	<a href="#">PA</a>	87	Not Defined	<a href="#">PA</a>
88	Not Defined	<a href="#">PA</a>	88	Not Defined	<a href="#">PA</a>
89	Not Defined	<a href="#">PA</a>	89	Not Defined	<a href="#">PA</a>
90	Multiple Body Parts	<a href="#">Standard</a>	90	Multiple Physical Injuries Only	<a href="#">Standard</a>
91	Multiple Body Systems	<a href="#">Standard</a>	91	Multiple Physical and Psychological injuries	<a href="#">Standard</a>
92	Not Defined	<a href="#">PA</a>	92	Not Defined	<a href="#">PA</a>
93	Not Defined	<a href="#">PA</a>	93	Not Defined	<a href="#">PA</a>
94	Not Defined	<a href="#">PA</a>	94	Not Defined	<a href="#">PA</a>
95	Not Defined	<a href="#">PA</a>	95	Not Defined	<a href="#">PA</a>
96	Not Defined	<a href="#">PA</a>	96	Not Defined	<a href="#">PA</a>
97	Not Defined	<a href="#">PA</a>	97	Not Defined	<a href="#">PA</a>
98	Not Defined	<a href="#">PA</a>	98	Not Defined	<a href="#">PA</a>
99	Whole Body	<a href="#">Standard</a>	99	Not Defined	<a href="#">PA</a>

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Standard PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>AMPHETAMINES</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Non-Steroidal Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Non-Steroidal Anti-inflammatory	Naprapac, Duexis, Vimovo, etc.	NSAID Combo & those with generic alternatives- Alternatives available -\$\$	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to injury	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, ect.	Moderate - severe pain	Covered First 21 Days, then PA required
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 21 Days, then PA required
Opioid Analgesics	Actiq, Fentora Onsolis, etc.	Approved for cancer pain only	PA Required
Opioid Analgesics	Oxycodone, Dilaudid, Morphine Sulfate, etc	Chronic Pain	PA Required
Opioid Analgesics	OxyContin, Zohydro, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required - Use only after 60 days post injury
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Moderate-Severe Pain, Opioid Addiction	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to injury	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine, etc.	Typically not related to injury	PA Required
<b>ANAPHYAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to injury	PA Required
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, Flovent, Slo-Bid, NS for Inhalation, etc.	Inhalation chemical exposure/injury	PA Required
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Inhalation chemical exposure/injury	PA Required
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protopam, etc.	Typically not related to injury	PA Required
Opioid Antagonist	Narcan	Prevention of opioid overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTI-HISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Allergic reactions, exposure, etc.	Covered
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically hospitalized	PA required
Cephalosporins	Ceclor, Duricef, Keflex, Cefazolin, etc.	Covered First 10 Days	Covered First 10 Days, then PA required
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Covered First 10 Days	Covered First 10 Days, then PA required
Penicillins	PenVK, Amoxil, Augmentin, Nafcillin, etc.	Covered First 10 Days	Covered First 10 Days, then PA required
Quinolones	Levaquin, Cipro, Floxin, etc.	Covered First 10 Days	Covered First 10 Days, then PA required
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Covered First 10 Days	Covered First 10 Days, then PA required

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Standard PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Tetracyclines	doxycycline, Minocin, Sumycin, etc.	Covered First 10 Days	Covered First 10 Days, then PA required
Misc. Anti-infectives	Cleocin, Flagyl, ect.	Typically not related to injury	PA Required
Antifungals	Diflucan, Nizoral, etc.	Typically not related to injury	PA Required
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	TB Exposure	PA Required
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	HIV prophylaxis post needle stick	PA Required
Antivirals	Zovirax, Famvir, Valtrex	Typically not related to injury - High \$	PA Required
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to injury	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Verify work-related cause of infection	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Injury related anxiety, muscle spasm	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Occasionally used for neuropathic pain	PA Required
Antipsychotics	Compazine	Medication induced nausea/vomiting	Covered
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Pain induced insomnia	PA Required
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Pain induced insomnia	30 Days Post Injury
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Cleansers	Covered
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	Covered
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	Covered
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions & Inflammation	Covered
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	Covered
Topical Products	Normal Saline	Wound care	Covered
Topical Products	Natroba, Rid, Sklice, etc.	Exposure to Lice or Scabies	PA Required
Topical Products	Sarna Lotion, Prudoxin Cream, etc.	Skin pain/itching	Covered
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	Covered
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	Covered
Topical Products	Ben Gay, Icy Hot	Topical pain reliver	Covered
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Predisone, Medrol, etc.	Inflammation	Covered First 21 Days, then PA required
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	Covered First 21 Days, then PA required
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Rolaids, Tums, etc.	Medication induced gastritis	Covered
Antiemetics	Dramamine, meclizine, etc.	Medication induced nausea/vomiting	Covered
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, etc.	Typically not related to injury	PA Required

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Standard PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	Covered First 21 Days
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	Covered First 21 Days
Medical Devices	Crutches	First Aid Supplies	Covered
<b>NEUROMUSCULAR DRUGS</b>			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	After 30 Days Post Injury, PA required
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	Covered first 30 days, then PA required
<b>SYSTEMIC/TOPICAL NASAL PRODUCTS</b>			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Typically not related to injury	PA Required
<b>TOPICAL MOUTH &amp; THROAT PRODUCTS</b>			
Mouth & Throat	Kenalog in Orabase, etc.	Typically not related to injury	PA Required
Mouth & Throat	Peridex Oral Rinse	Typically not related to injury	PA Required
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Typically not related to injury	PA Required
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Eye Pain & Inflammation	PA Required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Typically not related to injury	PA Required
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Eye Inflammation	PA Required
Ophthalmics	Botox injection	Typically not related to injury	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, Virtoptic, etc.	Eye infection	PA Required
Ophthalmics	Dacriose, Eyestream, etc.	Typically not related to injury	PA Required
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Eye Pain	PA Required
Ophthalmics	Visine, Naphcon-A, etc.	Typically not related to injury	PA Required
Ophthalmics	Fluocinolone, prednisolone	Eye inflammation	PA Required
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaine, etc.	Ear Pain	PA Required
Otic	Cipro HC Otic, Oticin HC, etc.	Ear Infection & Inflammation	PA Required
Otic	Floxin Otic, etc.	Ear Infection	PA Required
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to injury	PA Required
Otic	Vosol HC Otic, etc.	Ear Inflammation	PA Required
<b>GENITOURINARY</b>			
Miscellaneous GU	Sodium Chloride for Irrigation	Typically not related to injury	PA Required



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Standard PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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Pain Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>Amphetamines</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Anti-inflammatory	Naprapac, Nabumetone, Piroxicam, Vimovo, etc.	NSAID Combo & those not commonly used- Alternatives available -\$\$	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, etc.	Moderate - severe pain	Covered First 21 Days, then PA required
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 21 Days, then PA required
Opioid Analgesics	Actiq, Fentora, etc.	Approved for cancer pain only	PA Required
Opioid Analgesics	Oxycodone, Dilaudid, Morphine Sulfate, etc.	Severe Pain	PA Required
Opioid Analgesics	OxyContin, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required - 90 days post injury only
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Opioid Adiction Treatment	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to this injury type	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine, etc.	Typically not related to this injury type	PA Required
<b>ANAPHYLAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to this injury type	PA Required
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, etc.	Typically not related to this injury type	PA Required
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Typically not related to this injury type	PA Required
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protopam, etc.	Typically not related to this injury type	PA Required
Opioid Antagonist	Narcan Injection	Prevention of opioid-overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTI-HISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Typically not related to this injury type	PA Required
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically hospitalized	PA required
Cephalosporins- oral	Ceclor, Duricef, Keflex, Cefazolin, etc.	Typically not related to this injury type	PA Required
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Typically not related to this injury type	PA Required
Penicillins	PenVK, Amoxil, Augmentin, Nafcillin, etc.	Typically not related to this injury type	PA Required
Quinolones	Levaquin, Cipro, Floxin, etc.	Typically not related to this injury type	PA Required

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Pain Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Typically not related to this injury type	PA Required
Tetracyclines	Doxycycline, Minocin, Sumycin, etc.	Typically not related to this injury type	PA Required
Misc. Anti-infectives	Cleocin, Flagyl, ect.	Typically not related to this injury type	PA Required
Antifungals	Diflucan, Nizoral, etc.	Typically not related to this injury type	PA Required
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	Typically not related to this injury type	PA Required
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	HIV prophylaxis post needle stick	1 fill, up to 30 days supply
Antivirals	Zovirax, Famvir, Valtrex	Typically not related to this injury type	PA Required
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to this injury type	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Typically not related to this injury type	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Injury related anxiety, muscle spasm	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Occasionally used for neuropathic pain	PA Required
Antipsychotics	Compazine	Medication induced nausea/vomiting	PA Required
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Pain induced insomnia	PA Required
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Pain induced insomnia	30 Days Post Injury
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Cleansers	PA Required
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	PA Required
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	PA Required
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions & Inflammation	PA Required
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	PA Required
Topical Products	Normal Saline	Wound care	PA Required
Topical Products	Natroba, Rid, Sklice, etc.	Exposure to Lice or Scabies	PA Required
Topical Products	Sarna Lotion, Prudoxin Cream, etc.	Skin pain/itching	PA Required
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	PA Required
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	PA Required
Topical Products	Zostrix cream	Topical pain reliver	PA Required
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Prednisone, Medrol, etc.	Inflammation	Covered First 21 Days
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	Covered First 21 Days
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Roloids, Tums, etc.	Medication induced gastritis	Covered

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Pain Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Antiemetics	Dramamine, meclizine, etc.	Medication induced nausea/vomiting	Covered
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, etc.	Typically not related to injury	PA Required
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA Required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	Covered First 21 Days
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	Covered First 21 Days
Medical Devices	Crutches	First Aid Supplies	Covered
<b>NEUROMUSCULAR DRUGS</b>			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	30 Days Post Injury, PA required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	Covered first 30 days, then PA required
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
<b>SYSTEMIC/TOPICAL NASAL PRODUCTS</b>			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Typically not related to injury	PA Required
<b>TOPICAL MOUTH &amp; THROAT PRODUCTS</b>			
Mouth & Throat	Kenalog in Orabase, etc.	Typically not related to injury	PA Required
Mouth & Throat	Peridex Oral Rinse	Typically not related to injury	PA Required
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Typically not related to injury	PA Required
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Typically not related to injury	PA Required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Typically not related to injury	PA Required
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Typically not related to injury	PA Required
Ophthalmics	Botox injection	Typically not related to injury	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, Virtoptic, etc.	Typically not related to injury	PA Required
Ophthalmics	Dacriose, Eyestream, etc.	Typically not related to injury	PA Required
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Typically not related to injury	PA Required
Ophthalmics	Visine, Naphcon-A, etc.	Typically not related to injury	PA Required
Ophthalmics	Fluocinolone, prednisolone	Typically not related to injury	PA Required
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaïne, etc.	Typically not related to this injury type	PA Required
Otic	Cipro HC Otic, Oticin HC, etc.	Typically not related to this injury type	PA Required

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Pain Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Otic	Floxin Otic, etc.	Typically not related to this injury type	PA Required
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to this injury type	PA Required
Otic	Vosol HC Otic, etc.	Typically not related to this injury type	PA Required
GENITOURINARY			
Miscellaneous GU	Sodium Chloride for Irrigation	Typically not related to injury	PA Required
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered
 Purple = Prior Authorization Required
 Blue = Covered Based on Age of Claim
 Green = Step Therapy - Contingent on Use of Other Drugs

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CNS Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>AMPHETAMINES</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Anti-inflammatory	Naprapac, Nabumetone, Piroxicam, Vimovo, etc.	NSAID Combo - Alternatives available - \$\$	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, ect.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Actiq, Fentora, etc.	Approved for cancer pain only	PA Required
Opioid Analgesics	Oxycodone, Opana, Dilaudid, etc.	Chronic Pain	PA Required
Opioid Analgesics	OxyContin, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required - 60 days post injury
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Opioid Adiction Treatment/Pain	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to this injury type	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine, etc.	Typically not related to this injury type	PA Required
<b>ANAPHYLAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to this injury type	PA Required
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, etc.	Typically not related to this injury type	PA Required
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Typically not related to this injury type	PA Required
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protapam, etc.	Typically not related to this injury type	PA Required
Opioid Antagonist	Narcan Injection	Prevention of opioid-overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTIHIISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Typically not related to this injury type	PA Required
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically hospitalized	PA Required
Cephalosporins	Ceclor, Duricef, Keflex, etc.	Covered First 10 Days	Covered First 10 Days
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Covered First 10 Days	Covered First 10 Days
Penicillins	PenVK, Amoxil, Augmentin, etc.	Covered First 10 Days	Covered First 10 Days
Quinolones	Levaquin, Cipro, Floxin, etc.	Covered First 10 Days	Covered First 10 Days
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Typically not related to injury	PA Required
Tetracyclines	Doxycycline, Minocin, Sumycin, etc.	Covered First 10 Days	Covered First 10 Days
Misc. Anti-infectives	Bactrim, Cleocin, Flagyl, ect.	Covered First 10 Days	Covered First 10 Days
Antifungals	Diflucan, Nizoral, etc.	Occasionally used pre or post op	PA Required

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CNS Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	TB Exposure	PA Required
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	HIV prophylaxis post needle stick	PA Required
Antivirals	Zovirax, Famvir, Valtrex	Typically not related to injury - High \$	PA Required
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to injury	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Verify work-related cause of infection	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Injury related anxiety, muscle spasm	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Occasionally used for neuropathic pain	30 Days Post Injury only- PA required
Antipsychotics	Compazine	Medication induced nausea/vomiting	Covered
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Pain induced insomnia	30 Days Post Injury - Only use short-term (60 days max)
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Pain induced insomnia	30 Days Post Injury
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Cleansers	Covered
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	PA Required
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	PA Required
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions & Inflammation	PA Required
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	Covered
Topical Products	Normal Saline	Wound care	PA Required
Topical Products	Natroba, Rid, Sklice, etc.	Exposure to Lice or Scabies	PA Required
Topical Products	Sarna Lotion, Prudoxin Cream, etc.	Skin pain/itching	PA Required
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	PA Required
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	PA Required
Topical Products	Zostrix cream	Topical pain reliver	PA Required
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Prednisone, Medrol, etc.	Inflammation	Covered First 21 Days
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	Covered First 21 Days
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Roloids, Tums, etc.	Medication induced gastritis	Covered
Antiemetics	Dramamine, meclizine, etc.	Medication induced nausea/vomiting	Covered
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, etc.	Typically not related to injury	PA Required
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy

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DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA Required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	Covered First 21 Days
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	Covered First 21 Days
Medical Devices	Crutches	First Aid Supplies	PA Required
<b>NEUROMUSCULAR DRUGS</b>			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	After 30 Days Post Injury
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	Covered first 30 days, then PA required
<b>SYSTEMIC/TOPICAL NASAL PRODUCTS</b>			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Typically not related to injury	PA Required
<b>TOPICAL MOUTH &amp; THROAT PRODUCTS</b>			
Mouth & Throat	Kenalog in Orabase, etc.	Typically not related to injury	PA Required
Mouth & Throat	Peridex Oral Rinse	Typically not related to injury	PA Required
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Typically not related to injury	PA Required
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Typically not related to injury	PA Required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Typically not related to injury	PA Required
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Typically not related to injury	PA Required
Ophthalmics	Botox injection	Typically not related to injury	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, Viroptic, etc.	Typically not related to injury	PA Required
Ophthalmics	Dacriose, Eyestream, etc.	Typically not related to injury	PA Required
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Typically not related to injury	PA Required
Ophthalmics	Visine, Naphcon-A, etc.	Typically not related to injury	PA Required
Ophthalmics	Fluocinolone, prednisolone	Typically not related to injury	PA Required
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaine, etc.	Typically not related to this injury type	PA Required
Otic	Cipro HC Otic, Oticin HC, etc.	Typically not related to this injury type	PA Required
Otic	Floxin Otic, etc.	Typically not related to this injury type	PA Required
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to this injury type	PA Required
Otic	Vosol HC Otic, etc.	Typically not related to this injury type	PA Required
<b>GENITOURINARY</b>			
Miscellaneous GU	Sodium Chloride for Irrigation	Typically not related to injury	PA Required



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DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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**ENTEM** Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>AMPHETAMINES</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Anti-inflammatory	Naprapac, Nabumetone, Piroxicam, Vimovo, etc.	NSAID Combo - Alternatives available - \$\$	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, etc.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Actiq, Fentora, etc.	Approved for cancer pain only	PA Required
Opioid Analgesics	Oxycodone, Opana, Dilaudid, etc.	Chronic Pain	PA Required
Opioid Analgesics	OxyContin, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required - 60 days post injury
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Opioid Adiction Treatment/Pain	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to injury	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine, etc.	Typically not related to this injury type	PA Required
<b>ANAPHYLAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to this injury type	PA Required
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, etc.	Typically not related to this injury type	PA Required
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Typically not related to this injury type	PA Required
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protopam, etc.	Typically not related to this injury type	PA Required
Opioid Antagonist	Narcan Injection	Prevention of opioid-overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTIHIISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Allergic reactions, exposure, etc.	Covered
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically hospitalized	PA Required
Cephalosporins	Ceclor, Duricef, Keflex, etc.	Covered First 10 Days	Covered First 10 Days
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Covered First 10 Days	Covered First 10 Days
Penicillins	PenVK, Amoxil, Augmentin, etc.	Covered First 10 Days	Covered First 10 Days
Quinolones	Levaquin, Cipro, Floxin, etc.	Covered First 10 Days	Covered First 10 Days
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Typically not related to injury	PA Required
Tetracyclines	Doxycycline, Minocin, Sumycin, etc.	Covered First 10 Days	Covered First 10 Days
Misc. Anti-infectives	Bactrim, Cleocin, Flagyl, etc.	Covered First 10 Days	Covered First 10 Days
Antifungals	Diffucan, Nizoral, etc.	Occasionally used pre or post op	PA Required
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	TB Exposure	PA Required

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DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	HIV prophylaxis post needle stick	PA Required
Antivirals	Zovirax, Famvir, Valtrex	Typically not related to injury - High \$	PA Required
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to injury	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Verify work-related cause of infection	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Typically not related to this injury type	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Typically not related to this injury type	PA Required
Antipsychotics	Compazine	Typically not related to this injury type	PA Required
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Typically not related to this injury type	PA Required 30 Days Post Injury - Only use short-term (60 days max)
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Typically not related to this injury type	PA Required
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Cleansers	PA Required
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	PA Required
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	PA Required
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions & Inflammation	PA Required
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	PA Required
Topical Products	Normal Saline	Wound care	PA Required
Topical Products	Natroba, Rid, Sklice, etc.	Exposure to Lice or Scabies	PA Required
Topical Products	Sarna Lotion, Prudoxin Cream, etc.	Skin pain/itching	PA Required
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	PA Required
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	PA Required
Topical Products	Zostrix cream	Topical pain reliver	PA Required
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Prednisone, Medrol, etc.	Inflammation	Covered First 21 Days
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	PA Required
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Rolaids, Tums, etc.	Medication induced gastritis	Covered
Antiemetics	Dramamine, meclizine, etc.	Medication induced nausea/vomiting	Covered
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, etc.	Typically not related to injury	PA Required
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy

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**ENTEM Formulary**

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA Required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	Covered First 21 Days
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	Covered First 21 Days
Medical Devices	Crutches	First Aid Supplies	PA Required
<b>NEUROMUSCULAR DRUGS</b>			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	PA Required
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	PA Required
<b>SYSTEMIC/TOPICAL NASAL PRODUCTS</b>			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Work-related chemical exposure - anti-inflammatory	Covered First 21 Days
<b>TOPICAL MOUTH &amp; THROAT PRODUCTS</b>			
Mouth & Throat	Kenalog in Orabase, etc.	Mouth & Throat Injury - pain	Covered First 21 Days
Mouth & Throat	Peridex Oral Rinse	Mouth & Throat Injury - infection	Covered First 21 Days
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Mouth & Throat Injury - inflammation	Covered First 21 Days
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Eye Pain & Inflammation	Covered First 21 Days
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Eye Pain & Inflammation	Covered First 21 Days
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Eye Inflammation & Infection	Covered First 21 Days
Ophthalmics	Botox injection	Typically not related to this injury type	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, etc.	Eye infection	Covered First 21 Days
Ophthalmics	Dacriose, Eyestream, etc.	Eye wash for chemical exposure	Covered First 21 Days
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Eye Pain	Covered First 21 Days
Ophthalmics	Visine, Naphcon-A, etc.	Eye inflammation	Covered First 21 Days
Ophthalmics	Viroptic	Typically not related to this injury type	PA required
Ophthalmics	Fluocinolone, prednisolone	Eye inflammation	Covered First 21 Days
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaine, etc.	Ear Pain	Covered First 21 Days
Otic	Cipro HC Otic, Oticin HC, etc.	Ear Infection & Inflammation	Covered First 21 Days
Otic	Floxin Otic, etc.	Ear Infection	Covered First 21 Days
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to this injury type	Covered First 21 Days
Otic	Vosol HC Otic, etc.	Ear Inflammation	Covered First 21 Days
<b>GENITOURINARY</b>			

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ENTEM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Miscellaneous GU	Sodium Chloride for Irrigation	Typically not related to injury	PA Required
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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Skin Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>AMPHETAMINES</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Anti-inflammatory	Naprapac, Nabumetone, Piroxicam, Vimovo, etc.	NSAID Combo - Alternatives available - \$\$	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, ect.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Actiq, Fentora, etc.	Approved for cancer pain only	PA Required
Opioid Analgesics	Oxycodone, Opana, Dilaudid, etc.	Chronic Pain	PA Required
Opioid Analgesics	OxyContin, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required - Only after 60 days
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Opioid Adiction Treatment/Pain	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to injury	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine, etc.	Typically not related to this injury type	PA Required
<b>ANAPHYLAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to this injury type	Covered First 21 days
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, etc.	Typically not related to this injury type	PA Required
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Typically not related to this injury type	PA Required
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protopam, etc.	Typically not related to this injury type	PA Required
Opioid Antagonist	Narcan Injection	Prevention of opioid-overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTIHIISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Allergic reactions, exposure, etc.	Covered
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically hospitalized	PA Required
Cephalosporins	Ceclor, Duricef, Keflex, etc.	Covered First 10 Days	Covered First 10 Days
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Covered First 10 Days	Covered First 10 Days
Penicillins	PenVK, Amoxil, Augmentin, etc.	Covered First 10 Days	Covered First 10 Days
Quinolones	Levaquin, Cipro, Floxin, etc.	Covered First 10 Days	Covered First 10 Days
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Typically not related to this injury type	PA Required
Tetracyclines	Doxycycline, Minocin, Sumycin, etc.	Covered First 10 Days	Covered First 10 Days
Misc. Anti-infectives	Bactrim, Cleocin, Flagyl, ect.	Covered First 10 Days	Covered First 10 Days
Antifungals	Diflucan, Nizoral, etc.	Occasionally used pre or post op	PA Required

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Skin Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	Typically not related to this injury type	PA Required
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	Typically not related to this injury type	PA Required
Antivirals	Zovirax, Famvir, Valtrex	HIV prophylaxis post needle stick	1 fill, up to 30 days' supply
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to this injury type	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Verify work-related cause of infection	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Typically not related to this injury type	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Typically not related to this injury type	PA Required
Antipsychotics	Compazine	Typically not related to this injury type	PA Required
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Typically not related to this injury type	PA Required 30 Days Post Injury - Only use short-term (60 days max)
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Typically not related to this injury type	PA Required
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Clensers	Covered
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	Covered
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	Covered
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions, itching	Covered
Topical Products	Diprosone, hydrocortisone cream, etc.	Work-related skin inflammation	Covered
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	Covered
Topical Products	Normal Saline	Wound care	Covered
Topical Products	Natroba, Rid, Sklice, etc.	Exposure to Lice or Scabies	Covered First 21 Days
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	Covered
Topical Products	Zinc oxide, witch hazel, Demeboro, Lidocaine, etc.	Wound care	Covered
Topical Products	Zostrix cream	Topical pain reliver	Covered
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Prednisone, Medrol, etc.	Inflammation	Covered First 21 Days
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	PA Required
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Rolaids, Tums, etc.	Typically not related to this injury type	PA Required
Antiemetics	Dramamine, meclizine, etc.	Typically not related to this injury type	PA Required
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, Anaspaz, etc.	Typically not related to this injury type	PA Required

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Skin Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA Required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury, better laxatives	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	Covered
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	Covered
Medical Devices	Crutches	Wound Care	Covered
<b>NEUROMUSCULAR DRUGS</b>			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	PA Required
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	PA Required
<b>SYSTEMIC/TOPICAL NASAL PRODUCTS</b>			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Typically not related to this injury type	PA Required
<b>TOPICAL MOUTH &amp; THROAT PRODUCTS</b>			
Mouth & Throat	Kenalog in Orabase, etc.	Typically not related to injury	PA Required
Mouth & Throat	Peridex Oral Rinse	Typically not related to injury	PA Required
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Typically not related to injury	PA Required
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Typically not related to injury	PA Required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Typically not related to injury	PA Required
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Typically not related to injury	PA Required
Ophthalmics	Botox injection	Typically not related to injury	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, Viroptic, etc.	Typically not related to injury	PA Required
Ophthalmics	Dacriose, Eyestream, etc.	Typically not related to injury	PA Required
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Typically not related to injury	PA Required
Ophthalmics	Visine, Naphcon-A, etc.	Typically not related to injury	PA Required
Ophthalmics	Fluocinolone, prednisolone	Typically not related to injury	PA Required
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaïne, etc.	Typically not related to this injury type	PA Required
Otic	Cipro HC Otic, Oticon HC, etc.	Typically not related to this injury type	PA Required
Otic	Floxin Otic, etc.	Typically not related to this injury type	PA Required
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to this injury type	PA Required



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Skin Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Otic	Vosol HC Otic, etc.	Typically not related to this injury type	PA Required
GENITOURINARY			
Miscellaneous GU	Sodium Chloride for Irrigation	Typically not related to injury	PA Required
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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Pulmonary Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>AMPHETAMINES</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Typically not related to this injury type	PA Required
Anti-inflammatory	Naprapac, Nabumetone, Piroxicam, Vimovo, etc.	Typically not related to this injury type	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, ect.	Typically not related to this injury type	PA Required
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Actiq, Fentora, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Oxycodone, Opana, Dilaudid, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	OxyContin, Duragesic, Opana ER, etc.	Typically not related to this injury type	PA Required - Only after 60 days
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Typically not related to this injury type	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Typically not related to this injury type	PA Required
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to this injury type	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine, etc.	Typically not related to this injury type	PA Required
<b>ANAPHYLAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to this injury type	Covered First 21 days
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, Flovent, Slo-Bid, NS for Inhalation, etc.	Inhalation chemical exposure/injury	Covered
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Inhalation chemical exposure/injury	Covered
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protopam, etc.	Typically not related to this injury type	PA Required
Opioid Antagonist	Narcan Injection	Prevention of opioid-overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTI-HISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Allergic reactions, exposure, etc.	Covered
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically not related to this injury type	PA Required
Cephalosporins-oral	Ceclor, Duricef, Keflex, etc.	Typically not related to this injury type	PA Required
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Typically not related to this injury type	PA Required
Penicillins	PenVK, Amoxil, Augmentin, etc.	Typically not related to this injury type	PA Required

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Pulmonary Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Quinolones	Levaquin, Cipro, Floxin, etc.	Typically not related to this injury type	PA Required
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Typically not related to this injury type	PA Required
Tetracyclines	Doxycycline, Minocin, Sumycin, etc.	Typically not related to this injury type	PA Required
Misc. Anti-infectives	Bactrim, Cleocin, Flagyl, ect.	Typically not related to this injury type	PA Required
Antifungals	Diflucan, Nizoral, etc.	Typically not related to this injury type	PA Required
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	Typically not related to this injury type	PA Required
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	Typically not related to this injury type	PA Required
Antivirals	Zovirax, Famvir, Valtrex	Typically not related to this injury type	PA Required
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to this injury type	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Typically not related to this injury type	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Typically not related to this injury type	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Typically not related to this injury type	PA Required
Antipsychotics	Compazine	Typically not related to this injury type	PA Required
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Typically not related to this injury type	PA Required 30 Days Post Injury - Only use short-term (60 days max)
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Typically not related to this injury type	PA Required
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Cleansers	PA Required
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	PA Required
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	PA Required
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions & Inflammation	PA Required
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	PA Required
Topical Products	Normal Saline	Wound care	PA Required
Topical Products	Natroba, Rid, Sklice, etc.	Exposure to Lice or Scabies	PA Required
Topical Products	Sarna Lotion, Prudoxin Cream, etc.	Skin pain/itching	PA Required
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	PA Required
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	PA Required
Topical Products	Zostrix cream	Topical pain reliver	PA Required
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Prednisone, Medrol, etc.	Inflammation	Covered First 21 Days

Mitchell **ScriptAdvisor**  
Pulmonary Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	PA Required
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Rolaids, Tums, etc.	Typically not related to this injury type	PA Required
Antiemetics	Dramamine, meclizine, etc.	Typically not related to this injury type	PA Required
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, Anaspaz, etc.	Typically not related to this injury type	PA Required
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA Required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury, better laxatives	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	PA Required
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	PA Required
Medical Devices	Crutches	First Aid Supplies	PA Required
<b>NEUROMUSCULAR DRUGS</b>			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	PA Required
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	PA Required
<b>SYSTEMIC/TOPICAL NASAL PRODUCTS</b>			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Typically not related to this injury type	Covered First 21 Days
<b>TOPICAL MOUTH &amp; THROAT PRODUCTS</b>			
Mouth & Throat	Kenalog in Orabase, etc.	Mouth and / or throat injury	Covered First 21 Days
Mouth & Throat	Peridex Oral Rinse	Typically not related to this injury type	PA Required
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Mouth and / or throat injury	Covered First 21 Days
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Typically not related to injury	PA Required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Typically not related to injury	PA Required
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Typically not related to injury	PA Required
Ophthalmics	Botox injection	Typically not related to injury	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, Viroptic, etc.	Typically not related to injury	PA Required
Ophthalmics	Dacriose, Eyestream, etc.	Typically not related to injury	PA Required
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Typically not related to injury	PA Required
Ophthalmics	Visine, Naphcon-A, etc.	Typically not related to injury	PA Required
Ophthalmics	Fluocinolone, prednisolone	Typically not related to injury	PA Required

# Pulmonary Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaine, etc.	Typically not related to this injury type	PA Required
Otic	Cipro HC Otic, Oticon HC, etc.	Typically not related to this injury type	PA Required
Otic	Floxin Otic, etc.	Typically not related to this injury type	PA Required
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to this injury type	PA Required
Otic	Vosol HC Otic, etc.	Typically not related to this injury type	PA Required
<b>GENITOURINARY</b>			
Miscellaneous GU	Sodium Chloride for Irrigation	Typically not related to injury	PA Required
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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Burn Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>AMPHETAMINES</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Anti-inflammatory	Naprapac, Nabumetone, Piroxicam, Vimovo, etc.	NSAID Combo - Alternatives available - \$\$	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, ect.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Actiq, Fentora, etc.	Approved for cancer pain only	PA Required
Opioid Analgesics	Oxycodone, Opana, Dilaudid, etc.	Chronic Pain	PA Required
Opioid Analgesics	OxyContin, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required Only after 60 days
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Opioid Adiction Treatment/Pain	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to this injury type	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine,	Not related to injury	PA Required
<b>ANAPHYLAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to this injury type	PA Required
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, etc.	Typically not related to this injury type	PA Required
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Typically not related to this injury type	PA Required
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protopam, etc.	Typically not related to this injury type	PA Required
Opioid Antagonist	Narcan Injection	Prevention of opioid-overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTIHIISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Typically not related to this injury type	PA Required
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically hospitalized	PA Required
Cephalosporins	Ceclor, Duricef, Keflex, etc.	Covered First 10 Days	Covered First 10 Days
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Covered First 10 Days	Covered First 10 Days
Penicillins	PenVK, Amoxil, Augmentin, etc.	Covered First 10 Days	Covered First 10 Days
Quinolones	Levaquin, Cipro, Floxin, etc.	Covered First 10 Days	Covered First 10 Days
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Typically not related to injury	Covered First 10 Days
Tetracyclines	Doxycycline, Minocin, Sumycin, etc.	Covered First 10 Days	Covered First 10 Days
Misc. Anti-infectives	Bactrim, Cleocin, Flagyl, ect.	Covered First 10 Days	Covered First 10 Days
Antifungals	Diflucan, Nizoral, etc.	Occasionally used pre or post op	PA Required

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Burn Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	TB Exposure	PA Required
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	HIV prophylaxis post needle stick	PA Required
Antivirals	Zovirax, Famvir, Valtrex	Typically not related to injury - High \$	PA Required
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to injury	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Verify work-related cause of infection	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Injury related anxiety, muscle spasm	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Occasionally used for neuropathic pain	PA Required
Antipsychotics	Compazine	Medication induced nausea/vomiting	Covered
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Pain induced insomnia	30 Days Post Injury only, limit to 60 days
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Pain induced insomnia	30 Days Post Injury
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Clensers	Covered
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	Covered
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Typically not related to this injury type	PA Required
Topical Products	Bendryl Cream, etc.	Typically not related to this injury type	PA Required
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	Covered
Topical Products	Normal Saline	Wound care	Covered
Topical Products	Natroba, Rid, Sklice, etc.	Typically not related to this injury type	PA Required
Topical Products	Sarna Lotion, Prudoxin Cream, etc.	Skin pain/itching	Covered
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	Covered
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	Covered
Topical Products	Zostrix cream	Typically not related to this injury type	PA Required
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Prednisone, Medrol, etc.	Inflammation	Covered First 21 Days
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	PA Required
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Rolaids, Tums, etc.	Typically not related to this injury type	PA Required
Antiemetics	Dramamine, meclizine, etc.	Typically not related to this injury type	PA Required
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, Anaspaz, etc.	Typically not related to this injury type	PA Required
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy

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Burn Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA Required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury, better laxatives	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
MISCELLANEOUS PRODUCTS			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	Covered
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	Covered
Medical Devices	Crutches	Typically not related to this injury type	PA Required
NEUROMUSCULAR DRUGS			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	PA Required
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	PA Required
SYSTEMIC/TOPICAL NASAL PRODUCTS			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Typically not related to this injury type	PA Required
TOPICAL MOUTH & THROAT PRODUCTS			
Mouth & Throat	Kenalog in Orabase, etc.	Typically not related to injury	PA Required
Mouth & Throat	Peridex Oral Rinse	Typically not related to injury	PA Required
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Typically not related to injury	PA Required
OPHTHALMIC PRODUCTS			
Ophthalmics	Acular, Voltaren, etc.	Typically not related to injury	PA Required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Typically not related to injury	PA Required
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Typically not related to injury	PA Required
Ophthalmics	Botox injection	Typically not related to injury	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, Virtoptic, etc.	Typically not related to injury	PA Required
Ophthalmics	Dacriose, Eyestream, etc.	Typically not related to injury	PA Required
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Typically not related to injury	PA Required
Ophthalmics	Visine, Naphcon-A, etc.	Typically not related to injury	PA Required
Ophthalmics	Fluocinolone, prednisolone	Typically not related to injury	PA Required
OTIC PRODUCTS			
Otic	Americaine Otic, Oticaine, etc.	Typically not related to this injury type	PA Required
Otic	Cipro HC Otic, Oticin HC, etc.	Typically not related to this injury type	PA Required
Otic	Floxin Otic, etc.	Typically not related to this injury type	PA Required
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to this injury type	PA Required
Otic	Vosol HC Otic, etc.	Typically not related to this injury type	PA Required
GENITOURINARY			
Miscellaneous GU	Sodium Chloride for Irrigation	Wound Care	Covered



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Burn Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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Poisoning Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>AMPHETAMINES</b>			
Amphetamines	Amphetamine Sulfate, Amphetamine-Dextroamphetamine, Methylphenidate	Enhancement of pain control	PA required
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Anti-inflammatory	Naprapac, Nabumetone, Piroxicam, Vimovo, etc.	NSAID Combo - Alternatives available - \$\$	PA Required
Anti-Migraine	Axert, Imitrex, Maxalt, Cafergot, Midrin, etc.	Typically not related to this injury type	PA Required
Opioid Analgesics	Percocet, Vicodin, Ultracet, ect.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 21 Days
Opioid Analgesics	Actiq, Fentora, etc.	Approved for cancer pain only	PA Required
Opioid Analgesics	Oxycodone, Opana, Dilaudid, etc.	Chronic Pain	PA Required
Opioid Analgesics	OxyContin, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required Only after 60 days
Opioid Analgesics	Suboxone, Subutex, Stadol, etc.	Opioid Adiction Treatment/Pain	PA Required
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin/Butalbital etc.	Typically not related to this injury type	PA Required
Non-Narc Analgesics; combos, migraine combos, etc.	Salsalate, Ziconotide, Acetaminophen with Caffeine,	Not related to injury	PA Required
<b>ANAPHYLAXIS TREATMENT AGENTS</b>			
Anaphylaxis agents	EpiPen, TwinJect, etc.	Typically not related to this injury type	PA Required
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, Flovent, Slo-Bid, NS for Inhalation, etc.	Inhalation chemical exposure/injury	Covered First 21 Days
Respiratory Therapy Supplies	Spacers, Nebulizers, etc.	Inhalation chemical exposure/injury	Covered First 21 Days
<b>ANTIDOTES</b>			
Antidotes	Activated Charcoal, Ipecac, Protopam, etc.	Posioning Antidotes	Covered First 21 Days
Opioid Antagonist	Narcan Injection	Prevention of opioid-overdose	Covered x 1 if opioid Rx filled, then PA required
<b>ANTIHIISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Allergic reactions, exposure, etc.	Covered First 21 Days
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Typically not related to this injury type	PA Required
Cephalosporins-oral	Ceclor, Duricef, Keflex, etc.	Typically not related to this injury type	PA Required
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Typically not related to this injury type	PA Required
Penicillins	PenVK, Amoxil, Augmentin, etc.	Typically not related to this injury type	PA Required
Quinolones	Levaquin, Cipro, Floxin, etc.	Typically not related to this injury type	PA Required
Sulfonamides	Sulfadiazine, Sulfamethoxazole	Typically not related to this injury type	PA Required
Tetracyclines	Doxycycline, Minocin, Sumycin, etc.	Typically not related to this injury type	PA Required

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Poisoning Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Misc. Anti-infectives	Bactrim, Cleocin, Flagyl, etc.	Typically not related to this injury type	PA Required
Antifungals	Diflucan, Nizoral, etc.	Typically not related to this injury type	PA Required
Antimycobacterials	Ethambutol, isoniazid, rifampin, etc.	Typically not related to this injury type	PA Required
Antiretrovirals	Crixivan, Combivir, Retrovir, etc.	Typically not related to this injury type	PA Required
Antivirals	Zovirax, Famvir, Valtrex	Typically not related to this injury type	PA Required
Antivirals- Herpes, Influenza	Acyclovir, Valacyclovir	Typically not related to this injury type	PA Required
Hepatitis Agents	Ribavirin, Viekira, Harvoni, etc.	Typically not related to this injury type	PA Required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Typically not related to this injury type	PA Required
Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, etc.	Typically not related to this injury type	PA Required
Antipsychotics	Compazine	Typically not related to this injury type	PA Required
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to this injury type	PA Required
Hypnotics	Ambien, Sonata, Halcion, etc.	Typically not related to this injury type	PA Required 30 Days Post Injury - Only use short-term (60 days max)
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Typically not related to this injury type	PA Required
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Cleansers	PA Required
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	PA Required
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	PA Required
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions & Inflammation	PA Required
Topical Products	Lidoderm	Alternatives available -\$\$	PA Required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	PA Required
Topical Products	Normal Saline	Wound care	PA Required
Topical Products	Natroba, Rid, Sklice, etc.	Exposure to Lice or Scabies	PA Required
Topical Products	Sarna Lotion, Prudoxin Cream, etc.	Skin pain/itching	PA Required
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	PA Required
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	PA Required
Topical Products	Zostrix cream	Topical pain reliver	PA Required
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Prednisone, Medrol, etc.	Inflammation	Covered First 21 Days
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	PA Required
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Rolaids, Tums, etc.	Typically not related to this injury type	PA Required

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Poisoning Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Antiemetics	Dramamine, meclizine, etc.	Typically not related to this injury type	PA Required
Antiemetics	Marinol, Kytril, Zofran	Alternatives available -\$\$	PA Required
Belladonna Alkaloids	Anaspaz, hyoscamine, Anaspaz, etc.	Typically not related to this injury type	PA Required
Laxatives	Colace, docusate, Dulcolax, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Lactulose, Enulose, etc.	Opioid Induced Constipation	Step therapy
Miscellaneous GI	Amitiza, Movantik, Simethicone, Metoclopramide	Opioid Induced Constipation	Step therapy - traditional laxatives first - PA Required
Laxatives & Combinations & Misc GI	Magnesium Citrate, wheat dextrin-Calcium, Psyllium w/ Calcium	Typically not related to injury, better laxatives	PA Required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Step therapy
Ulcer Therapy Combinations	Metronidazole/Tetracycline/Bismuth	Typically not related to injury, high \$\$	PA Required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	PA Required
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	PA Required
Medical Devices	Crutches	First Aid Supplies	PA Required
<b>NEUROMUSCULAR DRUGS</b>			
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	PA Required
Muskuloskeletal	Hyalgan, Synvisc, etc.	Doctor Administered Injectable	PA Required
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	PA Required
<b>SYSTEMIC/TOPICAL NASAL PRODUCTS</b>			
Sys./Top Nasal	Bactroban Nasal, Beconase AZ, Flonase, Ocean	Work-related chemical exposure	Covered First 21 Days
<b>TOPICAL MOUTH &amp; THROAT PRODUCTS</b>			
Mouth & Throat	Kenalog in Orabase, etc.	Mouth and / or throat injury	Covered First 21 Days
Mouth & Throat	Peridex Oral Rinse	Typically not related to this injury type	PA Required
Mouth & Throat	Sore Throat Spray, Biotene, Salagen, etc.	Mouth and / or throast injury	Covered First 21 Days
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Typically not related to injury	PA Required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Typically not related to injury	PA Required
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Typically not related to injury	PA Required
Ophthalmics	Botox injection	Typically not related to injury	PA Required
Ophthalmics	Ciloxan, Genoptic, Tobrex, Virtoptic, etc.	Typically not related to injury	PA Required
Ophthalmics	Dacriose, Eyestream, etc.	Typically not related to injury	PA Required
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Typically not related to injury	PA Required
Ophthalmics	Visine, Naphcon-A, etc.	Typically not related to injury	PA Required
Ophthalmics	Fluocinolone, prednisolone	Typically not related to injury	PA Required
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaïne, etc.	Typically not related to this injury type	PA Required
Otic	Cipro HC Otic, Oticin HC, etc.	Typically not related to this injury type	PA Required

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Poisoning Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Otic	Floxin Otic, etc.	Typically not related to this injury type	PA Required
Otic	Swim-ear, Auro-dri, Dri-ear, etc.	Typically not related to this injury type	PA Required
Otic	Vosol HC Otic, etc.	Typically not related to this injury type	PA Required
GENITOURINARY			
Miscellaneous GU	Sodium Chloride for Irrigation	Typically not related to injury	PA Required
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Typically not related to injury	PA Required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	Typically not related to injury	PA Required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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H&H Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>ANALGESIC &amp; ANTI-INFLAMATORY AGENTS</b>			
Aspirin	Aspirin	Prevention of Heart Attacks and Stroke	Covered
<b>ANTICOAGULANTS</b>			
Coumarin Anticoagulants, Heparin & Low Molecular Weight Heparins	Coumadin, Warfarin, Heparin, Lovenox, etc.	Treatment and prevention of clots	Covered
Thrombin Inhibitors & Factor Xa Inhibitors	Rivoroxaban, dabigatran, apixaban, edoxaban	Stroke prevention in A-fib patients	Covered
<b>CARDIOVASCULAR DRUGS</b>			
Anti-Anginal Agents	Isordil, Imdur, nitroglycerin	Prevention of chest pain	Covered
Anti-Arrhythmics	Norpace, amiodarone, quinidine, etc.	Slows rapid and irregular heartbeats	Covered
Antihyperlipidemics	Lipitor, Mevacor, Pravacol, Questran, etc.	Lowers cholesterol and Triglycerides. May prevent heart attacks	Covered
Antihypertensives	Vasotec, Catapril, Diovan, Cozaar, etc.	High blood pressure and heart failure	Covered
Beta Blockers	Inderal, Tenormin, Toprol, etc.	Controls high blood pressure, arrhythmias, and recovery post heart attack	Covered
Calcium Channel Blockers	Cardizem, Procardia, Norvasc, etc.	Treats high blood pressure	Covered
Cardiotonics	Lanoxin, digoxin, etc.	Treats arrhythmias and heart failure	Covered
Combination Vasodilators	Caudet	Calcium channel blocker and antihyperlipidemic combo - lower cost alternatives available	PA Required
Diuretics	Lasix, Aldactone, etc	High blood pressure and swelling	Covered
Peripheral vasodilators	Papaverine, Isoxsuprine, etc.	Treatment for irregular heartbeat	Covered
Pressors	Midodrine, etc	Treats low blood pressure	Covered
Cardio miscellaneous	Mannitol, Ivabradine	Hospitalization only	PA Required
<b>MINERALS &amp; ELECTROLYTES</b>			
Magnesium Salts	Magnesium Chloride, Magnesium Gluconate, etc.	Treatment or prevention low magnesium	Covered
Potassium Replacement	K Dur, Klor Con, KCL, etc	Treatment of low potassium	Covered
<b>MISC. HEMATOLOGIC AGENTS</b>			
Hematologicals	Trental, etc	Improves blood flow	Covered
Platelet Aggregation Inhibitors	Aggrenox, Persantine, etc	Prevents clots, decreases risk of stroke	Covered
Thrombolytic Enzymes	Alteplase, etc.	Not typically related to injury, PA required, Hospital formulary	PA Required, Hospital
Cardiovascular Agents-Misc	Riociguat, Tadalafil, Papaverine, Sildenafil	Not typically related to injury, PA required.	PA Required

Black = Covered Purple = Prior Authorization Required Blue = Covered Based on Age of Claim Green = Step Therapy - Contingent on Use of Other Drugs

# Not Covered and PA-Required Drugs

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>PRIOR AUTHORIZATION REQUIRED FOR ALL DRUGS</b>			
Allergenic Extracts	Mite, Bermuda Grass, etc	Not related to injury	<b>BLOCK</b>
Alternative Medicine-AI's	Acai, Alo Vera, Black Cohosh, etc.	Not related to injury	<b>BLOCK</b>
Amebicides, Anthelmintics	Iodoquinol, Mebendazole	Typically not related to injury	PA required
Analgesics-Anti-Inflammatory/Migraine Combos	Duexis, Diclofenac & Dietary management Product, etc.	Not related to injury, high \$\$\$	<b>BLOCK</b>
Androgens	Testosterone	Not related to injury	PA required
Anorectal Agents	benzocaine, budesonide	Typically not related to injury	PA required
Anorexiants Non-Amphetamine	Diehylopropion, Caffeine	Not related to injury	<b>BLOCK</b>
Antianxiety combinations	alprazolam-dietary management product	Typically not related to injury, high \$\$	<b>BLOCK</b>
Antiasthmatic & Bronchodilators	Ipratropium, Albuterol, etc.	Typically note related to injury	PA required
Anticoagulants	In vitro: agents	Not related to injury	<b>BLOCK</b>
Anticonvulsant Combinations/Antiparkinson Agents	Lovodopa, Seligiline, Amantadine, etc.	Typically note related to injury	<b>BLOCK</b>
Antidepressant combinations	Citalopram & Dietary Management Product	Typically not related to injury, high \$\$	<b>BLOCK</b>
Antidiabetics	Insulin, Glyburide, Metformin, etc.	Not related to injury	<b>BLOCK</b>
Antidiarrheals	Diphenoxylate, Kaolin	Not related to injury	PA required
Antidote Kits	Atropine/Pralidoxime, etc.	Not related to injury	<b>BLOCK</b>
Antiemetic Combinations	Doxylamine-Pyridoxine, etc.	Not related to injury	<b>BLOCK</b>
Antihistamine Hypnotic Combinations	Diphenhydramine-Ibuprofen	Typically not related to injury, high \$\$	<b>BLOCK</b>
Antihyperlipidemic Combinations	Ezetimibe-Simvastatin, etc.	Typically not related to injury, high \$\$	<b>BLOCK</b>
Antihypertensive Combinations	Trandolapril-Verapamil, Captopril-HCTZ, etc.	Typically not related to injury, high \$\$	<b>BLOCK</b>
Antimalarials	chloroquine, quinacrine, etc.	Not related to injury	<b>BLOCK</b>
Antimyasthenic/Cholinergic Agents	Guanidine, Neostigmine	Not related to injury	<b>BLOCK</b>
Antineoplastics	Carboplatin, Cyclophosphamide	Not related to injury	<b>BLOCK</b>
Antipsychotics	Haldol, Seroquel, Zyprexa, etc.	Typically not related to injury - High \$	PA required
Antivirals Combinations	Rimantadine-Dietary management	Not related to injury	<b>BLOCK</b>
Assorted Classes	adenosine, chlorophyll, penicillamine	Not related to injury	<b>BLOCK</b>
Calcium Channel Blocker combinations	Amlodipine & Dietary product	Typically note related to injury	PA required
Cardiovascular	Ca Channel Blockers, Anti-Angina, Beta blockers, antiarrhythmics, anticoagulants, etc.	Typically note related to injury	PA required
Cardiovascular agents-Combinations & Misc	Amlodipine-Atorvastatin, Cardiotonics	Typically note related to injury	PA required
Cephalosporin Combinations	Ceftazidime-Avibactam	Use separate drugs, high \$\$\$	<b>BLOCK</b>
Chemicals	acids, bases, etc.	Not related to injury	<b>BLOCK</b>
Contraceptives	Norethindrone, Medroxyprogesterone	Not related to injury	<b>BLOCK</b>
Contraceptives	Condoms, diaphragms	Not related to injury	<b>BLOCK</b>

# Not Covered and PA-Required Drugs

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>PRIOR AUTHORIZATION REQUIRED FOR ALL DRUGS</b>			
Corticosteroid combinations	Triamcinolone & bupivacaine, etc.	Typically not related to injury, high \$\$	PA required
Cough/Cold/Allergy & combinations	Dextromethorphan, Phenylephrine-APAP-Caffine, etc.	Typically not related to injury	BLOCK
Decongestants	Phenylpropranolamine, oxymetazoline	Not related to injury	PA required
Dermatologicals	Acne, Antifungals, psoriasis, antineoplastics, antivirals, combinations, etc.	Typically not related to injury	PA required
Diagnostic Products	Glucose urine tests, Ketone Blood test, Pregnancy Test, etc.	Not related to Injury	BLOCK
Dietary Management Products/Hematopoietic Agents	L-Methylfolate, D-Ribose, Ferrous Fumarate, Iron Dextran	Not related to injury	BLOCK
Digestive Aids/Antiflatulants/GI Stimulants	Pancreatin, Pepsin, Metoclopramide	Not related to injury	PA required
Endocrine & metabolic Agents, Misc.	Alendronate	Not related to injury	BLOCK
Enteral Supplies	Feeding tubes, etc.	Typically not related to injury	PA required
Estrogens	Estradiol	Typically not related to injury	PA required
General Anesthetics	Desflurane, Ketamine	Typically not related to injury	PA required
Gout Agents	Allopurinol, Colchicine	Typically not related to injury	BLOCK
GU Miscellaneous	Cysteamine, Acetohydroxamic Acid	Typically not related to injury	PA required
Hematological Agents	Factor XIII, Fibrinogen	Typically not related to injury	PA required
Hemostatics	Absorbable Collagen, Thrombin	Hospital Formulary only	PA required
Hematopoietic Agents	Cyanocobolamin, Iron Sucrose, etc.	Typically not related to injury	PA required
Hypnotics	Phenobarbital, Secobarbital, Chloral Hydrate	Typically not related to injury	PA required
Impotence Agents	Viagra	Typically not related to injury	PA required
In Vitro Anticoagulants	Anticoagulant Citrate Phosphate;	Used for diagnostics, not related to injury	BLOCK
Insulin	Insulin Regular	Not related to injury	BLOCK
Local Anesthetics	Bupivacaine, Lidocaine, Flurane	Hospital Formulary only	PA Required
Medical Devices & Supplies	Needles, Syringes, IV tubing, Subcut, sharps, bandages, etc.	Typically home health supplies	PA Required
Minerals & Electrolytes	Calcium Carbonate, Potassium Acetat, etc.	Not related to injury	PA required
Misc Hematological Agents	Hetastarch, Dextran	Not related to injury	PA required
Misc Hematological Agents; Complement Inhibitors	Eculizumab	Typically not related to injury	PA required
Misc Medical Supplies	Thermometers, etc.	Not related to injury	BLOCK
Mouth/Throat/Dental	Dental Products & Aids	Not related to injury	BLOCK
Mouth/Throat/Dental	Anti-infectives; clotrimazole, etc.	Typically not related to injury	PA required
Multivitamins	B-1, C, Multivitamins, etc.	Not related to injury	PA required
Musculoskeletal Therapy Agents: Muscle Relaxant Combinations	Carisoprodol w/ Aspirin & Codeine, Cyclobenzaprine with MSM	Typically not related to injury - High \$, HIGH RISK	BLOCK
Nasal Agents:	Psuedoephedrine, phenylephrine, ipratropium, combos	Typically not related to injury	PA required
Neuromuscular Agents	Succinyl Choline, Vecuronium, etc/	Hospital Formulary only	PA required
Nutrients	Glucose, Amino Acids, etc.	Hospital Formulary only	PA required



# Not Covered and PA-Required Drugs

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>PRIOR AUTHORIZATION REQUIRED FOR ALL DRUGS</b>			
Ophthalmic Agents: Prostaglandins, Cyclopegic Mydriatics, Angiotensin Inh, Miotics, Misc.	Bimtoprost, Tropicamide, combos	Typically not related to injury	PA required
Ophthalmic Agents- Misc	betaxolol, timolol	Typically not related to injury	PA required
Opioid Combinations	Oxycodone-Ibuprofen	Typically not related to injury, high \$\$\$	<b>BLOCK</b>
Otics- Misc	Acetic Acid, Cresyl Acetate	Typically Not related to injury	PA required
Oxytocics	Oxytocin	Not related to injury	<b>BLOCK</b>
Passive Immunizing Agents	Antivenin, etc.	Not related to injury	PA required
Pharmaceutical Adjuvants/Assorted Classes	methylparaben, dyes, etc., CRRT, etc.	Not related to injury	<b>BLOCK</b>
Progestins	Hydroxyprogesterone	Not related to injury	PA required
Psychotherapeutic & Neurological Agents- Misc	Rivastigmine, donepezil	Typically not related to injury	<b>BLOCK</b>
Rectal Products	Hydrocortisone, Benzocaine, etc.	Typically not related to injury	PA required
Respiratory Agents_ Misc	Lumacaftor-Ivacaftor	Typically not related to injury	PA required
Tetracyclines-other	Doxycycline w/cleaners, minocycline acne	Typically not related to injury	<b>BLOCK</b>
Thyroid Agents	Thyroid, Levothyroxine	Not related to injury	PA required
Toxoids	Diphtheria-Tetanus, etc	Typically not related to injury	<b>BLOCK</b>
Ulcer Drugs_Misc	Atropine, misoprostol,	Typically not related to injury	PA required
Urinary Anti-Infective Combinations	Methamphetamine-Hyoscamine-Methylene Blue-Sodium Phosphate	Not related to injury	PA required

# Standard Pre (3 days pre) & Post-Op (7 days post-op) PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
<b>ANALGESIC &amp; ANTI-INFLAMMATORY AGENTS</b>			
Non-Steroidal Anti-inflammatory	Celebrex, Naprosyn, Mobic, Motrin, etc.	Pain & Inflammation	Covered
Non-Narc Analgesics	Aspirin, Tylenol, etc.	Pain & Inflammation	Covered
Opioid Analgesics	Percocet, Vicodin, Ultracet, etc.	Moderate - severe pain	Covered First 7 Days post-op, then PA required
Opioid Analgesics	Ultram, Tramadol, Tylenol with Codeine, etc.	Moderate - severe pain	Covered First 7 Days post-op, then PA required
Opioid Analgesics	OxyContin, Zohydro, Duragesic, Opana ER, etc.	Chronic Pain - Long Acting	PA Required - Use only after 60 days on opioids
Opioid Analgesics-Injectable	Morphine, Hydromorphone, Fentanyl	Acute Moderate-severe pain	Covered First 3 Days post-op, then PA required
<b>ANTI-HISTAMINES</b>			
Antihistamines	Claritin, Benadryl, Zyrtec, Phenergan, etc.	Nausea, etc.	Covered
<b>ANTI-INFECTIVE AGENTS</b>			
Aminoglycosides	Amikacin, Gentamicin	Prophylaxis or treatment of infection	Covered First 7 Days post-op, then PA required
Cephalosporins	Ceclor, Duricef, Keflex, Cefazolin, etc.	Prophylaxis or treatment of infection	Covered First 7 Days post-op, then PA required
Macrolides	Erythromycin, Biaxin, Zithromax, etc.	Prophylaxis or treatment of infection	Covered First 7 Days post-op, then PA required
Penicillins	PenVK, Amoxil, Augmentin, Nafcillin, etc.	Prophylaxis or treatment of infection	Covered First 7 Days post-op, then PA required
Quinolones	Levaquin, Cipro, Floxin, etc.	Prophylaxis or treatment of infection	Covered First 7 Days post-op, then PA required
Tetracyclines	doxycycline, Minocin, Sumycin, etc.	Prophylaxis or treatment of infection	Covered First 7 Days post-op, then PA required
<b>ANTI-INFECTIVE AGENTS, cont.</b>			
Misc. Anti-infectives	Cleocin, Flagyl, ect.	Prophylaxis or treatment of infection	Covered First 7 Days post-op, then PA required
Antifungals	Diflucan, Nizoral, etc.	Prophylaxis or treatment of infection	Covered First 10 Days post-op, then PA required
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>			
Anti-Anxiety Agents	Xanax, Buspar, Valium, etc.	Surgery related anxiety/muscle relaxant	Covered First 10 Days post-op, then PA required
Antipsychotics	Compazine	Medication induced nausea/vomiting	Covered
Hypnotics	Ambien, Sonata, Halcion, etc.	Pain induced insomnia	Covered First 10 Days post-op, then PA required
Hypnotics	Unisom, Nytol, Tylenol PM, etc.	Pain induced insomnia	Covered
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Cleansers	Covered First 21 Days post-op, then PA required
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	Covered First 21 Days post-op, then PA required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	Covered First 7 Days post-op, then PA required
Topical Products	Normal Saline	Wound care	Covered First 21 Days post-op, then PA required
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	Covered First 21 Days post-op, then PA required

# Standard Pre (3 days pre) & Post-Op (7 days post-op) PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Topical Products	Zinc oxide, witch hazel, Demeboro, Silver Nitrate sticks, etc.	Wound care	Covered First 21 Days post-op, then PA required
<b>ENDOCRINE &amp; METABOLIC DRUGS</b>			
Corticosteroids	Predisone, Medrol, etc.	Inflammation	Covered First 21 Days post-op, then PA required
Steroid combinations	Dexamethasone & Bupivacaine	Alternatives available	Covered First 21 Days post-op, then PA required
<b>GASTROINTESTINAL AGENTS</b>			
Antacids	Maalox, Rolaids, Tums, etc.	Medication induced gastritis	Covered
Antiemetics	Dramamine, meclizine, etc.	Medication induced nausea/vomiting	Covered
Antiemetics	Marinol, Kytril, Zofran	Nausea and vomiting not controlled with other meds	Covered First 7 Days post-op, then PA required
Ulcer Drugs	Nexium, Prevacid, Prilosec, Zantac etc.	Use only with NSAIDs for GI protection	Covered First 7 Days post-op, then PA required
<b>MISCELLANEOUS PRODUCTS</b>			
Antiseptic/Disinfect.	Betadine, Hibiclens, Dakin's, Sodium Chloride Irrigation, etc.	Wound Care	Covered First 21 Days post-op, then PA required
Antiseptic/Disinfect.	Hydrogen Peroxide	Wound Care	Covered First 21 Days post-op, then PA required
Medical Devices	Crutches	First Aid Supplies	Covered First 21 Days post-op, then PA required
<b>NEUROMUSCULAR DRUGS</b>			
Muskuloskeletal	Robaxin, Flexeril, Baclofen, Zanaflex	Muscle Spasms	Covered First 7 Days post-op, then PA required
Anticonvulsants	Neurontin, Topamax, Tegretol, etc.	Neuropathic pain	After 30 Days Post Injury, PA required
Anticonvulsants - Injectable	Fosphenytoin, Levetiracetam, etc.	Seizures	Covered First 7 Days post-op, then PA required
<b>CARDIOVASCULAR DRUGS</b>			
Anti-Anginal Agents	Isordil, Imdur, nitroglycerin	Prevention of chest pain	Covered First 21 Days post-op, then PA required
Anti-Arrhythmics	Norpace, amiodarone, quinidine, etc.	Slows rapid and irregular heartbeats	Covered First 21 Days post-op, then PA required
Antihyperlipidemics	Lipitor, Mevacor, Pravacol, Questran, etc.	Lowers cholesterol and Triglycerides. May prevent heart attacks	Covered First 21 Days post-op, then PA required
<b>ANTIASTHMATICS</b>			
Antiasthmatics	Albuterol, Isoproterenol, Flovent, Slo-Bid, NS for Inhalation, etc.	Inhalation chemical exposure/injury	Covered First 7 Days post-op, then PA required
Respiratory Therapy Supplies	Spacers, Neublizers, etc.	Inhalation chemical exposure/injury	Covered First 21 Days post-op, then PA required
<b>LOCAL ANESTHETICS</b>			
Local Anesthetics, injectable	Bupivacaine, Lidocaine, Prilocaine, etc.	local anesthetic during surgery or wound care	Covered First 3 Days post-op, then PA required
General Anesthetics	Desflurane, Isoflurane, propofol, etc.	surgery	Covered day of surgery
<b>NUTRITION, VITAMINS, MINERALS, and ELECTROLYTES</b>			
Vitamins, Minerals and Electrolytes	Calcium, magnesium, potassium, zinc, sodium	replacement therapy	Covered First 21 Days post-op, then PA required
Nutrients	Carbohydrates, Lipids, Proteins, Dextrose	replacement therapy	Covered First 21 Days post-op, then PA required

# Standard Pre (3 days pre) & Post-Op (7 days post-op) PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Dietary Management Products	L-Methylfolate, etc.	replacement therapy	Covered First 21 Days post-op, then PA required
<b>ANTICOAGULANTS</b>			
Anticoagulants	warfarin, apixaban, enoxaparin, etc.	post-op prevention of blood clots	Covered First 14 Days post-op, then PA required
<b>OPHTHALMIC PRODUCTS</b>			
Ophthalmics	Acular, Voltaren, etc.	Eye Pain & Inflammation	Covered First 7 Days post-op, then PA required
Ophthalmics	Artificial Tears, Tears Naturale, etc.	Eye Pain & Inflammation	Covered
Ophthalmics	Blephamide, Maxidex, Tobradex, etc.	Eye Inflammation & Infection	Covered First 7 Days post-op, then PA required
Ophthalmics	Ciloxan, Genoptic, Tobrex, etc.	Eye infection	Covered First 7 Days post-op, then PA required
Ophthalmics	Dacriose, Eyestream, etc.	Eye wash for chemical exposure	Covered First 7 Days post-op, then PA required
<b>OPHTHALMIC PRODUCTS, cont</b>			
Ophthalmics	Pontocaine, Tetracaine, Alcaine, etc.	Eye Pain	Covered First 7 Days post-op, then PA required
Ophthalmics	Visine, Naphcon-A, etc.	Eye itching	Covered First 7 Days post-op, then PA required
Ophthalmics	Fluocinolone, prednisolone	Eye inflammation	Covered First 7 Days post-op, then PA required
<b>OTIC PRODUCTS</b>			
Otic	Americaine Otic, Oticaine, etc.	Ear pain	Covered First 21 Days post-op, then PA required
Otic	Cipro HC Otic, Oticin HC, etc.	Ear infection and inflammation	Covered First 21 Days post-op, then PA required
Otic	Floxin Otic, etc.	Ear infection	Covered First 21 Days post-op, then PA required
Otic	Vosol HC Otic, etc.	Ear infection and inflammation	Covered First 21 Days post-op, then PA required
<b>GENITOURINARY</b>			
Miscellaneous GU	Sodium Chloride for Irrigation	irrigation	Covered First 21 Days post-op, then PA required
Urinary Anti-Infectives	Azo-gantrisin, Cystex, Macrobid, etc.	infection	Covered First 21 Days post-op, then PA required
GU Antispasmodics	Bethanecol, Ditropan, Detrol, Urispas, etc.	GU spasm	Covered First 21 Days post-op, then PA required
<b>DERMATOLOGICALS</b>			
Topical Products	Aloe Vesta, Bedside Care Sol, etc.	Skin Clensers	Covered First 7 Days post-op, then PA required
Topical Products	Aquaphor, Eucerin, etc.	Injury related dry skin	Covered First 7 Days post-op, then PA required
Topical Products	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle and joint pain	Covered First 7 Days post-op, then PA required
Topical Products	Bendryl Cream, etc.	Work-related skin allergic reactions, itching	Covered First 7 Days post-op, then PA required
Topical Products	Diprosone, hydrocortisone cream, etc.	Work-related skin inflammation	Covered First 7 Days post-op, then PA required
Topical Products	Lidoderm	Alternatives available -\$\$	Covered First 7 Days post-op, then PA required
Topical Products	Neosporin oint, Bactroban, etc.	Work-related skin infections (cuts, scratches, abrasions, etc.)	Covered First 7 Days post-op, then PA required

Mitchell **ScriptAdvisor**

## Standard Pre (3 days pre) & Post-Op (7 days post-op) PBM Formulary

DRUG CLASS	EXAMPLE	BASIS FOR INCLUSION/EXCLUSION	FORMULARY STATUS
Topical Products	Normal Saline	Wound care	Covered First 7 Days post-op, then PA required
Topical Products	Silvadene Creame, Thermazine, etc.	Injury related burns	Covered First 7 Days post-op, then PA required
Topical Products	Zinc oxide, witch hazel, Demeboro, Lidocaine, etc.	Wound care	Covered First 7 Days post-op, then PA required
Topical Products	Zostrix cream	Topical pain reliver	Covered First 7 Days post-op, then PA required

Black = Covered   Purple = Prior Authorization Required   Blue = Covered Based on Age of Claim   Green = Step Therapy - Contingent on Use of Other Drugs

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## Exhibit 3.1.6.C.a

Sample Invoice



Mitchell ScriptAdvisor™

# INVOICE

**Claimant Information:**

Demo Claimant

Invoice Number: 1234567

Invoice Date: 04/07/2019

**Authorized Classification:**

Frankenmuth WC Formulary

**Pharmacy Info:** WALGREENS

1203 W FOND DU LAC ST, RIPON,WI.54971

**Pharmacy NPI#:** 1649285545

**Pharmacy NCPDP#:** 5119462

**Authorized Specific Drugs:**

Claim Number: WC123456

Date of Injury: MM/DD/YYYY

Drug Number: 099-0000-00001

Employer: Demo

Authorizer: Adjuster Demo

**Payable to:**

Mitchell ScriptAdvisor

EIN: 94-3355101

110 Theory, Ste# 250

Irvine, CA 92617

Phone #: (866) 846-9279

**Bill to:**

Client Name

110 Theory St., Irvine CA 92617

Terms: **Net 15 Days**

Prescription Date Physician Name	Prescription Number	Compound	Prescription Name NDC / Strength	Days' Supply	Qty	Retail Or Mail	Brand Or Generic	DAW	M/S	AWP	State Fee Schedule	Prescription Cost	Dispensing Fee	Admin Fee	Total Prescription Cost	Total Prescription Savings
01/03/2019 Physician Name 123456789	1657697	N	CYCLOBENZAPRINE HYDROCHLORIDE 5MG NDC - 52817033010	7	21	Retail	G	0	Y	\$34.45	\$37.45	\$18.95	\$1.00	\$0.00	\$19.95	\$17.50
			Total Saving Amount:													\$17.50
																46.73%
			Total Invoice Amount:												\$19.95	

Please include the invoice number with each payment to ensure it is applied to the correct invoice.

**PRE-NEGOTIATED CONTRACT RATE- NO BILL REVIEW ACCEPTED.**



## Exhibit 3.1.1.F

### Calculation of Savings



## Specific Terms for Calculations of Savings

$$\frac{[(\text{POS})+(\text{HD})+(\text{Specialty Network bills}) + (\text{Reversed/Repriced})-]}{[(\text{Total \# of Rx's from all sources})-(\text{duplicates})]}$$

### **Brand-to-Generic Savings**

Summary of the savings realized from converting brand prescription drugs to generic equivalents. The formula we used to estimate cost savings:

$$= (\text{Cost of Brand Drug Therapy} \times \text{Frequency per day} \times \text{Duration of Therapy}) \\ - (\text{Cost of Generic Drug Therapy} \times \text{Frequency per day} \times \text{Duration of Therapy after Intervention})$$

### **Formulary Savings**

Formulary savings tracked from a reject message at the point of sale. Rejects alone should not be considered formulary savings unless the prescription is not ultimately filled. If the prescription is not ultimately filled, the formula we used to estimate cost savings:

$$= \text{Cost of Drug Therapy} \times \text{Frequency per day} \times \text{Duration of Therapy}$$

### **Prevention of Early Fill Savings**

Summary of the savings realized from preventing early fill of prescription drug. The formula we used to estimate cost savings:

$$= \text{Cost of Drug Therapy} \times \text{Frequency per day} \times \text{Days Remaining on Previous fill}$$

### **Preferred Drug Alternative Savings**

Summary of savings realized from converting original prescription drug to the preferred alternative. The formula we used to estimate cost savings:

$$= (\text{Cost of Drug Therapy} \times \text{Frequency per day} \times \text{Duration of Therapy}) \\ - (\text{Cost of preferred Drug} \times \text{Frequency per day} \\ \times \text{Duration of Therapy after Intervention})$$

### **Titration / Weaning Schedule Savings**

Summary of savings realized from the specified titration/weaning schedule. The formula we used to estimate cost savings:

$$\text{Titration (Weaning Schedule Savings)} \\ = (\text{Cost of Original Drug Therapy} \times \text{Frequency per day} \\ \times \text{Duration of Therapy before Intervention}) - (\text{Cost of Drug Therapy} \\ \times \text{Frequency per day} \times \text{Duration of Therapy after Intervention})$$

### **Prescription Dosage Outside of Medication Guidelines**

Summary of savings realized from the change in dosage. The formula we used to estimate cost savings:

$$= (\text{Cost of Original Drug Therapy} \times \text{Frequency per day} \times \text{Duration of Therapy before Intervention}) \\ - (\text{Cost of Drug Therapy} \times \text{Frequency per day} \times \text{Duration of Therapy after Intervention})$$

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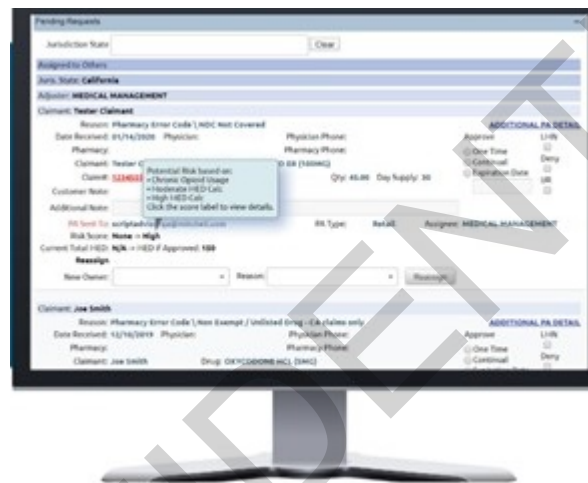
## Exhibit 3.1.6.G

Portal Description and  
Sample Portal Screen Shots

## MITCHELL SCRIPTADVISOR PORTAL OVERVIEW

The Mitchell ScriptAdvisor Portal is a web-based platform, accessible from any device with internet connectivity, that allows approved claims examiners/adjusters, case managers and other claims-related personnel to access PBM-related activities, including managing interactions, communications and escalations, as well as card activation and deactivation. The portal also features a live chat option.

To support portal and client security, the ScriptAdvisor platform allows Clients to assign different access levels to users. Specific users can have direct control over a broad range of tasks, including responding to pending requests. Users have 24-hour access to real-time patient information, including a history of all dispensed medications and reports. Reporting can be generated across all claims in aggregate as well as down to the injured worker level. Our portal has the ability to segment, customize and report on any subset of claims.

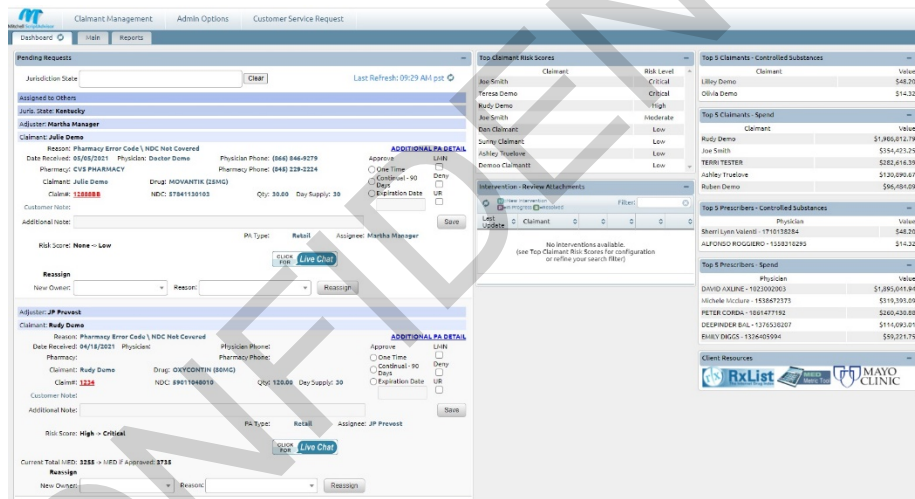


### Portal Dashboard

The ScriptAdvisor Portal also promotes security through the assignment of users at different access levels, allowing specific users to have direct control over a large range of account-related tasks, including pending requests. The portal is equipped for efficiently managing all point-of-sale, eligibility, formulary management and other claims-related activities, including:

- Claim and medication history search and management including notes
- Searching for a participating network pharmacy
- Formulary management from the program level down to the individual claimant
- Adding, removing or editing claim eligibility information
- Responding to Prior Authorization requests
- Clinical risk scoring and tracking using predictive analytics and other AI-based techniques which leverage information about patient behaviors and other elements including MED levels, drug interactions, multiple prescribers and other risk factors to identify and address high-risk Claims.
- Ability to initiate and monitor conversion to Mail Order.
- Full operational and strategic reporting suite ranging from portal based

- Lookups (ICD-9/ICD-10, ODG Procedure Summaries, drug information, etc.).
- Viewing invoices
- Retrospective clinical and pricing review of all third-party bills including co-mingled physician dispensed bills.
- Pharmacy card and temp card printing and distribution.
- Claim alert notifications that can be customized with escalation rules to direct activities to managers or other users.
- operational reports to Tableau strategic dashboards.
- Accessing managed care service referrals
- Link to ancillary product page for seamless program solution
- NDC based Morphine Equivalent Dose Calculator
- Generation of Letters of Medical Necessity (LMN) and Dispense as Written (DAW) letters
- Create temporary pharmacy card
- Pharmacy locator with driving directions



The screenshot displays the Mitchell Claimant Management interface. The main section shows a list of pending requests with columns for Jurisdiction Date, Status, and Last Refresh. Below this, there are two detailed views for specific claimants: 'Julie Demo' and 'Rudy Demo'. Each view includes fields for Reason, Date Received, Physician, Pharmacy, Drug, NDC, Qty, Day Supply, and Risk Score. The 'Rudy Demo' view shows a risk score of 'High - Critical'. On the right side, there are several summary tables: 'Top 5 Claimant Risk Scores', 'Top 5 Claimants - Controlled Substances', 'Top 5 Claimants - Spend', 'Top 5 Prescribers - Controlled Substances', and 'Top 5 Prescribers - Spend'. At the bottom, there is a 'Client Resources' section with links to 'RxList' and 'Mayo Clinic'.

Mitchell also utilizes customizable real-time point of sale messaging to help ensure accurate and timely medication dispensing. Examples of Mitchell's prospective Point-of-Sale (POS) program management include personalized provider and claims professional alerts. These alerts are customizable based on your needs.

When a prescription does not meet eligibility or formulary requirements, a prior authorization request is initiated and notification is sent to request authorization. For example, for prior authorization requests, the system can be programmed to send automatic alerts via email and through the online portal to notify the adjuster or nurse case manager that review and approval are necessary.

Claims staff are encouraged to respond by using the links within the email or via the ScriptAdvisor portal for a real-time response to Mitchell and the pharmacy.

The ScriptAdvisor portal dashboard displays real-time prior-authorization notifications. From this screen (shown below), the adjuster or nurse case manager can quickly deny or approve the medication, view the

current and future MED (if approved), reassign the PA to a new owner/group and/or configure additional dispense information.

### Claimant-Specific Details

The Claimant Dashboard provides a complete view of each injured patient's claim history, including:

- Dashboard reports
- Rejected claims that require review and authorization decisions
- Alerts and recommended interventions
- Letters/documentation associated with the claim
- Claim notes (ability to view Mitchell notes, submit a note to Mitchell or add personal note to the claim)
- Claimant formularies
- Physician Lock-in program
- Invoices
- Claimant demographics
- All completed or outstanding requests

### Portal Resources

Through the ScriptAdvisor web portal, the adjuster/nurse case manager can utilize our system for the following additional resources:

- Morphine calculation
- Access to Mayo Clinic website
- ODG Guidelines



### Additional Resources Available in Portal

Adjusters can also identify a drug and its classification by hovering over the drug name in the portal.

Adjuster: **Eddie Test**

Claimant: **DDOT NILKNARF**

Reason: Pharmacy Error Code \ NDC N  
 Date Received: 07/24/2019 Physician: JAREN  
 Pharmacy: WALMART PHARMACY Pharmacy Phone: (508) 699-2007

Claimant: **DDOT NILKNARF** Drug: **OXYCODONE/ACETAMINOPHEN (5-325MG)**  
 Claim#: **10 1750071405C** NDC: **00406051201** Qty: **180.00** Day Supply: **90**

Customer Note:  
 Additional Note:

**Drug Name:** OXYCODONE/ACETAMINOPHEN (5-325MG)  
**Classification:** \*ANALGESICS - OPIOID\*

**ADDITIONAL PA DETAIL**

Approve ☐ One Time ☐ LMN  
☐ Continual ☐ Deny  
☐ Expiration Date

Save

## Portal Reporting



### Customized to Client Needs

During plan design, we will work with the Client to identify and implement specific rules into the system to configure and intelligently route authorization approvals. Mitchell also shares a set of best practice recommendations that can be further customized during the implementation process. Your Client Services Manager will work with you to continuously evaluate prior authorization workflows to ensure the efficiency and effectiveness of the program.

## WEB PORTAL DASHBOARD

- Pending prior authorization requests
- Top 5 claimants and prescribers by spend
- Top 5 claimants and prescribers by controlled substance
- Top Claimant Risk Scores
- Open Invoices

**Mitchell ScriptAdvisor** | Claimant Management | Admin Options | Customer Service Request

Dashboard | Main | Reports

---

### Pending Requests

Jurisdiction State:

Assigned to Others

Juris. State: **Alaska**

Adjuster: **jose sepulveda**

Claimant: **Donetello Demo**

Reason: Pharmacy Error Code \ Early Refill

Date Received: 10/08/2019 Physician: Doctor Demo Physician Phone: (999) 999-9999

Pharmacy: MCCONAGHY DRUG STORE Pharmacy Phone: (251) 675-2070

Claimant: Donetello Demo Drug: AROMASIN (25MG)

Claim#: 123Demo NDC: 00009766304 Qty: 10.00 Day Supply: 10

Customer Note:

Additional Note:

PA Type: **Retail** Assignee: **jose sepulveda**

Risk Score: **None -> Low**

**APPROVE**  **ADDITIONAL PA DETAIL**

☐ One Time ☐ LMN  
☐ Continual - 90 Days ☐ Deny  
☐ Expiration Date ☐ UR

### Top 5 Claimants - Spend

Claimant	Value
RAY WU	\$91,534.34
Ruben Demo	\$41,787.56
Demo Claimant	\$37,742.66
Jane Demo	\$30,255.59
Tiffany Demo	\$25,724.81

### Top 5 Prescribers - Spend

Physician	Value
DEEPINDER BAL - 1376538207	\$111,237.54
UDAY UTHAMAN - 1871661041	\$13,011.81
KEVIN LUKENDA - 1467407759	\$10,604.16
KIRAN DEVARAJ - 1003878984	\$9,348.94
BRADLEY CASH - 1568423358	\$6,721.40

### Open Invoices

Claimant	Claim#	Invoice #	Invoice Date	Balance
Demo 4th test	3rd test	2937206	10/07/2019	\$1.02
Demo 4th test	3rd test	2937208	10/07/2019	\$0.27
Demo 4th test	3rd test	2937211	10/07/2019	\$3.36
Ray Brown	12345678910	2852853	10/07/2019	\$65.97
Ray Brown	12345678910	2823494	10/07/2019	\$40.13
Ray Brown	12345678910	2893179	10/07/2019	\$1,533.86
Ray Brown	12345678910	2823495	10/07/2019	\$2,054.16
Ray Brown	12345678910	2836120	10/07/2019	\$4,227.82
Ray Brown	12345678910	2798553	10/07/2019	\$401.46
Ray Brown	12345678910	2798557	10/07/2019	\$135.98
Ray Brown	12345678910	2925314	10/07/2019	\$53.09
Dan Claimant	77777	2836115	10/07/2019	\$671.39
Dan Claimant	77777	2848354	10/07/2019	\$730.40
Dan Claimant	77777	2798570	10/07/2019	\$158.56
Dan Claimant	77777	2823485	10/07/2019	\$343.66
Dan Claimant	77777	2852838	10/07/2019	\$50.19
Dan Claimant	77777	2913252	10/07/2019	\$62.39
Dan Claimant	77777	2826264	10/07/2019	\$1,130.00

### Top 5 Claimants - Controlled Substances

Claimant	Value
Lilley Demo	\$48.20
Olivia Demo	\$14.32

### Top 5 Prescribers - Controlled Substances

Physician	Value
Sherri Lynn Valenti - 1710138284	\$48.20
ALFONSO ROGGIERO - 1558318295	\$14.32

### Claimant Status Report

97% Active 22705  
De Active 622

### Top Claimant Risk Scores

Claimant	Risk Level
Dan Claimant	Critical
Joe Smith	Critical
Joe Smith	Critical
Sunny Claimant	Critical
Ruben Demo	High
Demo Claimant	High
Tamara Demo	High
Ray Brown	High

### Pending Requests

Jurisdiction State:

Assigned to Others

Juris. State: **Colorado**

Adjuster: **Jessica Adjuster**

Claimant: **Tamara Demo**

Reason: Pharmacy Error Code \ NDC Not Covered

Date Received: 10/14/2019 Physician: ABRAHAM DEMOND Physician Phone: (517) 278-7246

Pharmacy: CVS PHARMACY Pharmacy Phone: (845) 229-2224

Claimant: Tamara Demo Drug: AMBIEN (10MG)

Claim#: 83949WC2013 NDC: 00024542110 Qty: 30.00 Day Supply: 30

Customer Note:

Additional Note:

PA Sent To: Jessica.lagafulaina@mitchell.com PA Type: **Retail** Assignee: **Jessica Adjuster**

Risk Score: **High -> High**

**APPROVE**  **ADDITIONAL PA DETAIL**

☐ One Time ☐ LMN  
☐ Continual - 90 Days ☐ Deny  
☐ Expiration Date ☐ UR

### Top 5 Claimants - Spend

Claimant	Value
RAY WU	\$91,534.34
Ruben Demo	\$41,787.56
Demo Claimant	\$37,742.66
Jane Demo	\$30,255.59
Tiffany Demo	\$25,724.81

### Top 5 Prescribers - Spend

Physician	Value
DEEPINDER BAL - 1376538207	\$111,237.54
UDAY UTHAMAN - 1871661041	\$13,011.81
KEVIN LUKENDA - 1467407759	\$10,604.16
KIRAN DEVARAJ - 1003878984	\$9,348.94
BRADLEY CASH - 1568423358	\$6,721.40

### Open Invoices

Claimant	Claim#	Invoice #	Invoice Date	Balance
Demo 4th test	3rd test	2937206	10/07/2019	\$1.02
Demo 4th test	3rd test	2937208	10/07/2019	\$0.27
Demo 4th test	3rd test	2937211	10/07/2019	\$3.36
Ray Brown	12345678910	2852853	10/07/2019	\$65.97
Ray Brown	12345678910	2823494	10/07/2019	\$40.13
Ray Brown	12345678910	2893179	10/07/2019	\$1,533.86
Ray Brown	12345678910	2823495	10/07/2019	\$2,054.16
Ray Brown	12345678910	2836120	10/07/2019	\$4,227.82
Ray Brown	12345678910	2798553	10/07/2019	\$401.46
Ray Brown	12345678910	2798557	10/07/2019	\$135.98
Ray Brown	12345678910	2925314	10/07/2019	\$53.09
Dan Claimant	77777	2836115	10/07/2019	\$671.39
Dan Claimant	77777	2848354	10/07/2019	\$730.40
Dan Claimant	77777	2798570	10/07/2019	\$158.56
Dan Claimant	77777	2823485	10/07/2019	\$343.66
Dan Claimant	77777	2852838	10/07/2019	\$50.19
Dan Claimant	77777	2913252	10/07/2019	\$62.39
Dan Claimant	77777	2826264	10/07/2019	\$1,130.00

### Top 5 Claimants - Controlled Substances

Claimant	Value
Lilley Demo	\$48.20
Olivia Demo	\$14.32

### Top 5 Prescribers - Controlled Substances

Physician	Value
Sherri Lynn Valenti - 1710138284	\$48.20
ALFONSO ROGGIERO - 1558318295	\$14.32

### Claimant Status Report

97% Active 22705  
De Active 622

### Top Claimant Risk Scores

Claimant	Risk Level
Dan Claimant	Critical
Joe Smith	Critical
Joe Smith	Critical
Sunny Claimant	Critical
Ruben Demo	High
Demo Claimant	High
Tamara Demo	High
Ray Brown	High

- Items awaiting assignment
- Client resources
- Brand versus generic by spend

Dashboard
Main
Reports

Claimant: Susan Demo
Drug: LYRICA (100MG)

Claim#: 978410AA
NDC: 43353041330
Qty: 30.00
Day Supply: 30

Customer Note:
Additional Note:

PA Sent To: danielle.lozano@mitchell.com
PA Type: Retail
Assignee: Demo Lozano
Risk Score: None -> Low

Queued Items (awaiting assignment)
No queued items. Refresh the view to check again.

Brand vs Generic by Spend for Current Month to Date

Employer	Brand	%	Generic	%
GOOD NEIGHBOR HOMES, INC.	\$151,790.78	84.64%	\$27,550.25	15.36%
	\$55,247.55	46.84%	\$62,697.42	53.16%
GOOD NEIGHBOR HOMES, INC.	\$58,695.79	53.46%	\$51,090.02	46.54%
	\$24,416.86	50.26%	\$24,163.48	49.74%
GRANITEX CONSTRUCTION COMPANY, INC	\$9,985.12	44.78%	\$12,313.25	55.22%
	\$3,479.26	33.81%	\$6,811.10	66.19%
BAILEY AND BAILEY, INC.	\$0.00	0%	\$6,146.43	100%
SENIOR ASSISTANCE OF NEW MEXICO	\$463.72	10.82%	\$3,822.54	89.18%
19080001 - ADMINISTRATION/WAREHOUSE	\$4,171.70	100%	\$0.00	0%
JAY RANDOLPH DEVELOPMENT SERVICES INC.	\$3,987.67	100%	\$0.00	0%
PPL-NM	\$2,482.67	72.58%	\$937.97	27.42%
VISTA GARDENS, LLC	\$0.00	0%	\$3,415.91	100%
OAKHURST SKILLED NURSING & WELLNESS CENT	\$1,283.71	40.26%	\$1,904.53	59.74%
HIP HOP BEVERAGE CORPORATION	\$0.00	0%	\$2,200.20	100%
PROHEALTH CARE ASSOCIATES, LLP & PROHEAL	\$0.00	0%	\$1,766.06	100%
BERKSHIRE ELEMENTARY	\$468.63	27.2%	\$1,254.15	72.8%
GRANITEX CONSTRUCTION COMPANY, INC	\$202.02	15.79%	\$1,077.29	84.21%
	\$0.00	0%	\$990.57	100%
	\$202.02	20.92%	\$763.46	79.08%
	\$0.00	0%	\$954.29	100%

Dan Claimant: 77777
2020204
10/07/2019
\$1,150.00

Dan Claimant: 77777
2925301
10/07/2019
\$1,230.20

Dan Claimant: 77777
2893173
10/07/2019
\$1,216.16

Client Resources
RxList
MED
Metric Tool
MAYO CLINIC

Critical Information Missing

Claimant	Claim Number	Info
etneciV.rJ anacilliV	1194000071NB	Missing CA Body Part
htenneK.rJ doowyaH	5534000071NB	Missing CA Body Part
lieN.rS letreH	021110-JOOC	Missing CA Body Part
lieN.rS letreH	021110-JOOC	Missing CA Body Part
otineBabraB	2732000061NB	Missing CA Body Part
kraMabroB	089240-ZOTC	Missing CA Body Part
kraMabroB	089240-ZOTC	Missing CA Body Part
ALESIRAMACESNOF	10 3662171736C	Missing CA Body Part
DIVADACOLAC	10 8056671923W	Missing CA Body Part
drareGacudopA	2561000061NB	Missing CA Body Part
aileceCadajeT	6753000061NB	Missing CA Body Part
atisereTadanaR	653140-ZOTC	Missing CA Body Part
atisereTadanaR	653140-ZOTC	Missing CA Body Part
rotciVadartsE	2763000071NB	Missing CA Body Part
ordnajeIAadeclaS	470240-ZOTC	Missing CA Body Part
ordnajeIAadeclaS	470240-ZOTC	Missing CA Body Part
RACSOADECUAS	10 6146671923W	Missing CA Body Part
htuRadenatsaC	8274000071NB	Missing CA Body Part
AIVLISADENIP	10 5600131736C	Missing CA Body Part
rehpotsirhCadepeS	051140-XOTC	Missing CA Body Part



- | Brand vs Generic by Script for Current Month to Date |       |        |         |        |  |
|--|-------|--------|---------|--------|--|
| Employer   | Brand | %      | Generic | %      |  |
| GOOD NEIGHBOR HOMES, INC.                            | 55    | 30.56% | 125     | 69.44% |  |
|  | 97    | 14.2%  | 586     | 85.8%  |  |
| GOOD NEIGHBOR HOMES, INC.                            | 83    | 15.17% | 464     | 84.83% |  |
|  | 35    | 12.46% | 246     | 87.54% |  |
| GRANITEX CONSTRUCTION COMPANY, INC                   | 19    | 11.95% | 140     | 88.05% |  |
|  | 5     | 9.8%   | 46      | 90.2%  |  |
| BAILEY AND BAILEY, INC.                              | 0     | 0%     | 23      | 100%   |  |
| SENIOR ASSISTANCE OF NEW MEXICO                      | 2     | 8.7%   | 21      | 91.3%  |  |
| 19080001 - ADMINISTRATION/WAREHOUSE                  | 1     | 100%   | 0       | 0%     |  |
| JAY RANDOLPH DEVELOPMENT SERVICES INC.               | 1     | 100%   | 0       | 0%     |  |
| PPL-NM   | 5     | 27.78% | 13      | 72.22% |  |
| VISTA GARDENS, LLC                                   | 0     | 0%     | 3       | 100%   |  |
| OAKHURST SKILLED NURSING & WELLNESS CENT             | 6     | 27.27% | 16      | 72.73% |  |
| HIP HOP BEVERAGE CORPORATION                         | 0     | 0%     | 31      | 100%   |  |
| PROHEALTH CARE ASSOCIATES, LLP & PROHEAL             | 0     | 0%     | 13      | 100%   |  |
| BERKSHIRE ELEMENTARY                                 | 2     | 14.29% | 12      | 85.71% |  |
| GRANITEX CONSTRUCTION COMPANY, INC                   | 1     | 14.29% | 6       | 85.71% |  |
|  | 0     | 0%     | 8       | 100%   |  |
|  | 1     | 9.09%  | 10      | 90.91% |  |
|  | 0     | 0%     | 6       | 100%   |  |
- | Claimants due for Specific Drug Expires |           |                 |            |                                   |             |
|---|-----------|-----------------|------------|-----------------------------------|-------------|
| Claimant                                | Claim#    | Card            | DOI        | Drug Name                         | Expire Date |
| Eddie Test                              | 123456789 | 099-00101-00001 | 01/01/2000 | OXYCODONE/ACETAMINOPHEN (5-325MG) | 10/10/2019  |
- | Claimants due for Inactivity of 90 Days |        |      |     |            |              |              |
|---|--------|------|-----|------------|--------------|--------------|
| Claimant                                | Claim# | Card | DOI | Entered On | Last Rx Date | 90 Days Mark |
| No Data to show                         |        |      |     |            |              |              |

- Top drugs by spend
- Top drugs by script
- MED alerts

Top Drugs by Spend for that Month						
DrugName	Classification	B/G	Spend	Scripts	%	
BOTOX	*NEUROMUSCULAR AGENTS*	B	\$110,350.60	2	20.75%	
OXYCONTIN	*ANALGESICS - OPIOID*	B	\$58,038.12	84	10.91%	
BUPRENORPHINE	*ANALGESICS - OPIOID*	G	\$25,258.88	7	4.75%	
LYRICA	*ANTICONVULSANTS*	B	\$23,075.85	45	4.34%	
PERCOCET	*ANALGESICS - OPIOID*	B	\$16,694.44	12	3.14%	
OXYCODONE/ACETAMINOPHEN	*ANALGESICS - OPIOID*	G	\$16,133.19	125	3.03%	
HYDROCODONE/ACETAMINOPHEN	*ANALGESICS - OPIOID*	G	\$12,857.61	305	2.42%	
SUBOXONE	*ANALGESICS - OPIOID*	B	\$11,680.64	18	2.20%	
NUCYNTA ER	*ANALGESICS - OPIOID*	B	\$11,096.15	17	2.09%	
FENTANYL	*ANALGESICS - OPIOID*	G	\$9,855.84	30	1.85%	

Top Drugs by Script for that Month						
DrugName	Classification	B/G	Spend	Scripts	%	
BOTOX	*NEUROMUSCULAR AGENTS*	B	\$110,350.60	2	20.75%	
OXYCONTIN	*ANALGESICS - OPIOID*	B	\$47,507.97	71	8.93%	
BUPRENORPHINE	*ANALGESICS - OPIOID*	G	\$24,956.87	6	4.69%	
LYRICA	*ANTICONVULSANTS*	B	\$18,305.01	38	3.44%	
PERCOCET	*ANALGESICS - OPIOID*	B	\$14,514.06	11	2.73%	
OXYCODONE/ACETAMINOPHEN	*ANALGESICS - OPIOID*	G	\$13,745.81	105	2.58%	
SUBOXONE	*ANALGESICS - OPIOID*	B	\$11,421.44	17	2.15%	
NUCYNTA ER	*ANALGESICS - OPIOID*	B	\$10,767.87	16	2.02%	
HYDROCODONE/ACETAMINOPHEN	*ANALGESICS - OPIOID*	G	\$10,403.82	255	1.96%	
FENTANYL	*ANALGESICS - OPIOID*	G	\$8,600.08	25	1.62%	

MED Alert						
Over 60 MED			Excluded Claims: 0 (View/Edit)			
Name	Claim #	MED	Drugs	View Detail	LMN Request	Remove
Demo Claimant	IMWTEST3334	320	Buprenorphine Tab (320.00)	<a href="#">View</a>	<a href="#">Submit LMN</a>	<a href="#">Remove</a>
Dan Claimant	77777	120	Oxycodone (120.00)	<a href="#">View</a>	<a href="#">Submit LMN</a>	<a href="#">Remove</a>
Sunny Claimant	SEN8744	180	Oxycodone (180.00)	<a href="#">View</a>	<a href="#">Submit LMN</a>	<a href="#">Remove</a>
Joe Smith	CL232	180	**Fentanyl Patch (180.00)	<a href="#">View</a>	<a href="#">Submit LMN</a>	<a href="#">Remove</a>
Joe Smith	CL23565	160	Tapentadol (160.00)	<a href="#">View</a>	<a href="#">Submit LMN</a>	<a href="#">Remove</a>

- New claimants ODG guidelines
- Multiple prescriber alerts


New Claimants ODG Guidelines

Claimant	Claim #	Card	DOI	Diagnosis Code(s)	ODG Guidelines
No Data to show					

Multiple Prescriber Alert

Claimant	Claim #	DOI	DrugName	NDC	Strength	DOS	Prescriber
Cindy Demo	1835184	08/17/17	ESZOPICLONE	00378527101	2MG	04/07/17	SARA BRANDEL
Cindy Demo	1835184	08/17/17	OXYMORPHONE HYDROCHLORIDE ER	00115123213	10MG	11/11/15	GARY PRINCE
Cindy Demo	1835184	08/17/17	OXYCODONE HCL	10702005601	10MG	09/13/19	BUDDY FESTERLING
Cindy Demo	1835184	08/17/17	OXYMORPHONE HYDROCHLORIDE ER	00115123213	10MG	11/11/15	DOCTOR DEMO
Cindy Demo	1835184	08/17/17	LYRICA	00071101568	100MG	04/07/17	SARA BRANDEL
Cindy Demo	1835184	08/17/17	OXYCODONE/ACETAMINOPHEN	00406051201	5-325MG	11/01/18	CYNTHIA HOLT
Cindy Demo	1835184	08/17/17	OXYMORPHONE HYDROCHLORIDE ER	00115123213	10MG	11/11/15	ALFONSO ROGGIERO
Cindy Demo	1835184	08/17/17	NUCYNTA	50458084004	100MG	04/07/17	SARA BRANDEL
Cindy Demo	1835184	08/17/17	OMEPRAZOLE	00781279010	20MG	03/12/17	CYNTHIA HOLT
Cindy Demo	1835184	08/17/17	EXALGO	23635041201	12MG	04/07/17	SARA BRANDEL
Dan Claimant	77777	07/20/15	LORAZEPAM	00591024005	0.5MG	08/30/19	MELISSA CARRAN
Dan Claimant	77777	07/20/15	LYRICA	00071101668	150MG	07/23/19	MICHAEL HERSHEY
Dan Claimant	77777	07/20/15	XANAX	00009009001	1MG	04/02/19	WILLIAM JOHNSON
Dan Claimant	77777	07/20/15	ZOLPIDEM TARTRATE	13668000705	5MG	05/07/19	KIRAN DEVARAJ
Dan Claimant	77777	07/20/15	DICLOFENAC SODIUM	49884093547	1%	03/28/19	DANE SINK
Dan Claimant	77777	07/20/15	GABAPENTIN	65162010150	100MG	03/28/19	DANE SINK
Dan Claimant	77777	07/20/15	NUCYNTA	69865021002	50MG	07/23/19	MICHAEL HERSHEY
Dan Claimant	77777	07/20/15	LORAZEPAM	00591024005	0.5MG	05/22/19	KIRAN DEVARAJ
Dan Claimant	77777	07/20/15	TRAMADOL HCL	68382031910	50MG	05/22/19	KIRAN DEVARAJ
Dan Claimant	77777	07/20/15	LORAZEPAM	13107008405	1MG	03/17/19	WILLIAM JOHNSON
Dan Claimant	77777	07/20/15	LORAZEPAM	69315090505	1MG	04/25/19	RACHEL PRACHER
Dan Claimant	77777	07/20/15	TRAMADOL HCL	65162062711	50MG	07/23/19	MICHAEL HERSHEY
Dan Claimant	77777	07/20/15	XANAX	00009009001	1MG	04/25/19	RACHEL PRACHER
Dan Claimant	77777	07/20/15	FENTANYL	60505700602	25MCG/HR	07/23/19	MICHAEL HERSHEY

## MANAGING PRIOR AUTHORIZATION REQUESTS



Claimant ManagementAdmin OptionsCustomer Service Request

DashboardMainReports

Pending Requests

Adjuster: Missy Manager

Reason: Pharmacy Error Code \ NDC Not Covered

Date Received: 01/07/2019Physician: HUGH BERKLEYPhysician Phone: (951) 808-6700

Pharmacy: MAIN STREET PHARMACYPharmacy Phone: (951) 279-3125

Claimant: Kayson DemoDrug: TRAMADOL HCL (50MG)

Claim#: 1452465NDC: 16714048103Qty: 30.00Strength: 50MGDay Supply: 30

Customer Note:

Additional Note:

PA Sent To: MissyManager@Mitchell.com

Risk Score: Low -> High

Approve

☐ One Time

☐ Continual

☐ Expiration Date

LMN

☐

Deny

☐

Save

Reason: Pharmacy Error Code \ NDC Not Covered

Date Received: 01/04/2019Physician: DAVID JOHNSONPhysician Phone: (770) 534-9014

Pharmacy: CVS PHARMACYPharmacy Phone: (845) 229-2224

Claimant: Dora SmithDrug: OXYCONTIN (15MG)

Claim#: 253278NDC: 59011041520Qty: 240.00Strength: 15MGDay Supply: 30

Customer Note:

Additional Note:

Risk Score: Critical -> Critical

Approve

☐ One Time

☐ Continual

☐ Expiration Date

LMN

☐

Deny

☐

Save

Adjuster: Laurie Adjuster C

Reason: Pharmacy Error Code \ NDC Not Covered

Date Received: 01/07/2019Physician: BUDDY FESTERLINGPhysician Phone: (808) 969-7922

Pharmacy: CVS PHARMACYPharmacy Phone: (845) 229-2224

Claimant: Cindy DemoDrug: ZOLPIDEM TARTRATE (10MG)

Claim#: 1835184NDC: 00179198130Qty: 30.00Strength: 10MGDay Supply: 30

Customer Note:

Additional Note:

PA Sent To: LaurieAdjuster@Mitchell.com

Risk Score: Low -> Moderate

Approve

☐ One Time

☐ Continual

☐ Expiration Date

LMN

☐

Deny

☐

Save

Reason: Pharmacy Error Code \ NDC Not Covered

Date Received: 01/04/2019Physician: DAVID JOHNSONPhysician Phone: (770) 534-9014

Pharmacy: CVS PHARMACYPharmacy Phone: (845) 229-2224

Claimant: Olivia DemoDrug: OXYCONTIN (10MG)

Claim#: 1838888NDC: 68071073860Qty: 240.00Strength: 10MGDay Supply: 30

Customer Note:

Additional Note:

Risk Score: High -> Critical

Approve

☐ One Time

☐ Continual

☐ Expiration Date

LMN


☐

Deny

☐

Save

# CUSTOMER SERVICE REQUEST



Claimant Management

Admin Options

Customer Service Request

Dashboard

Main - Customer Service Request

Reports

Customer Service Request

Choose from the following types of requests:

Select Request

☐ Does not pertain to a claimant

☒

☐ Browse Claim

☐ Browse Drug Card

Request Note:

Request

## REPORT GENERATION





## MULTIPLE PRESCRIBER IDENTIFICATION

Multiple Prescriber Alert								
Claimant	Claim #	DOI	DrugName	NDC	Strength	DOS	Prescriber	View Dispense
Ash Demo	10 4350901326C	09/27/10	CEPHALEXIN	00093314705	500MG	04/18/18	STEPHEN PHAM	View
Ash Demo	10 4350901326C	09/27/10	CEPHALEXIN	69543010250	500MG	05/18/18	ROBERT SASINE	View
Ash Demo	10 4350901326C	09/27/10	CYCLOBENZAPRINE HYDROCHLORIDE	00378075110	10MG	04/17/18	SAIED KHOSROWPOUR	View
Ash Demo	10 4350901326C	09/27/10	GABAPENTIN	16714033002	600MG	02/01/18	PAUL SAIZ	View
Ash Demo	10 4350901326C	09/27/10	GABAPENTIN	16714033002	600MG	03/14/18	PAUL SAIZ	View
Ash Demo	10 4350901326C	09/27/10	GABAPENTIN	16714033002	600MG	04/07/18	PAUL SAIZ	View
Ash Demo	10 4350901326C	09/27/10	HYDROCODONE/ACETAMINOPHEN	00406012301	5-325MG	11/01/18	STEPHEN PHAM	View
Ash Demo	10 4350901326C	09/27/10	HYDROCODONE/ACETAMINOPHEN	00603389128	7.5-325MG	11/01/18	ROBERT SASINE	View
Ash Demo	10 4350901326C	09/27/10	KETOROLAC TROMETHAMINE	61314012610	0.5%	02/16/18	WILLIAM ASBURY	View
Ash Demo	10 4350901326C	09/27/10	TIZANIDINE HCL	00185440051	4MG	02/17/18	RACHEL GOODE	View
Ash Demo	10 4350901326C	09/27/10	TIZANIDINE HCL	55111018015	4MG	02/22/18	RACHEL GOODE	View
Cindy Demo	1835184	08/17/17	ESZOPICLONE	00378527101	2MG	04/07/17	SARA BRANDEL	View
Cindy Demo	1835184	08/17/17	EXALGO	23635041201	12MG	04/07/17	SARA BRANDEL	View
Cindy Demo	1835184	08/17/17	LYRICA	00071101568	100MG	04/07/17	SARA BRANDEL	View
Cindy Demo	1835184	08/17/17	NUCYNTA	50458084004	100MG	04/07/17	SARA BRANDEL	View
Cindy Demo	1835184	08/17/17	OMEPRAZOLE	00781279010	20MG	03/12/17	CYNTHIA HOLT	View
Cindy Demo	1835184	08/17/17	OXYCODONE HCL	10702005601	10MG	12/31/18	BUDDY FESTERLING	View
Cindy Demo	1835184	08/17/17	OXYCODONE/ACETAMINOPHEN	00406051201	5-325MG	11/01/18	CYNTHIA HOLT	View
Cindy Demo	1835184	08/17/17	OXYMORPHONE HYDROCHLORIDE ER	00115123213	10MG	11/11/15	ALFONSO ROGGIERO	View
Cindy Demo	1835184	08/17/17	OXYMORPHONE HYDROCHLORIDE ER	00115123213	10MG	11/11/15	DOCTOR DEMO	View
Cindy Demo	1835184	08/17/17	OXYMORPHONE HYDROCHLORIDE ER	00115123213	10MG	11/11/15	GARY PRINCE	View
Demo Claimant	IMWTEST3334	10/30/15	ACETAMINOPHEN/CODEINE	13107005999	300-30MG	11/01/18	CHRISTINE MCINTYRE	View
Demo Claimant	IMWTEST3334	10/30/15	ACETAMINOPHEN/CODEINE	13107006001	300-60MG	11/01/18	RAYMUNDO GONZALEZ	View
Demo Claimant	IMWTEST3334	10/30/15	ALPRAZOLAM	59762372004	0.5MG	01/04/18	RAYMOND MOORE	View

RISK SCORING

Save

High Risk (Top 5 Physician - Spend)

Physician

Value

Claimant Name: Dora Smith

Claim #: 253278

Drug Card: 099-00000-00004

Date of Injury: 05-01-1996

Jurisdiction State: AZ

Body Part: Left leg

Drug Card Status: Active

Claim Status: Open

Risk Level

Critical

Recommended Intervention: Physician

Physician Peer-to-Peer Review

☒ Chronic Opioid Usage

☒ Concurrent Opioids

☒ High Acetaminophen daily dose

☒ High MED Calc

☒ Moderate MED Calc

☒ Multiple Pharmacy

☒ Multiple Prescribers

Submit

Close

Physician Phone: (826) 277-5261

Approve

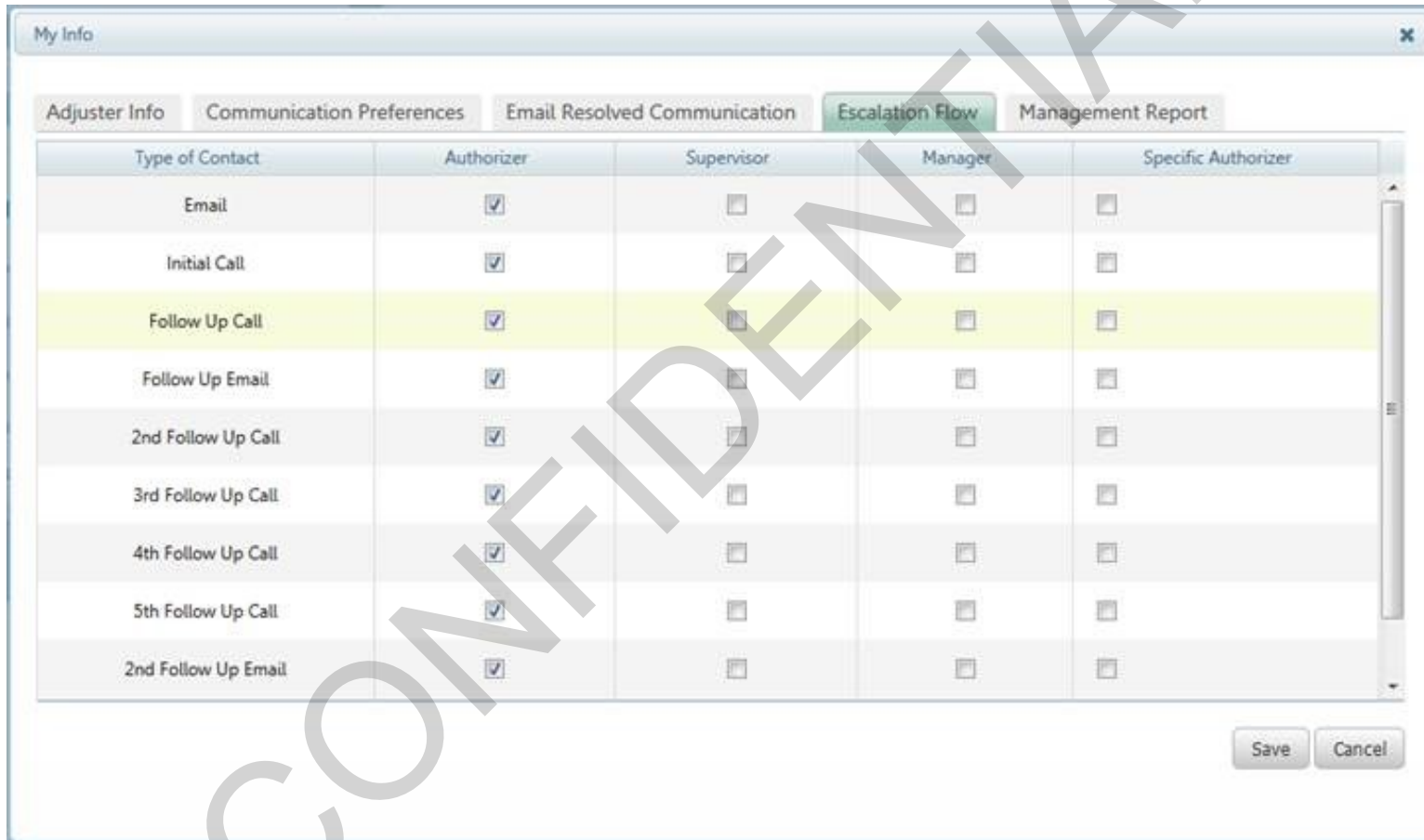
LMN



## COMMUNICATION AND ESCALATION PREFERENCES

Customize individual communications and escalation protocols in real time.

- Set timeframes when prior authorization is required
- Set multiple reviewers to ensure authorizations are made in timely manner



The screenshot shows a software window titled "My Info" with a tabbed interface. The "Escalation Flow" tab is selected. It contains a table with the following data:

Type of Contact	Authorizer	Supervisor	Manager	Specific Authorizer
Email	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow Up Call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow Up Email	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Follow Up Call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Follow Up Call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Follow Up Call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Follow Up Call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Follow Up Email	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At the bottom right of the window are "Save" and "Cancel" buttons. A large "CONFIDENTIAL" watermark is overlaid diagonally across the center of the image.

*Customized communication preferences*

My Info

Adjuster Info
Communication Preferences
Email Resolved Communication
Escalation Flow
Management Report

Preference Name	Email	Initial Call	Follow Up Call	Follow Up Email
Multiple ID	Yes	2Hr	4Hr	No Email
Drug Authorization	Yes	30 Min	4Hr	No Email
Drug Card Re-Activate	Yes	2Hr	4Hr	No Email
Possible Duplicate Claim	Yes	2Hr	4Hr	No Email
Website Transfer Non Match	Yes	2Hr	4Hr	No Email
Early Refill	Yes	2Hr	4Hr	No Email
Price Cap	Yes	2Hr	4Hr	No Email
Invalid Prescriber	Yes	2Hr	4Hr	No Email
Claimant Information Update	Yes	2Hr	4Hr	No Email

Save
Cancel

Customized communication protocols

## RISK SCORING

Pending Requests

Jurisdiction State:  Clear

Assigned to Others

Jurisdiction: Colorado

Adjuster: James Flagg

Claimant: Tamara Demo

Reason: Pharmacy Error Code \, NDC Not Covered

Date Received: 06/07/2010 Physician: Tracey Richardson Physician Phone: Pharmacy Phone:

Pharmacy: Claimant: Tamara Demo Drug: BAYCIL NDC: 48452887593 Qty: 12.00 Day Supply: 12

Customer Note: Additional Note:

PA Type: Retail Assignee: James Flagg

Risk Score: None -> Low

Reason: Pharmacy Error Code \, NDC Not Covered

Date Received: 06/13/2010 Physician: Tracey Richardson Physician Phone: Pharmacy Phone: (845) 229-2224

Pharmacy: CVS PHARMACY Claimant: Tamara Demo Drug: IBUPROFEN (200MG) NDC: 00363012148 Qty: 36.00 Day Supply: 30

Customer Note: Additional Note:

PA Type: Retail Assignee: James Flagg

Risk Score: None -> Low

Jurisdiction: Illinois

Adjuster: Missy Manager

Claimant: Rosie Demo

Reason: Pharmacy Error Code \, NDC Not Covered

Date Received: 05/15/2019 Physician: JACOB KRUEGER Physician Phone: (526) 737-0788 Pharmacy Phone: (845) 229-2224

Pharmacy: CVS PHARMACY Claimant: Rosie Demo Drug: AMPHEN (10MG) NDC: 00924542131 Qty: 36.00 Day Supply: 30

Customer Note: Additional Note:

PA Type: Retail Assignee: Missy Manager

Risk Score: High -> Low

Top 5 Claimants - Spend

Claimant	Value
RAY WU	\$62,500.95
Ruben Demo	\$57,174.91
Jane Demo	\$29,603.57
Demo Claimant	\$28,206.47
Tiffany Demo	\$25,752.99

Top 5 Prescribers - Spend

Physician	Value
DEPPINDER BAL - 1876582307	\$55,211.16
UDAY UTHAMANY - 1877661941	\$12,554.14
KEVIN LUMBIDA - 1467407759	\$10,604.16
BRADLEY CASH - 1589423308	\$6,721.40
KIRAN DEVARAJ - 1003879964	\$5,285.16

Open Invoices

Claimant	Claim #	Invoice #	Invoice Date	Balance
Ray Brown	12345678910	2823494	06/15/2019	\$40.13
Ray Brown	12345678910	2823493	06/15/2019	\$65.97
Ray Brown	12345678910	2798557	06/15/2019	\$135.98
Ray Brown	12345678910	2798553	06/15/2019	\$401.46
Ray Brown	12345678910	2823495	06/15/2019	\$2,054.16
Ray Brown	12345678910	2836120	06/15/2019	\$4,127.62
Dan Claimant	77777	2823485	06/15/2019	\$343.66
Dan Claimant	77777	2836115	06/15/2019	\$671.39
Dan Claimant	77777	2848334	06/15/2019	\$730.40
Dan Claimant	77777	2826204	06/15/2019	\$1,150.00
Dan Claimant	77777	2852838	06/15/2019	\$50.19
Dan Claimant	77777	2788570	06/15/2019	\$188.56
Demo Claimant	MATEST3334	2628338	06/15/2019	\$9.50
Demo Claimant	MATEST3334	2628589	06/15/2019	\$7.05
Demo Claimant	MATEST3334	2628796	06/15/2019	\$5.81
Demo Claimant	MATEST3334	2627423	06/15/2019	\$13.25
Demo Claimant	MATEST3334	2628549	06/15/2019	\$16.09
Demo Claimant	MATEST3334	2628842	06/15/2019	\$20.67
Demo Claimant	MATEST3334	2628977	06/15/2019	\$2,295.13
Demo Claimant	MATEST3334	2628961	06/15/2019	\$760.69

Top 5 Claimants - Cost

Claimant	Value
Lily Demo	\$1,150.00
Olivia Demo	\$1,150.00

Top 5 Prescribers - Cost

Physician	Value
Sheryl Lynn Valenti - 17	\$1,150.00
ALFONSO ROGGERO - 17	\$1,150.00

Customer Status Report

Top Claimant Risk Score

Jane Demo

ADLA SORCERON-REU

Demo Claimant

Dan Claimant

Joe Smith

Rosa Demo

Julia Demo

Joe Smith

Risk Score Examples

Early Refill

Doctor Demo Physician Phone: (999) 999-9999

Pharmacy Phone: (251) 675-2070

Drug: AROMASIN (25MG)

NDC: 00009766304 Qty: 10.00 Day Supply: 10

**ADDITIONAL PA DETAIL**

Approve LMN

One Time Deny

Continual - 90 Days

Expiration Date UR

Tiffany Demo \$25,724.81

Top 5 Prescribers - Spend

Physician Value

DEEPINDER BAL - 1376538207 \$111,237.54

UDAY UTHAMAN - 1871661041 \$13,011.81

Physician

Sherri Lynn Valenti - 1710138284

ALFONSO ROGGIERO - 1558318295

Claimant Status Report

PA Type:

NDC Not Covered

ABRAHAM DEMOND Physician Phone: (5)

Pharmacy Phone: (8)

Drug: AMBIEN (10MG)

NDC: 00024542110 Qty: 30

schell.com PA Type:

NDC Not Covered

Doctor Demo Physician Phone: (999) 999-9999

Pharmacy Phone: (845) 229-2224

Drug: LYRICA (100MG)

**Risk Score Detail**

Claimant Name: Dan Claimant Claim #: 77777 Drug Card: 099-00002-00007 Date of Injury: 07-20-2015 Jurisdiction State: PA

Body Part: Drug Card Status: Active Claim Status: Open

**Risk Level**

**Critical**

The following interventions requests have been made for this claim.

Type	Date/Time	User	Status
Nurse Review	10/4/2019 2:23:51 PM	Jose sepulveda	Pending

**Recommended Intervention: Physician Peer-to-Peer Review**

Physician Peer-to-Peer Review

Select Intervention

LOMN

Nurse Review

Pharmacist Review

Physician Peer-to-Peer Review

Address the Following:

- ☒ Chronic Opioid Usage
- ☒ Concurrent Narcotic and Sedative
- ☒ Concurrent Opioids
- ☒ High MED Calc
- ☒ Moderate MED Calc

Submit Close

Dan Claimant	77777	2848354	10/07/2019	\$730.40	Joe Smith
Dan Claimant	77777	2798570	10/07/2019	\$158.56	Sunny Claimant
Dan Claimant	77777	2823485	10/07/2019	\$343.66	Ruben Demo
Dan Claimant	77777	2852638	10/07/2019	\$50.19	Demo Claimant
Dan Claimant	77777	2913252	10/07/2019	\$62.39	Tamara Demo
Dan Claimant	77777	2826264	10/07/2019	\$1,130.00	Ray Brown

Factors Contributing to Risk Score and Recommended Intervention(s)

## DRUG INFORMATION

Adjuster: **Eddie Test**

Claimant: **,DDOT NILKNARF**

Reason: **Pharmacy Error Code \ NDC N** **Drug Name: OXYCODONE/ACETAMINOPHEN (5-325MG)**  
**Classification: \*ANALGESICS - OPIOID\***

Date Received: **07/24/2019** Physician: **JAREN**

Pharmacy: **WALMART PHARMACY** Pharmacy Phone: **(508) 699-2007**

Claimant: **,DDOT NILKNARF** Drug: **OXYCODONE/ACETAMINOPHEN (5-325MG)**

Claim#: **10 1750071405C** NDC: **00406051201** Qty: **180.00** Day Supply: **90**

Customer Note:

Additional Note:

**APPROVE** **LMN**

**One Time** ☐ **Deny** ☐

**Continual** ☐

**Expiration Date**

**Save**

Ability to See Drug Information on Dashboard via Hover Tool

# CLAIMANT MANAGEMENT

Claimant Management

Admin Options

Customer Service Request

Dashboard

Main - Claimant Management

Reports

Manage Eligibility

Close Claimant

Send Drug Card

De-activate Drug Card

Order Ancillary Health Services

Products & Services Catalog

Braces and Supports

Diagnostic Imaging

Durable Medical Equipment

Electro-Therapy

Home Medical Equipment

Home Therapy Services

Physical Medicine

Translation and Transportation

Claimant History Reports

Bill Reversal Request

Card Activation

Invoice / Payment

Drug Classification

Prescription Authorizations

Prescription Dispensed

Other Services Request

Ancillary Health Services

Transition Claim History

Request a Physician Pharmacological Review

Create & Edit Letter of Medical Necessity

Create & Edit DAW Letter

Need Assistance?

Submit Customer Service Request

Call Customer Service at (866) 846-9279

Claimant Name: Tamara Demo

Claim #: 83949WC2013

Drug Card: 099-00001-00001

Date of Injury: 05-15-2013

Jurisdiction State: CO

Drug Card Status: Active

Claim Status: Open

Claim Info

Drug Info

Mail Order Request

Bill Reversal

Authorized Physicians

Claim Info

Claim Number

83949WC2013

Body Part

Select Body Part

Secondary Claim Number

Date of Injury

05/15/2013

Jurisdiction

Colorado

Authorizer

Jessica Adjuster

Scheduled Closing

Apportioned Claim:

NO Edit

Click the ICD9/10 Code to view/print the ODG Guidelines

ICD9 724.00 Add/Edit

ICD10 M48.00 Add/Edit

State Claim # (JCN)

Branch

Select Branch

Employer

OAKHURST SKILLED NURSING & WE

Edit Employer

Nurse

Select Nurse

Claimant Info

First Name

Tamara

Middle Name

Last Name

Demo

Address

843 BUCKEYE CIR.

Address (Line 2)

City

Corona

State

California

Zip Code

92881

Home Phone

(000) 000-0000

Work Phone

(213) 555-1212

Cell Phone

Birth Date

06/15/1955

Gender

Female

SSN

123-54-6668

Client Type

Work Comp

Lifetime Medical Benefits

☒

Save

Add New Uploads

Date Added	Document Name	Uploaded By	View	Remove
No data found				

## Claimant Information



[Claimant Management](#)
[Admin Options](#)
[Customer Service Request](#)

Welcome Franklin Tramel  
[My Info](#) | [Help](#) | [Logout](#)

[Dashboard](#)
Main - Prescription Dispense - Report
Reports

Prescriptions Dispensed Report

Date
Last Fiscal Year to date
or
Enter Date from
01/01/2018
to
08/16/2019

Get Report

Claimant Name: Tamara Demo

Claim Number: 83949WC2013 - Drug Card Number: 099-00001-00001

DOI: 05/15/2013 - Status: Active

Prescriptions Dispensed Report

Export to Excel

Drug Name / NDC / Invoice # / Physician / Pharmacy:

Fill Date	Drug Name	NDC	Prescription Number	Strength	Day Supply	MED	Qty	Invoice#	Drug Cost	B/G	Credit Amount	Credit Date	Physician	Prescriber ID	Pharmacy Name	DrugClass
07/23/2018	METHYLPREDNISOLONE DOSE PACK	00603459315	1247832	4MG	6		21	2718955	\$17.51	G	0		BRANDI EYER	1700250867	CVS PHARMACY	*CORTICOSTEROIDS*
10/05/2018	KETAMINE HCL	63275998009	123456		30		27	2765205	\$515.00	B	0		AMANDA HAYDEN	1306293345	DERMATRAN HEALTH SOLUTIONS	*CHEMICALS*
10/05/2018	GABAPENTIN	00395805543	123456		30		24	2765205	\$0.00	B	0		AMANDA HAYDEN	1306293345	DERMATRAN HEALTH SOLUTIONS	*CHEMICALS*
10/05/2018	DOXEPIN HCL	51552098207	123456		30		7	2765205	\$0.00	B	0		AMANDA HAYDEN	1306293345	DERMATRAN HEALTH SOLUTIONS	*CHEMICALS*
10/05/2018	DICLOFENAC SODIUM	63275991909	123456		30		7	2765205	\$0.00	B	0		AMANDA HAYDEN	1306293345	DERMATRAN HEALTH SOLUTIONS	*CHEMICALS*
10/05/2018	BUPIVACAINE HCL	63275999309	123456		30		2	2765205	\$0.00	B	0		AMANDA HAYDEN	1306293345	DERMATRAN HEALTH SOLUTIONS	*LOCAL ANESTHETICS-Parenteral*
Grand Total									\$532.51		\$0.00					

Total Entries 7 (Showing 1 to 7)

First
Previous
Page 1 of 1
Next
Last

Total Script Amount Paid	\$532.51
Total Credit Amount	\$0.00
Total Net Amount Paid	\$532.51
Total 30 Day Spend	\$532.51
Total 90 Day Spend	\$532.51

Claimant Rx Dispense History

### Specific Individual Drug(s) Authorized

Please use this section for the authorization of a specific drug for this claimant. If you wish to authorize a drug in all of its forms, please enter only the DRUG NAME. If you wish to restrict the drug authorization to a form, please enter only the NDC #.

Pharmacy: [Browse Pharmacy](#)

Contact:

Phone:

Drug Name	NDC	One Time	Continual	Expiration Date	\$500 Price Cap	No Cap	Additional Note	
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Add

Save

### Claimant Formulary Customization

Dashboard Main - Claimant Management Reports

Manage Eligibility

Close Claimant

Send Drug Card

De-activate Drug Card

Order Ancillary Health Services

Products & Services Catalog

Braces and Supports

Diagnostic Imaging

Durable Medical Equipment

Electro-Therapy

Home Medical Equipment

Home Therapy Services

Physical Medicine

Translation and Transportation

Claimant History Reports

Bill Reversal Request

Card Activation

Invoice / Payment

Drug Classification

Prescription Authorizations

Prescription Dispensed

Other Services Request

Ancillary Health Services

Transition Claim History

Claimant Name: Sunny Claimant Claim #: SEN8744 (12545) Drug Card: 099-00002-00018 Date of Injury: 05-15-1999 Jurisdiction State: KY  
Drug Card Status: Active Claim Status: Open

Claim Info Drug Info Mail Order Request Bill Reversal Authorized Physicians

Claim Info

Claim Number: SEN8744

Secondary Claim Number: 12545

Date of Injury: 05/15/1999

Jurisdiction: Kentucky

Authorizer: Sally Adjuster

Scheduled Closing:

Apportioned Claim: NO Edit

Body Part: Select Body Part BACK

Click the ICD9/10 Code to view/print the ODG Guidelines

ICD9 724.4 Add/Edit

ICD10 M51.15 Add/Edit

State Claim # (JCN):

Branch: Select Branch

Employer: GOOD NEIGHBOR HOMES, INC. ( ) Edit Employer

Nurse: Select Nurse

Claimant Info

First Name: Sunny

Middle Name: Test

Last Name: Claimant

Address: 12477 Wiley Way

Address (Line 2):

City: Albany

State: Kentucky

Zip Code: 42602

Home Phone: (000) 000-0000

Work Phone:

Cell Phone:

Birth Date: 08/18/1950

Gender: Male

SSN: 123-45-6789

Close Claimant



# City of Albuquerque

## Addendum #2 Issued May 18, 2021

**Solicitation Number: RFP-2021-167-DFA-CG**

### **Workers' Compensation Cost Containment Services – Pharmacy Benefit Management**



**Deadline for Receipt of Proposals: May 27, 2021: 2:00 p.m. (Mountain Time)**  
**The City eProcurement System will not allow Proposals to be submitted after this date and time.**

**City of Albuquerque  
Department of Finance and Administrative Services  
Purchasing Division**

**The purpose of this Addendum is to respond to questions that were timely submitted by potential offerors. Questions may be paraphrased:**

1. 2.1.5 Response: A point-by-point response, in the order listed, to each requirement under Part 3 Scope of Services. Demonstrate how the Offeror intends to provide excellent customer service to the City. The response shall include a detailed transition plan, including a timeline for transition. This section shall not exceed twenty-two (22) pages. Our question is whether or not this limitation includes any attached Appendices documents, or can those be excluded from the page count?

ANSWER: Any attached Appendices will not be included in the number of pages count.

2. What is your out of network penetration % or how many paper bills per month vs. retrain transactions?

ANSWER: Less than one percent of prescriptions are out of network. We receive approximately four paper bills per month.

3. What are the primary business drivers for the RFP?

ANSWER: The primary business drivers for the RFP are: 1) Compliance with the NM Workers' Compensation Administration Rules and Regulations governing medical payments, 2) Ease of injured workers obtaining their prescriptions, and cost savings.

4. What is the biggest challenge you face with your current PBM program? What is the impact of this challenge in terms of risk, money or efficiency?

ANSWER: Medications that occasionally get filled under our PBM program from unauthorized providers. Reversal of charges take time and can be unpleasant for the injured worker.

5. Has the City secured resources internally to make a potential change within the targeted timeframe? What could potentially delay the implementation of this program?

ANSWER: The targeted timeframe reflects a realistic expectation of the time required to review and award the contract, negotiations, drafting and approval of the contract, as well as; implementation meetings and rollout of services.

6. Does the City currently have a solution for handling physician dispensed bills? If so, what would the City like to see improved?

ANSWER: The City processes very few physician-dispensed bills. The City would be open to discuss with the successful Offeror solutions to these type of bills on a case by case basis when this issue arises.

7. Who is on the evaluation committee?

ANSWER: See Part 4 EVALUATION OF PROPOSALS for a definition. The identity of Ad hoc Evaluation Committee will not be disclosed.

8. Is there an external consultant involved in the process? If so, who?

ANSWER: No external consultant is involved in this process.

9. What was the primary reason for the significant increase in pharmacy spend in 2020?

ANSWER: Medications for the treatment of cancer significantly increased the City's pharmacy spend.

10. Should addenda acknowledgements be submitted prior to the full RFP submission, or will their inclusion in the full RFP submission suffice?

ANSWER: Acknowledgement of all Addenda should be included at the time of submission.

11. Could you please provide clarification and more detail regarding how the PBM will be paid?

ANSWER: The PBM will be paid from individual workers' compensation claims by providing the City an electronic payment transfer file with invoice information such as; invoice number, prescription information (name, dosage, quantity, amount charged, amount reduced by fee schedule and PPM agreements, amount payable, prescribing provider, pharmacy where prescription was filled, etc.) date filled, injured worker and claim number.

12. In Section 2.2.2 of the RFP, you ask us to provide our costs, which should include gross receipts, knowing that the City will not pay for anything not specifically noted (i.e. insurance and taxes).

Then, in Section 3 of the Agreement, you describe a dollar amount in Section A and a method of payment in Section B of installments, which include any applicable gross receipts taxes, as follows: "A. Compensation. For performing the Services specified in Section 1 hereof, the City agrees to pay the Contractor up to the amount of \_\_\_\_ Dollars (\$\_\_\_\_), which amount includes any applicable gross receipts taxes and which amount shall constitute full and complete compensation for the Contractor's Services under this Agreement, including all expenditures made and expenses incurred by the Contractor in performing such Services."

"B. Method of Payment. Such amount shall be paid to the Contractor in installments, which include any applicable gross receipts taxes, as follows: TBD. Payments shall be made to the Contractor upon completion of each task, upon receipt by the City of a properly documented

requisition for payment as determined by the budgetary and fiscal guidelines of the City and on the condition that the Contractor has accomplished the Services to the satisfaction of the City." Any additional information you can provide would be greatly appreciated.

ANSWER: The terms of Section 3 of the Agreement will read as follows:

“A. **Compensation**. For performing the Services specified in Section 1 hereof, the City agrees to pay the Contractor as set forth in Exhibit C of this Agreement. Such payment shall constitute full and complete compensation for the Contractor’s Services under this Agreement, including all expenditures made and expenses incurred by the Contractor in performing such Services.

B. **Method of Payment**. The Contractor shall provide to the City a Payment Transfer File (PTF) that shall identify each invoice by claim number, injured worker, pharmacy information (name and location), date of prescription fill, prescription information, charges, reductions, and allowance. The City agrees to reimburse the Contractor within thirty (30) days of the date the City receives the invoices. Payments shall be made to the Contractor upon receipt and approval of individual invoices linked to individual claim files as contained in the PTF. Payment to the Contractor will be approved by, and shall comply with budgetary and fiscal guidelines of the City on the condition that the Contractor has accomplished the Services to the satisfaction of the City.”

13. The City of Albuquerque RFP states the following (see below). Our question is whether or not this limitation includes any attached Appendices documents, or can those be excluded from the page count?

- 2.1.5 Response: A point-by-point response, in the order listed, to each requirement under Part 3 Scope of Services. Demonstrate how the Offeror intends to provide excellent customer service to the City. The response shall include a detailed transition plan, including a timeline for transition. This section shall not exceed twenty-two (22) pages.

ANSWER: See response to question no. 1.

14. What is your out-of-network vs in-network penetration % or how many paper bills per month vs. retail transactions?

ANSWER: See response to question no. 2.

15. How long has the City of Albuquerque been with their current PBM provider?

ANSWER: Contract was signed on 12/29/2016.

16. Will the City of Albuquerque please provide your total Pharmacy spend 2019/2020?

ANSWER: 2019: \$375,415 and 2020: \$667,510.98

17. Will the City of Albuquerque please provide the AWP discount for Brand and Generic medications? RFP states overall 25% savings off AWP.

ANSWER: Brand is 12% off AWP and Generic is 40% off AWP.

18. Will the City of Albuquerque provide the overall Pharmacy penetration rate?

ANSWER: 99%.

19. Will the City of Albuquerque please provide your total In-Network PBM spend 2019/2020?

ANSWER: 2019: \$375,415; 2020: \$610,255.05

20. Will the City of Albuquerque please provide your total In-Network PBM prescription volume for 2019/2020?

ANSWER: 2019: Approximately 2466 prescriptions; 2020: Approximately 2384 prescriptions.

21. Will the City of Albuquerque please provide the percentage of Brand vs. Generic medications dispensed in 2019/2020?

ANSWER: Overall 90% prescriptions filled are Generic and 10% Brand.

22. Will the City of Albuquerque please provide the volume and total dollar amount of mail-order prescriptions dispensed in 2019/2020?

ANSWER: 2020: Volume was 15 and money spent was \$9,747.12.

23. Will the City of Albuquerque please provide the percentage of Brand vs. Generic for mail order medications dispensed in 2019/2020?

ANSWER: The breakdown of Brand vs. Generic for mail order medications is not readily available.

24. Will the City of Albuquerque please confirm and explain why there was an increase in overall pharmacy spend by \$180,404 in 2020 with 190 fewer transactions than in 2019?

ANSWER: See response to no. 9.

25. Will the City of Albuquerque please provide why the amount of savings went down significantly in 2019 @ 22% to 18% in 2020.

ANSWER: See response to no. 9.

26. Will the City of Albuquerque please provide the volume and total dollar amount of compounds dispensed in 2019/2020? As well as the average cost per compound medication?

ANSWER: The City has a very small number of compounds prescribed. Currently, the average cost per compound is \$210.

27. Will the City of Albuquerque please provide the volume and total dollar amount of Physician dispensed in 2019/2020? As well as the average cost per Physician dispensed medication?

ANSWER: The City does not track this information.

28. Will the City of Albuquerque please provide the current process for handling third-party, physician-dispensed, Specialty Drugs, and compound medication bills.

ANSWER: Specialty drugs are processed through our current PBM. Third-party, physician dispensed and compound medication bills are paid as billed.

29. How are third-party, physician-dispensed and compound medication bills identified and passed to current PBM for review and processing?

ANSWER: These bills are not sent to the current PBM and are paid as billed.

30. Will the City of Albuquerque please provide the current medical bill review provider?

ANSWER: Corvel is the City's current medical bill review provider.

31. Will the City of Albuquerque please provide the volume and total dollar amount of Specialty Drugs: in 2019/2020? As well as the average cost per Specialty Drug medication?

ANSWER: 2019 – 5 specialty drugs for the total amount of \$47,387 with the average of the costs \$21,284 and \$1610. 2020 – 15 specialty drugs consisting of 2 medications with average cost of \$22,454 and \$5179 for total monies spent of \$284,990. The total amount spent does not include the chemotherapy treatments provided out-patient which was approximately \$150,000 in 2020.

32. What are the City's desired PBM program improvements?

ANSWER: 1) Optimize cost savings in the area of specialty drugs, in particular, cancer medications, chemotherapy, and HIV prophylactics. 2) Process paper bills through its PBM to capture cost savings. 3) Effective step therapy program to direct physician to use Generic medications first before a Brand.

33. How many current employees for the City of Albuquerque?

ANSWER: 8794 employees.

34. Part 1, page 1-page 12 /section1.4 to 1.27, should we include in the body of the RFP response the entirety and answer either comply, agree and or call out the attachments of the information requested.

ANSWER: This information should be provided in the City's eProcurement system, Bonfire where indicated. Otherwise a statement of compliance should be included in your response.

35. 1.5 of Acceptance and proposal. Under the 1.5 section do we need to indicate, "Proposer here by certifies and accepts to comply"; would this be sufficient under this section.? We only noted forms for completion for preference certification form, draft agreement, and link to general pay equity form. Are we missing any other forms for attachment and completion?

ANSWER: This information should be provided in the City's eProcurement system, Bonfire where indicated. Otherwise a statement of compliance should be included in your response

36. Where are we to insert we agree and comply for the following requirements, since there does not appear to be forms:

Do you agree to the City's terms and conditions? Data Type: Yes/No N/A REQUIRED

Do you agree to the City's Insurance requirements? Data Type: Yes/No N/A REQUIRED

ANSWER: Answer Yes/No. There is no other form of acknowledgment required.

37. Within the RFP it indicates we cannot alter the pharmacy bill review fee form. The question is can we add specialty pharmacy services/pricing and Rebates if offered, on the pricing form?

ANSWER: The Offeror can add this information on the form with an asterisk and a brief description; i.e., rebate.

38. Background Pg 3: Will the City of Albuquerque please provide the AWP discount for Brand and Generic medications separately? RFP states overall 25% savings off of AWP.

ANSWER: See response to no. 17.

39. Background Pg 3: RFP states overall 25% savings off of AWP, will the City of Albuquerque please confirm if this savings is only for medications processed through the PBM (i.e. In-Network) or is it for all drugs both in-network and out-of-network bills processed and paid?

ANSWER: Savings are for all medications processed through the PBM.

40. 3.1.2 Specialty Drugs: For Specialty Drugs, similar to the pricing exercise, will the City of Albuquerque please provide a sampling of the specific drugs NDC, quantity, fill date, Pharmacy NPI or NCPDP number and the number of claims the city is providing specialty drugs for.

ANSWER: The Retail List has three specialty drugs listed with NDC and quantity information. There are three current cancer claims that we are paying and at least ten claims per year for HIV prophylactic prescriptions.

41. The City's current PBM provides the City with a 25% of savings off AWP. What is the dispensing fee?

ANSWER: Zero dollars.

42. How should any administrative fees (distinct from and in addition to dispensing fees) be reflected on Appendix A?

ANSWER: Offeror should include all fees on Appendix A and label each cost.

43. Are vendors permitted to insert additional narrative information after the required information in Appendix A (Cost Proposal Forms)?

ANSWER: Offeror should include all fees on Appendix A and label each cost.

**Please incorporate the change in this Addendum into the original Proposal document. Offeror must acknowledge receipt of this addendum in the City's eProcurement system. Failure to acknowledge an Addendum may result in your response being deemed non-responsive.**

\*\*\*\*\*

**Acknowledged & Returned:**



\_\_\_\_\_  
**Signature**

Jeff Pirino, Senior Vice President, Mitchell International, Inc.

\_\_\_\_\_  
**Printed Name Title Company**



# mitchell

## Exhibit 2.1.4.5

Staff Resumes

CONFIDENTIAL



## Jeff Pirino

Senior Vice President of Sales, Pharmacy Solutions

### Summary of Experience

Jeff serves as Senior Vice President of Sales and Client Services for the Mitchell ScriptAdvisor Pharmacy Benefit Management program. He is a Mitchell executive with over 20+ years of experience in product management, sales and client services in the property and casualty industry. As it relates to The State of Wyoming, Jeff will lead efforts to enrich the customer experience with Mitchell by aligning product, consulting and customer services to deliver even greater value to The State of Wyoming. He will oversee all aspects of the customer experience, including the management of the State of Wyoming relationship and service delivery, advocacy for The State of Wyoming product priorities and performance, assistance with implementation activities, and ultimately The State of Wyoming's overall satisfaction with Mitchell products and services.

### Work History

**Vice President, Sales and Client Services - Mitchell International**

*January 2016 – 2017*

**Vice President of Account Management - Mitchell International**

*June 2012 – 2016*

**Vice President of Corporate Accounts - Mitchell Medical**

*November 2007 – 2012*

**Senior Director of Casualty Sales - Mitchell Medical**

*January 2006 – 2007*

**Sales Account Manager - Mitchell International**

*January 2003 – December 2005*

**Sr. Product Manager - Mitchell International**

*October 1999 – December 2002*

### Education

**University of San Diego**

Business Economics



## Mitch Freeman

Chief Clinical Officer, Pharmacy Solutions

### Summary of Experience

Mitch Freeman serves as the Chief Clinical Officer for Mitchell ScriptAdvisor, one of the largest Pharmacy Benefits Managers (PBMs) serving the Workers' Compensation and Auto injury markets exclusively. Freeman is the clinical lead for developing industry leading clinical intervention programs for Mitchell's PBM to help its clients ensure claimant safety and reduce pharmacy expenditure. In this role, Freeman supports the strategic direction of the division by leading PBM product development initiatives and serves as the Pharmacy Division's clinical PBM expert to support Mitchell and its clients.

### Work History

#### **CEO - First Coast Health**

*November 2013 – July 2015*

*Jacksonville, Florida*

- CEO for one of the leading national conglomerates of compounding pharmacies licensed and operating in 43 states
- Executed multiple strategies resulting in explosive revenue growth from \$101.5M in 2013 to \$186.4M in 2014 resulting in a net income increase from \$69.4M to \$117.6M
- Expanded sales force from 100 to over 250 sales representatives nationwide maximizing market penetration and sales growth
- Led the acquisition and integration of two additional pharmacies to support expansion, decrease production costs, and ensure business continuity
- Led strategy to diversify product offering to include allergy testing, genetics testing, laboratory medicine, and durable medical equipment

#### **Chief Sales and Marketing Officer - PMSI**

*October 2012 – November 2013*

*Tampa/St. Petersburg, Florida*

- Restructured sales organization to maximize effectiveness
- Created effective "go to market" strategies optimizing market perception and brand strength
- Closed \$50 million in annual sales within the first 8 months
- Expanded pipeline from \$425 million to \$1.2 billion in legitimate sales opportunities
- Supported divestiture (>\$400 million) from HIG Capital to Kelso Capital

**Vice President of Sales - ScriptSave**

*November 2011 – October 2012*

*Tucson, Arizona*

- VP of Sales for ScriptSave PBM – the leading national administrator of 100% copay pharmacy benefits
- Developed sales strategy and facilitated product design targeting sales into Retail Pharmacy Loyalty Programs, Health Insurers, and Group Health Pharmacy Benefit Managers
- Developed and managed robust pipeline tied to budgetary goals to support revenue and gross profit forecasting

**Vice President of Sales, Workers Compensation - Ameritox**

*January 2010 – November 2011*

- Developed an industry leading, Workers' Compensation specific, product offering for the monitoring of narcotic therapy through urinalysis
- Facilitated product design to ensure operational efficiency in alignment with company's core competencies
- Developed a comprehensive sales and marketing strategy including sales force development, creation of sales compensation plans aligned with company goals, pipeline development tied to budgetary goals, and product revenue / gross profit forecasting

**Owner - Mitch Freeman Consulting**

*June 2009 – December 2009*

- Assisted Workers' Compensation clients in developing solid strategies for growth of existing business and creation of new product offerings
- Created the opportunity for clients to develop critical relationships with important decision makers within the Workers' Compensation industry

**President of PBM Services - Medical Services Company**

*February 2003 – July 2008*

- As President of MSC Pharmacy Services Division, led the division to a \$250 Million divestiture from Monitor Clipper Partners to Express Scripts
- Worked in conjunction with Monitor Clipper and Deutsche Bank to strategically position the MSC Pharmacy Services asset for divestiture in the Workers' Compensation, Healthcare, and Pharmaceutical industries
- Led division to an adjusted revenue CAGR of 17.5% with a corresponding adjusted gross margin CAGR of 18.6% from 2004 to 2007
- Served as MSC lead for the acquisition process including strategy, market positioning, management presentations, and due diligence

**Sr. Vice President & General Manager of Pharmacy Services**

*January 2006 – September 2007*

- Responsible for all aspects of the Pharmacy Division including Sales, Finance, Operations, and Information Technology
- Accountable for divisional P&L

- Direct reports include VP of Pharmacy Sales, VP of Pharmacy Product Development, Executive Director of Pharmacy Operations, Director of Clinical Pharmacy, Director of IT Pharmacy, and Director of Pharmacy Finance
- Developed a comprehensive strategy for market share growth that included product offering enhancement, targeted new sales strategy and strategy to maximize client retention

## Education

**Florida A&M University**, 1999

*Tallahassee, FL*

Doctor of Pharmacy (Pharm.D.)

**Florida State University**, 1995

*Tallahassee, FL*

Bachelor of Science, Biology

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## Brian Allen

Vice President of Government Affairs, Pharmacy Solutions

### Summary of Experience

Brian Allen is a nationally recognized policy expert for workers' compensation and insurance issues across the country. Allen frequently authors articles and blogs on relevant issues and is a regular source to reporters working with the various trade journals. Allen is also a frequent speaker and panelist at several conferences and events around the country, including the Southern Association of Workers' Compensation Administrators (SAWCA), WCI360, and the National Drug Abuse Summit, among others.

Allen lobbied nationally for workers' compensation issues for over 14 years and has over 25 years of political experience. Allen is a former elected member of the Utah House of Representatives. During his time in the government, Allen was actively engaged in the development of the Texas Drug Formulary Rule, the Tennessee Drug Formulary Rule and other critical rulemakings around the country. Additionally, he was a member of a special working group helping Assembly Member Perea in California draft the drug formulary legislation (AB1124). Allen is currently engaged in California, New York, Pennsylvania, Montana, Louisiana and Arkansas on drug formulary proposals and is working with other states on managed care and reimbursement issues.

Allen has over 30 years of experience in the insurance industry as a licensed agent and agency manager for multi-line insurance agencies. Allen is currently licensed and maintaining a Certified Insurance Counselor (CIC) designation.

### Work History

#### **VP of Government Affairs – Optum Workers' Compensation and Auto No-Fault Division**

*October 2011 - August 2017*

*Salt Lake City, UT*

*A Division of United Healthcare*

- Managed the government affairs efforts at the federal and state level for all workers' compensation related issues
- Provided education and resources to policy makers, presented or testified at hearings and provided rulemaking comments
- Helped craft legislation and regulations to address emerging issues in the work comp pharmacy and managed care arenas

### **President/CEO – Capitol Hill Advisors**

*April 2003 - August 2011*

*Salt Lake City, UT*

- Utah contract lobbying firm specializing in insurance issues, health care, workers' compensation, financial services and municipal government issues

### **Chief Operating Officer – Zions Insurance Agency, a division of Zions Bancorporation**

*June 1997 - April 2003*

*Salt Lake City, UT*

*Specialty marketing company for biotech products*

- Responsible for all aspects of the sales and operation of the insurance agency
- Managed the risk management department for the institution
- Developed technology tools to aid in cross-selling insurance products to bank customers

### **Elected Representative – Utah House of Representatives**

*January 1995 - December 1998*

*Salt Lake City, UT*

- Elected official responsible for representing the views of constituents in legislative matters
- Member of the State and Local Government Committee
- Vice Chair of the Transportation Committee
- Member of the Transportation Appropriations Committee

## **Education**

### **Western Governors University**

Bachelors of Science in Business Management

### **Society of CIC**

Certified Insurance Counselor (CIC) designation



## Dennis Hoffart

National Sales Director, Pharmacy Solutions

### Summary of Experience

Dennis Hoffart has more than 25 years of strong workers' compensation and managed care experience across a range of products and services. As National Sales Director for Mitchell's ScriptAdvisor team, Hoffart works closely with national and large regional insurance companies, third party administrators and self-insured employers in the workers' compensation industry. Hoffart has spent his career focused on new business development and delivering excellent customer service.

### Work History

#### **Vice President of National Sales – ProCare Transportation and Language Services**

*February 2014 – May 2016*

- Contracted program sales of Transportation and Language services to national and large regional workers' compensation insurance companies, third party administrators, self-insured employers and industry service providers.

#### **Senior Director of Workers' Compensation Sales – Ameritox-Medication Monitoring Solutions**

*November 2010 – October 2013*

- Generated new business and contracted program sales of medication monitoring testing to large workers' compensation insurance companies, third party administrators, self-insured employers and pharmacy benefit managers.

#### **West Coast Sales Executive – Rising Medical Solutions**

*February 2010 – November 2010*

- Generated new business sales of medical bill review and utilization review services to the workers' compensation and auto liability markets in the western United States.

#### **Regional Vice President of Sales – MSC Care Management**

*2005 – February 2010*

- Oversaw and managed a 17-state western region selling and marketing pharmacy benefit management, durable medical equipment, catastrophic care and various ancillary medical products and services.
- Supervised, managed, and motivated a team of Regional Sales Representatives to consistently exceed individual, regional, and company sales goals.
- Cultivated trust and respect with key client decision makers and built a continuous pipeline of new client referrals from insurance companies, third party administrators, large employers, nurse case management firms, hospitals and occupational health clinics.



**Vice President of Sales (Partner) – RehabWest, Inc.**

*1996 – 2004*

- Developed and Managed the Northern California region and introduced programs to open new sales channels.
- Promoted sales of the company's utilization review, medical nurse case management, vocational rehabilitation, job training, ergonomics, and ADA compliance services to insurance companies, self-insured companies, and third party administrators.

**Education**

**California State University, Sacramento**, Sacramento, CA

Master's Degree, Vocational Rehabilitation Counseling/Counselor

**San Diego State University**, San Diego, CA

Bachelors of Arts, Public Administration

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## Sheryl Higa

Senior Client Services Manager, Pharmacy Solutions

### Summary of Experience

Sheryl Higa is an experienced workers' compensation professional with certifications in workers' compensation claims (WCCP), CA Self-Insured Professional (SIP) and Associate in Risk Management (ARM). She brings that experience to her role as Senior Client Services Manager for her clients at Mitchell.

### Work History

#### **Risk Management Analyst - Toyota Motor North America**

2016 – 2017

Plano, TX

- Managed oversight of workers' compensation program, as well as Aviation, Motorsports and TV production
- Worked with broker on auxiliary policies for renewal and ongoing program management

#### **Risk Management Specialist - City of Beverly Hills**

2011 – 2016

Beverly Hills, CA

- Supervised workers' compensation and general liability programs for city of 34,000 residents
- Managed full claim life cycle, working closely with TPAs to authorize settlements and reserves
- Partnered with risk manager and broker to devise and implement policies and place insurance
- Oversaw over 200 open workers' compensation claims and 120 open general liability claims
- Saved more than \$100K annually in managed care costs with the development of a new program for the city.

#### **Workers' Compensation / Risk Management Consultant**

2009 – 2011

Los Angeles, CA

- Provided industry expertise to multiple clients
- Operations Supervisor for Chubb Services: reorganized operations/processes and streamlined workflows
- Risk Manager for CPS Security: Brought claims in-house and implemented Risk Management Information System (RMIS) to manage them
- Senior Claims Analyst for Self-Insurers Security Funds: Managed claims for bankrupt employers that did not have funds to pay self-insured claims

**Workers' Compensation Specialist - DaVita Inc**

2007 – 2009

El Segundo, CA

- Managed multi-jurisdictional claims for nationwide dialysis provider with 30,000+ employees in 43 states
- Handled over 1,000 open claims while managing partnerships with attorneys and all service providers

**Senior Workers' Compensation Analyst - Sander A. Kessler & Associates**

2005 – 2006

Santa Monica, CA

**Workers' Compensation Supervisor - Mitsui Sumitomo Fire & Marine**

2004 – 2005

Universal City, CA

**Workers' Compensation Supervisor - ValleyCrest Companies**

2003 – 2004

Calabasas, CA

**Senior Workers' Compensation Specialist - Zurich North America**

2002 – 2003

Woodland Hills, CA

**Senior Claims Adjuster - Tokio Marine Management/First Insurance Company**

1995 – 2002

Pasadena, CA and Honolulu, HI

**Education**

**University of Southern California**

Bachelors of Arts, Sociology



## Rosie Cruze

Vice President of Operations, Pharmacy Solutions

### Summary of Experience

With over 10 years of workers' compensation experience, Rosie Cruze has been devoted to developing innovative solutions for the PBM market. Cruze has managed project implementation programs and services and facilitated customer care between Mitchell, clients and associated relationships.

Cruze's responsibilities include:

- Oversees all corporate client services
- Communicates with all departments to achieve customer service goals
- Leads and manages client relationships and programs
- Develops and implements program services to clients
- Monitors, responds to, and insures all department requests are handled per company goals
- Develops customer service standards, policies, and procedures
- Coordinates all aspects of customer service training program to optimize customer service excellence

### Work History

**Vice President of IT/Client Services – Integrated Prescription Solutions**

*November 2006 – October 2016*

**Jr. Logistics Coordinator – Advanced Chemistry and Technology, Inc.**

*January 1999 – November 2006*



## Jeff Mugleston

Senior Business Process Consultant and Director of  
Implementations, Pharmacy Solutions

### Summary of Experience

Jeff Mugleston has a strong technical background. He spent the first part of his career in data centers implementing various IT solutions working for large enterprise IT companies such as Novell and Compaq. Mugleston also spent 4 years teaching Novell and Microsoft courses at Southern Methodist University (SMU).

With over 20 years of project management experience working primarily in the IT and healthcare benefits management industries, Mugleston has managed large customer accounts and projects in the areas of group health and welfare benefits, health savings account (HSA) plan design and implementation, workers compensation and auto pharmacy claims processing, and auto and workers compensation PBM systems. Mugleston enjoys working with people and addressing and overcoming complex challenges.

### Work History

#### **Director of Implementation – Cogent Works**

*January 2009 – January 2015*

#### **Director of Implementations -- Health Equity**

*January 2008 – January 2009*

#### **Senior Project Manager – McCann Erickson**

*April 2006 – January 2008*

#### **Health and Welfare Benefits Sr. Account Manager/Sr. Project Manager – ADP**

*July 2004 – January 2006*

#### **Regional Director – MTM Technologies (Formerly Vector ESP)**

*October 2001 – July 2004*

#### **Certified Novell Instructor –Southern Methodist University**

*April 1997 – October 2001*

#### **Systems Engineer, Sales Support – Compaq Computer Corporation**

*December 1996 – October 2001*

#### **NetWare Software Support Engineer – Novell**

*April 1994 – December 1996*

## Education

**Brigham Young University**

Bachelor's Degree in Business Management

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## Mike Bishop

Vice President of Product and Technology, Pharmacy Solutions

### Summary of Experience

Mike Bishop is the Vice President of Product and Technology for Pharmacy Solutions. He leads the Technical Product Development organization and is responsible for technical product strategy, direction and execution. Bishop has been with Mitchell for 13 years holding various leadership roles in Product Delivery, Operations and Software Development. Bishop leads the effort to build an enterprise platform technology platform that unifies the Mitchell portfolio of software products.

### Work History

#### **Director of Software Development - ClaimIQ**

*2003 – 2005*

*San Francisco, CA*

#### **Engineering Manager - Siebel**

*2001 – 2003*

#### **Director of Software Development - medpool.com**

*1999 – 2001*

#### **Development Manager - Oracle**

*1998 – 1999*

*Redwood City, CA*

### Education

#### **Georgia Institute of Technology**

Bachelors of Science, Computer Science

#### **University of Illinois at Urbana-Champaign**

Master of Science, Computer Science



## Jason Hodges, R.Ph.

Director of Pharmacy Operations, Pharmacy Solutions

### Summary of Experience

Jason Hodges, Director of Pharmacy Operations for over 16 years, develops policies and procedures, streamlines pharmacy workflow and prescription medication delivery for workers' compensation patients. Hodges serves as Director of Pharmacy and PIC for PMOA, a Mitchell International Pharmacy Solutions Workers' Compensation Home Delivery Pharmacy. Mr. Hodges expanded the delivery capability of PMOA from five to 49 states and the District of Columbia.

Hodges has over 25 years of experience in the practice of pharmacy and is licensed to practice in 32 states. He negotiates and implements contracts with multiple pharmaceutical wholesalers. Within the confines of law providing individual states with requirements of maintaining licensure, Hodges supervises pharmacists and pharmacy technicians.

### Work History

#### Pharmacy District Manager - Rite Aid

*January 1999 – January 2001*

*Mobile, AL*

- Provided guidance to Pharmacy and Retail Departments ensuring patients and customers always enjoyed a best-in-class pharmacy experience
- Managed district retail budgets including sales, script growth, margin, labor and expenses and overall P&L results monthly to ensure operating income and EBITDA achieved
- Recruited, hired and trained pharmacists
- Managed and scheduled over 70 pharmacists and 120 pharmacy technicians

#### Pharmacy Manager - Rite Aid

*August 1995 – December 1999*

*Chicago, IL*

- Oversaw daily activities of the Pharmacy Department within retail store
- Ensured accuracy and appropriateness of all prescriptions filled by completed Drug Utilization Review and Final Quality assurance, applicable to state and federal Board of Pharmacy regulations
- Managed pharmacy inventory at acceptable levels to fulfill customer needs
- Handled and resolved all customer issues, complaints and questions to build customer trust and loyalty
- Ensured compliance with all policies and procedures for controlled substance dispensing and record keeping



**Pharmacist - Harco Drugs, Inc.**

*June 1993 – August 1995*

- Received, interpreted and processed prescription orders
- Counseled patients regarding the proper use, side effects and interactions of medications

**Education**

**Auburn University, Harrison School of Pharmacy**

Bachelors of Science, Pharmacy

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## Exhibit 3.1.5.B.4

Fraud, Waste & Abuse Overview



## MITCHELL FRAUD, WASTE AND ABUSE OVERVIEW

### CLAIMANT

Claimant fraud and abuse is identified through pharmacy network and non-network prescription utilization. Combining paper bill and point-of-sale transactions may identify multiple prescribers for similar medications, overutilization of narcotics, physician shopping and attempts to game the system. Same drugs, different doctors and similar dates of service are just some of the leading indicators of potential fraud and abuse. We manage injured worker activity by working with the State to lock-in physicians, pharmacies and medications. Physician and pharmacy education is paramount in collectively coordinating safe and effective patient care.

Whenever suspicious activity is identified, ScriptAdvisor investigates the claim and initiate audits, as appropriate, to help determine whether any fraudulent activity is occurring.

#### Monitoring of Narcotics Usage

Our suite of utilization programs taps into extensive data controls and modeling scenarios to alert the State's resources of inappropriate utilization of opioid medication, possible cases of dependence, fraud or diversion. Through our program, our clients have decreased prescription spend through targeted interventions and overall program management.

All claims are analyzed regularly for activity exceeding utilization threshold. Warning flags of aberrant behavior include early, chronic or high use of opioids, calculation of morphine equivalent daily dosages and the use of multiple pharmacies or physicians. Automated notifications and alternative clinical resources are sent to claims professionals once alert criteria have been flagged.

System protocols also include the opioid MED Calculator and the NDC Crosswalk to input dosage amounts on various opioid analgesics (Codeine, Fentanyl transdermal, Hydrocodone, Hydromorphone, Methadone, and others) and convert to the total morphine equivalent dosage (MED). Flags are displayed as the MED approaches, reaches or exceeds various parameters of the ODG guidelines.

Mitchell ScriptAdvisor offers appropriate intervention on high-risk claims through our RightRx program. RightRx is our clinically based utilization management program combines clinical expertise and integrated technology to assess individual cases at the point the prescription enters our system.

Some examples of our pharmacy point-of-sale (POS) DUR triggers that detect fraud and abuse for intervention include:

- Duplication of therapy
- Morphine equivalency dosing warnings
- Drug selection by the prescribing physician
- Misuse and overuse of certain types of drugs, including off-label use

Services may include assignment to a Utilization Review Nurse and/or a Peer-to-Peer (Physician-to-Physician) review, to evaluate the medical necessity of prescribed medication and/or provide education to prescribing physicians on medical necessity criteria, prescribing habits and other clinical issues.

## PHYSICIAN

Identification of physician fraud and abuse consists of data analytics that pulls information from both paper bills and point-of-sale pharmacy transactions. By incorporating physician specialties with local, regional and national trend markers, we are able to see high-risk physician dispensing habits and fraud, at both a micro and macro level. Some examples of physician behavior that may trigger review include:

- High per-patient volume of prescriptions
- Multi-pharmacy/multi-physician involvement
- Potentially harmful drug interactions
- Refill violations
- Prescribing activities otherwise contradicted by best practices
- Incorrect DAW-1 coding

Prescriptions that require further inspection are identified for both onsite physical auditing as well as remote desktop auditing.

By scoring and reporting across these demographics, outlying physician behaviors can be identified. Once identified, action plans are put into place.

These may include and are not limited to physician education, physician network exclusion and claims professional education of these at-risk providers.

## PHARMACY

ScriptAdvisor also works to detect fraud within the network of pharmacy providers. Proprietary programming is used to Audit Claims to identify and refer fraudulent claims submissions for investigation and to identify recoveries, e.g., areas of concern and potential problems

Some examples of our pharmacy point-of-sale (POS) DUR triggers that detect fraud and abuse for intervention include:

<ul style="list-style-type: none"> <li>• Duplication of therapy</li> <li>• Morphine equivalency dosing warnings</li> <li>• Drug selection by the prescribing physician</li> <li>• Misuse and overuse of certain types of drugs, including off-label use</li> <li>• High per-patient volume of prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-pharmacy/multi-physician involvement</li> <li>• Potentially harmful drug interactions</li> <li>• Refill violations</li> <li>• Prescribing activities otherwise contradicted by best practices</li> <li>• Incorrect DAW-1 coding</li> </ul>
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Prescriptions that require further inspection are identified for both onsite physical auditing as well as remote desktop auditing.

**Live Desk Audit:** This near real-time audit examines the accuracy of a pharmacy transaction. An immediate phone call is placed to the pharmacy with the flagged transaction. The submitted transaction is reviewed with the pharmacist and any errors are reversed, corrected and resubmitted.



**Desk / In-house Audit:** This retrospective audit is conducted via mail, telephone or fax rather than in person. During this audit, pharmacy data is evaluated for compliance with state and federal law, the State's program parameters and accuracy of billing of claims.

**On-Site Audit:** During this retrospective audit, pharmacy data is evaluated for compliance with state and federal law, the State program parameters and billing accuracy.

**Specific Claim Audit:** This audit examines specific claims information, such as drug classes, high cost claims, etc. or other areas of potential error that are identified for review. This audit can either be conducted via a desk or onsite audit.



## Exhibit 3.1.5.A

DUR Edits and Five Step Risk Scoring

## ScriptAdvisor DUR EDITS

Our point-of-sale (POS) alerts enable us to enforce compliance and manage inappropriate dispensing at the point-of-sale. Comprised of safety, appropriateness and utilization alerts, this multi-tiered approach offers best-in-class workers' compensation DUR management. We frequently add additional custom DUR alerts as part of the client's formulary and plan design, such as antibiotic use limits and short- and long-acting opioid limitations.

In fact, 15% of scripts do not pass DUR edits. All edits in the ScriptAdvisor program function across the network, even if an injured worker is filling prescriptions in multiple pharmacies. The pharmacist can override some edits, such as drug-drug interaction and drug-allergy interaction. These soft edits are determined by the pharmacist and examine the severity or potential threat to the injured worker versus the benefit of the medication. Other edits, such as drug and prescriber blocks or those related to clinical appropriateness, cannot be overridden by the pharmacist, and require a pre-authorization approval by before it can be dispensed.

- **Brand to Generic Substitution** – Our system blocks the dispensing of brand drugs and prompts pharmacists to dispense generics when available and allowable. Most jurisdictions allow for the payer to mandate the use of a generic drug when the prescription is written for a brand drug with a generic available.
- **Step Therapy** – Mitchell has identified over 130 drugs commonly used in workers' compensation that have significantly less expensive therapeutic alternatives and discover 4-5 new drug products per month. When a targeted medication is processed at the point of sale the medication is blocked and the pharmacist receives a detailed message to contact the prescriber for the lower-cost alternative.
- **Price Opportunist Program** – Some manufacturers manipulate the system by applying exceedingly high AWP's to their medications. Pharmacies may then manipulate the system by intentionally stocking and adjudicating these high AWP "outliers". Mitchell's Price Opportunist Program identifies these specific NDCs associated with statistically high AWP's and messages the pharmacy to dispense a different NDC version of the drug with a lower AWP. Most clients choose to auto-deny these NDC outliers created specifically for price gouging.
- **Pharmacist One Drug Review and Intervention** – Mitchell's One Drug Pharmacist Review enables the City to intervene with the treating physician on a single drug issue without incurring the cost associated with a full claim review like Peer-to-Peer reviews. Upon receipt of a One Drug Review referral, the ScriptAdvisor pharmacist performs a review of the drug in question and an outreach to the prescriber to obtain relevant, patient-specific information, and to facilitate prescription changes accordingly, related to:
  - Appropriateness for prescribed indication
  - Relatedness to the work injury
  - Place in therapy
  - Pricing
  - Adverse effects
  - Contraindications and co-morbidities
  - Therapeutic alternatives

- Generic substitution
- Documentation regarding agreements with the prescriber to modify therapy are communicated to the claims handler, uploaded and attached to the claim within the user workspace, and mirrored within ScriptAdvisor to enforce compliance with the agreements.

DUR Edit	Description
Therapeutic Appropriateness (age, gender, etc.)	Contraindications for specified age groups and gender are identified in real time at point of sale. The pharmacy will be returned either a soft or hard reject, which is dependent on the contraindication level.
Over and Under Utilization	The ScriptAdvisor program confirms that prescribed quantities follow clinical guidelines, ensures appropriate utilization and avoids the potential misuse and abuse of medications.
Appropriate Generic Use	Mitchell ScriptAdvisor enforces the generic substitution at the point-of-sale.
Therapeutic Duplication	Our system will provide an alert when drugs of the same therapeutic class are attempted to be filled.
Drug-disease Contraindications	The pharmacy will be returned a soft or hard reject, depending on the level of contraindication.
Drug-drug Interactions	Drug-drug interactions are built into the ScriptAdvisor system. As many drugs utilized in treating workers' compensation injuries interact with other common drugs, these interactions are identified, and an alert is provided prior to dispensing.
Incorrect Drug Dosage	To ensure that a clinically effective and safe dose is prescribed, this alert protects injured workers from dangerous or excessive doses.
Inappropriate Duration of Treatment	Many drugs should only be used for a short duration. These alerts ensure safety by flagging prescriptions that are being prescribed for excessive days' supply. This alert is specific to the individual drug being prescribed and its appropriate days' supply.
Clinical Abuse/Misuse	Prescribers must have valid NPI and DEA numbers for prescription adjudication at point of sale.
Correlation or Appropriateness	To ensure that the medication being dispensed and processed is related to the workers' compensation injury, Mitchell offers a workers' compensation



for a Workers' Compensation Injury	formulary that contains only medications typically used in the treatment of work-related injuries. The dynamic construct of the formulary adjusts as the claim ages. For example, long-acting opioids can be restricted early in a claim but may be allowed when the pain becomes chronic.
Drug Blocks	Drugs not on formulary are automatically blocked at point of sale. Drug blocks can be customized down to the individual claimant level.
Prescriber Blocks	The City will have the ability to block individual prescribers in real-time in the ScriptAdvisor portal.

## ScriptAdvisor Five Step Risk Scoring

The Mitchell ScriptAdvisor Five Step Risk Scoring program identifies high-risk, high-dollar cases in real time, at the point of sale. The key differentiator of the ScriptAdvisor approach to high-risk claims is adjuster efficiency.

Mitchell has recognized the need to streamline the role of the adjuster so that he/she can quickly and easily determine the probability and address with immediate action if a claim is destined for future high dollar and high risk. The Mitchell ScriptAdvisor five step risk scoring program technically bridges all three stages of the claim process – prospective, concurrent and retrospective.

To avoid the confusion and inefficiencies that stem from the multiple, email-based trigger alert approach, Mitchell has developed a tool that provides claims professionals with clinically-based actionable data in assessing claim risk.

With this tool, the adjuster will receive prior authorization alerts and will only receive additional alerts when an injured workers' claim history has exceeded the determined risk criteria for at risk prescriber patterns, multiple prescribers and the use of high dollar medications.

Adjuster: **JP Prevost**

Claimant: **Rudy Demo**

Reason: **Pharmacy Error Code \ NDC Not Covered**

Date Received: **04/15/2021** Physician: Physician Phone:

Pharmacy: Pharmacy Phone:

Claimant: **Rudy Demo** Drug: **OXYCONTIN (80MG)**

Claim#: **1234** NDC: **59011048010** Qty: **120.00** Day Supply: **30**

Customer Note:

Additional Note:

Risk Score: **High -> Critical**

PA Type: **Retail** Assignee: **JP Prevost**

CLICK FOR **Live Chat**

Current Total MED: **3255** -> MED if Approved: **3735**

Reassign

New Owner: Reason: Reassign

**APPROVE** **LMN**

☐ One Time ☐

☐ Continual - 90 Days ☐

☐ Expiration Date ☐

☐ Deny ☐

☐ UR ☐

Save

Costly decisions should not be made in a vacuum. Rather than alerting the adjuster of low to no probability of potential risk on a per claimant basis, we provide an intelligently calculated "risk score" that:

- Considers the entire claimant history
- Predicts the future risk based on the entire claim
- Enables the claims professional to take appropriate action at the right time in the claim lifecycle.

Through the Mitchell ScriptAdvisor portal, the authorized user can quickly see the highest-risk claimants as shown below.

Top Claimant Risk Scores	
Claimant	Risk Level
Joe Smith	Critical
Teresa Demo	Critical
Rudy Demo	High
Joe Smith	Moderate
Dan Claimant	Low
Sunny Claimant	Low
Ashley Truelove	Low
Demoo Claimantt	Low

While early intervention has a significant impact on the expense and quality of care provided in any claimant's medical treatment plan, it is also important to realize that engaging in costly reviews for low risk claimants is expensive and unnecessary.

**Five Step Risk Scoring** – Our clinical pharmacy review programs evaluate an injured worker's entire drug therapy to ensure the regimen produces the best outcomes for the claim. Our proprietary Risk Scoring tool provides clients with early insight into therapeutic concerns by identifying at-risk claims and recommending the appropriate action for intervention.

**1. Identification of risk through Risk Scoring algorithms** - Claims are continually assessed for overall risk by monitoring the claim for risk factors that are indicative of future escalation in drug cost and patient safety. When a claimant's risk score exceeds the "at risk" threshold, the claims professional or nurse case manager is notified immediately. These "triggers" indicative of probable high risk can be completely customized and include risks such as chronic opioid use, high MED calculation, multiple prescribers, multiple pharmacies, refill too soon and others.

**2. Guidance to recommend the best clinical intervention** - Mitchell has recognized the need to streamline the role of the claims professional so that they can quickly and easily assess the risk of the claim and take appropriate action. To avoid the confusion and inefficiencies that stem from a multiple email-based trigger alert approach, the Mitchell ScriptAdvisor user workspace features a proprietary tool that provides the claims professional with solid, clinical, actionable data to assist in assessing claim risk. Unlike most PBMs that email multiple alerts addressing a specific factor to busy claims professionals without direction, Mitchell provides the clinical guidance necessary to make informed decisions quickly in a consolidated view through the ScriptAdvisor user workspace.

Notification of low, moderate, high and critical risks are communicated to the claims professional via risk alerts generated within the ScriptAdvisor user workspace and presented on pre-authorizations. This not only displays the current risk score and factors that are contributing to the risk, but it also shows what the new risk score will be if the medication is approved. Our integrated process allows the City to customize workflow determinations at any time. Determinations can be automatically prepopulated, removing the manual entry component from the process to further increase efficiencies and accuracy.

**3. Prescriber Intervention directly addresses therapy issues at the source** - The risk score is presented within the Mitchell ScriptAdvisor user workspace along with a recommended course of action. Through the user workspace, the authorized user can quickly see the highest-risk claimants and prescribers and intervene proactively. Through this process, we do not simply focus on the individual drugs prescribed, but rather take a holistic view of overall patient therapy. Any time there is a

change in drug therapy that increases the risk score on a claim, we notify the claims professional, identify the issues and recommend the appropriate intervention(s). Outreach and optional clinical intervention and reviews can be selected within the user workspace. These options range from sending a Letter of Medical Necessity to assigning a nurse, pharmacist or peer-to-peer (Physician-to-Physician) review.

- **Letter of Medical Necessity (LMN):** Mitchell ScriptAdvisor can submit letters of medical necessity to physicians to notify them of potential issues with continuous prescribing patterns. The LMN takes into consideration all medications being prescribed to the injured worker.
- **Nurse Review\*:** Nurses review current treatment patterns to evaluate the medical necessity, appropriateness and relatedness of the prescribed medications. Drug therapy is considered in the context of the injury and current conditions. Nurses also conduct outreach with the prescribing physician to transition the injured worker to an optimal treatment plan. All reviews utilize evidence-based medical guidelines. Once drug changes are agreed to by the treating physician, Mitchell mirrors the modification(s) within our system to reflect and enforce the agreed-upon changes.
- **Pharmacist Review\*:** Mitchell's Doctor of Pharmacology makes clinical recommendations regarding a therapy plan. The pharmacist reviews drug interactions, therapeutic duplications, dosages, side effects, duration of therapy and cost-efficient over-the-counter options. Then the pharmacist provides drug therapy information and awareness of medication-related concerns and creates an action plan for identified issues. All reviews utilize evidence-based medical guidelines and, once drug changes are agreed to by the treating physician, Mitchell mirrors the modification(s) within our system to reflect and enforce the agreed-upon changes.
- **Peer-to-Peer Review\*:** Mitchell uses physician peer-to-peer reviews to examine medical and pharmacy history. Mitchell then uses this data to determine the appropriateness of treatment to injury and compliance with evidence-based medicine and treatment guidelines. After the desktop review, the reviewing physician contacts the treating physician to have a discussion on recommended treatment plan changes and reach an agreement on the suggested changes. This discussion is paramount in sparking change in otherwise stagnant treatment plans. Mitchell offers peer-to-peer review services on a claimant's entire pharmacy and medical regimen, versus charging a per drug fee.

*\*Denotes optional clinical programs with an associated charge*

**4. Documentation** of prescriber agreements within Mitchell's user workspace. Can be uploaded to the City's claim system. A copy of the final review document, including the prescriber agreement, will be emailed to the City and uploaded into the ScriptAdvisor user workspace and associated with the claim. Indexed files can also be loaded into the City's claim system for documentation.

**5. Enforcement** of prescriber agreed on changes in therapy. Agreed upon changes in therapy are loaded into the ScriptAdvisor user workspace to ensure the prescriber is adhering to the agreed changes in therapy.

# mitchell

## Exhibit 3.1.9.D

Implementation Overview and Sample Plan Summary

## MITCHELL SCRIPTADVISOR IMPLEMENTATION PROCESS

The first step in a successful conversion will be to obtain previous data files from the City and your existing PBM. Unnecessary disruption at the point of sale can be avoided by importing historical prior authorization information. This means if a prescription was previously authorized at POS, there is no need for activity; our system will seamlessly continue pharmacy operations with no claims examiner or injured worker inconvenience.

We communicate with all stakeholders to achieve the most seamless transition, as listed below:

- **Transition letters** are sent to all active injured workers. The transition letter explains the information, provides instructions on how to use their card at their preferred pharmacy and notes the effective date of the change. A courtesy list of pharmacies is provided with the Mitchell ID card.
- **Existing PBM Block and Re-direct.** We work with the existing PBM to implement a “Block and Redirect” at the pharmacy to route and process scripts through the new ScriptAdvisor program, as well as perform outreach to injured workers’ pharmacies in advance of go-live.
- **Courtesy phone calls** are offered to confirm injured workers have received their new cards.
- **Mail order transfers** are handled by Mitchell mail order pharmacists. Our pharmacists provide phone outreach to existing mail order pharmacy and have remaining refills transferred.

Customers who choose Mitchell ScriptAdvisor learn during implementation that they have a partner they can trust and depend on for an efficient and effective rollout. Mitchell has extensive experience and a proven track record with onboarding and implementing new customers to our solution. We approach every implementation with the goal minimizing customer resources needed to implement, and ensuring a smooth and successful transition to our solution.

The implementation team is comprised of:

- **Program Manager:** Coordinates all activities from implementation to 30 days post rollout
- **Clinical Pharmacist Liaison:** Your dedicated expert in plan design and implementation
- **Client Services Manager:** Your champion post implementation to support your program
- **Subject Matter Experts:** Brought in throughout the project based on need including Technical Implementation, Product, Operations and Clinical Services Teams

Key deliverables during the implementation process include:

- Project Plan
- Communication Plan
- Quality Assurance Plan
- Configurations Management Plan
- Business Analysis Report
- Project Reports and Recommendations
- Requirement Specifications Document
- Plan Design

- System Documentation
- Test Plan
- User Acceptance Plan
- Training Plan
- User Guides (on line or hard copies)
- Help Desk Management Plan
- Disaster Recovery/Contingency Plan
- Implementation Plan
- Operational Readiness Checklist

Our implementation team will remain in contact with the City for all activities to ensure successful implementation of the plan. The dedicated Mitchell Implementation Manager will lead a select cross-functional work team assigned to your implementation. The team will work directly with your assigned team to identify your unique needs, including hardware configuration, history conversion, EDI processes, client set up, workflow issues and training. Upon completion of the implementation, certain members of the cross-functional team will continue to work with your team as partners in our relationship to ensure continued success.

Our implementations are divided into three distinct phases: Design and Planning; Execution, Implementation and Delivery; and Validation and Monitoring.

Mitchell will assign an Implementation lead who will work with Project resources to coordinate, develop, and monitor a detailed project plan, facilitate communications, coordinate resources and other elements of the project. During our Execution stage, we will set up a test environment according to requirements/design, perform comprehensive testing, and then promote approved set ups to production. The project plan includes multiple testing phases for eligibility and invoicing that includes customer signoff before go-live.

Build Project Deliverables – the process of establishing products and services into a test environment in order prototype solutions and verify deliverables meet customer expectations.

Test Project Deliverables – the process of performing quality control on each deliverable to validate quality targets are met prior to promoting the deliverables to a production environment. Testing typically includes integration testing, system testing and User Acceptance Testing.

- **Initiation, Design and Planning** – Implementation design and planning begins with an on-site discovery session and includes ongoing collaboration between your designated ScriptAdvisor team and the City's key program decision makers. This phase is normally completed within two weeks of the on-site discovery session. However, we will operate at the pace that best meets your needs.
- **Execution, Implementation and Delivery** – This process typically takes 60 to 90 days, during which time we work with your technical and operations management teams to outline and execute a project plan that captures the solution designed per your requirements; including an analysis of features and opportunities that may not be offered by your current platform. Firm commitments for dates and resources are put in place and several training initiatives are executed. Agreed upon standard operating procedures may be put in place during this phase as well.



- **Validation and Monitoring** – Beginning several weeks before go-live this phase includes training for all staff – provided by your ScriptAdvisor-dedicated client services team. Monitoring of all aspects of your programs is also done on an on-going basis to ensure the program is operating in line with the goals established during Solutions Design and Planning phase.

After implementation, the team will ensure appropriate on-going operations, including billing and reporting per the City's needs.

Through this process, the City's investments are minimal, with the majority of the effort primarily focused in the first few weeks of the project. This is done in order to finalize the program design and plan for the testing phase.

### Transition

Mitchell's flexible technology allows for ease of integration and mapping flexibility. Not only does the ScriptAdvisor system have the ability to map to new and existing data elements, it easily updates data elements when upgrades are available within the claims management system.

Implementation design and planning begins with a discovery session and includes ongoing collaboration between your designated ScriptAdvisor implementation team and the City's key program decision makers. This phase is normally completed within two weeks of the discovery session and includes completion of the Discovery / Plan Design document. However, we will operate at the pace that best meets your needs.

Mitchell will ensure all prior pharmacy transaction history is imported to maximize program performance and ensure no disruption of coverage for injured workers.

We request the following information, to help insure a smooth transition without interruptions in pharmacy benefits for existing claims.

- Completion of a client questionnaire (either completed by clients in writing, or reviewed with clients during implementation meetings and recorded manually by our implementation team)
- A gap analysis and risk assessment specific to the implementation of the proposed solution.
- Pharmacy card review
- First Fill letter review
- POS and first fill coverage list (formulary review)
- Mapping of Client vs. Mitchell file layouts
- Sharing of encryption keys
- Eligibility test file exchanges
- Billing testing
- Loading of 90 day history

We will design and implement a customized on-boarding training program that can be offered in-person and/or via a webinar to the entire organization. The on-boarding process will include plans for continuous refresher training to the claims staff throughout the year, as well as customized programs by our clinical pharmacists. A multi-tiered approach to education, early intervention and training enables Mitchell to significantly impact medical spend and management while having little to no impact on





current operations. Complete system documentation is provided in Microsoft Word®, PDF or other agreed-upon electronic format(s).

We subscribe to a DevOps approach to getting top-quality solutions into your hands as quickly and efficiently as possible. As an early adopter of Lean/Agile, we are able to rapidly respond to changing market trends and business conditions. These Lean/Agile processes—now so deeply entrenched that we serve as a model both within and outside our industry—have transformed the way our company innovates.

### **Change Control Management**

Mitchell has a fully vetted change control process that includes the reason for the change, a complete description of work to be performed, and an estimate of time to complete the task. If changes or enhancements are requested and made in the implementation Phase, the implementation project manager will document the changes and adapt the project timeline accordingly. If changes or enhancements are made after implementation, the operations team will follow the identical procedure. The changes will be included in our service offering at no additional cost to the City. **Mitchell has full control of all changes, updates and enhancements.**

### **Post-Implementation**

Post implementation technical support is managed by both your client services manager and the Customer Assistance Center. The client services manager will work directly with the City on all support needs and coordinate with our internal technical resources to bring each item to resolution. Each open support item will be reviewed with the appropriate ScriptAdvisor resources and tracked internally in order to ensure all items are addressed and performance guarantees are met. There is no additional cost for this.

Mitchell has spent years fine tuning our implementation and mitigation best practices. We lead the industry in implementation management, and work to ensure that all requirements are understood and embedded in the program before the launch date.

# Sample Implementation Plan Summary

The following is the standard implementation plan for Mitchell ScriptAdvisor. Several tasks and portions of the project are completed in parallel. The general timeframe to implement Mitchell ScriptAdvisor is 3 - 6 months, from Project Initiation to Production Deployment.

Task	Expected Time	Owner
<i>Contract Review and Execution</i>	<i>15 Days</i>	<i>Joint</i>
<i>Project Initiation and Planning Phase</i>	<i>30 Days</i>	<i>Joint</i>
Appoint Project Team	1 Day	Joint
Onsite Meeting	1 Day	Joint
Program Plan Design and Workflows	30 Days	Joint
Statement of Work	30 Days	Joint
Finalize Project Schedule	15 Days	Joint
<i>Program Build</i>	<i>60 Days</i>	<i>Mitchell</i>
Client Plan Set-Up	30 Days	Mitchell
Client Specific Web Portal	30 Days	Mitchell
Request Fill History from prior Vendor	1 Day	Mitchell
FTP Set Up and Testing	10 Days	Joint
E-Bill Testing	30 Days	Joint
835/Remittance Testing	30 Days	Joint
ID Card Creation and Approval	10 Days	Mitchell
EPA Creation and Testing	10 Days	Mitchell
Adjustor and Administrator Portal Access Set-Up	2 Days	Mitchell
Clinical Program Set-Up	30 Days	Mitchell
Mail Order Enrollment and Materials Finalized	15 Days	Mitchell
Client Report Build (Custom Reports)	30 Days	Mitchell
<i>Pre-Launch Meeting</i>	<i>1 Day</i>	<i>Joint</i>
Present Final Workflows	1 Day	Joint
Review Portal	1 Day	Joint
Finalize Clinical Program	1 Day	Joint
Implementation Documentation Finalization	1 Day	Joint
Adjustor Training (Onsite or via WebEx)	2 Days	Joint
Issuance of Replacement Cards	1 Day	Mitchell
Verbal Card Notification Made with Claimants	1 Day	Mitchell
Plan Rollout	1 Day	Joint

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## Exhibit 3.1.5.B.6

Sample DAW and LMN Letters



**DISPENSE AS WRITTEN LETTER**

Date: **03/06/2020 12:30:49**

Patient Name:	<b>Debbie Demo</b>	Claim #:	<b>123456987</b>	Date of Birth:	<b>01/01/1990</b>
Date of Injury:	<b>03/01/2019</b>	Adjuster Name:	<b>Brenda Lopez</b>	Adjuster Email:	<b>courtney.chandler@mitchell.com</b>
Jurisdiction:	<b>California</b>	Requester Name:	<b>Brenda Lopez</b>	Requester Email:	<b>courtney.chandler@mitchell.com</b>

Prescriber Name: **Doctor Demo** Telephone #: **(999) 999-9999** Fax #: **(949) 271-4621** Prescriber ID/DEA#: **0123456789 (XM2121212)**  
Prescriber Address: **110 Theory , Irvine, California 92617**

Dear Doctor Demo,

Mitchell ScriptAdvisor, a pharmacy benefit manager, works with CopperPoint Insurance Companies to manage pharmacy benefits for injury claims. Within specific therapy classes, multiple drugs may be available to treat the same condition. Therefore, we encourage physicians to try a lower-cost generic alternative drug treatment before a higher-cost brand-name drug is prescribed. Evidence-based clinical protocols are used to determine these generic alternative drugs. The patient has recently filled a prescription for OXYCONTIN 10MG.

We have identified the following drugs as potential alternatives to this brand-name drug:

Oxycodone HCl Tab ER 12HR Deter 10 MG

**Please fax your response to Mitchell ScriptAdvisor Customer Service at (949) 271-4621**

While this information is not intended to replace your clinical judgement, we hope you find it helpful in planning the best cost-outcome driven course of therapy for your patients.

We realize your time is valuable and appreciate your cooperation in this matter. For additional information or assistance, please call us at 866-846-9279.

Thank you for your help in making the use of prescription drugs safer and more affordable.

**\*\*\*ATTN: TO AVOID FURTHER DELAYS, PLEASE RESPOND TO ALL QUESTIONS BELOW\*\*\***

**Drug name and Strength: OXYCONTIN 10MG**

1. According to the best available evidence, generic medications are bioequivalent and produce similar clinical outcomes to brand-name medications.

Mitchell ScriptAdvisor is recommending substitution of the generic.

Please add additional comments below and please note specifics on generic history.

**Prescriber Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

110 Theory, Ste# 250, Irvine, CA 92617 | Toll Free: 866-846-9279 | WWW.MitchellScriptAdvisor.com



LETTER OF MEDICAL NECESSITY

Date: 02/19/2020 11:14:15

Patient Name: Demo 4th test      Claim #: 3rd test      Date of Birth: 04/01/1980  
Date of Injury: 09/09/2015      Adjuster Name: David Meyer      Adjuster Email: scriptadvisorqa@mitchell.com  
Jurisdiction: CA - California      Requester Name: Courtney Chandler      Requester Email: scriptadvisorqa@mitchell.com

Prescriber Name: Doctor Demo      Telephone #: (999) 898-9898      Fax #: (999) 898-9898      Prescriber ID/DEA#: AL9560257

Dear Doctor Demo,

Mitchell ScriptAdvisor, a pharmacy benefit manager, works with Demo COMP Account to manage pharmacy benefits for injury claims.

In order to provide timely service to your patient, we ask that you provide the basis for medical necessity as it pertains to the relationship between the patient’s injury and the use of:

LYRICA 10MG

Please fax your response to Mitchell ScriptAdvisor Customer Service at (949) 271-4621

We realize your time is valuable and appreciate your cooperation in this matter. For additional information or assistance, please call us at 866-846-9279.

\*\*\*ATTN: TO AVOID FURTHER DELAYS, PLEASE RESPOND TO ALL QUESTIONS BELOW\*\*\*

Drug name and Strength: LYRICA 10MG

- 1. Please describe the injury you are treating the patient for.  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Describe how this medication(s) are causally related to the injury of record.  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Provide the length of time you expect the injured to be on the above medication(s).  
\_\_\_\_\_  
\_\_\_\_\_
- 4. If the above medication is a narcotic medication(s), please provide a plan to discontinue use over a period of time.  
\_\_\_\_\_  
\_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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## Exhibit 3.1.5.F

Sample Reporting Package

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Mitchell **ScriptAdvisor**<sup>®</sup>

# Quarterly Reporting Package

The Mitchell ScriptAdvisor Quarterly Reporting Suite provides extensive insights into your pharmacy program, from opioid utilization to drug spend comparisons across years. This overview provides detail and sample images for each type of available report.

mitchell



# Mitchell ScriptAdvisor Reporting Overview

The extensive Mitchell ScriptAdvisor reporting suite provides transparency into your pharmacy program and claims lifecycle. These reports identify potentially high-risk or high-dollar claims and allow the ScriptAdvisor team to work with clients to develop advanced strategies.

The ScriptAdvisor reporting suite provides more than just data; it includes analysis and smart, actionable insights to guide better decision making. Straightforward data visualization developed with extensive industry and clinical expertise allow you to quickly see trends, dive into performance and make data-driven decisions.



Our clients receive a comprehensive, quarterly reporting package from their ScriptAdvisor Client Services Manager. These reports commonly include:

## Utilization and Savings

- **General Utilization and Savings:** High-level summary report showing claimant count, spend, savings and prescription count each month for the selected date range, along with a comparison against the same time period of the prior year
- **Utilization and Savings by State:** Breakdown of spend and savings by state
- **Utilization and Savings Opioid:** Spend and utilization details
- **Claim Age by Month:** Breakdown of claimant count, spend and savings by age of claim

## Comparison Reports

- **Brand vs Generic:** Generic versus single source and multi-source brands
- **Rank Comparison:** Spend ranking versus prior year
- **Top Drug Comparison:** Top 10 medications by spend
- **Top Therapeutic Class Comparison:** Top 10 therapeutic classes



During quarterly stewardship meetings, the Mitchell ScriptAdvisor team will review results and discuss strategies for continued program improvement.

In addition to the standard reporting package, clients also have access to our full suite of reporting and analytics capabilities, including on-demand and ad-hoc reporting from our portal. We also work with clients to create customized reports as requested, at no additional cost. All report data can be filtered with complete drill-down capabilities.



# Overview of Reports | Utilization and Savings

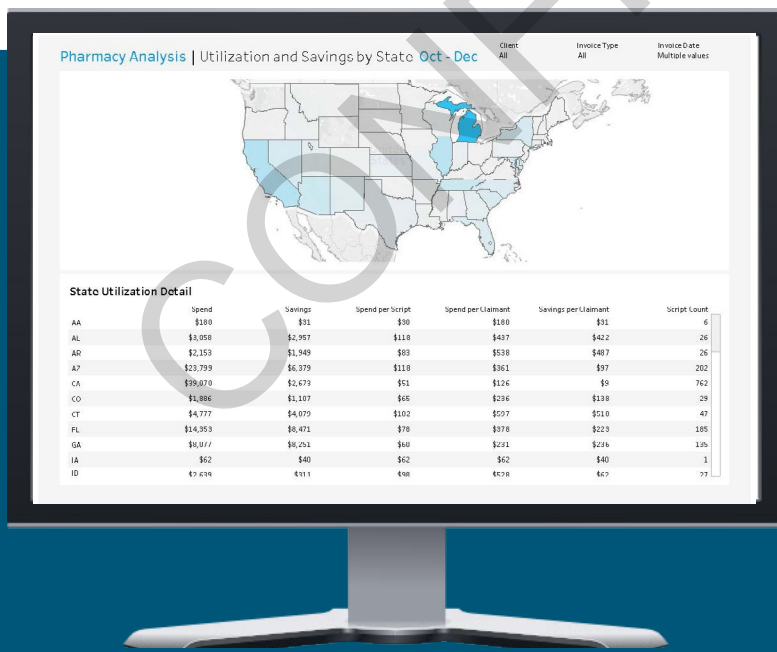
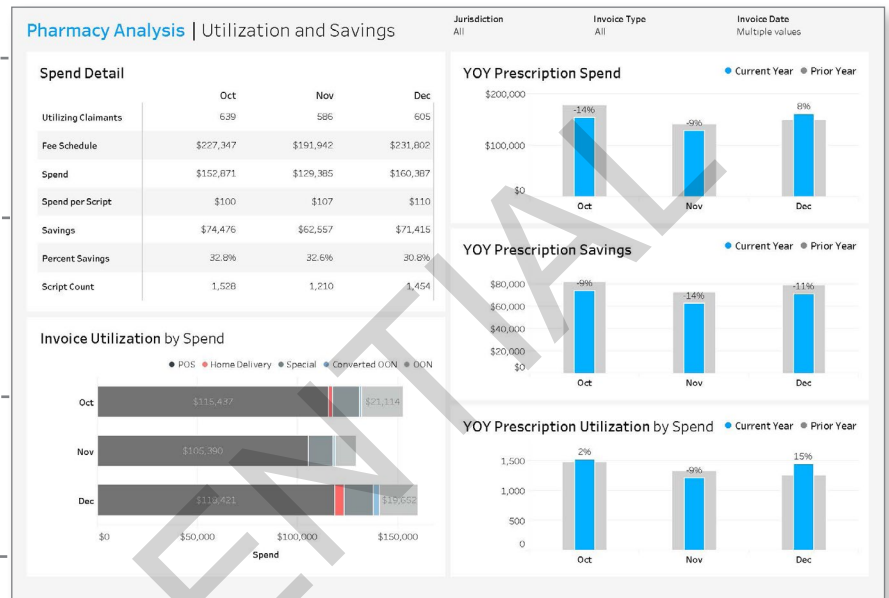
## Utilization and Savings

Overall look at month-by-month reporting for current quarter

Includes number of claimants, spending and savings through program

Breakdown by type of spend (e.g. home delivery, point-of-sale, out-of-network)

Comparisons to same period of prior year



## Utilization and Savings by State

Provide results for all states in your program, including spend, savings, spend per script, spend per claimant and savings.

Provides insight into where bulk of claims are located and any differences on a state-by-state basis.

# Overview of Reports | Utilization and Savings

## Utilization and Savings | Opioids

Opioid spend and utilization, including top 10 opioid classes

View across all claims in program utilizing opioids

Insights to develop interventions, revise formularies, etc.

Helps drive better outcomes for client and claimants

Mitchell ScriptAdvisor

Therapeutic Class Analysis

DOS Start Date  
1/1/2020

DOS End Date  
3/31/2020

Therapeutic Class  
Multiple values

Drug Name  
None

Top 10 by Therapeutic Class by Spend

Therapeutic Class	Script Count	Avg. Day Supply	Avg Spend	Claim Count	Spend
ANALGESICS - OPIOID	3,205	25	\$167	1,612	\$536,738
ANTICONVULSANTS	1,504	32	\$194	863	\$291,327
ANALGESICS - ANTI-INFLAMMATORY	1,655	28	\$129	1,151	\$213,282
DERMATOLOGICALS	625	26	\$322	407	\$201,200
ANTHYPERLIPIDEMICS	533	67	\$340	376	\$180,966
MUSCULOSKELETAL THERAPY AGENTS	1,192	26	\$100	777	\$119,193
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	256	41	\$395	104	\$101,107
ANTIDEPRESSANTS	837	34	\$120	420	\$100,327
ANTIHYPERTENSIVES	606	66	\$162	441	\$98,128
ANTICOAGULANTS	146	48	\$557	101	\$81,389
Grand Total	13,568	34	\$184	4,000	\$2,491,867

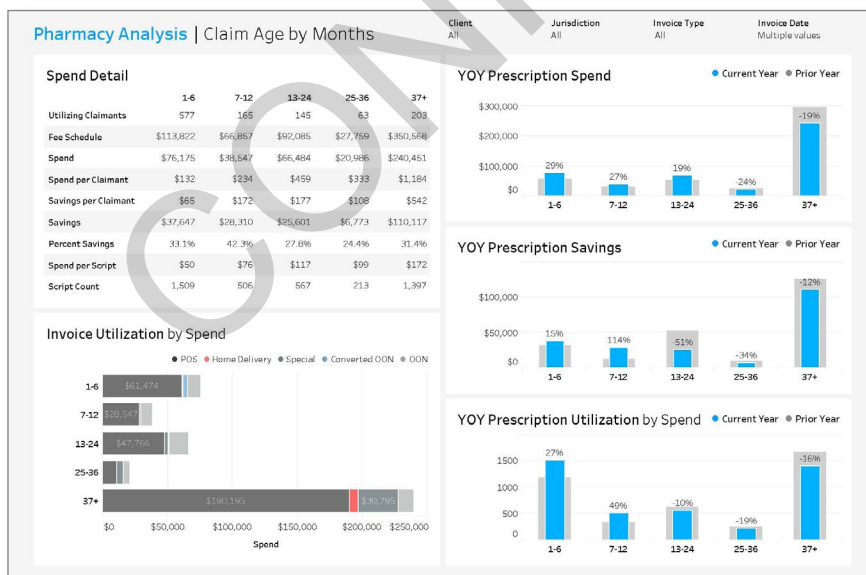
Top 10 Medications by Spend

Drug Name	Therapeutic Class	Script Count	Avg. Day Supply	Avg Spend	Claim Count	Spend
PREGABALIN	ANTICONVULSANTS	401	31	\$333	237	\$133,536
OXYCONTIN	ANALGESICS - OPIOID	201	28	\$654	99	\$131,389
GABAPENTIN	ANTICONVULSANTS	831	32	\$86	517	\$71,689
	CHEMICALS	4	22	\$1,141	2	\$4,565
LIDOCAINE	DERMATOLOGICALS	260	30	\$291	183	\$75,700
OXYCODONE/ACETAMINOP..	ANALGESICS - OPIOID	449	24	\$123	270	\$55,378
CELECOXIB	ANALGESICS - ANTI-INFLAMMATORY	251	34	\$189	165	\$47,524
NUCYNTA	ANALGESICS - OPIOID	67	29	\$700	39	\$46,897
ROSUVASTATIN CALCIUM	ANTHYPERLIPIDEMICS	135	66	\$345	111	\$46,524
PERCOCET	ANALGESICS - OPIOID	22	30	\$2,078	12	\$45,716
Grand Total		13,568	34	\$184	4,000	\$2,491,867

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## Claim Age by Month



Breakdown of utilization and savings by age of claim

See spend trends by period

Target actions based on age

Drill down to determine potential YOY or MOM cost increases

# Overview of Reports | Comparison Reports

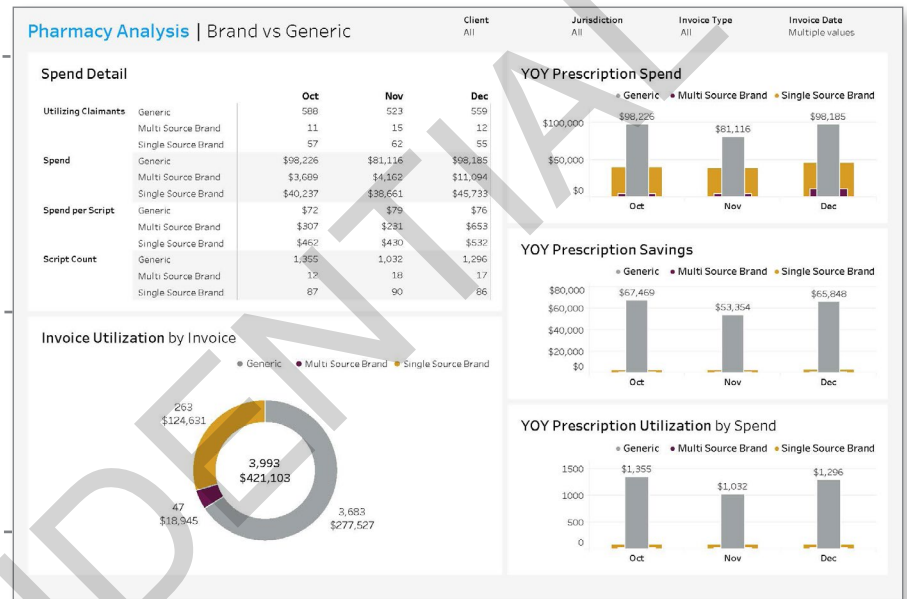
Comparison reports allow you to look at trends across multiple time periods. These reports show top drug or therapeutic class in a specific time period and compare this data to the same time period one year previous.

## Brand vs. Generic

Details mix of generic drugs vs single source and multi-source brands for previous quarter and same period prior year

Broken out by number of claimants, overall spend, spend per script, script count and YOY savings

Allows identification of opportunities for generic substitution of multi-source brand drugs



## Rank Comparison

Demonstrates top 15 drugs by spend for prior year and how that compares to current year

Shows both script count and spend for each quarter

Identifies areas for further drill down, such as the YOY increase in rank of pregabalin in the chart on the left.

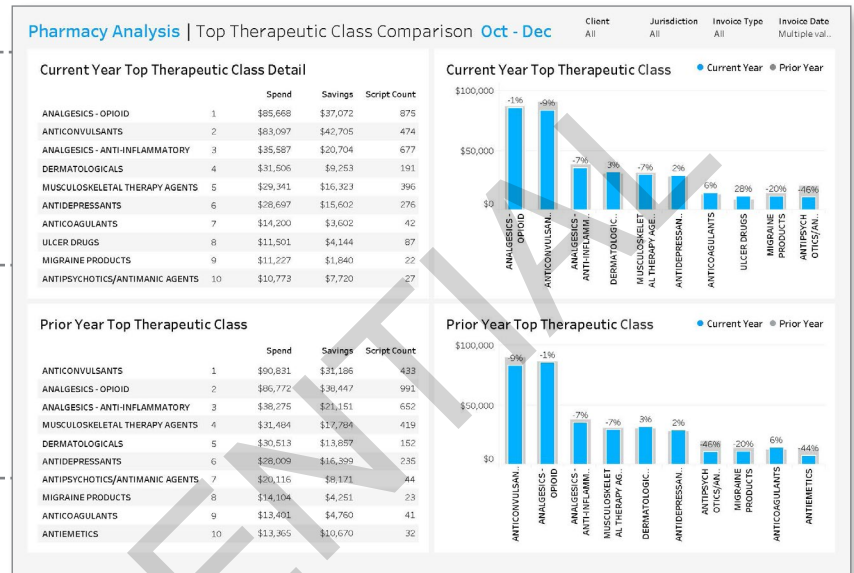
# Overview of Reports | Comparison Reports

## Top Therapeutic Class Comparison

Top 10 drug classes by spend for current year and prior year

Determine causes of changes, such as a shift in the type of injuries or new brand medications prescribed

Intervene early to address issues



## Top Drug Comparison



Top 10 drugs by spend for current quarter and same quarter one year previous

Review formulary(s) and identify opportunities for generic substitution and step therapy

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## Exhibit 3.1.6.C.b

Standard Billing File Layout

Column #	Name	Data Type / Possible Values	Sent?	Description
1	Invoice Date	YYYY-MM-DD	Y	Invoice End Date: 7th, 15th, 23rd, & last day of month.
2	Bill ID / Invoice Number	Number, up to 20 digits	Y	Invoice Number
3	Client ID	String, up to 200 chars	Y	Client ID assigned by ScriptAdvisor: Unique identifier for Client
4	Sub Client ID	String, up to 200 chars	C	
5	Client Claim Number	String, up to 50 chars	Y	Client Claim Number
6	Jurisdiction Claim Number	String, up to 50 chars	C	
7	Jurisdiction State	Two-letter state code	Y	Jurisdiction State
8	Date of Injury	YYYY-MM-DD	Y	Date of Injury
9	Customer Name	String, up to 250 chars	C	Reporting Tier 1
10	Employer Name	String, up to 250 chars	C	Reporting Tier 2
11	Claim Type	WC/AU/MSA	Y	WC = Workers Comp, AU = Auto, MSA = Medicare Set-Aside
12	Claimant Last Name	String, up to 50 chars	Y	Claimant Last Name
13	Claimant First Name	String, up to 50 chars	Y	Claimant First Name
14	Claimant Date Of Birth	YYYY-MM-DD	Y	
15	Claimant Gender	M/F/U	Y	
16	Claimant SSN	NNNNNNNNN	C	
17	Body Part Code	String, up to 50 chars	Y	Body Part Code (See NCCI Codes Tab) - default to 00 if not known.
18	Body Part Code Type	NCCI	Y	Body Part Code List Driver (Default to NCCI)
19	Adjuster Code	Echoed from Eligibility File	C	Adjuster Unique Identifier
20	Adjuster Last Name	String, up to 50 chars	Y	
21	Adjuster First Name	String, up to 50 chars	Y	
22	Bill Date Start	YYYY-MM-DD	Y	DOS Range (Start)
23	Bill Date End	YYYY-MM-DD	Y	DOS Range (End)
24	ICD Version	9/10	C	Must be either "9" or "10" Required if Juris State = CA.
25	ICD Code1	Valid ICD-9 or ICD-10 code	C	Must be valid based on selected ICD version (9 or 10) Required if Juris State = CA.
26	ICD Code2	Valid ICD-9 or ICD-10 code	C	Must be valid based on selected ICD version (9 or 10)
27	ICD Code3	Valid ICD-9 or ICD-10 code	C	Must be valid based on selected ICD version (9 or 10)
28	ICD Code4	Valid ICD-9 or ICD-10 code	C	Must be valid based on selected ICD version (9 or 10)
29	ICD Code5	Valid ICD-9 or ICD-10 code	C	Must be valid based on selected ICD version (9 or 10)
30	ICD Code6	Valid ICD-9 or ICD-10 code	C	Must be valid based on selected ICD version (9 or 10)
31	Pharmacy Name	String, up to 250 chars	C	Dispensing Pharmacy Name (Not populated for POS 04)
32	Pharmacy Address Line1	String, up to 250 chars	C	Dispensing Pharmacy Address (Not populated for POS 04)
33	Pharmacy Address Line2	String, up to 250 chars	C	Dispensing Pharmacy Address 2 (Not populated for POS 04)
34	Pharmacy City	String, up to 200 chars	C	Pharmacy City (Not populated for POS 04)
35	Pharmacy State	Two-letter state code	C	Pharmacy State Abbrev (Not populated for POS 04)
36	Pharmacy Zip	NNNNN or NNNNNNNNN	C	Pharmacy Zip Code (Not populated for POS 04)
37	Pharmacy Phone	NNNNNNNNNN	C	Dispensing Pharmacy Phone Number (Not populated for POS 04)
38	Pharmacy NPI	NNNNNNNNNN	C	Dispensing Pharmacy NPI (Not populated for POS 04)
39	Line Number	Contiguous Number	Y	When this number increments all previous columns contain the same data.
40	Prescriber Last Name	String, up to 50 chars	C	Prescriber Last Name (Not populated for POS 04)
41	Prescriber First Name	String, up to 50 chars	C	Prescriber First Name (Not populated for POS 04)
42	Prescriber NPI Number	NNNNNNNNNN	C	Prescriber NPI (Not populated for POS 04)
43	DEA Number	2 letters, 6 digits, and 1 check digit	C	Prescriber DEA Number
44	Fill Date	YYYY-MM-DD	Y	DOS / RX Pick-up date
45	POS Code	'01', '02', '03', '04'	Y	01-Retail, 02-Mail Order, 03-Paper Bill/Specialty Network, 04-Ancillary
46	Prescription Number	NNNNNNNNNN	C	RX Number (Not populated for POS 04)
47	Compound Flag	Y/N	C	Y OR N (Not populated for POS 04)
48	DAW Code	N	C	0-9 (See DAW Codes Tab) (Not populated for POS 04)
49	Days Supplied	NNN 3 digit number of days	C	Days' Supply (Not populated for POS 04)
50	Generic	Y/N	C	Y or N Is It A Generic Or Brand. Y = Generic N = Brand (Not populated for POS 04)
51	Generic Product ID	String, up to 50 chars	C	Generic Product Identifier (Not populated for POS 04)
52	Generic Ingredient Name	String, up to 250 chars	C	Generic Name (Not populated for POS 04)
53	Multisource	"M", "O", "N" or "Y"	C	M,O,N,Y (See MultiSource Codes Tab)
54	NDC Code	NDC-11	C	NDC-11 for (Not populated for POS 04)
55	NDC Description	String, up to 250 chars	C	Drug Name (Not populated for POS 04)
56	NDC Strength	String, up to 50 chars	C	Drug Strength (Not populated for POS 04)
57	Units/Quantity	NNNNNN (Implied 2 decimal)	Y	Quantity
58	HCPCS		C	HCPCS will be sent in place of NDC for POS Code 04 Ancillary Bills.
59	State Fee Schedule Dollar Amount	NNNNNNNNNN (Implied 2 decimal)	Y	RX State Fee Schedule
60	Medispan AWP	NNNNNNNNNN (Implied 2 decimal)	C	RX Average Wholesale Price (Not populated for POS 04)
61	Billed Amount	NNNNNNNNNN (Implied 2 decimal)	Y	RX Billed Amount

Requirements:
Headers will be included
Each row corresponds to a single claim line
File will be order by Client Claim Number then by Line Number

Sent? Definitions:
Y = We will send this data element for every claim
C = We will send this data element if we have this data for the claim





## Workers' Compensations Cost Containment Service Pharmacy Benefit Management Technical Response



Solicitation Number: RFP-2021-167-DFA-CG



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## Part 2 Technical Proposal Format, Section One

### 2.1.1 Offeror Identification

*State name and address of your organization or office and nature of organization (individual, partnership or corporation, private or public, profit or non-profit). Subcontractors, if any, must be identified in a similar manner. Include name, email address and telephone number of person(s) in your organization authorized to execute the Draft Agreement. Submit a statement of compliance with all laws stated herein. Submit a statement of agreement of the terms and conditions of the Draft Agreement; state exceptions.*

#### **Organization**

Mitchell International, Inc. is a privately held Delaware corporation, located at 6220 Greenwich Drive, San Diego CA 92122.

#### **Authorized Representative**

Jeff Pirino

Executive Senior Vice President of Sales | Pharmacy Solutions

(o) 858.368.8050 8381 | (c) 858.525.5085619.742.1116

dave.torrenceJeff.Pirino@mitchell.com

#### **Statement of Compliance and Agreement**

Mitchell complies with all applicable laws stated within the RFP.

Mitchell agrees with the terms and conditions of the draft agreement. In addition, we propose adding an industry standard limitation of liability and confidentiality provision for both parties.

## 2.1.2 Executive Summary

*Provide a summary highlighting the major features of the proposal. The City should be able to determine the essence of the proposal by reading the executive summary. This section shall not exceed two (2) pages.*

Within our proposal, we have detailed how the Mitchell Pharmacy Solutions PBM program, ScriptAdvisor®, will enhance your current claims review processes and workflows, streamline reimbursement to pharmacies and offer innovative therapeutic services to injured employees. Our strategies and techniques will improve outcomes while effectively managing costs.

The major features and benefits of our proposal that will maximize savings while providing City employees quality workers' compensation medical care include:

- Largest workers' compensation network of over 73,000 pharmacy locations, providing convenient access to pharmacies for injured workers nationwide; including over 325 in New Mexico;
- Contractual relationships with US Health Works / Concentra, Injured Workers Pharmacy and others. With our integrated solutions, only Mitchell can provide the City the ability to manage all of your pharmacy claims through our PBM program;
- Comprehensive First Fill services and strategies to maximize program penetration;
- Wholly owned mail order facilities operated in-house and solely dedicated to workers' compensation including supporting programs to identify and convert appropriate injured workers to mail order;
- Automatically embedded Official Disability Guidelines (ODG) within our standard workers' compensation formulary to help ensure that injured workers receive the safest and most appropriate treatment;
- Management of Drug Utilization at point of sale through customizable formularies and DUR edits with embedded security measures to avoid potential misuse and abuse;
- Ease of use with reduction/automation of workflow for the City's adjusters, as well as online and real-time adjudication to streamline the adjudication processes;
- Qualified staff, including direct access to in-house pharmacists for consultation and support;
- Leading compound and repackaged drug management solutions to further reduce pharmacy spend;
- Early identification through proprietary Five Step Risk Scoring Program to avoid long-term, high-risk, high-cost claims and ensure appropriate care; and reporting and analytics to further predict high risk injured workers and reduce increasing prescription costs;
- Experience with medication claim reviews and the ability to offer suggestions on pharmacy management such as multiple opioid medications, high morphine equivalent doses, excessive medications and multiple opioid prescribers;



- A service model that is easily customizable, requiring no additional implementation costs or complexities;
- A system that allows multiple adjusters and other stakeholders the ability to receive and determine prior authorization;
- A user-friendly web portal equipped with a single sign-on application for efficiently managing point-of-sale, eligibility, formulary management and other claim related activities.

Clients of all sizes have adopted our customizable medical cost containment programs that empower clients across the industry with smart technology solutions, deep industry expertise and seamless connections to the broadest range of solutions, networks and partners.

Thank you for the opportunity to present our solution and we look forward to continued discussions.

## 2.1.3 Experience

*State your experience in Pharmacy Benefit Management (PBM).*

*How long has your organization provided PBM services to Workers' Compensation carriers or self-insureds? How many pharmacies are in the Offerors' network? Are any major chains in the Albuquerque area excluded from the Offerors' network? Describe what differentiates your organization from your competitors, technically and specifically. Provide a summary detailing performance for similar projects and/or experience with similar scope and size for at least five (5) current entities; include entity name, contact person and contact information. (6 pages)*

For more than 70 years, Mitchell has been a trusted technology and services partner for the Property and Casualty industry. The decades of industry experience have given Mitchell unique insight into all aspects of injury claims, especially the importance of accurately and efficiently monitoring, managing and processing pharmaceutical transactions with 100% clinical oversight.

We have been providing PBM workers' compensation services to the industry of self-insured employers, shared risk pools, managed care organizations (MCOs) and government agencies for over 20 years.

As an industry-leading technology and service provider, processing more than 120 million transactions annually across product lines our day-to-day experience assisting our customers handle the complexity of the workers' compensation market is unmatched. Specific to pharmacy, we processed more than 1.9 million prescriptions in 2020.

In addition to currently supporting the State of New Mexico with PBM services, Mitchell ScriptAdvisor provides PBM services to clients of all sizes including 34 City/Municipal organizations, carriers and a number of similar self-administered/local government employers through our TPA relationships. Through significant investments in technology, security and operational infrastructure, we serve hundreds of demanding customers. Our flexible, scalable technology allows Mitchell to integrate with a variety of claims management, bill review and utilization review systems as well as the City's claims management platform Origami Risk to successfully support the City's needs.

### Pharmacy Network

The Mitchell ScriptAdvisor national network consists of over 73,000 pharmacies. This includes more than 325 in New Mexico and approximately 120 pharmacies in Albuquerque. All major chains and most independent pharmacies, including Sav-On, CVS, Kmart, Rite-Aid, Smith's, Sam's Club, Walgreens and Walmart pharmacies are included in our network.

We continually monitor the industry landscape to determine pharmacies that have entered the marketplace, closed or changed ownership. We are aware of the increasing number of independent pharmacies popping up across the country, especially in rural areas and we proactively analyze all pharmacy out-of-network billing and conduct utilization and eligibility assessment reporting to identify any potential gaps in coverage. Once identified, Mitchell reaches out to recruit additional pharmacies into our network. The process of qualifying and adding pharmacies into our network typically takes less than seven days.

### Differentiators

Our key organizational differentiators that enable us to offer the City of Albuquerque a solution that achieves significant results are centered around our unique ability to deliver visibility into the claim with smarter solutions, deep program insights and an integrated approach to achieving superior medical cost containment results. Key differentiators include:



### Industry-Specific Expertise for Improved Outcomes

In the ever-changing healthcare competitive landscape, one thing has remained constant since 1946 when Mitchell was founded: we only serve the Property & Casualty industry. Our investments, including over 20 acquisitions in the past two decades, have been directed toward creating better outcomes for our Property & Casualty customers.

We are the largest PBM in the workers' compensation industry not owned by a large group health insurance company. We devote 100% of our energy and investments to continuously offering customers like the City a scalable strategic partner that is aligned and dedicated to improving workers' compensation medical cost management goals while always looking for ways to help positively impact the industry, increase savings and improve outcomes.

### Flexible, Integrated Technology for Ease of Integration and Ease of Use

We offer simplified and intuitive technology for clients to build custom workflows that streamline decision-making processes. This includes providing real-time adjudication as well as highly- customizable dynamic formularies down to the individual injured worker.

Systems automation and integration is a core competency of Mitchell. Our team has a tremendous amount of experience successfully implementing complex system integrations and data exchanges with customers. As such, our robust technology platform is designed to support a variety of data exchange transport processes and formats. Our ability to interface with claims management systems, bill review systems, e-billing vendors and other vendor partners in the claims process helps ensure a seamless experience for the claimant, adjuster and other stakeholders.

In addition, by leveraging existing bridges and enabling an electronic data exchange we can process and clinically review all forms of out of network unmanaged claims from third party billers, physician dispensers, compounders and specialty drug providers while achieving the best outcomes for the City's injured employees.

### Clinical Programs for Cost Containment and Detection of Potential Fraud, Waste and Abuse

Early intervention and clinical oversight on all claims is critical to a successful pharmacy program. Advanced reporting and analytics further predict high-risk claimants and reduce increasing prescription costs. Our claimant-centric program is focused on prevention and early identification through our proprietary Risk Scoring Program to avoid long-term, high-risk, high-cost claims and ensure appropriate care. The City claims staff will have added insight into high-risk and high-cost claims and clinically based cost efficient and effective recommendations for intervention. Implementing point-of-sale controls into our workers' compensation specific formularies, drug utilization review edits and step therapy will ensure a successful PBM program.

With respect to Fraud, Waste and Abuse, our network proactively monitors claims submissions utilizing data analytics, advanced predictive modeling techniques, and intuitive visualization to identify questionable claims for exception handling and review, as well as to prioritize investigative caseload, improve efficiency of investigative resources, and maximize fraud recoveries. Our network uses anomaly and pattern detection analyses encompassing 190 different edits to score and rank potentially fraudulent claims for further investigation and audit.

### Regulatory Expertise

Our government affairs team has also been successful in encouraging states to include language in formulary rules that require approved drugs to be prescribed in accordance with established treatment guidelines,

providing an important acknowledgement that not every acceptable or preferred drug is right for every injury. The addition of this language creates the opportunity for another important layer of review to ensure that medications being dispensed to injured workers are appropriate for their specific injury.

We provide customers with valuable insights into regulatory matters that may affect their pharmacy claims and work directly with legislators and regulators to adopt transformative change that helps our customers achieve better outcomes to more quickly restore the lives of those injured at the workplace. This includes developing model legislative or regulatory rule language to support best practices, meeting with policy makers to educate and further Mitchell's position as a trusted advisor.

## References

Organization Name	AZ Counties Insurance Pool
Contact Name	Susan Strickler
Title	WC Claims Manager
Telephone Number	602.452.4528
E-mail Address	susan@aciponline.org
Project Summary	PBM services, CME

Organization Name	City of Houston
Contact Name	Betsy Ramos
Title	Division Manager
Telephone Number	832.393.6167
E-mail Address	betsy.ramos@houstontx.gov
Project Summary	PBM services

Organization Name	District of Columbia Office of Risk Management (DCORM)
Contact Name	Jed Ross
Title	Director
Telephone Number	202.727.6056
E-mail Address	jed.ross@dc.gov
Project Summary	PBM services

Organization Name	Ulster County Self Insurance
Contact Name	Doraine Whitney
Title	Insurance Officer
Telephone Number	845.340.3564
E-mail Address	dwhi@co.ulster.ny.us
Project Summary	PBM services

Organization Name	Missoula County Risks & Benefits
Contact Name	Patti Jo Sherwood
Title	Claims Manager
Telephone Number	406.258.3272
E-mail Address	psherwood@missoulacounty.us
Project Summary	PBM services

## 2.1.4 Management Structure

*Provide an overview of your organizational structure and management team. Describe the key staff members that will be assigned to the City account including education, training, experience and where they are located (include resumes to demonstrate their ability and experience). This section shall not exceed two (2) pages excluding resumes.*

### Organizational Structure and Management Team

Mitchell International, Inc. is a privately held corporation, incorporated in the State of Delaware. Our most recent merger with Genex Services in 2018 and the acquisition of Coventry Workers' Comp Services in August of 2020 have further enhanced our clinical offerings. Our management team is shown below:



**Dave Torrence**  
EVP & GM,  
Pharmacy Solutions



**Dr. Mitch Freeman**  
SVP of Client Services,  
Chief Clinical Officer



**Jeff Pirino**  
SVP of Sales



**Mike Bishop**  
SVP of Product &  
Technology



**Carl Nye**  
VP of Operations,  
First Script



**Brian Allen**  
VP of Government  
Relations



**Harrison Ward**  
VP of Operations  
(SLC)



**Rosie Cruze**  
Senior Director of  
Operations (Irvine/Mobile)



**Roger Kartchner**  
Senior Director of  
Product Delivery



**Shelley Callahan**  
Senior Director of  
Marketing



**Nikki Wilson, Pharm.D.**  
Director of Clinical  
Product Development



**Angela Hefner**  
Director of Client  
Services



**Jim Lloyd**  
Director of Medical  
Billing (SLC)



**Julie Black**  
Director of Clinical  
Services



**Bryce Hunter**  
Senior Legal Council



**Jason Hodges**  
Director of Home  
Delivery Operations



**Jeff Mugleston**  
Director of Program  
Management



**Cameron Hannum,  
Pharm.D.**  
Clinical Pharmacist



**Courtney Chandler**  
Director of Product  
Management



**Julie Hughes**  
Director of Business  
Process



**Dennis Hoffart**  
National Sales Director

200+

Team Members  
Dedicated to  
Client Success

### Key Staff Members Assigned to the City

In a market where workers' compensation relationships are overshadowed by other focus areas in large group health organizations, the ScriptAdvisor Client Services (i.e., account management) team is focused on developing a deep understanding of our customer's business objectives and program goals. We will prioritize your unique business needs and surround the City with a dedicated team of industry experts.

We have assigned the City a client services team of industry experts. This includes proactive, high touch customer engagement supported by an experienced Client Services (Account Management) team, and a robust Customer Assistance Center to assist with questions from all stakeholders. We recommend the following team of industry professionals to deliver the highest quality services to the City:

Name/Title	Role/Responsibilities
Jeff Pirino Senior VP of Sales	<ul style="list-style-type: none"> <li>Oversees entire PBM client program as Executive Sponsor.</li> <li>Assists Client Services when necessary for escalated situations.</li> <li>Assists in stewardship meetings and business reviews.</li> </ul>
Dr. Mitch Freeman Chief Clinical Officer and SVP of Client Services	<ul style="list-style-type: none"> <li>Develops industry leading clinical intervention programs for Mitchell's PBM to help ensure claimant safety and reduce pharmacy expenditure</li> <li>Supports the strategic direction of the division by leading PBM product development initiatives.</li> </ul>



	<ul style="list-style-type: none"> <li>Serves as the Pharmacy Division's clinical PBM expert to support Mitchell and its clients.</li> </ul>
Sheryl Higa Client Services Manager	<ul style="list-style-type: none"> <li>Monitoring program performance and presenting status and progress reports on the project.</li> <li>Serving as client advocate and liaison with internal service departments.</li> <li>Providing program reporting and attending status, quality review and acceptance meetings as required.</li> <li>Providing nurse/adjuster training and educational opportunities.</li> <li>Supporting the City's clinical programs.</li> <li>Adjusting program workflows and offering solutions to ensure maximum program savings and compliance.</li> <li>Ensuring all contractual requirements are met.</li> </ul>
Brian Allen VP of Government Affairs	<ul style="list-style-type: none"> <li>Provide clients with insight into new legislation and regulations.</li> <li>Leads Mitchell's efforts to advocate on behalf of our customers in regulatory and legislative issues.</li> <li>Provides industry thought-leadership.</li> <li>Works directly with product and operations teams to ensure correct implementation of regulatory updates.</li> </ul>
Dennis Hoffart National Sales Director	<ul style="list-style-type: none"> <li>Serves as a responsive contact throughout the sales and implementation process and offers additional support on an as needed basis.</li> <li>Assist in stewardships and business reviews.</li> <li>Consults on additional products and services that can improve customer outcomes.</li> </ul>
Rosie Cruze Vice President of Operations	<ul style="list-style-type: none"> <li>Works with the City to design and implement its PBM program.</li> <li>Continuously monitors customer service levels and identifies areas for process improvement.</li> </ul>
Jeff Mogleston Senior Business Process Consultant and Director of Implementation	<ul style="list-style-type: none"> <li>Leads implementation team to ensure that all City requirements are understood and embedded in your program before the launch date.</li> <li>Runs multiple testing phases for eligibility and invoicing before go-live and training for all key staff members to ensure your service without disruption</li> </ul>
Mike Bishop SVP, Product & Technology	<ul style="list-style-type: none"> <li>Leads technical product development, technical product strategy, direction and execution.</li> <li>Focus on the City's plan design, network management, retail &amp; home delivery services.</li> <li>Oversight for current and future pharmacy program design.</li> <li>New product development, process improvement and customer service.</li> </ul>
Jason Hodges, R.Ph. Director of Pharmacy Operations (Mail Order)	<ul style="list-style-type: none"> <li>Oversees home delivery pharmacy.</li> <li>Develops pharmacy procedures and improves processes.</li> <li>Ensures high level of quality service.</li> </ul>

The depth and breadth of our experienced internal resources and expertise not only in pharmacy benefit management but also across the industry uniquely positions Mitchell to provide the City with best-in-class results. The City can expect high-quality program support driven by innovation and collaboration.

*Please see Exhibit 2.1.4.5 for key staff resumes that include education and experience.*



## Part 3 Scope of Services

### 3.1.1 Pharmacy Bill Reduction

*The successful Offeror must receive, reduce, and pay pharmacy bills in accordance with New Mexico Fee Schedule and Rules or pharmacy contracted rates; whichever yields the greatest cost saving.*

Comply.

*A. What is your company's policy for dispensing generic vs. brand name drugs?*

ScriptAdvisor takes a mandatory approach to generic dispensing when available and allowed. All network pharmacies are required to comply with these mandatory generic regulations, and fill prescriptions with suitable, medically appropriate generic equivalent drugs. Our claims processing system prompts pharmacists to dispense generic drugs when available.

In most jurisdictions, if a physician writes "Dispense as Written" or "Medically Necessary" on the prescription, brand drugs cannot be automatically substituted and dispensed as generics. In these cases, the physician typically indicates a mandatory brand prescription, not for clinical reasons but at the request of the injured worker. In instances when we cannot automatically convert the prescription, Mitchell employs both Dispense as Written (DAW) and Letters of Medical Necessity (LMN) correspondence processes to help ensure treating physicians convert brand medication to a generic when a generic equivalent is available. DAW and LMN letters can be automatically submitted to the physician via the ScriptAdvisor web portal or by contacting our Customer Assistance Center.

The DAW letter addresses the specific dispense as written medication and offers therapeutic equivalent generic alternatives. Once the DAW request is received, the letter is emailed to the adjuster for review and uploaded to the claim within the portal for future reference. Please note, Mitchell does not simply send one DAW letter and wait until the physician complies; we continuously fax and/or contact the physician daily until a response is received.

With the Mitchell ScriptAdvisor automated LMN tool, an adjuster can easily request a letter be e-faxed to a prescriber to address injury relatedness, as well as the length of time the prescriber anticipates the therapy to continue. When the signed LMN is received back from the prescriber, the adjuster is alerted that it is available via the ScriptAdvisor portal. In fact, all correspondence with providers are logged into the notes section in the portal and are available to the adjuster or nurse case manager.

In addition, when a new generic is released into the market, it is automatically loaded into our system and immediately available – these rules force the use of that generic versus the brand.

We strive to push generic utilization whenever possible in order to increase customer generic efficiency rates. These efforts have resulted in an average 99% generic efficiency rate.

*1. Do you utilize a step therapy approach to direct providers to generic drugs? If yes, please describe.*

Yes. Mitchell believes that a robust point-of-sale step therapy program can be highly effective for Workers' Compensation claims. Many drug manufacturers create products based on ingredients that are currently available as generics. The manufacturer alters the formulation or combines the ingredient with other common drugs and makes the new product only available as a brand, then charges an exceedingly high cost with little or no clinical benefit. An example of this is Duexis (ibuprofen/famotidine). Duexis costs around



\$2,600/mo. If the ibuprofen and famotidine were dispensed individually, the monthly cost would be less than \$90/mo, a 97% savings per prescription. Other common types are multi-ingredient drugs, special dosage forms, compounding kits, varied strengths, and extended release formulations.

Mitchell proactively identifies opportunities for therapeutic substitution. Our program has identified over 130 drugs commonly used in workers' compensation that have significantly less expensive therapeutic alternatives and discover 4-5 new drug products per month. On average, clients reduce overall spend on these drugs by 24%.

When the dispensing pharmacist processes the prescriptions, the pharmacist receives a detailed message to contact the prescriber for the lower-cost alternative. This process is common in how group health insurers interact with pharmacists and physicians for step-therapy changes multiple times a day. By leveraging this same process, pharmacists and physicians are likely to agree to changes in medication. In the event the prescriber refuses to comply with the step therapy request, prior authorization will be required.

Mitchell clients see significant improvement in controlling these types of medications created for the sole purpose of increasing profit margins.

### *2 Does your organization have an e-prescribing program that allows medical providers access to the injured employee's formulary and medication history at the point of care?*

Yes. Mitchell has an existing integration with SureScripts and have developed an e-prescribing process that aligns with our unique PBM customers on an organizational and jurisdictional basis. SureScripts is the largest network of health systems, pharmacies, and health information exchanges within the United States. E-prescribing combined with eligibility and formulary can increase the first-fill medication adherence by 20%. In addition, e-prescribing can improve workflow efficiencies by 1) reducing pharmacy calls, 2) improving patient safety 3) reducing delays in patient care.

This allows prescribers to confirm an injured worker's eligibility in real-time while they are in the office and helps ensure the prescriber knows what medications meet the City's clinical guidelines, state formulary requirements and other relevant criteria before the prescription reaches the pharmacy. By influencing the prescription at the source, therapy will become more compliant, appropriate, and cost-effective.

Through our e-prescribing solution, we can provide real-time prescription benefit checks, which deliver patient-specific benefits and allow the City and ScriptAdvisor to send alternative medication recommendations based on evidence-based medicine guidelines to prescribers. This will allow prescribers, pharmacies, the City and Mitchell to address patient concerns and assist prescribers in making informed decisions that will increase efficiencies for all parties.

### *3 An option for pharmacy mail service.*

Mitchell owns and operates our own mail order facility staffed with pharmacists to serve our customers and the needs of the injured worker. On a daily basis, we automatically attempt to enroll patients in our mail order program for claims that meet customer-defined selection criteria. Our proactive enrollment program helps clients achieve upwards of 15% or better enrollment in our mail order program, creating additional program savings and increased customer satisfaction.

Program conversion parameters and criteria include:

- Prescriptions for a period of three months or more
- Established dollar thresholds
- Rural or long distance from pharmacies
- Limited access and/or transportation to pharmacies



- Utilization of long-term, ongoing medications
- For catastrophic injuries
- Reimbursement requirement for transportation expenses to pharmacies

The primary benefits of our workers' compensation-focused mail order program include:

- When an adjuster or injured employee calls Mitchell's mail order, they will speak to a City-specific on-staff pharmacist, aware of the condition of the injured employee.
- We are solely focused on workers' compensation and there is never a time when a non-workers' compensation covered medication is dispensed to an injured employee.

The Mitchell ScriptAdvisor Home Delivery program guarantees shipments nationwide between one and three business days via UPS, FedEx and the U.S. Postal Service for quality assurance. Most requests are filled within 24 hours.

*B. What steps do you take to assure that your prescription pricing falls within or below the New Mexico fee schedule?*

As part of our regulatory and compliance services, Mitchell monitors proposed and enacted regulations by jurisdiction and update our system and business processes to respond to new regulations.

Staff members publish regular internal updates on these regulations so that client service representatives are prepared to assist clients with issues of concern. In addition, a detailed regulatory report is prepared for distribution to clients each quarter. Our key focus is on keeping stakeholders apprised of rules that must be implemented in order to remain compliant.

Because of our proactive preparation and close monitoring, we are equipped in advance for changes to fee schedules, billing requirements, state reporting rules, and similar day-to-day process revisions. Mitchell uses the following tactics to ensure compliance with updates in fee schedules, regulations or guidelines:

- Compliance analysts use legal search tools to research and continually update comprehensive databases of proposed laws and regulations impacting our business in all jurisdictions;
- The company is registered to receive news updates from pertinent regulatory agencies in all jurisdictions;
- We subscribe to various publications that monitor and announce proposed and enacted regulatory changes;
- Mitchell participates in various consortiums that work together to monitor legislative and regulatory updates.

Finally, our invoicing system applies "Lessor Of" logic to all prescription pricing. This will ensure that the City will received the lessor of the contracted network rate or New Mexico fee schedule on all prescriptions.

*C. How is a paper bill from a pharmacy or third-party biller processed?*

Mitchell has the ability and flexibility to implement one of several options for the handling, review, and converting paper bills. These bills may be provided to Mitchell via paper, images, data extract, or by leveraging Mitchell's existing bridge with the City's bill review partner.

Upon receipt of paper bills from in network pharmacies, Mitchell contacts the pharmacy and facilitates updates to the patient's insurance information to the Mitchell ScriptAdvisor BIN/PCN for subsequent fills of



the prescription. All prescriptions dispensed from retail in-network pharmacies, whether received on paper or electronically through the pharmacy's point of sale system directly to Mitchell, are billed to the City at the in-network discount rates, ensuring the City has the benefit of aggressive discounts applied on all prescriptions dispensed from an in-network pharmacy on eligible claims regardless of how it was received.

Upon receipt of bills from third-party billers for out of network pharmacies, Mitchell will pursue contracting with the pharmacy as an additional measure to increase network penetration. The claimant is also contacted, informed of network pharmacy options in their area, and sent another pharmacy card. At this time, the claimant may also be offered mail order. If the out of network paper bill is physician dispensed, a letter is sent to the treating physician explaining the benefit, oversight, and necessity of allowing the prescription to be filled at an in-network pharmacy.

All third-party bills are retrospectively reviewed against the plan design, inclusive of all formularies, Drug Utilization Review (DUR) edits, and New Mexico fee schedule or negotiated rate pricing.

#### *D. Describe your process to capture prescriptions being processed outside of your network?*

We handle all paper bills on behalf of our clients. Out-of-network pharmacy bills undergo the same pricing and clinical evaluation as in-network prescriptions. This ensures that all pharmacy bills are reviewed according to state fee schedule or contracted rates, appropriateness, adherence to the formulary and identification of any safety issues (drug interaction, duplication of therapy, etc.)

To maximize network penetration, all transactions from network pharmacies billed outside of our point-of-sale program are converted to network billing and the pharmacy is contacted through ScriptAdvisor's re-directing process to ensure future transactions for that claim are processed in-network at point-of-sale. If the pharmacy is out-of-network, we will reach out and attempt to enroll that pharmacy into the network.

#### *E. How are compound medications handled?*

Compound medications are not on any Mitchell formulary. When a compounded medication is identified at the point of sale, it is blocked and authorization is sent to the adjuster or nurse case manager for a prior authorization decision.

Compound prescriptions that are approved and filled at an in-network pharmacy can be billed through our contracted flat-rate pricing. If the compound was received as a paper bill, the initial prescription will be billed at fee schedule. Mitchell will then reach out to the injured worker to have the prescription transferred to our preferred compounding pharmacy partner, which uses the most cost-effective and safest ingredients for all formulations.

#### Other benefits of using the Mitchell ScriptAdvisor compounding solution include:

- Recommended 30-day supply at 120 grams
- Clinical Pharmacist facilitates the formulation of alternative pain management solutions
- Suggested formulations have been proven to be safe and effective
- Provides injured employee education on proper use and application
- Ability to Select lower cost options: e.g., Orphenadrine vs. Cyclobenzaprine
- Manage ingredient strengths to rationale and safe levels
- Reformulations are done at no cost to the insurer/payor
- Significantly reduced compounding medication flat-rate pricing



Mitchell ScriptAdvisor is focused on evolving existing outreach programs to educate injured workers on the safety and benefits of filling their prescriptions through the in-network retail pharmacies. We are willing to customize communication materials to meet the specific need of The City.

*F. How do you calculate savings for customers who are seeking to determine this number, either on an individual prescription or as an aggregate of their prescriptions filled?*

Mitchell calculates saving for customers both individually and collectively.

*We have included Exhibit F – Specific Savings Calculations for an example of the terms we use to measure program savings.*

### 3.1.2 Specialty Drugs

*A. Would you negotiate on behalf of the City the price of cancer medications at the manufacturer's list price or wholesale acquisition cost (WAC) with applied discounts, rebates, or other reductions?*

Mitchell will extend our proposed retail rate for all specialty drugs billed through the network. Our deeply discounted pricing proposal reflects the value of rebates.

*B. Would you bill using actual acquisition cost (AAC) if that will provide a reduced cost greater than the New Mexico Fee Schedule?*

The drug price is determined as a fixed discount off the Average Wholesale Price (AWP) using the Medi-Span® drug compendium for all prescriptions processed at point-of-sale and invoiced through Mitchell Pharmacy Solutions. Processed medications will be priced at lesser of New Mexico Fee Schedule at the proposed Retail and Mail Order Network rate.

*C. Offeror shall provide innovative plans that assist the city such as Rebate Programs.*

Our pharmacy network administrator collects rebates and incorporates them to provide the lowest possible wholesale pharmacy acquisition cost for drugs. This innovative approach enables us to pass on the value of rebates immediately to our customers, at the time the drug is dispensed, with the lowest possible pricing. It ensures that our customers receive the lowest total plan cost (which includes the cost of drugs, the value of rebates, and PBM administrative fees) without having to deal with the complexity, delayed timing and uncertainty that comes with collecting rebates from drug manufacturers.

### 3.1.3 Custom Formulary

*A. Describe in detail the process for developing a specific formulary for the City including who will be involved.*

Our approach to formulary development is to collaborate with the City regarding program goals. The City may choose to select pre-established drug classifications, use our pre-designed formularies, such as presumptive, injured worker-specific and state mandated formularies or establish your own medication-specific formulary using both specific drugs and drug classifications. Formularies are designed and programmed for your specific needs, at no cost to the City, to systematically trigger additional approval after a non-compensable medication is requested. Formulary administration can be customized at any level and any time throughout the contract. A Mitchell designated clinical pharmacist will work with you to design a formulary, or formularies that meet your unique needs.



We provide a robust and flexible drug formulary system designed to meet the therapeutic needs of the injured worker. Our program offers the ability to customize any formulary(s) to meet the City's specific needs, including for length of claim, injured body part or classification and other individual formulary requests.

The ScriptAdvisor standard formularies, including Step Therapy and the Price Opportunist medication list, have been developed and are maintained by the Pharmacy & Therapeutics (P & T) committee. The P & T committee is comprised of the Medical Director, a pharmacist representative from each functional area (Clinical Operations, Clinical AM (Core and Federal), Regulatory, Communications, Pharmacy Review, Product Development), and Chief Clinical Officer. Additions and deletions to the Price Opportunist exclusion list are approved on a quarterly basis by the P & T committee.

[Please refer to Exhibit 3.1.3.A for more detail on our formulary program as well as a list of our standard formularies.](#)

*B. Are there set intervals for review and adjustment of the formulary?*

Yes, formularies are reviewed and adjusted quarterly or more frequently as needed. Turnaround timeframes for implementing any formulary edits are two business days and we will be willing to add this into our SLA if requested. This timeframe also includes testing the new edits on the formulary, and in cases of emergency we are also able to accommodate a faster turnaround (e.g., natural disasters protocols, etc.)

*C. Is there an ability for the formulary to be adjusted per individual injured employee's needs?*

Yes, the formulary can be adjusted per individual injured employee based on their specific needs. The formulary for an individual claim may be restricted to specific NDC number(s) or drug(s) classes depending on what is required for that claim.

By utilizing the ScriptAdvisor web-based user workspace (portal), claims professionals and nurse case managers can make **real-time modifications** to each individual claimant's drug formulary at any time. This can include the classification of drugs, drugs that are specific to a particular claimant, and multiple additional drug formulary combinations that are available through the user workspace. Drug changes that resulted from a clinical review and agreed upon by the physician will be applied to the individual injured worker's formulary.

Mitchell's technology ensures that the right individual is reviewing prior authorization (PA) requests. PAs can be reassigned to other users within the organization, such as nurse teams or other specialized clinicians, to Mitchell's clinical pharmacist for a One Drug Review, or even reassigned to UR. By leveraging Mitchell's Smart Routing technology, the City can define who receives the PA request based on configurable routing rules.

*D. Can both the Pharmacy Benefit Management and the workers' compensation team make formulary adjustments electronically?*

Yes, both the Pharmacy Benefit Management and the workers' compensation team can easily make formulary adjustments, as detailed above.



### 3.1.4 Authorization & First Fill process

*A. Obtain authorization within a twenty-four (24) hour period to ensure injured employees receive the appropriate medication timely.*

Comply. The Mitchell ScriptAdvisor Portal is a web-based platform that allows approved workers' compensation claims personnel to perform important PBM-related activities. It is accessible from any device with internet connectivity, that allows approved workers' compensation claims examiners/adjusters, case managers and other claims-related personnel access PBM-related activities, including managing authorizations and interactions, communications and escalations, as well as card activation and deactivation.

#### Prior Authorization Workflow Capabilities

When a prescription does not meet eligibility or formulary requirements, a prior authorization request is initiated and notification is sent to request authorization. For example, for prior authorization requests, the system can be programmed to send automatic alerts via email and through the online portal to notify the adjuster or nurse case manager that review and approval are necessary.

Claims staff are encouraged to respond by using the links within the email or via the ScriptAdvisor portal for a real-time response to Mitchell and the pharmacy.

The ScriptAdvisor portal dashboard displays real-time prior-authorization notifications. From this screen, the adjuster or nurse case manager can quickly deny or approve the medication, view the current and future MED (if approved), reassign the PA to a new owner/group and/or configure additional dispense information.

#### Customized Communication Workflows

By utilizing ScriptAdvisor, our clients have the ability to easily customize their individual communication and escalation preferences in real-time in the portal, adjusters can set time frames when prior authorization is required to ensure authorization is obtained within 24 hours. In emergency situations, or in cases where claimants are awaiting authorization, the system can be set up to allow pharmacies to dispense a formulary-based "short fill" (typically a 3-day supply) of medications. Specific procedures for managing prescription needs during the weekends or after hours can also be customized to address the City's requirements. The flexibility embedded in our program drastically reduces injured worker wait time, while also affording customers the ability to thoughtfully review prior authorization requests before making a final determination of medical necessity.

*B. Establish communication with injured employee and pharmacy:*

- 1. Inform the injured employee in writing of the pharmacy benefit management program services within three (3) business days of a reported claim. A personal pharmacy card is to be included in this mailing.*
- 2. Please Describe your card issuance program*

All injured employees, new and transitioned, receive a welcome packet with the pharmacy card is sent to the injured employee. The letter explains the benefits of our program and how to use the ScriptAdvisor PBM card to fill their workers' compensation prescriptions. We also include a list of ten nearby network pharmacies to help increase network penetration. Users can identify network pharmacies through use of our online look-up tools, which allows the injured worker to identify the closest network pharmacy to their location by zip code. Other options include inquiry to our call center, and through injured worker communications.





ScriptAdvisor Pharmacy Benefit Cards, available in both English and Spanish, are sent within one business day of notice of eligibility from electronic files or directly from contact with the customer via telephone. The card prints with the injured employee's name and includes instructions for the pharmacy when presented with a prescription. The injured worker may use the authorization at his or her in-network pharmacy of choice with no out-of-pocket expense or paperwork. For ease of use, the injured worker can also obtain their prescription benefit card electronically via smartphone, Internet, tablet/iPad, or other wireless device of their choice.

A distinct advantage is that our program works in both a carded and cardless environment. Due to our direct third-party biller contracts, electronic integration, and processing agreements with major pharmacies. ScriptAdvisor can begin management of workers' compensation pharmacy spending, often times before the claim has been opened. This means that we immediately convert all retail pharmacy first fill transactions to our PBM program, thereby creating greater up-front management of pharmacy claims. It also improves network penetration and significantly reduces the administrative costs and burden of handling paper-billed claims from third party billers.

#### *C. Describe your first fill process.*

We provide a fully customizable first-fill program at no cost to our clients. The injured worker simply provides the pharmacy with ScriptAdvisor pharmacy benefit information and a temporary enrollment is processed at the pharmacy.

In today's working environment employees don't necessarily reside in an office location, often working remotely from job sites or home offices. Our First Fill program is designed to ensure injured employees can conveniently fill their prescription no matter where they are located. With our cardless program, newly injured workers simply provide a toll-free phone number, a temporary enrollment is processed at the pharmacy, and the prescriptions are filled for the injured worker and cost savings for the client.

The ScriptAdvisor first fill program offers the most convenient, secure and effective method for providing pharmacy benefits to injured workers at the earliest possible point after injury, including:

- 24/7/365 customer service center
- Standard issued pharmacy claimant cards
- Temporary pharmacy cards
- Electronic card available via email, web portal or wireless device

The first fill program enables injured workers to receive a 5, 10, or 15-day supply or up to \$150.00 of appropriate medications defined by the client-authorized limited formulary. These medications are dispensed with no out-of-pocket expense for the injured worker, prior to the first notice of injury. In addition, the injured worker is indexed automatically at the point-of-sale, so future transactions run through the network.

#### *D. Does the Offeror assume part of the risk for un-authorized prescriptions?*

Yes, Mitchell ScriptAdvisor assumes 100% of the risk of non-reimbursement for the first fill. This mitigates the potential financial risk often associated with first fill programs by assuming financial liability for pharmacy bills in the event that a prescription is dispensed for a non-compensable medication.



### 3.1.5 Drug Utilization Review (DUR) Program

#### *A. What clinical support services are available?*

We are committed to developing, implementing and constantly refining a clinically based workers' compensation drug program that diligently monitors drug utilization compliance. Our approach is data-driven and combines clinical expertise and advanced technology to provide clients with the most cost-effective method of identifying and addressing potential narcotic abuse and achieving quality outcomes.

The goal of our utilization management services is simple: assure that only appropriate medications are dispensed for each injured employee and automate the pre-authorization workflow to ease the administrative burden on the adjuster. Our integrated PBM offering employs intervention strategies at the individual prescription level as well as the overall claim level. We have detailed below the Point-of-Sale Controls and Drug Regimen Optimization Services offered within our integrated PBM offering:

#### *Point-of-Sale Controls*

- **Plan Design:** During plan design, we will work with the City to identify and implement specific rules into the system to configure and intelligently route authorization approvals. Mitchell also shares a set of best practice recommendations that can be further customized during the implementation process. Your Client Services Manager will work with you to continuously evaluate pre-authorization workflows to ensure the efficiency and effectiveness of the program.
- **Formulary Management** to enforce relatedness to the injury
- **DUR Edits** to ensure patient safety
- **Brand to Generic Substitution** requirements
- **Step Therapy** to promote cost effective drug therapy
- **Price Optimization** to prevent price manipulation by manufacturers and pharmacies
- **Pharmacist One Drug Review and Intervention** to directly address individual drug issues with the prescriber before the medication is dispensed

#### *Drug Regimen Optimization*

- **Five Step Risk Scoring** – Our clinical pharmacy review programs evaluate an injured worker's entire drug therapy to ensure the regimen produces the best outcomes for the claim. Our proprietary Risk Scoring tool provides clients with early insight into therapeutic concerns by identifying at-risk claims and recommending the appropriate action for intervention.
  1. **Identification** of risk through Risk Scoring algorithms
  2. **Guidance** to recommend the best clinical intervention
  3. **Prescriber Intervention** directly addresses therapy issues at the source
    - Letter of Medical Necessity (LMN):
    - Nurse Review
    - Pharmacist Review
    - Peer-to-Peer Review
  4. **Documentation** of prescriber agreements within Mitchell's user workspace/portal.
  5. **Enforcement** of prescriber agreed on changes in therapy



*Please see Exhibit 3.1.5.A – Mitchell ScriptAdvisor DUR Edits and Five Step Risk Scoring*

*B. How are the following handled?*

*1. Appropriateness of medication for the type of injury, their dosage and duration of therapy.*

Appropriateness of medication are handled at the point of sale through City-specific plan design controls and parameters, including formulary management, DUR edits, brand to generic substitution and step therapy to ensure the medication being dispensed is aligned with the safety standards, medical guidelines, and the injured worker's specific injury.

*2. Comparison of medications being dispensed for an individual to make sure that they do not overlap another and are not contraindicated.*

Our advanced technology solutions and point of sale DUR edit controls manage therapeutic appropriateness, therapeutic duplication, drug-disease contraindications and drug-drug interactions to ensure appropriate dispensing.

*3. Evaluation on generic drugs being submitted for brand name drugs*

ScriptAdvisor takes a mandatory approach to generic dispensing when available and allowed. All network pharmacies are required to comply with these mandatory generic regulations, and fill prescriptions with suitable, medically appropriate generic equivalent drugs. Our claims processing system prompts pharmacists to dispense generic drugs when available. In addition, when a new generic is released into the market, it is automatically loaded into our system and immediately available – these rules force the use of that generic versus the brand.

*4. Detection of misuse, abuse and fraud*

Our proposed PBM program will be the first line of defense against fraud and abuse. ODG indicators of risk, abuse and fraud detection have also been built into our prescription processing and risk scoring systems to help ensure injured workers achieve the best possible health outcomes.

Mitchell employs fraud detection protocols to monitor high-risk physician dispensing habits and fraud, at both a micro and macro level. By scoring and reporting across these demographics, outlying physician behaviors are identified. Once identified, action plans are implemented, including physician education, physician network exclusion and claims professional education of these at-risk providers.

We also work to detect fraud within the network of pharmacy providers. Proprietary programming is used to Audit Claims to identify and refer fraudulent claims submissions for investigation and to identify recoveries, e.g., areas of concern and potential problems.

Our flexible approach to pharmacy benefit management also enables the City to view and control both the prescribers and the medication level, to delete or lockout a specific pharmacy at any time, restrict a patient to one or more participating pharmacies, and/or restrict medications at the claimant or group level for additional control.

In addition to risk scoring, our program works to detect and prevent fraud and abuse through vigilant monitoring of drug utilization. We detect and limit prescription overuse through prospective and retrospective drug management programs and embedded fraud and abuse markers. All strategies can be implemented at the claimant, physician and pharmacy levels.

*Please see Exhibit 3.1.5.B.4 – Fraud, Waste and Abuse Program*

#### *5. Alerts and/or specialized flags to adjuster and physician for opioids medications.*

Mitchell ScriptAdvisor's opioid management protocol is comprised of the following prospective, concurrent and retrospective components:

- **Point of Sale DUR Edits** – Comprised of safety, appropriateness and utilization alerts, this multi-tiered approach offers best-in-class workers' compensation DUR management. ScriptAdvisor uses program features, tools and settings as a first line of defense to address misuse of narcotics, including multiple prescriptions for opioids, too-early refills, prescriptions from multiple physicians and use of out-of-network pharmacies to obtain opioids.
- **Customizable Formularies** – Mitchell ScriptAdvisor's customizable formulary management program is comprised of edits that focus on medical relatedness. Mitchell also utilizes pre-dispense controls to address the use of questionable prescriptions, such as opioids, where authorization can be required for any medication that exceeds the agreed upon threshold.
- **Step Therapy** – Anticonvulsants can be used as a replacement for opioids in specific circumstances for the treatment of pain. Anticonvulsants are prescribed for neuropathic pain, which typically appears later in the life of a claim, when a patient is likely to become dependent on opioids. This form of step therapy has greatly reduced the use of opioids across our book of business.
- **System Capability to Calculate and Display the Morphine Equivalent Dosage** – System protocols include the opioid MED Calculator and the NDC Crosswalk, which provide input on dosage amounts for various opioid analgesics, best practices and injury-specific guidelines.
- **Letters of Medical Necessity (LMN)** – Mitchell ScriptAdvisor submits letters of medical necessity to physicians to notify them of potential issues with continuous prescribing patterns. The LMN takes into consideration all medications being prescribed to the injured worker. These letters questions the specific opioids prescribed and changes physician prescribing habits.
- **Proprietary Risk Scoring** – This early notification provides an immediate flag to the claims professional along with alternative clinical resources to the adjuster to assist in further review. Outreach to physicians are included in all reviews – ensuring that future scripts are aligned with the agreed changes in therapy.

#### *6. Generation of physician intervention letters regarding excessive duration of use of a medication, concurrent use of a narcotic and sedative, multiple sedative drugs, etc.*

Mitchell's medical management program is centered around bringing clinical resources together to educate and assist treating providers with ongoing over-prescribing and medically unnecessary pharmaceutical concerns. This is specifically done from a clinical perspective to place an emphasis on educating the treating physician and offering assistance in determining the best overall treatment plan for the injured worker.

Clinical letters are sent to physicians notifying them that injured worker's treatment falls outside of clinical guidelines and encouraging physician to review injured worker's medication profile. Sometimes educating prescribers of new, lower cost, effective therapies is all it takes to correct inappropriate patterns.

Mitchell in-house clinical pharmacists send Dispense as Written (DAW) request letters to physicians when prescribing patterns appear inappropriate. The program results in changes to physician prescribing habits on subsequent bills to improve generic efficiency ratings as well as injured worker outcomes. These letters can be sent automatically to prescribers or submitted by the claims professional via the Mitchell ScriptAdvisor Portal or contact with the customer assurance team.



We submit Letters of Medical Necessity (LMN) on behalf of our clients to notify them of potential issues with prescribing patterns, at no additional cost to our clients. Anytime a drug is outside of the formulary, a preauthorization email is sent to the claims professional. Claims professionals can respond that they require a LMN before approving the medication. With the automated LMN provided by ScriptAdvisor, a claims professional can quickly request a letter to be sent to a prescriber to address medication concerns .. A key feature within the web portal is the ability for the claims professional or nurse case manager to quickly view and easily customize the LMN template to align with questionable prescribing. The claims professional can also add questions for the prescriber to respond or delete unnecessary items.

The claims professional or nurse case manager can easily request the letter be e-faxed to a prescriber to address occupational injury relatedness, as well as the length of time the prescriber anticipates the therapy to continue. When the signed LMN is received back from the prescriber, the claims professional is alerted that the LMN is available via the ScriptAdvisor web portal. All correspondence with providers are logged into the notes section in the web portal and available to the claims professional or nurse case manager.

80% of physicians responded to Mitchell's retrospective interventions. Across our book of business, through our retrospective programs, Mitchell has achieved a discussion rate of 68%, an agreement rate of 83%, and a 49% agreement rate that represents a change in treatment. We have also achieved an average morphine equivalent dosage (MED) reduction of 45% across a population of claims at 24-months post-intervention.

#### *C. Provide Drug usage data by individual and/or sub-groups.*

We understand the importance and convenience of accessing real-time, detailed claims data with features that make online claims management and reporting simple. Claims professionals, case managers and other designated managers have 24-hour online access to pharmacy program information, including up-to-date patient information and pharmacy reports. This permission and role-based system also supports escalation protocols. The City is able to pull real-time patient information and reports from the portal.

Drug usage by individual and/or sub-groups as well for the entire population can be run electronically by both the City and the ScriptAdvisor Client Services Team at any time.

#### *D. Availability of electronic reports.*

We provide a secure web-based user portal that is accessible from any device with internet connectivity. Through our easy-to-use portal, the City can generate and view pharmacy claims reports, including interactive views of pharmacy, drug, prescriber, trend, claimant and utilization history. Specific situations that represent the greatest opportunity for clinical or economic improvement can easily be identified with this desktop application through a statistical breakdown of provider and claimant profiles.

We can provide a daily data file in the City's required format to ensure that you are able to take your information and run targeted, specific reports.

#### *E. Describe and detail your company's process of over/under utilization monitoring and management.*

The goal of our utilization management services is to assure that only appropriate medications are dispensed for each injured employee. It starts with automating the prior authorization workflow to ease the administrative burden on the adjuster, while identifying over and under utilization and helping guide the adjuster or nurse case manager with real-time calculations of risk and probability of abuse. The ScriptAdvisor program confirms that prescribed quantities follow clinical guidelines, ensures appropriate utilization and avoids the potential misuse and abuse of medications. Claims are continually assessed for overall risk by monitoring the claim for risk factors that are indicative of future escalation in drug cost.



Mitchell also offers our Urine Drug Testing and Monitoring (UDT&M) that uses a risk stratification algorithm to identify the injured workers who may not be following their prescribed drug regimen. Claims examiners and other client-approved resources may also request urine drug testing and monitoring outside of the automated algorithm through the use of the ScriptAdvisor user workspace or other client customized clinical intervention algorithm. Report results are interpreted by a clinical pharmacist and any inconsistent results are communicated for recommendations and action to involved parties, such as the claims examiner, case manager or other clinical resource. Additionally, it is designed to coordinate clinical interventions and close the loop by recording the changes made to the treatment plan and continuing to monitor prescriber behavior.

Outcomes for the UDT&M program are measured monthly and reported out using various quantity measures including total number of tests performed with consistent and inconsistent result metrics. In addition, total spend and opioid spend prior to testing versus after testing is monitored and the decrease reported as savings. The latest UDT&M outcomes reports indicate that approximately half of the tests performed result in an inconsistent result. The claims associated to the inconsistent results had an average decrease in spend of 36% following the test result date.

[Please see Exhibit 3.1.5.E - Mitchell UDM Program](#)

*F. Indicate the frequency and extent of detail contained in your standard DUR reporting package.*

Mitchell has extensive reporting capabilities supported by Client Services teams. All data that is captured within the City's program has the flexibility, capability and transparency to be reported on at any time by both the City and your Client Services Team. We can also develop custom reporting based on your requests, at no additional cost to you. During implementation, your Client Services Team will discuss reporting needs and design a customized reporting package to meet those needs by working with the City to define the business objectives, data parameters and assisting in the analysis and interpretation of the data using our extensive clinical expertise. The City is able to pull real-time patient information and reports from the portal.

PBM reporting can be accessed directly from the Mitchell ScriptAdvisor portal. Users can take advantage of having 24-hour online access to real-time patient information, including a history of all dispensed medications and reports. Our standard DUR reporting package includes over 50 reports that can be generated across all City claims in aggregate as well as down to the injured employee level. Reports have the ability to segment, customize and report on any subset of claims.

The City can choose which reports and what frequency reports are to be delivered, including but not limited to the following:

- Standard Executive Summary Report
- Retail Pharmacy vs. Mail Order
- Brand vs. Generic Summary by Dollars
- Brand vs. Generic Summary by Scripts
- Drug Usage Report -- This report has linkage to all claims that have processed for the drug name selected and includes the employer, prescriber, and pharmacy information.
- Therapeutic Class – by Dollar Volume
- Top Drugs – by Scripts -- This report has linkage to all claims that have processed for the drug name selected and includes the employer, prescriber, and pharmacy information.
- Prescription Reversal Report
- Prescription bill review
- Prescriber Report – by Dollar Volume
- Prescriber Report – by Scripts
- Bill Reversals



- Therapeutic Class – by Scripts
- Top Drugs – by Dollar Volume -- This report has linkage to all claims that have processed for the drug name selected and includes the employer, prescriber, and pharmacy information.
- Mail Order Conversion
- High Risk Reports

The City will have access to our full suite of reporting and analytics capabilities including our on-demand, ad-hoc, quarterly and annual reporting suites. Your Mitchell reporting suite also employs best-in-class data visualization so you can quickly see trends, dive into performance on a client or case basis and make data-driven decisions. Strategic trend reports are delivered via Tableau Workbooks which included the underlying data and therefore enable slicing-and-dicing of report content. We build reports in Tableau Software that feature interactive data visualization updated in real-time.

[Please see Exhibit 3.1.5.F – Confidential Sample PBM Reporting Package](#)

### 3.1.6 Data System

*The Successful Offeror shall maintain a data system that is capable of receiving and managing claim data information to use for injured employee eligibility, pharmacy billing processing, utilization reports and invoicing. Offeror shall include the following required elements:*

*A. Ability to interface with the City's workers' compensation claims management system, Origami Risk, at no cost to the City.*

Comply. Mitchell currently has clients that require us to interface with Origami Risk. Our electronic integration with the Origami Risk management system to receive claim data information used for injured employee eligibility, further ensures operational functionality and efficiency. In addition, Mitchell can facilitate pharmacy bill processing, transmission utilization reports and invoicing with Origami. This integration will be provided at no cost to the City.

*B. A method to load the claims into its system daily to assure the injured employees will be able to fill their prescriptions.*

Mitchell ScriptAdvisor's near real-time eligibility file updates ensure prescriptions are released correctly. We can accept, receive and load eligibility data electronically in multiple formats and provide online and real-time adjudication through the web portal to streamline the process.

Though we have a standard eligibility file layout, we can receive data in the file layout preferred by the City. Our flexible system architecture also allows for a seamless integration with customer claims and document management systems as well as bill review platforms to increase efficiencies and ultimately offer significant savings.

*C. The successful Offeror shall ensure that the Pharmacy Invoice and claim data, including but not limited to; claim, payment and pharmacy invoice image, will be electronically transferred between the Offeror and the City's claim management system.*

Comply. Mitchell will communicate with Origami Risk to ensure real-time pharmacy invoice image, payment information and claim data are electronically transferred to ensure accurate EDI and billing operations. Our weekly electronic billing process includes:



- Flexible EDI Bridge
- Mitchell Tracks and Applies Payments within 24 Hours from Receipt
- Send notifications for open/outstanding billing greater than 30 days
- Reporting available 24/7 in the Portal

Please see Exhibit 3.1.6.C.a - Sample Invoice and Exhibit 3.1.6.C.b – Standard Billing File Layout

*E. The successful Offeror shall provide to the City a payment transfer file that shall identify each pharmacy bill by claim number, claimant, date filled, medication with dose, quantity, invoice charges, reductions, and allowance. Payment shall be generated from the individual claim file as contained in the payment transfer file.*

Comply. The payment transfer file sent to the City will contain the pharmacy bill by claim number, claimant, date filled, medication with dose, quantity, invoice charges, reductions, and allowance.

*F. Describe your method and cycle of invoicing and the process for reimbursement to the pharmacy.*

Our standard method and cycle of invoicing is comprised of the following process: We receive electronic file exchanges of eligibility data, billing and payment files and provide an itemized weekly billing file that includes all payment details at the line or NDC level to minimize and eliminate the need for manual claims. This enables Mitchell to capture the following data for the City during our billing process:

- Claim number
- Claimant last name
- Claimant first name
- Fill date
- NDC
- Description of drug dispensed
- Amount billed

In addition, Mitchell's Billing and Invoicing Quality Assurance process includes extensive billing and invoice quality control and validation processes to ensure the correct application of the appropriate jurisdictional rules governing pricing and all elements that ultimately affect the invoice amount. We utilize a combination of manual and automated invoice validation controls to ensure invoice accuracy across all elements that may affect the total invoice amount. This includes 100% validation of all lines on an invoice, including AWP or U&C price, the applicable fee schedule allowed amount, the customer contract pricing and the appropriate brand or generic drug designation. Our process is completed with every invoice cycle.

#### Reimbursement to the Pharmacy

Once medications are dispensed, the network pharmacy bills our network administrator, who then pays the pharmacy electronically in accordance with their contract payment terms, which varies depending on the terms of their individual agreements. Our pharmacy network administrator invoices Mitchell weekly for payment of processed prescriptions, enabling faster payment of prescription claims to network pharmacies. Non-participating pharmacy bills are reviewed and priced to usual and customary rates or state fee schedules where applicable.

*G. Maintain a data system capable of implementing and monitoring cost containment measures and utilization reviews.*

Comply. The Mitchell ScriptAdvisor Portal is a web-based platform, accessible from any device with internet connectivity, that allows claims examiners/adjusters, case managers and other claims-related personnel to





access PBM-related activities, including managing interactions, communications and escalations, as well as card activation and deactivation. In addition to reporting, the ScriptAdvisor portal is a comprehensive tool that enables clients to manage all aspects of their PBM program, including implementing and monitoring cost containment measures and utilizations reviews.

Please see Exhibit 3.1.6.G – Confidential Portal Description and Sample Portal Screen Shots

*1. Provide the City with on-demand access to ad hoc reporting tools.*

Comply. Through the ScriptAdvisor portal, the City will have on-demand access to ad hoc reporting tools. Ad hoc reporting packages are defined in collaboration with the client based on their unique needs. There is no cost for development of ad hoc reports.

*2 Monthly, quarterly and annual reports documenting activity by claim to include medication dispense history, medical fee schedule and Pharmacy Benefit Management network savings.*

As described in 3.1.5.F above, on-demand reports can be generated and downloaded at any time by accessing the ScriptAdvisor portal. This feature allows the City to generate standard reports with customized parameters as needed.

Stewardship meetings are conducted regularly to review and compare all program results to help determine innovative strategies for improvement of outcomes.

*H. Security measures and back-up system; and how they meet all Federal regulations. Must be compliant with Health Insurance Portability and Accountability Act (HIPPA) for all services submitted in the proposal.*

Mitchell is compliant with all security standards, policies, and best practices when storing, maintaining, using and transmitting data.

We maintain institutional methodologies, business processes, and policies and procedures that govern and protect data privacy, security, confidentiality and integrity for all data regardless of the form (electronic, print, etc.).

We use asset management and protection standards to govern all data assets, including software, hardware and information found in the business environment. All restricted and confidential electronic data, when no longer needed for legal, regulatory or business reasons, is removed from all systems using approved methods for destruction. This requirement includes all data stored in the system and all temporary files, as well as storage media.

In addition, our Privacy and Security policies are designed to comply with the Health Insurance Portability and Accountability Act of 1996, as amended and/or modified (collectively "HIPAA") and the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act") law, such as with the Individual's authorization.

All data is transmitted utilizing secure protocols, e.g., TLS, SFTP, Slap file, paper form, or excel for states that require their own method. Mitchell's strategy is to secure the perimeter of Mitchell's network through secured workstations, secured Wi-Fi and VPN, secured email, and secured access to the Internet. Workstations have restricted peripheral port access and DLP enabled. Email is secured to internal access and MDM technology for ActiveSync and DLP. Wife and VPN require machine verification (Mitchell owned and managed machines only) and Multi-factor Authentication (MFA) is required for VPN. The Internet Gateway blocks cloud file sharing and Mitchell restricts access to Mitchell's Enterprise Cloud File Sharing Solution and has DLP enabled.





**Physical Security:** Mitchell's co-location data centers have perimeter fencing, concrete walls, mantraps, card-key access, user access management controls, quarterly access reviews, 24/7 CCTV at critical ingress/egress points with active monitoring, security guards, lobby check-in, and visitor log. Mitchell's assets reside in a single-tenant secured cage with Mitchell-managed CCTV monitored by Mitchell's SOC. The secured cage is accessible by key from only authorized ScriptAdvisor personnel. Annual reviews are performed over ScriptAdvisor personnel access.

**Environmental Control:** Mitchell's co-location data centers are Tier III data center providers with strong environmental controls overpower, HVAC, and fire. ScriptAdvisor manages our own Mitchell undergoes both a SOC1 Type II and a SOC2 Type II Security & Confidentiality Trust.

Mitchell also employs endpoint security over all workstations which includes full disk encryption (AES256 bit encryption), device control over peripheral ports (only Mitchell-issued and authorized USB flash drives and removable media), data loss protection, and application control. Unauthorized applications are blocked from installation. As a Mitchell policy, customer data is only stored in Mitchell departmentally designated storage directories and NOT locally on a workstation.

Our confidential Information Security and Acceptable Use of Assets Policies clearly state accepted practices at Mitchell. We also employ a Security Incident Policy and a Cybersecurity Incident Response Plan to address additional attacks. The following graphic highlights the vast security protocols in place to ensure the information of all stakeholders is safe and compliant.

### 3.1.7 Customer Service Line:

*The successful Offeror must maintain and operate a customer service line.*

*A. Describe how it works and who has access, the hours available and what information is available.*

Comply. ScriptAdvisor's Customer Assistance Call Center is staffed with full-time, multi-lingual Support Specialists and Technical Support Engineers dedicated to providing support 365 days a year 24/7 through our toll-free number. We maintain designated on-call service representatives that are trained extensively on all facets of call center procedure and processing as well as any client-specific instructions. ScriptAdvisor's call centers are located in Irvine, CA, and Mobile, AL. For after-hours, Mitchell maintains designated on-call analysts that are available at any given time to ensure consistency in coverage.

Our Customer Assistance Center is staffed with the highest caliber representatives. All representatives have 5-10 years of experience within the Pharmacy Solutions division. These specialists access and utilize the same web portal as our customers and the injured employees, allowing for the quickest, most knowledgeable response. They are comfortable speaking with pharmacists, physicians, and clients and are especially adept in calming, understanding and educating the injured worker with caring assistance. Exceeding customer expectations is the primary goal of all of our associates.

*B. How are rejected/denied transactions handled?*

When a medication is prescribed outside of plan design parameters, a block occurs at the point of sale and a prior authorization is generated. Mitchell is then alerted by the pharmacy and immediately contacts the City claim representative for approval through both email and the user workspace (portal). Once the claims representative responds to the prior authorization request, the determination is automatically submitted to the dispensing pharmacy electronically, also in near-real time.

### *C. What is your dispute resolution procedure?*

Although we work hard to minimize disputes we do have procedures in place should they arise, Mitchell provides help desk support through our Customer Service team, which is staffed with a team of specialists that follow a formal dispute complaint resolution process. Our staff acknowledges all requests and maintains communication with the customer until a resolution has been achieved. Issues can be reported via telephone, email to the customer service department or directly through your account management team. All service calls are tracked in Mitchell's CRM system, categorized and routed to the appropriate group for an investigation to ensure faster response and resolution time.

Technical problem resolution and response times for the ScriptAdvisor portal are driven by the severity/priority of the issue in which each severity has a contractual SLA. We measure resolution and response time by each severity in business days through the robust reporting suite within Salesforce.com. We also built customized dashboards within Salesforce.com to closely monitor service levels. As we review each inbound issue and the priority, we also look at the business impact.

### *C. How are reverse charges handled?*

To minimize the impact of payments made in error, Mitchell has built in a lag between our daily transaction file and our billing file. This generally allows enough time for most of the original and reversal transactions to "net" out. Credits occur when the prescription was never picked up by the claimant. All credits are posted weekly and available online. The payments are reconciled monthly so that a refund is sent to the client for any payment made on a prescription that was credited from our system.

### *D. How are submitted claims corrected when posted to the wrong workers' compensation claim?*

Mitchell requires eligibility files from the City to ensure correct dispensing, which can be easily handled through a direct eligibility feed from your claims management system, Origami Risk. All injured workers' prescription history is captured in real-time through live data connections and updated in the ScriptAdvisor portal.

As part of our proprietary technology platform, Mitchell has built-in quality assurance protocols to monitor EDI transmissions. The system automatically identifies and alerts internal resources if an expected file is not received timely or if missing information or other potential problems could result in a claim being posted to the incorrect file. This proactive safeguard and level of quality assurance rectify the issue prior to incorrect processing. In addition, our IT operations team follows a rigid methodology for validating receipt of daily EDI files.

## 3.1.8 Account Manager

*The successful Offeror shall assign an Account Manager to the City with the primary responsibility of responding to all performance issues. The assigned account manager shall oversee all aspects of service including, but not limited to, the initial implementation, ongoing contract facilitation, and any transition services at the end of the contract term. The Account Manager should have a minimum of two (2) years of experience with the successful Offeror's organization or a similar industry and direct experience with accounts of similar size and complexity as the City.*

Comply. Your designated Client Services Manager (CSM) / Account Manager is responsible for coordinating all components of the City's program, including support during implementation planning, program rollout



and optimization, ongoing contract facilitation, training and transition services, organizing and conducting quarterly business reviews and annual stewardship reviews. Mitchell Pharmacy Solutions' Client Service Managers have an average tenure of eight years serving workers' compensation clients. Additional responsibilities include:

- Proactive management of the client relationship and program performance
- Providing frequent communications with the client on issues reported, identify interim solutions and confirm resolution
- Rigorous monitoring and reporting on Program Performance including KPIs & SLAs
- Offers consultative services as a trusted advisor
- Advocates for client product priorities and performance (Voice of the Customer)

### 3.1.9 Transition

*The successful Offeror shall begin the implementation process immediately upon execution of Contract and be prepared to initiate a planning session with the City within two (2) weeks of signed Contract award. The planning session will include discussion of a detailed implementation plan by the successful Offeror including agency orientation and onboarding.*

*A. Create a custom formulary.*

Comply. As detailed in 3.1.3.A above, as part of the implementation process Mitchell will work with the City to design and program custom formularies for your specific needs. Formulary administration can be customized at any level and any time throughout the contract.

*B. Build a profile for each active claim with on-going prescriptions.*

Comply. The first step in a successful conversion will be to obtain previous claim and prescription history files from your current PBM. Unnecessary disruption at the point of sale can be avoided by importing historical medication and prior authorization information. This means if a prescription was previously authorized at point of sale, there is no need to generate a prior authorization and delay the process of filling the medication; our system will seamlessly continue pharmacy operations with no claims examiner or injured worker inconvenience. Each active claim will have a unique profile, available to review within the ScriptAdvisor portal.

*C. Notifications to injured employees with open claims and on-going prescriptions*

Comply. Transition letters are sent to all active injured workers. The transition letter explains the information, provides instructions on how to use their card at their preferred pharmacy and notes the effective date of the change. A courtesy list of pharmacies is provided with the Mitchell ScriptAdvisor ID card. In addition, mail order transfers are handled by Mitchell mail order pharmacists. Our pharmacists provide phone outreach to existing mail order pharmacy and have remaining refills transferred.

*D. For the purposes of the implementation effort, the successful Offeror shall assign a dedicated implementation manager whose responsibilities include the development of a formal work plan, coordination of successful Offeror resources, oversight of the implementation work plan and project effort, and facilitation of all collaborative project meetings including Origami Risk, the third-party vendor used by the City.*

Comply. Customers who choose Mitchell ScriptAdvisor learn during implementation that they have a partner they can trust and depend on for an efficient and effective rollout. Mitchell has extensive experience and a



proven track record with onboarding and implementing new customers to our solution. We approach every implementation with the goal minimizing customer resources needed to implement and ensuring a smooth and successful transition to our solution. The dedicated implementation team is comprised of:

- Implementation Manager: Coordinates all activities from implementation to 30 days post rollout
- Clinical Pharmacist Liaison: Your dedicated expert in plan design and implementation
- Client Services Manager: Your champion post implementation to support your program
- Subject Matter Experts: Brought in throughout the project based on need including Technical Implementation, Product, Operations and Clinical Services Teams

Our implementation team will remain in contact with the City for all activities to ensure successful implementation of the plan. The dedicated Mitchell Implementation Manager will lead a select cross-functional work team assigned to your implementation. The team will work directly with your assigned team to identify your unique needs, including system configuration, history conversion, EDI processes, client set up, workflow issues and training. This also includes collaborating closely with Origami Risk to establish, test and implement the required interface. Upon completion of the implementation, certain members of the cross-functional team will continue to work with your team as partners in our relationship to ensure continued success.

*The successful Offeror shall perform comprehensive systems testing prior to the established implementation effective date with no additional charge to the City.*

Comply. The ScriptAdvisor implementation project plan contains multiple systems testing phases including technology, eligibility file exchange and invoicing that include client sign-off prior to go-live. This is supplemented with weekly meetings that include thorough communication for all aspects of the implementation. Through this process, the City's investments are minimal, with the majority of the effort primarily focused in the first few weeks of the project. This is done in order to finalize the program design and plan for the testing phase.

Mitchell has spent years fine tuning our implementation and mitigation best practices. We lead the industry in implementation management, and work to ensure that all requirements are understood and embedded in the program before the launch date.

[Please see Exhibit 3.1.9.D – Implementation Overview and Sample Plan Summary](#)

*1. Offeror shall hold regular meetings and status meetings with the City and Origami Risk to work through any implementation issues.*

Comply. From day one, we will begin collaboration with the City to understand fully the unique needs and goals of your program. We will appoint a dedicated Implementation team consisting of a number of resources with a diversified set of skills ranging from an Implementation Manager, Sales Executive and Client Services Manager to an Executive Level Sponsor and Clinical Liaison.

Mitchell will provide a communication plan and single point of contact. The plan encompasses objectives, goals, and tools for all communications, including top-down, bottom-up, and cross-organizational communications.

**Weekly Project Status Reports** outline the project's progress updates, which include key issues, identified unknown risks, accomplishments, and compliance with milestones and delivery dates. Our thorough communication protocol during implementation includes documented meeting notes.

2. *Following execution of the contract, the City and the successful Offeror will collaborate in order to complete system integration with the successful Offeror to provide services as of October, 2021.*

Comply. As implementation experts, Mitchell's implementation timeline is approximately 90 business days from contract award / kick-off. Implementation follows a formal, well-documented implementation project plan. The project plan includes multiple testing phases for eligibility and invoicing that includes customer sign-off before go-live, supplemented by weekly meetings that include thorough communication for all aspects of the implementation.

## 2.1.6 Summary

*Summary: A complete narrative of the scope of services to be performed including the ability, approach and resources needed to fulfill the City's performance expectations. This section shall not exceed eight (8) pages.*

### Scope of Services Summary

The ScriptAdvisor PBM program will help the City to further reduce drug unit costs through contracted rates with our pharmacies, as well as ensure that the drugs prescribed are accurately and effectively managed for each injured employee. Our unique approach generates significant savings by breaking the PBM process into components and embedding utilization management protocols into each stage of the process. **It offers the highest levels of support, flexibility and reliability in workers' compensation.**

Through a combination of advanced technology and clinical acumen, our pharmacy program offering provides cost-effective and accurate prescription dispensing for accepted claims while eliminating out-of-pocket costs for injured employees.

The Mitchell ScriptAdvisor program includes the following components, services and benefits:

#### Pharmacy Network

- **Retail Network.** Largest retail pharmacy network of over 73,000 retail pharmacy locations, providing convenient access to pharmacies for injured employees nationwide.
- **Mail Order Program.** Wholly owned mail order facilities operated in-house, including supporting programs to identify and convert appropriate injured employees to mail order.
- **Nontraditional Networks.** We utilize a variety of specialty network partners and our own network for unidentified bills to offer a PBM program with tremendous coverage and buying power, ultimately providing our customers with deep discounts and ensuring the highest quality of care.
- **Comprehensive First Fill.** Offers the most convenient, secure and effective method for providing pharmacy benefits to injured employees at the earliest possible point after an injury, as well as services and strategies to maximize program penetration.

#### Out of Network Solution

- **Paper Bill Process.** We handle all paper bills on behalf of our clients. Any paper bill processed by a network pharmacy will be adjudicated retrospectively in the same manner as a bill processed at the point of sale.
- **Immediate Conversion.** First fill/unidentified network pharmacy transactions are converted into the PBM program, leading to lower costs and earlier clinical management of pharmacy claims.
- **Ease Administrative Burden.** Reduction of calls to the adjusters for prior authorization and injured employee verification requests; providing a significant advantage over traditional PBMs unable to intervene proactively, in most cases until several fills have been made.
- **Consistent and Compliant Processing.** The pharmacy point-of-sale (POS) system virtually eliminates the flow of paper from the pharmacy to the payer. This enables accurate and



compliant pharmacy transaction processing, while automatically screening for fraud and abuse as well as misused classes of pharmaceuticals.

### Point of Sale Controls

The goal of the ScriptAdvisor clinical program is simple: assure that only appropriate medications are dispensed for each injured employee and automate the prior authorization workflow to ease the administrative burden on the adjuster. Our PBM offering employs intervention strategies at the individual prescription level as well as the overall claim level. We have detailed below the Point-of-Sale Controls and Drug Regimen Optimization Services offered within the integrated Mitchell ScriptAdvisor PBM offering:

- **Plan Design.** During plan design, we share best practices and work with clients to identify, customize and implement specific system rules to configure and intelligently route authorization approvals, and continuously evaluate workflows to ensure the efficiency and effectiveness of the program.
- **DUR Edits.** Comprised of safety, appropriateness and utilization alerts, this multi-tiered approach offers best-in-class workers' compensation DUR management.
- **Formulary Management.** Enforces relatedness to the injury. Management of drug utilization at point of sale through customizable formularies and DUR edits with embedded security measures combat potential misuse and abuse.
- **Brand to Generic Substitution.** Our system blocks the dispensing of brand drugs and prompts the pharmacist to dispense a generic medication when available and allowable.
- **Step Therapy.** Promotes cost effective drug therapy. When a targeted medication is processed at the point of sale, the medication is blocked and the pharmacist receives a detailed message to contact the prescriber for a lower-cost alternative.
- **Price Optimization Program.** Prevents price manipulation by manufacturers and pharmacies. Our program identifies specific NDCs associated with statistically high AWP and messages the pharmacy to dispense a different NDC version of the drug with a lower AWP.
- **One Drug Review and Intervention.** Directly addresses individual drug issues with the prescriber before the medication is dispensed. Enables clients to intervene with the treating physician on a single drug issue without incurring the cost associated with a full claim review such as Peer-to-Peer reviews.

### Drug Regimen Optimization

- **Five Step Risk Scoring.** Evaluates an injured employee's entire drug therapy. Claimant centered program focused on prevention – early identification through the proprietary Risk Scoring Program to avoid long-term, high-risk, high-cost claims and ensure appropriate care.
  1. **Monitoring and Identification.** Claims are continually assessed for overall risk by monitoring the claim for risk factors that are indicative of future escalation in drug cost Based on the injured employee's entire medical profile as well as established medical treatment guidelines and industry best practices.
  2. **Guidance.** Notification of low, moderate, high and critical risks are communicated to the adjuster via risk alerts generated within the user workspace (portal) and presented on every prior authorization.



3. **Intervention** directly addresses therapy issues at the source with optional prescriber outreach and medication reviews, including:
  - Letter of Medical Necessity
  - Nurse Review
  - Pharmacist Review
  - Peer-to-Peer Review
4. **Documentation.** The final review document, including the prescriber agreement, is emailed to the client and available via the user workspace. Documentation can also be uploaded to the client's claims management system.
5. **Enforcement.** Agreed upon changes in therapy are loaded into the ScriptAdvisor user workspace to ensure the prescriber adheres to the approved changes in treatment.

Our customers have realized that insight is critical in helping navigate the complexities of an injured employee's return to health. Our risk scoring system has enabled claims professionals to identify the at-risk claims and take the appropriate level of action to avoid high-risk claims and improve injured employee outcomes as quickly as possible - while avoiding the costly expense of reviewing no- and low - risk claims.

#### Technology, Reporting and Analytics

- **Innovative Technology.** Our flexible, secure and scalable technology platform empowers our clients to expand product offerings while eliminating the typical service, billing and account interface issues often associated with legacy systems.
- **Technology Infrastructure.** Architected to support the ultimate flexibility in program design for each individual customer and enables the deployment of custom solutions and program enhancements to support changing market needs.
- **Transparent Reporting Process.** All data captured within your PBM program has the flexibility, capability and transparency to be reported on at any time.
- **Advanced Reporting and Analytics.** Reporting that measures the performance and results of the program. Further predicting high risk injured employees and reduce increasing prescription costs.
- **Easily Accessible User Workspace.** Equipped with a single sign-on application for efficiently managing point-of-sale, eligibility, formulary management and other claim related activities.

Mitchell combines robust data analytics and diligent clinical oversight to identify opportunities to add value and improve outcomes. Our clinical and client services teams have unique insights into customer programs that identify savings and service opportunities to enhance and strengthen customer pharmacy program's overall performance.

#### Seamless Implementation

Mitchell has spent years fine tuning our implementation and mitigation best practices. We lead the industry in implementation management, and work to ensure that all requirements are understood and embedded in the program before the launch date. Our process keeps the implementation team engaged until (1) all deliverables defined within the Project Charter have been provided in production, (2) there are no 'showstopper' or 'high-level issues in production, and (3) a specific list of "closing criteria" has been documented and the Client concurs all items in that inventory have been satisfied.





Throughout this process, the City investments will be minimal, with the majority of the effort primarily focused in the first few weeks of the project. This is done in order to finalize the program design and plan for the testing phase.

The City will be asked to provide an operational/ business expert(s) familiar with the end-to-end operation, requirements, and expectations for your program. We do all the ‘heavy-lifting’ associated with the implementation services. Our implementation process has been developed, tested, and proven to require minimal resources from our clients and to also have very little impact on your current operations.

We will design and implement a customized on-boarding training program that can be offered in-person and/or via a webinar. The on-boarding process will include plans for continuous refresher training to the claims staff throughout the year, as well as customized programs by our clinical pharmacists. A multi-tiered approach to education, early intervention and training enables Mitchell to significantly impact medical spend and management while having little to no impact on current operations. Complete system documentation is provided in Microsoft Word®, PDF or other agreed-upon electronic format(s).

Customers who chose Mitchell ScriptAdvisor learn during implementation that they have a partner they can trust and depend on for an efficient and effective rollout. Mitchell has extensive experience and a proven track record with onboarding and implementing new customers to our solution. We approach every implementation with the goal minimizing customer resources needed to implement, and ensuring a smooth and successful transition to our solution.

#### Client Support

- **Qualified Staff.** Includes direct access to in-house pharmacists for consultation and support.
- **Compliance Leadership.** At the forefront of PBM regulatory change, our specialist currently monitor legislative and regulatory measures in all fifty states, addressing issues ranging from fee schedule revisions to electronic billing and reporting to reimbursement of compounded and repackaged drugs.
- **Delivering Industry Insights.** Providing industry insights to prepare and inform customers on crucial market changes as quickly and comprehensively as possible through several channels, including articles, whitepapers, podcasts and videos; monthly emails, speaking engagements and CEU courses.

The depth and breadth of our experienced internal resources and expertise not only in pharmacy benefit management but also across the industry uniquely positions Mitchell to provide clients with best-in-class results. Clients can expect and receive high-quality program support driven by innovation and collaboration.

#### Comprehensive Clinical Support

- **Team of Clinical Pharmacists—**Mitchell will provide the City with access to a clinical pharmacist to provide expertise to program administrators and claim professionals necessary to support the PBM program. This includes formulary design, clinical intervention strategies (global or individual claims) clinical round table (CRT) meetings and assessment of overall program performance, with recommendations on opportunities to drive better outcomes.

- **The P & T Committee** – Mitchell’s team is comprised of the Director of Clinical Pharmacy, one pharmacist from each functional area of the Script Advisor Clinical team (six total), one physician Medical Director, and one pharmacist from the Product Development team. The committee meets quarterly to discuss new medications approved by the FDA during the previous quarter and any other relevant clinical topics including, but not limited to, therapeutic class review, new treatment guidelines, or state formulary updates. In addition, additions and deletions to the Price Opportunist exclusion list are approved on a quarterly basis by the P & T committee.

# mitchell

## Exhibit 3.1.5.E

Mitchell UDM Program

# Mitchell ScriptAdvisor®

## Urine Drug Monitoring Program



Mitchell ScriptAdvisor® is pleased to announce our urine drug monitoring (UDM) program to help you obtain better outcomes for claimants who use long-term opioids and/or any claimant that needs urine drug testing.

### Program Details

Mitchell ScriptAdvisor Urine Drug Monitoring program provides comprehensive drug testing that monitors all medications, alcohol and illicit drugs in one test.

- We recommend that drug testing is performed after a claimant has taken opioids for 90 days (before initiating any long-acting opioids) and when the claimants' MED (morphine equivalent dosage) is greater than 90 MED.
- Mitchell ScriptAdvisor, through our partner laboratories, can also schedule routine testing at an interval you choose (e.g. 6 months, 1 year).
- Urine drug testing can also be requested at any time for any reason by sending an email to [ScriptAdvisorCS@mitchell.com](mailto:ScriptAdvisorCS@mitchell.com)

### What is Urine Drug Monitoring?

Urine drug monitoring (UDM) is a tool available to clinicians to monitor for abuse, misuse and diversion of opioids.

Previous literature has reported utilization rates of UDM for chronic opioid therapy patients ranging from 8-30% in primary care practices. Reports by clinicians specializing in pain management suggest their use of UDM is routine.

### Why Urine Drug Monitoring?

Several medical and state societies and boards endorse the use of UDM based on its merits. The **American Pain Society (APS)** and the **American Academy of Pain Medicine (AAPM)** state that high-risk individuals should have a urine drug test or other test-confirming adherence to the plan of care performed periodically.

**Office of Disability Guidelines (ODG)** makes the following statement: "UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered."

**American College of Occupational and Environmental Medicine (ACOEM)** recommends urine drug screening at baseline, randomly at least twice and up to four times a year and at termination. ACOEM also states that urine drug testing should be performed 'for cause' (e.g. provider suspicion of substance misuse including oversedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications, and selling medications).

### Ready to Get Started?

Contact your Client Services Manager to start UDM in your program.