

Sussex County Government



REQUEST FOR PROPOSAL

Pharmacy Benefit Management Services

December 2019

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SECTION I

BID NOTICE

The Sussex County Government seeks proposals from qualified PBM administrator/carriers. The goal of the Request for Proposals (“RFP”) is to offer its employees and the County cost effective, quality coverage with excellence in administration. Proposals will only be accepted from qualified insurance companies/administrators who underwrite and administer prescription plans. Proposals will not be accepted from producers, brokers, or agents.

Criteria for selection of prescription plan services will be based on pricing and length of guarantee, service platform, references, ease of administration, strength of network and provider discounts, implementation timeline and proposal response. The criteria for the prescription plan services shall also be based, in part, on value added/discount programs. The selection process will be conducted in accordance with 29 Del. C. §6924 and the RFP. The selection process will be led by in-house project and evaluation teams in addition to a hired consultant. These criteria shall determine all applicants that meet the minimum qualifications. No other factors or criteria will be used in the evaluation. Demos/finalist presentations (if needed) and reference checks will also be used to select a vendor.

Interested parties may obtain an information package by visiting Sussex County’s website sussexcountyde.gov/legal-notices/bids or by contacting Stephen Fallon, Insurance Buyers’ Council at sfallon@consultibc.com and Becky Dempsey at bdempsey@consultibc.com. All questions regarding the solicitation requirements shall be directed to Stephen Fallon and Becky Dempsey at the foregoing email addresses by no later than December 27, 2019. Interested parties shall submit information as specified in the information package to Sussex County Human Resources Department, Attn: Karen Brewington, 2 The Circle, P.O. Box 589, Georgetown, DE 19947, before 3:30 PM EST on January 21, 2020. Late bids will not be accepted.

Proposals will be publicly opened on the same day in Sussex County Government Chambers at the Sussex County Administration Building. The purpose of the proposal opening is to reveal the names of the proposing vendors. All other information shall be confidential. Sussex County may extend the time and place for opening of bids by providing not less than two (2) calendar days’ notice, by certified delivery, facsimile machine, or other electronic means to those bidders who obtained copies of the specifications or descriptions and provided notice thereof to Stephen Fallon and Becky Dempsey at the email addresses provided herein.

A determination of the proposal most advantageous to Sussex County will be determined after thorough review of all proposals. Negotiations may be conducted with responsible respondents that submit proposals found to be reasonably likely to be selected for award. Respondents shall be accorded fair treatment with respect to any opportunity for discussion and amending proposals, and such amendments may be permitted after submissions and before award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing respondents. The award shall be made in writing to the respondent determined to be the most advantageous to Sussex County taking into account the evaluation criteria set forth in the RFP.

Sussex County reserves the right to reject any and all bid proposals, to waive any informalities in bids received, except with respect to the date, time, and place where the documents are submitted, to cancel this RFP in whole or in part, to reissue this RFP and/or to accept or reject items of bids received. In the event this RFP is cancelled in whole or in part prior to the opening of proposals, all respondents shall receive a notice of cancellation and all proposals received shall be returned to the respective respondents unopened.

OVERVIEW

This request for proposal (RFP) for an Rx carrier/administrator is being issued to qualified Rx administrators/carriers as a key step in the Sussex County Government’s (SCG) process of offering its employees and the County cost effective, quality coverage with excellence in administration, service, clinical management, and claim adjudication for their prescription coverage.

VENDOR AND COMMISSION REQUIREMENT

Proposals will only be accepted from qualified insurance companies/administrators who underwrite, manage, and administer pharmacy plans. Proposals will not be accepted from producers, brokers, or agents. Administrative Services Only (ASO) Fees and Fully Insured rates are to be net of commission.

CLIENT DESCRIPTION

Sussex County is Delaware's largest county. Sussex County, Delaware is bordered on the east by the Atlantic Ocean, on the north by Kent County, Delaware, and on the south and west by the portion of the State of Maryland east of the Chesapeake Bay.

The Town of Georgetown is the county seat. The county is governed by a county council form of government. The County is financially and operationally responsible for sewage collection, paramedic services, planning and zoning, and libraries. The County also owns and maintains the Delaware Coastal Airport (the airport is operated by an independent contractor, Georgetown Air Services, LLC). For more information, please visit: <https://sussexcountyde.gov/>.

Headquarters: 2 The Circle, P.O. Box 589 Georgetown, DE 19947

Covered Lives: 463 Actives (1,003 members)
123 Retirees – Medicare Primary
56 Pre-Medicare Retirees (93 members)

Current Vendors: Current PBM is ExpressScripts, Inc. integrated with Highmark BCBS

Current Funding Arrangement: Current Arrangement is Self-Funded. For this RFP, we seek both an Administrative Services Only (ASO) fee and Fully Insured quotes for Rx claims administration.

Options to Quote: **Quote Current Plan Designs:**
Rx only
Any value-added services/discount programs

Effective Date: 05/01/2020 with standard 3-year contract

Commission Requirement:

Quote net of all commission and marketing fees, see vendor and commission requirement above re: eligible RFP participants.

Attachment List:

**Current Census
Claims Data
Executive Summary**

Notes: If you plan to quote, you will also be asked to **re-price an Rx claims file**, please send an email request including your intention to quote and claims re-pricing file will be made available.

Proposals for all or a portion of the services outlined in the RFP will be accepted from qualified providers/vendors (i.e. Pharmacy Benefit Management or Retiree Health)

DELIVERY AND OPENING OF PROPOSALS

It is required that eight (8) complete proposals be received no later than January 21st, 2020 at 3:30 PM. Six (6) proposals shall be in writing and two (2) shall be an electronic copy in the form of a CD.

Each written proposal and accompanying CDs must be submitted in a sealed envelope, addressed to Ms. Karen Brewington Director Human Resources, Sussex County Administrative Office building, 2 The Circle, P.O. Box 589, Georgetown, DE 19947. Each sealed envelope containing a bid must be plainly marked on the outside as “Rx Proposal” and bear the name and address of the bidder. If sent by mail, the sealed envelope should be sent by certified mail and be indicated as received on the certified receipt prior to the Bid Opening. Late bids will not be accepted.

Proposal forms and CDs should be delivered or mailed to:

Ms. Karen Brewington
Director Human Resources
2 The Circle
PO Box 589
Georgetown, DE 19947

All proposals will be opened at the administration building-Council Chambers located at 2 The Circle Georgetown, DE and only the name of the respondent read aloud and recorded at the time and place set forth in this paragraph.

Address All Questions to:

Stephen Fallon and Becky Dempsey-Insurance Buyers’ Council, Inc. via email to: sfallon@consultibc.com and bdempsey@consultibc.com **(all questions are due by December 27, 2019 and all questions must be submitted in writing via email).** All vendors who have elected to participate will get a copy of all questions and answers posed on this RFP.

Please advise of your intention to quote by December 27. Should you decline to quote, please send a declination letter (with reason) via email to sfallon@consultibc.com and bdempsey@consultibc.com.

Please Note: Prospective providers are cautioned against attempting to unduly influence the selection process by contacting representatives of the County, its elected officials, and Insurance Buyers' Council, Inc. Any such effort(s) may be grounds for disqualification.

Your proposal should fully address all elements of this RFP. Prospective providers shall bear all cost of proposal preparation. Neither the Sussex County Government nor Insurance Buyers' Council, Inc. will be responsible for any such costs.

PROPOSAL INFORMATION

All questions and forms in the RFP must be completed in full in order for a proposal to be considered. All proposals must remain valid for a period of ninety (90) days from the due date for proposals. The respondent is solely responsible for any costs incurred by them in the preparation of a proposal.

All information contained in the proposal shall be confidential during the evaluation process. The contents of any proposal shall not be disclosed to competing vendors prior to contract award. However, vendors are advised that once a decision on contract award is made, the contents of the proposals will become public record, and nothing contained in the proposals will be deemed to be confidential except proprietary information.

All proposals must contain a signed transmittal letter summarizing the respondent's understanding of the services to be provided, a commitment to implement the services before May 1, 2020 and a statement of why the respondent believes it to be the best qualified to provide the services. The transmittal letter must include a statement that the proposal is a firm and irrevocable offer for 90 days.

All proposals must be signed by the respondent's authorized representative who has binding authority.

LATE PROPOSALS AND WITHDRAWALS

A proposal received after the closing date and time for receipt of proposals is late and shall not be considered. A best and final offer received after the closing date and time for receipt of best and final offers is late and shall not be considered. No respondent shall be permitted to make a modification to its original proposal after the date and time for the receipt of proposals and before negotiations start. This does not apply to clarifications of proposal terms. Modification of a proposal resulting from an amendment issued after the closing date and time for receipt of proposals or a withdrawal or modification of a proposal resulting from discussions during negotiations shall be considered if received by the closing date and time set forth in the amendment or addenda or by the closing date and time for submission of best and final offers, whichever is applicable. If such modifications are received after the respective date and time described herein, the modifications are late and shall not be considered by Sussex County.

RIGHT TO ACCEPT, REJECT OR WAIVE

Notwithstanding any other provision of the RFP, the County reserves the right to: (1) waive any immaterial defect, irregularities, omissions, errors and/or other informalities, except with respect to the date, time and place where the documents are submitted; (2) negotiate with all respondents, in any manner necessary, to serve the best interest of the County; (3) reject any or all proposals or portions thereof; (4) cancel the RFP in whole or in part as further set forth in this RFP and/or (5) reissue the RFP. A proposal may be rejected if the respondent is determined to be nonresponsive or non-responsible, the proposal is unacceptable, the proposed price is unreasonable, or the proposal is otherwise not advantageous to Sussex County. Respondents whose proposals are rejected shall be notified in writing about the rejection and the respondent shall not be afforded an opportunity to modify its offer. Record of the rejection shall be made part of the procurement file. The reasons for the rejection shall be stated in the determination.

RIGHT TO CANCEL REQUEST FOR PROPOSALS

Sussex County reserves the right to cancel this request for proposals, in whole or in part, prior to the opening of the proposals if it determines that it is in the best interest of Sussex County. In the event this RFP is cancelled prior to the opening of the proposals, Sussex County shall send notice of the cancellation

to all of the respondents who submitted proposals and any proposals received shall be returned to the respondents unopened.

ADDENDA

In accordance with 29 Del. C. §6924(c)(5), this RFP may be amended in order to make changes in the RFP, correct defects or ambiguities in the RFP and/or change the date, place or time of the bid opening. In the event it becomes necessary to revise or amend any part of the RFP, addenda will be mailed or emailed to all respondents to whom the County distributed an RFP; however, because the RFP can be obtained from the Sussex County website, respondents must complete and submit a timely Request for Proposal Solicitation Notice Form in order for the County to properly identify respondents. Sussex County shall obtain verification of the respondents' receipt of all amendments it issues and sends to those respondents that provide a Request for Proposal Solicitation Form. However, it is the respondent's responsibility to ensure that it obtains any/all addenda. Any amendments or other additional information related to this solicitation will be posted with the original document on the web site and will be available from the Sussex County Human Resources Department at the County Administration Building, 2 The Circle, Georgetown, Delaware.

PROPRIETARY INFORMATION

Responders shall isolate and identify in writing any portions of their proposals deemed to contain confidential or proprietary information or trade secrets and provide written justification explaining and supporting why such material is considered to be a trade secret or proprietary information and, upon request, should not be disclosed in accordance with 29 Del. C. Section 6924(c).

RIGHT TO NEGOTIATE

Prior to engaging in negotiations, Sussex County shall evaluate the proposals to determine if they are likely to be selected for an award or are unacceptable. If a proposal is determined to be unacceptable, the basis of the determination shall be in writing and retained in the procurement file. The respondent shall then be notified of the determination and that it shall not be afforded an opportunity to modify its proposal.

Sussex County shall have the right to negotiate with responsible respondents that submit proposals found to be reasonably likely to be selected for award. In conducting discussions, disclosure of any information derived from proposals submitted by competing respondents is prohibited.

If negotiations are conducted as set forth above, Sussex County shall issue a written request for best and final offers. The request shall set forth the date, time, and place for the submission of best and final offers. The request for best and final offers shall inform respondents that, if they do not submit a notice of withdrawal or a best and final offer, their immediate previous offer will be construed as their best and final offer. Prior to the date and time set for best and final offers, any respondent with whom negotiations have been held may withdraw the offer or correct any mistake by modifying its proposal. Best and final offers shall be requested only once, unless Sussex County makes a written determination that it is advantageous to the County to conduct further negotiations or change its requirements.

INTRODUCTION

Through this Request for Proposal (RFP), Sussex County Government seeks to enter into an arrangement with a qualified PBM to provide County employees and staff members with:

- PBM administration
- Cost avoidance measures
- Superior service to plan participants
- Superior service to Sussex County staff
- Claim Reporting

Briefly, the successful firm will quote the requested plan designs, provide multi-year (3-year guarantee).

PROPOSED EVALUATION AND SELECTION SCHEDULE

Release date of RFP	December 13th, 2019
Due date for questions	December 27th, 2019
Receipt of proposal responses	January 21st, 2020
Selection of finalists	February 7th, 2020
Finalist presentations (if necessary)	February 14th, 2020
Selection of vendor	February 21st, 2020
Plan effective date	May 1st, 2020

SCOPE OF SERVICES/EVALUATION CRITERIA

- Provide administration/coverage at competitive premium rates, guarantees, and renewal terms to the County for Rx only
- Demonstrate transparency in all pricing
- Your proposed Administrative Services Only (ASO) Fees are net of commission
- Demonstrated Strength of Networks-provide Disruption analysis
- Questionnaire Responses and participation in the RFP process
- Have a robust, flexible reporting system for tracking and measuring outcomes.
- Provide annual (and more often as requested) utilization reports
- The selected vendor(s) will be required to provide superior account service to staff and claimants.
- Must be willing to attend and support Open Enrollment in April and the Health Fair usually occurring in the month of October
- Demonstrate the financial strength and contractual arrangements to support a long-term commitment to service.

EVALUATION CRITERIA AND RATING

A proposal may be rejected for one (1) or more of the following reasons:

- The respondent is determined to be nonresponsive or non-responsible;
- The proposal is unacceptable;
- The proposed price is unreasonable; or
- It is otherwise not advantageous to Sussex County Government.

Respondents whose proposals are rejected under this section shall be notified in writing about the rejection. Record of the rejection shall be made part of the procurement file. The reasons for the rejection shall be stated in the determination.

Sussex County shall determine that a respondent is responsible before awarding a contract to that respondent. Factors to be considered in determining if a respondent is responsible include:

- The respondent's financial, physical, personnel or other resources, including subcontracts;
- The respondent's record of performance and integrity;
- Whether the respondent is qualified legally to contract with Sussex County; and
- Whether the respondent supplied all necessary information concerning its responsibility.

If the County determines that a respondent is nonresponsive and/or non-responsible, it shall make such determination in writing and set forth the basis for the determination. A copy of the determination shall be promptly sent to the affected respondent.

The contract shall be awarded within ninety (90) days of the closing date and time advertised in this RFP and a formal contract executed within twenty (20) days after the award of the contract. The contract shall be awarded to the respondent whose proposal is determined in writing to be most advantageous to Sussex County, based on the factors set forth herein. The determination shall explain the basis of award.

The County reserves the right to reject any or all proposals and to accept the proposal the County considers most advantageous. The County shall notify each unsuccessful respondent in writing of the award. Acceptance of a proposal will be based on the total package of services offered by the respondent. The County reserves the right to select the service/provider which best meets the required needs, budget constraints, quality levels, and administrative expectations.

An in-house project and evaluation team consisting of the Finance Director, Human Resource Director, County Administrator, and Consultant (IBC), will evaluate the proposals. Although the premiums and other costs submitted are an essential part of a proposal and will weigh heavily in deliberations, Sussex County is not obligated to make an award on the sole basis of cost. The committee shall evaluate the proposals using the following criteria:

Criteria and Rating System	
Pricing and length of guarantee(s) (including claim target guarantee and network utilization guarantees)	40 Points
Service platform	10 Points
References	10 Points
Integration with Current Medical TPA	10 Points
Performance Guarantees	20 Points
Implementation Timeline and Proposal Response	10 Points
<i>Total Possible Points</i>	<i>100 Total</i>

SECTION II

QUESTIONNAIRE & RESPONSE FORMAT

This section provides information on Sussex County Government's requirements and on the format for your proposal questionnaire. It is organized into the following sections:

- A. CORPORATE STRUCTURE AND FINANCIAL STRENGTH
- B. ACCOUNT MANAGEMENT AND SERVICE REQUIREMENTS
- C. RETAIL PHARMACY NETWORK
- D. FORMULARY
- E. MAIL ORDER OPERATIONS
- F. QUALITY ASSURANCE/MEMBER SERVICES/MEDICAL MANAGEMENT
- G. CLAIMS & ADMINISTRATION
- H. REPORTING AND COMMUNICATIONS
- I. IMPLEMENTATION
- J. CURRENT PLAN DESIGN
- K. RX COSTS
- L. PRICING PROPOSAL
- M. PERFORMANCE GUARANTEES
- N. LEGAL AND FINANCIAL ISSUES
- O. REFERENCES
- P. IT CAPABILITIES

Your responses to these sections should be complete, but as succinct as possible. Instructions regarding format, labels, formulas and the like should be followed carefully. Grids should be completed as part of the questionnaire responses where applicable.

The Appendix List is found on the last page of this RFP.

A. CORPORATE STRUCTURE AND FINANCIAL STRENGTH

- Provide background information and a brief description of your organization including the ownership structure and any pending changes to this ownership structure.
- Please provide your current financial ratings:

Rating Agency	Most Recent Rating/Date
Standard & Poor's	
A.M. Best	
Fitch	
Moody's	

Or, if you are NOT rated by the above agencies, please provide last 2 years audited financial statements.

- Are there any current lawsuits or state or federal agency investigations relating to your business? If so, please detail.
- Are there any mergers or acquisitions planned?

B. ACCOUNT MANAGEMENT AND SERVICE REQUIREMENTS

Sussex County Government requires a high level of account manager service and responsiveness. Sussex County Government expects that the account management team described in this section will consist of a senior manager with general project oversight, an account manager and a dedicated group of other experts in key areas. Sussex County Government may require periodic meetings that will address network and provider relations, administration, reporting, complaints, compliance and performance standards. These meetings will address network and provider relations, administration, reporting complaints, compliance, and performance standards.

Sussex County Government may conduct periodic audits of claims administration, provider networks, and any other aspect of the managed care (or other) program it deems appropriate, at its own expense. Sussex County Government intends to hold the selected account manager accountable for the service standards described in this proposal.

Sussex County Government expects that the Rx vendor will cooperate with such audits.

If at any time, Sussex County Government conducts an investigation or audit of any managed care network or the vendor's service, as a result of substantial associate or provider complaints, this investigation, and the expenses required to remedy found inadequacies, will be performed at the vendor's expense.

- Do you agree to each of the account management and service requirements specified above? If no, explain.
- Who will be the assigned account manager? Where will this person be located?
- Will you provide an account management team?
- Please identify the structure of the team and included biographies for your team, (e.g., Account Manager, Benefit Representative, Eligibility, Claims, etc.)
- Please identify each member's function relative to the account.
- Where will the team assigned to Sussex County Government be located?
- Are there multiple individuals/locations to contact for claims, eligibility, service, etc.? Please explain.

C. RETAIL PHARMACY NETWORK

Your proposal should reflect your largest available pharmacy network.

- Are your pharmacy networks owned or leased? If leased, through what organization? Provide a network pharmacy directory. Attach as **Appendix A** of your proposal.
- Describe Pharmacy network in the Sussex County, DE area. Are there any major chains in the Sussex County area that are not part of your network? Please identify these chains.
- Please complete pharmacy disruption analysis using data provided.
- Describe any specialty pharmacy networks.
- How will you pursue the solicitation of a pharmacy that is not in the network?
- Have you ever removed a pharmacy from your network for failure to meet program standards? How many and for what reasons?
- Describe your ability to offer a smaller "quality" network. What advantages (in terms of fees and discounts) would this afford?
- Using Walgreens as an example, how many different reimbursement lists do you maintain?

CLINICAL APPROACH AND TREND MANAGEMENT

- Provide details and examples of your ability to integrate medical and pharmacy programs.
- Describe your approach to total health care management. Highlight areas that differentiate your organization from your competitors.
- Discuss your recommended approach for using pharmacy benefit design as a tool to improve overall member health while managing to the lowest net cost.
- How do you manage trend for your clients?
- Provide your annual drug trend results for your book-of-business.

MAC (MAXIMUM ALLOWABLE CHARGE) PRICING

- Describe your MAC list. Provide the number of drugs (by GPI-Generic Product Indicator), the percent of claims, and the percent of generic dollars covered by your MAC list.
- Do you offer MAC at mail pricing?
- All PBM's have proprietary MAC list(s) and customize them to reimburse pharmacies at different financial levels. Approximately how many different reimbursement lists do you maintain for your current clients?
- Do you use different MAC lists for the pharmacy vs. the client?
- How often do you change MAC pricing and drugs which are subject to this pricing?

REBATES

- Does your rebate strategy influence your decisions around clinical programs and formulary development? Please explain.
- Are rebates based on a certain day's supply (i.e. 30 for retail and 90 for mail)?
- Are any brand drugs not eligible for rebate? If so, which?
- Do you receive any money or discounts that isn't 100% passed back to clients in rebate share?

PRICING AND TRANSPARENCY

- Are Utilization Management Programs and other clinical programs included in the Administrative Fee? Yes No
- If no, please describe and define charges for these programs.
- Please include any costs (administration, reporting etc.) which is not included in your proposed pricing.
- Do you use full 11-digit NDC (National Drug Code) to ensure transparency in packaging sizes and revenue streams in all channels (i.e., retail, mail, and specialty)? Yes No
- If no, please describe.
- How is "lesser of" member payment determined; choose one of the following:
 - Members pay the lower of AWP, U&C, or copay
 - Members pay the lower of U&C or copay
 - Other, please describe.
- Are there minimum days' supply or minimum charge limits that are assumed in your mail pricing? Yes No
- If yes, please describe.
- How do you define AWP and what is your AWP source? Confirm you will use a single source.
- How do you define "brand" and "generic" – we recommend the use of a consistent and independent source for defining the category of all drugs. Confirm your acceptance.
- Do you utilize the same AWP when calculating prices to plan sponsors and pharmacies?
- Do you use any other source, committees, or calculation outside of the answer provided above (#5) to determine drug classification for guarantee true-ups?

- Do you employ “Zero Balance Due” (ZBD) or “Standard Copay Logic” (SCL) for guaranteed true-ups?
- How are DAW claims adjudicated? Brand or Generic?
- How are DAW claims classified in the guaranteed true-ups? Brand or Generic?
- Will you put 50% of the admin fees at risk if the above classifications for DAW claims aren’t used for any guarantee true-ups?
- How does your organization determine the number of manufacturers for generic products?
- Has your organization ever altered the number of manufactures in your claims system for guaranteed true-ups? Explain.
- Does your proposal reflect the application of “guarantee offsets” (using positive performance in one category to offset underperformance in another category?) If so-explain. We discourage the use of category offsets.
- How do you categorize single source generic drugs for purposes of guaranteed discount?
- Are commercial claims over a certain dollar amount classified as Specialty for either adjudication or true-up purposes?
- Describe the difference between a “transparent” pricing model and “pass through” pricing. What is the financial impact to SCG County over the course of this contract?
- What is your policy on selling pharmacy data? What financial advantage, if any, will SCG receive from the selling of its data?

D. FORMULARY

Your proposal should utilize your broadest formulary option.

- Describe your approach to formulary development.
- Once developed, how is your formulary maintained?
- How often do you change your formulary? How much advance notification is provided to plan sponsors? Members?
- With PBM-mandated formulary changes becoming more common practice, the County wants the right to decline any formulary change which will impact 10% or more of the member population without any adverse impact to the contract or loss of pricing/rebate guarantees. Confirm your acceptance of this provision.
- For any formulary change, or clinical management program, the County insists on a medical review process whereby members can continue to utilize the excluded or more expensive prescription product-if deemed medically necessary. Please describe your firm’s review process to determine medical necessity. Please include the average timeframe to notify the member of the determination.
- For each formulary drug with a rebate, list the name of the drug and the manufacturer. (Group by therapeutic class.)
- Provide a copy of a representative formulary handbook. Attach as **Appendix B** of your proposal.
- Provide examples of newsletters or other media used to communicate formulary information to physicians, pharmacies, and participants. Attach as **Appendix C** of your proposal.
- Provide your specialty drug list - Attach as **Appendix D**.
- Describe your formulary options. Explain how your formulary offering drives low net cost utilization. Note: Your pricing proposal should be based on your largest/most open formulary.
- Do you accept manufacturer funding for placement on your formulary? If so, how is that funding reflected in your proposal?
- Do you have a PBM-mandated formulary drug exclusion list?

E. MAIL ORDER OPERATIONS

- Describe your system of providing patient advisory information with prescriptions filled.
- What are the operating hours and location of the mail service facility proposed for SCG?
- Describe your process for ordering refills by mail and include a sample refill order form in **Appendix E**.
- Describe your process for ordering refills by phone and internet, including zero refill situations. What percentage of your refills are ordered by phone and Internet? Do the phone and Internet refill system operate on a 24-hour basis?
- How are participants notified of their next refill date?
- Describe your policy regarding overall generic substitution. Are there any products you will not substitute? If yes, please describe or list them. Does this vary from facility location to facility location? Do you include information for the recipient describing the replacement of the brand with a generic? If yes, please include an example of this.
- How do you prevent stockpiling of unnecessary quantities through auto-fill process?
- What is the in-house turnaround time for prescriptions? What process exists to track problem prescriptions that are not filled within normal turnaround time? How is your turnaround time goal monitored?
- What mail order cost containment programs would be available to SCG?
- Describe your disaster recovery program in the event of facility closure.
- Discuss any relevant state laws including generic substitution rules, etc., that affect the facility you are proposing for SCG.

F. QUALITY ASSURANCE/MEMBER SERVICES/MEDICAL MANAGEMENT

CONCURRENT DRUG UTILIZATION REVIEW (DUR)

- Describe your concurrent DUR program within the network-based plan.
- What specific results can you report for the second and third quarter of 2018 within the network-based plan?

Indicate the staffing levels of your clinical resources (do not include staff model, mail order, or any other staffing to support dispensing activities):

	Number Full-Time	Number Part-Time	Length of Time With Company
Pharmacist (Pharm D's)			
Pharmacist (Masters)			
Pharmacist (R.Ph.)			
Analyst/Clerical			

- How many accounts are assigned to each clinical pharmacist? Are pharmacists responsible for client contact and regular meetings?
- Describe your physician profiling capability. What do you do with this information? Do you call physicians? Write? Visit in person?
- Provide examples of 2-3 DUR reports used to analyze and influence physician-prescribing patterns.
- Describe your efforts and results in disease management. What clinical protocols do you currently have in place (if any)? Are these programs underwritten by any pharmaceutical manufacturer? If so, how often are protocols developed not involving their products?

RETROSPECTIVE DUR

- Describe your system of detecting fraud and abuse. Once detected, how do you intervene? What specific results can you report regarding your system of detecting fraud and abuse on the following levels:
 - Participant
 - Pharmacy
 - Physician
- Describe your existing programs designed to improve either the quality or the cost-effectiveness of drug therapy. Indicate when each program described became operational. (If not yet operational, describe the current stage of development and when you target operational readiness.) For each operational program, report specific results. For planned programs, what types of results do you expect?
- Describe the clinical resources that support your DUR and cost-containment efforts. Provide names and resumes of key staff members. Attach as **Appendix F** of your proposal.
- Provide examples of the reports you use to assess the prescribing patterns of network physicians. Please attach as part of **Appendix F** of your proposal.
- Give examples of actual (redacted) physician counseling/sanctions that relate to inappropriate prescribing patterns.

DISEASE MANAGEMENT

- List all your currently operational or planned disease management programs. Please explain how these programs operate. Is there a cost associated with each of these programs? If so, what is the cost? Are there any guaranteed savings to offset the costs of these programs? If yes, explain.
- Please describe how your PBM can integrate with SCG's medical carriers to improve Disease Management results.
- Please detail your Best Practices with respect to Disease Management.

MEMBER SERVICES

- Describe how members will access your customer service unit (internet, 800#s) and provide description of the support provided by your member services units. Where is your member services department located?
- What are your hours of operation for your member services department?
- How do you answer participants' inquiries about service?
- What kind of participant inquiries do you typically experience from your new accounts, and how do you respond?
- Do you log and track participant inquiries to ensure that you respond quickly?
- Describe how you ensure high-quality service in this area.
- Do you have the ability of tracking client specific complaints by reason? If no, explain.
- What percentage of closure occurs on the first call? How long does it take on average to close an issue thereafter?
- Do you log and track participant inquiries to ensure that you respond quickly? Do you have the ability of tracking client specific inquiries by reason? If yes, can you provide a monthly report of these reasons or most frequently asked questions to SCG. If no, please explain.
- Do your customer service reps have access to the claims system so that they can answer all claims related questions, including the current status of a claim?
- How would you monitor and control the level of customer service provided to SCG? Do you collect, monitor and report on customer service complaints to your clients on a regular basis?
- Provide the latest calendar year accessibility statistics and your target service levels for the member services unit that will handle SCG. How do you define/calculate the average time on hold,

abandonment rate, and average talk time?

Average time on hold	Actual _____	Target _____
Abandoned rate	Actual _____	Target _____
Average talk time	Actual _____	Target _____

G. CLAIMS & ADMINISTRATION

RETAIL CLAIMS PROCESSING

- How long has your point-of-sale on-line system been operational?
- What percentage of prescriptions filled have been processed on this system in the last three prior years?
- Which of the following edits are performed at the POP-point of purchase?

Category	POP Edits (Yes or No)
Ineligible Participant	
Duplicate RX	
Refill too soon	
Incorrect Dosage	
Drug Interaction	
Over Utilization	
Under Utilization	
Drug not appropriate for patient	
Other Edits- explain	
Do POP edits cross reference mail order claims?	

MAIL ORDER CLAIMS PROCESSING

- Describe your automatic claims adjudication system capabilities. Do you plan any future enhancements to provide more technologically efficient claims processing? If yes, what?
- What is your current claim turnaround time? What is your claims processing accuracy rate? Provide statistics for the most recent calendar year period ending 2018
- Are the above rates the same for the claims office, which will process claims for this account? If no, what are the applicable statistics?
- What percentage of claims do you audit for turnaround time, dispensing accuracy and payment accuracy?

ADMINISTRATION

- Describe your prior authorization process.
- What drugs typically require prior authorization?
- What tools are used to determine medical necessity?
- What are your COB procedures?

BILLING

- Please discuss your billing procedure and frequency. Include options for claim funding.

H. REPORTING AND COMMUNICATIONS

REPORTING

- Please provide sample plan management reports. Please attach as **Appendix G** of your proposal.

COMMUNICATIONS

- Describe standard communication materials and/or services that you can provide to Sussex County Government. Provide samples of your standard communication materials as **Appendix H**.

I. IMPLEMENTATION

Implementation activities will start as soon as the vendor is selected. These activities include those associated with communications, enrollment, and ongoing care transition procedures.

Do you have a separate implementation team (vs. Account Management Team)? What support do you provide during enrollment and installation meetings? Provide a detailed work plan you would use to implement your proposal for Sussex County Government. Include all key activities and indicate the person(s) on your team who would be responsible. Attach as **Appendix I** of your proposal. Key activities should include, but are not limited to the following:

- Identification in advance of implementation issues
- Initial planning meetings
- Coordination with the Sussex County Government staff
- Periodic update meetings
- Preparation of vendor claims administration and customer service systems
- Provider education
- Network development (if necessary)
- Enrollment meeting training
- Member services training
- Provider directory production
- Enrollment
- Applicable communications
- ID card production, distribution, and timing

ENROLLMENT

- Please provide a sample of your file layout.

TRANSITION

- Are you capable of accepting information from the prior carrier regarding pre-authorization and refills? If so, please explain the transition process, including any agreements or information that you require Sussex County Government to provide.
- Are you capable of accepting an electronic eligibility file from the prior carrier for initial eligibility? If so, describe the method you will use for retrieving the data, and the file format you require.

J. CURRENT PLAN DESIGN

Instructions: Please see attachment -Benefit Schedules-All Plans. Be sure to quote all current plan designs. If there are any deviations from current plan design, list deviations, highlight them on proposed benefit summaries, and indicate proposed plan design option. Indicate if deviation occurs in the fully

insured proposal and why (state filing, etc.). Our assumption will be that Administrative Services Only (ASO) quotes can match current, again address any deviations in your proposal.

Prescription Drug Benefits Mandatory Generic ¹	Up to 34-day supply	Up to 90-day supply
Generic Prescription Drug	\$10 copayment	\$20 copayment
Preferred Brand Prescription Drug	\$25 copayment	\$50 copayment
Non-Preferred Brand Prescription Drug	\$35 copayment	\$70 copayment

¹Unless the prescribing physician indicates Dispense as Written, if an individual chooses a Preferred or Non-Preferred Brand drug when a Generic drug is available, he or she will have to pay the difference between the charge for the Preferred or Non-Preferred Brand drug and the Generic drug, plus the copay for the Preferred or Non-Preferred Brand Drug.

K. RX COSTS

Using the list on next page, please provide the following information:

- Provide your net cost to SCG using the rates you are proposing in the RFP, before rebates.
- Assume a quantity of 30 days at retail and a quantity of 90 days by mail.
- Price your information using a future date of service or 5/1/2019, if not able to use current date, and indicate the date used in proposal response.
- Use the specific NDC provided.
- Use specific source for pricing and indicate source used. (e.g., First Data Bank)
- Exclude cost share.

NDC - 11	Drug Name	Drug Strength	Retail Plan Cost	Mail Plan Cost
00186504082	NEXIUM	40 MG		
00074433902	HUMIRA	40MG/0.8ML		
61958150101	SOVALDI	400 MG		
68546031730	COPAXONE	20 MG/ML		
58406044504	ENBREL	50 MG/ML		
00310075190	CRESTOR	10 MG		
20482000430	SUBSYS	400 MCG		
00006027754	JANUVIA	100 MG		
61958080201	LETAIRIS	10 MG		
59627000205	AVONEX	30MCG/.5ML		
59627000304	AVONEX PEN	30MCG/.5ML		
63459054428	FENTORA	400 MCG		
00074433902	HUMIRA	40MG/0.8ML		
00186504031	NEXIUM	40 MG		
66582041474	ZETIA	10 MG		
00310075590	CRESTOR	5 MG		
00173078302	LOVAZA	1 G		
10144042760	AMPYRA	10 MG		
59148000713	ABILIFY	5 MG		
59011048010	OXYCONTIN	80 MG		

In addition, please list Specialty Drug Discounts as part of your pricing information.

L. PRICING PROPOSAL

There are six (6) parts to the pricing proposal. Please make sure all six (6) parts are addressed and completed.

VERY IMPORTANT - Complete both of the first two (2) grids, based on:

- Traditional (current) Pricing Model (Part One)
- Transparent Pricing Model (Part Two)

We are evaluating both types of pricing methodologies. Be sure to clearly mark your proposal for each methodology.

Part One - Price Quotations - Complete Grid for “Traditional” Pricing Model

	Current Pricing	Proposed Pricing
Retail		
<i>AWP Discount</i>		
Generic	80.25%	
Brand 30	18.00%	
Brand 90	20.50%	
<i>Dispensing Fees</i>		
1-83 Days	\$0.70 Per Claim	
84+ Days	\$0.20 Per Claim	
Specialty		
<i>AWP Discount</i>		
Retail	19.00%	
Mail		
<i>AWP Discount</i>		
Generic	84.25%	
Brand	25.00%	
<i>Dispensing Fees</i>		
Generic	\$0.00 Per Claim	
Brand	\$0.00 Per Claim	
Rebates		
Retail/Brand	\$46.81 PEPM*	

***Note current rebate guarantee is on a per employee per month basis not per Rx. Please quote on a per Rx basis as outlined in the pricing grid above.**

Part Two -Price Quotations - Complete Grid for “Transparent” Pricing Model

	Current Pricing	Proposed Pricing
Retail		
<i>AWP Discount</i>		
Generic	80.25%	
Brand 30	18.00%	
Brand 90	20.50%	
<i>Dispensing Fees</i>		
1-83 Days	\$0.70 Per Claim	
84+ Days	\$0.20 Per Claim	
Specialty		
<i>AWP Discount</i>		
Retail	19.00%	
Mail		
<i>AWP Discount</i>		
Generic	84.25%	
Brand	25.00%	
<i>Dispensing Fees</i>		
Generic	\$0.00 Per Claim	
Brand	\$0.00 Per Claim	
Rebates		
Retail/Brand	\$46.81 PEPM*	

***Note current rebate guarantee is on a per employee per month basis not per Rx. Please quote on a per Rx basis as outlined in the pricing grid above.**

Part Three - Rate Guarantees

All rates and terms must be guaranteed for three (3) years.

Part Four – All Inclusive Fee Structure

Your proposed fee structure should include all administration services. Please itemize any services and fees not included in the fees.

Part Five – Increasing Transparency in Pharmacy Benefit Administration

PBMs nationwide have been criticized for a lack of transparency and manipulation of prescription drug costs and supplier. Please outline what steps your company is taking to increase transparency and protect the best interest of SCG.

Part Six - Savings Related to Utilization and Clinical Management Programs

Please complete the following grids indicating projected 1st year savings and Guaranteed Annual savings for the use of each of the following programs.

Program	Projected 1st Year Savings (as a %)
Demand Management	
Disease Management	
Individual Case Management	
Mandatory Generic Substitution	
Maximum Maintenance Drug Refills at Retail	
PBM-Initiated Physician Switches to Formulary/ Generic Drugs	
Physician Profiling	
Prior Drug Authorization	
Retrospective DUR	
Step Therapy	
Copay Assistance	
Mfg. Coupons/Subsidies	

M. PERFORMANCE GUARANTEES

Meaningful Performance Guarantees with substantial portion of fees at risk are encouraged.

We would suggest these Performance Guarantees address all key administrative functions (implementation, ongoing administration, etc.) as well as financial performance.

Rather than dictate the specific guarantees, we will allow each vendor to propose PGs as they feel appropriate.

N. LEGAL AND FINANCIAL ISSUES

The purpose of this section is to raise important legal issues presented by pharmacy benefit management arrangements. In this way, we expect to discern whether and to what extent you have considered these issues already. We expect that the vendor’s flexibility in dealing with legal and contracting issues will be an area of competitive differentiation in the proposal process.

We also recognize that the legal issues presented by health care arrangements are still evolving. Thus, we expect that some legal and contractual issues will continue to change as your programs are refined. However, we are concerned that a successful vendor be able to present clear and coherent contract documentation that corresponds to the arrangement described to the employer in the marketing and proposal process. Realizing that a particular pharmacy benefit management arrangement may involve separate contracts with different legal entities in your corporate family, we will also be interested in your ability or willingness to coordinate these separate arrangements in a way that is most useful and efficient to SCG.

Sussex County Government intends for the vendor selection process to result in the execution of an administrative services agreement. At a minimum, the Vendor will need to offer an agreement that addresses the issues identified below.

When responding, please supply a copy of your pharmacy benefit management services agreement attached as Appendix J to this proposal. This copy of your services agreement should include definitions reflecting your offer to SCG.

Also, cite the provision in your agreement(s) where the following issues are addressed. If the issue is not addressed in your agreement(s), indicate “No Provision.”

Issue	Citation
• Method you follow to ensure adherence to your company’s operational protocols and procedures	
• Indemnification and hold harmless	
• Liability insurance requirements for:	
Your firm’s managed DUR activities	
Your network (if separate entity)	
• Your willingness to serve as the named ERISA fiduciary for the administrative services you will provide under the managed care services agreement	
• Fee-related provisions	
• Subcontracting provisions	
• Key definitions and third-party sources same	
• Performance standards and guarantees	
• Confidentiality of plan participant data	
• Transparency of contract and pricing terms	
• Banking and fund transfer arrangements for a self-funded plan	
• Agreement that you will remain in full compliance with all federal and state laws	
• Employer’s audit rights	
• Contract termination provisions. SCG requires a termination “for cause provision in the event client satisfaction is below average.	
• Overpayment of plan benefits	

O. REFERENCES

Current References

Please provide several references of employers, preferably including multi-employer programs, of comparable size and industry.

Client Name	Address	Contact Name/Title	Contact Phone Number

New Client References

Please provide new client references that have transitioned to your PBM within the last 12 months.

Client Name	Address	Contact Name/Title	Contact Phone Number

P. IT (INFORMATION TECHNOLOGY) CAPABILITIES

- Describe how data is shared between medical carriers.
- Once data is transferred to a medical carrier, how is the data acted upon; for example, describe follow-up for disease triggers.
- Identify web-based tools for management.
- Identify web-based tools for members.

Q. CLAIM AUDIT

Sussex County Government may conduct periodic audits of claims administration, provider networks, and any other aspect of the managed care (or other) program it deems appropriate, at its own expense. Sussex County Government intends to hold the selected account manager accountable for the service standards described in this proposal.

Sussex County Government requires that the pharmacy vendor cooperate with such audits and the audits will be performed by a designated third party. Please indicate agreement below as part of your response to Question 1 below.

If at any time, Sussex County Government conducts an investigation or audit of any of the vendor’s services, as a result of substantial associate or provider complaints, this investigation, and the expenses required to remedy found inadequacies, will be performed at the vendor’s expense.

- Sussex County Government intends to conduct a comprehensive audit in year two of the three-year contact. Confirm your understanding and support of the right to have a third party conduct such an audit.
- Detail any limitations on the proposed audit. **Note: Sussex County Government will not accept any limitations as to the independent third-party selected to perform the audit.**

SECTION III

EXHIBITS - data provided with RFP to assist vendor.

- Exhibit 1 Census Data (provided electronically)
- Exhibit 2 Claims Data (to be provided)
- Exhibit 3 Top 300 Pharmacies (to be provided)

SECTION IV

APPENDICES

Please ensure all questions within RFP are answered and structure your appendices in the format below.

- Appendix A Network Pharmacy Directory
- Appendix B Formulary Handbook
- Appendix C Newsletters, Media, etc. re: Formulary Announcements
- Appendix D Specialty Drug List
- Appendix E Mail Order Claim Forms and sample refill forms
- Appendix F Names and Resumes of Key Staff
Reports re: prescribing patterns of network physicians
- Appendix G Sample Reports
- Appendix H Standard Communication Materials
- Appendix I Implementation Timeline and Implementation Team Info
- Appendix J Sample Contract

CURRENT PLAN DESIGN

Prescription Drug Benefits	Up to 34-day supply	Up to 90-day supply
Mandatory Generic ¹		
Generic Prescription Drug	\$10 copayment	\$20 copayment
Preferred Brand Prescription Drug	\$25 copayment	\$50 copayment
Non-Preferred Brand Prescription Drug	\$35 copayment	\$70 copayment

¹Unless the prescribing physician indicates Dispense as Written, if an individual chooses a Preferred or Non-Preferred Brand drug when a Generic drug is available, he or she will have to pay the difference between the charge for the Preferred or Non-Preferred Brand drug and the Generic drug, plus the copay for the Preferred or Non-Preferred Brand Drug.

DEFINITIONS

Generic Drugs means those drugs that are copies of the Preferred or Non-Preferred Brand Drugs in dosage form, strength, route of administration, quality and performance characteristics, and intended use. Most generic drugs are not marketed under a specific trade name (although some drug classes, like oral contraceptives, may bear trade names). These drugs

- contain the same active ingredients in the same strength as the Preferred or Non-Preferred Brand Drugs
- are equally effective as the Preferred or Non-Preferred Brand Drugs at treating the medical condition
- meet the same Federal requirements as the Preferred or Non-Preferred Brand Drugs

Preferred Drug List (PDL) means the list of preferred drugs for certain conditions. Several similar drugs may work equally well for a given medical condition. For various reasons, one drug may be given a preferred status over other similar drugs and placed on the PDL. We may make changes to the PDL periodically. You can check highmarkbcbsde.com or call Highmark Delaware Member Services at 800.633.2563 for the current list of drugs on the PDL.

Preferred Brand Drugs means those drugs on the PDL which are marketed under a specific trade name by a pharmaceutical manufacturer. In most cases, these drugs are still under patent protection.

Non-Preferred Brand Drugs means those drugs not on the PDL which are marketed under a specific trade name by a pharmaceutical manufacturer. In most cases, these drugs are still under patent protection.

BENEFITS

The following are covered when prescribed for use outside the hospital:

- those drugs which, under federal law, are required to bear the legend: “Caution: federal law prohibits dispensing without a prescription”
- legend drugs under applicable state law and dispensed by a licensed pharmacist
- certain over the counter (OTC) drugs when prescribed by your doctor and required by law to be covered. See highmarkbcbsde.com for a list of these drugs

- preventive drugs that are offered in accordance with Highmark Delaware’s Preventive Health Guidelines and are prescribed for preventive purposes
- injectable insulin prescribed by your doctor
- diabetic supplies prescribed by your doctor, including needles and syringes

DISPENSING LIMITS

Prescription drugs may also have dispensing limits. These include:

- 90-day supply at a retail pharmacy or through mail order
- limit of a 3-month supply for oral contraceptives at one time
- refills past one year from the original prescription are not accepted

NOTE: Highmark Delaware may apply other dispensing limits.

PRESCRIPTION DRUG MANAGEMENT

Your prescription drug program provides the following provisions which will determine the medical necessity and appropriateness of covered medications and prescriptions. These include:

- **Quantity Limits** – these limits are based on the manufacturer’s recommended daily dosage or are determined by Highmark Delaware. They apply each time a new prescription order or refill is dispensed. The list of drugs that are subject to Quantity Limits can be found at: highmarkbcbsde.com.
- **Quantity Level Limits for Initial Prescription Orders** – Additional quantity level limits may be imposed for your initial prescription order for certain covered medications, to reduce the quantity to the level necessary to establish that you can tolerate the medication. Any cost sharing will be adjusted accordingly.
- **Managed Prescription Drug Coverage** – A prescription order or refill which may exceed the manufacturer’s recommended dosage over a specified period of time may be denied by Highmark Delaware when presented to the pharmacy provider. Your physician may provide information we need to determine if the prescription drug is medically necessary and appropriate. If it is determined by us that it is, the drug will be dispensed.
- **Benefits are provided for certain specified drugs when dispensed to members on a “stepped basis”, referred to as the “Step Therapy” program.** Within selected drug categories, benefits are only provided for specified prescription drugs when one (1) or more alternative drugs prove ineffective or intolerable and the following criteria are met: (1) the member has used alternative drug(s) within the same therapeutic class/category as the specified prescription drug; and (2) the member has used the alternative drugs for a length of time necessary to constitute an adequate trial. If these criteria are met, the participating pharmacy provider will dispense the specified prescription drug to the member. The member shall be responsible for any cost sharing amounts and will be subject to any quantity limit requirements or other limitations. When these criteria are not met, the treating physician may submit a request for authorization to dispense a specified prescription drug to the member for Highmark Delaware’s consideration.
- **Prior Authorization** – Some prescriptions require prior approval before dispensing to be eligible for coverage. Prior authorization is used to ensure that appropriate medical criteria are met for the use of a particular drug. When you receive a prescription for one of these drugs, please explain to the prescribing physician that prior authorization is needed before benefits will be available for you. A list of drugs that require prior authorization may be found at: highmarkbcbsde.com.

EXCLUSIVE PHARMACY PROVIDER

Covered drugs also include selected prescription drugs within, but not limited to, the following drug classifications only when such drugs are covered medications and are dispensed through an exclusive pharmacy provider. These particular prescription drugs will be limited to your benefit program's retail cost-sharing provisions and retail day's supply.

These selected prescription drugs may be ordered by a physician or other health care provider on your behalf or you may submit the prescription order directly to the exclusive pharmacy provider. In either situation, the exclusive pharmacy provider will deliver the prescription to you.

- Oncology-related therapies
- Interferons
- Agents for multiple sclerosis and neurological related therapies
- Antiarthritic therapies
- Anticoagulants
- Hematinic agents
- Immunomodulators
- Growth hormones

For a complete listing of those prescription drugs that must be obtained through an exclusive pharmacy provider, contact Customer Service at the toll-free telephone number on the back of your ID card.

HOW THE RETAIL PROGRAM WORKS

PHARMACIES IN THE NETWORK

To fill or refill prescriptions, show your Highmark Delaware ID card at the pharmacy. You'll be asked to pay any copayment, deductible and/or coinsurance that apply. (See the *Schedule of Benefits*). There's a separate copayment and/or coinsurance for each prescription. The drug store handles all other billing for you.

PHARMACIES NOT IN THE NETWORK

You must pay the pharmacy the full charge. Prescription drugs are not covered out-of-network.

HOW THE MAIL SERVICE PROGRAM WORKS

Mail order services provided by Express Scripts.

To use the mail order program, follow the steps outlined in the Express Scripts Pharmacy Mail Order Form or call Express Scripts Pharmacy at 800.903.6228 for information. Prescriptions may be mailed to:

Express Scripts
PO Box 747000
Cincinnati, OH 45274-7000

You can also register and activate a mail order account at highmarkbcbsde.com.

WHAT'S NOT COVERED UNDER THE DRUG PROGRAM

In addition to the exclusions listed in the section *What is Not Covered*, there is no coverage for:

- Drugs other than caution legend drugs and injectable insulin (except for aspirin and certain OTC drugs as required by law)
- Administration or injection of drugs
- Vitamins, except those that by law need a prescription
- Drugs you get while a patient in a health care facility
- Drugs provided under Workers Compensation laws
- Drugs covered through any government agency, unless required by law
- Drugs that have either a generic or brand name equivalent available without a prescription
- Charges for therapeutic devices or appliances (e.g., support garments and other non-medicinal substances) other than those related to diabetic care
- Any charges by any pharmacy provider or pharmacist except as provided herein
- Food supplements
- Immunizations/biologicals
- Any prescription drugs or supplies purchased at a non-participating pharmacy provider, except in connection with emergency care described herein
- Any prescription drug purchased through mail order but not dispensed by a designated mail order pharmacy provider
- Services of your attending physician
- Charges for a prescription drug when such drug or medication is used for unlabeled or unapproved indications and where such use has not been approved by the Food and Drug Administration (FDA)
- Any amounts above the deductible, coinsurance, copayment or other cost-sharing amounts for each prescription order or refill that are your responsibility
- Any prescription for more than the retail days' supply or mail-service days' supply as outlined in the *Schedule of Benefits* and *Dispensing Limits*, above
- Any prescription drug which has been disallowed under the Prescription Drug Management section of this booklet
- Any drugs requiring intravenous administration, except insulin and other injectables used to treat diabetes
- Any drugs and supplies which can be purchased without a prescription order, including but not limited to blood glucose monitors and injection aids, unless specifically described as provided herein
- Compounded prescriptions
- Any selected diagnostic agents