MedImpact

Proposal for Pharmacy FWA Audit Services for the

State of Georgia with NASPO ValuePoint

eRFP Number: 41900-DCH0000136

APRIL 24, 2024

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Attachment W
Pharmacy FWA Audit Services
Mandatory Scored Response Worksheet

Suppliers must provide responses to all questions in the **Supplier Response section** in this document and submit them as a **single** PDF attachment **bookmarked** in sequential order with the title(s) provided in the question.

Each narrative response must adhere to any assigned page limits and be in Arial, size twelve (12) font. The narrative page count will begin after the page containing the question, i.e., the page with the question and response on the remainder of that page will count as page #0.

The narrative response, along with any required supporting material, will be evaluated and awarded points in accordance with Attachment A – Lead State eRFP, Section 6 Proposal Evaluation and Award. Documents not requested will not be evaluated.

Failure to provide responses and any required supporting documentation for all questions may result in disqualification of the proposal.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

1.	**Bookmark Title: MSQ1 - Executive Summary** The Executive Summary is limited to five (5) pages. Provide an Executive Summary that illustrates the Supplier's understanding of and capability to provide the requested services as described in Attachment H - Pharmacy Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards. The Executive Summary must include a brief corporate background of the Supplier, including the date the Supplier was formed, established, or created, total number of employees, Equal Employment Opportunity policy and current percentages in key positions, and location of the Supplier's primary and any satellite offices.

Supplier Response

MedImpact Healthcare Systems, LLC (MedImpact) is pleased to submit our proposal for Pharmacy FWA Audit Services to the State of Georgia (Lead State), Department of Administrative Services (DOAS), State Purchasing Division (SPD), and the Department of Community Health (DCH) in furtherance of the NASPO ValuePoint Cooperative Purchasing Program.

For over 30 years, MedImpact has supported Medicaid programs with innovative pharmacy FWA audit services grounded in proven technology and steeped in extensive knowledge and experience. Our proven platforms, processes, and solutions qualify MedImpact as the right choice for Georgia (and any Participating Entity) to provide pharmacy FWA audit services that enhance the well-being of all their members.

MedImpact stands ready to support DCH's vision by delivering comprehensive FWA audit services for the State of Georgia. Our approach to providing credible solutions, expertise, flexibility, and innovation will enhance DCH's program. We further differentiate ourselves through extensive collaboration with our customers. Our teams are accountable, proactive, and responsive.

Background and History

MedImpact was established in 1989 by a pharmacist with the goal of providing flexible and credible solutions to payers. From our beginnings as a third-party administrator, we have spent the last 30 years investing in technology and creating innovative solutions for our customers. Today, we are still a privately held company with approximately 2,100 employees nationwide. We are the 6th largest PBM (by claims volume) in the United States utilizing proprietary technology to provide pharmacy and drug rebate services to state agencies, health plans, and employers serving approximately 20 million lives.

MedImpact is headquartered in San Diego, California with satellite offices in Tempe, Arizona and Tucson, Arizona. We are a health services technology company that has met every regulatory and technical challenge along our journey including implementing Medicaid managed care programs in the 90s, Medicare in 2006, Marketplace programs (Exchange) in 2014, and fee-for-service Medicaid in 2021 (adding 3 more FFS contracts since that time). We are a customer focused company and proud to say that our first Medicaid customer is still a customer today. As our

customers' businesses have evolved, MedImpact has been there to provide new solutions for these regulated markets.

Since the beginning, MedImpact has not waivered on our core differentiating principles of:

- Independence (we are privately held)
- Free from conflict (not owned by a health plan or own pharmacies)
- Transparency

Our mission is to deliver pharmaceutical and technology-related solutions that improve the value of healthcare. We provide superior outcomes to every customer through innovative solutions, systems, and services that provide transparency and promote choice in decision making. MedImpact's solutions provide customers and their members with the clarity, control, and confidence they deserve in a pharmacy benefit management partner.

The FFS PBM market has changed extensively in the last few years with the acquisition of niche vendors by large vertically integrated PBMs and the emergence of other vendors, such as MedImpact. We are an independently held company unencumbered with Wall Street expectations or competing lines of business. No drug manufacturer, distributor, or pharmacy organization serves in an ownership, day-to-day management, or board of director position within MedImpact.

Today, we are the largest independent PBM solutions company in the United States and we continue to invest millions of dollars in clinical programs, technology, operations, and analytics to ensure we provide robust solutions for the ever-changing PBM landscape. We continue to make investments in our proprietary technology to enhance automation, visibility, accountability, and transparency.

Table 1 highlights the key adaptations and milestones of the organization since its inception.

Year	
1989	Founded MedImpact by pharmacist Fred Howe as an LLC
1992	Implemented first Medicaid health plan (California)
1993	Incorporated as MedImpact Healthcare Systems, Inc
1999	Earned NCQA accreditation and quality improvement standards compliance
2000	Established MedImpact retail pharmacy network with more than 55,000 pharmacies
2004	Became a Medicare Drug Discount Card endorsed PBM
2006	Implemented Medicare Part D program with PDP and MA-PD plans; CMS contract support provided through relationship with Transamerica
2008	Increased retail pharmacy network to more than 60,000 pharmacies Accredited by URAC for pharmacy benefit management Opened Southwest Regional Operations Center in Tempe, Arizona
2010	Launched MedImpact International, LLC
2012	Acquired SUNRx®, 340B program administration
2013	Acquired ScriptSave and Apex Affinity
2014	Implemented state-based exchange programs based on Affordable Care Act Introduced mail order pharmacy and specialty pharmacy programs to the market
2015	Implemented SAS enterprise analytic platform Received PBMI (Pharmacy Benefit Management Institute) Excellence Award

2017	Received 2-year NCQA UM certification
2019	Received a 3-year NCQA UM accreditation Launched point-of-sale rebates program Expanded MedImpact's San Diego headquarters with a second LEED-certified building Developed proprietary FFS (fee for service) Medicaid drug rebate platform, MedInvoice™ Implemented FFS Medicaid provider payment support
2020	Implemented enhanced coordination of benefits claims processing for FFS claims Awarded first Medicaid FFS contract
2021	Implemented Medi-Span as an alternative drug attribute source Implemented first Medicaid FFS customer
2022	Launched OTC (over the counter) Covid home test solutions Received 3-year NCQA UM reaccreditation
2023	URAC PBM accreditation renewed for 3 years Received HITRUST certification Awarded Commonwealth of Kentucky and State of Mississippi FFS Medicaid business Received an intent to award from the state of Colorado for FFS Medicaid business Acquisition of AspenRx
2024	Acquisition of Elixir Solutions

Table 1: MedImpact's Corporate History

Equal Employment Opportunity

MedImpact seeks diversity in our recruiting, hiring, and career advancing practices by posting to job boards and publications with diverse audiences. We track and analyze demographic data on our internal workforce for over/under representation including those in management and senior leadership positions. MedImpact's percentage demographic breakdown for the executive team is 60% female and 40% minority.

MedImpact uses a comprehensive nondiscrimination policy, stating MedImpact does not discriminate against an applicant or employee on the basis of race, color, religion, national origin, ancestry, sex, age, physical or mental disability, military or veteran status, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other characteristic protected by applicable federal, state, or local law. We verify compliance at all MedImpact facilities with the Americans with Disabilities Act. MedImpact's chief human resources officer is the equality employment opportunity officer serving as the point person to identify additional opportunities that can enhance and expand the company's commitment to diversity. **Figure 1** provides a copy of MedImpact's Affirmative Action and Equal Employment Opportunity Policy.

AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY POLICY

MedImpact Healthcare Systems, Inc. (hereinafter "Company") has an enduring commitment to the concept and practice of equal employment opportunity and affirmative action as well as to affirming the value of diversity and promoting a workplace free from discrimination.

It is the policy of the Company to provide equal employment opportunities without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, genetic information, age, disability, marital status, veteran status, or a person's relationship or association with a protected veteran, including spouses and other family members or any other protected characteristic under applicable law. This policy relates to all aspects of employment, including recruitment, selection, job assignment, training, compensation, benefits, discipline, promotion, transfer, the use of facilities, participation in all company-sponsored employee activities, layoff, and termination processes. Provisions in applicable laws providing for bona fide occupational qualifications, business necessity or age limitations will be adhered to by the company where appropriate. Regular review helps ensure compliance with this policy.

The Company has developed and maintained a written Affirmative Action Program (AAP). The Company maintains an audit and reporting system to determine overall compliance with its equal employment opportunity mandates. I have delegated overall responsibility of the AAP to the Affirmative Action Officer, Thomas Hutton, Chief Human Resources Officer. Thomas Hutton oversees the affirmative action plan development, modification, implementation, effectiveness, reporting requirements and conducts management updates. The Company invites any applicant and/or employee to review the Company's written Affirmative Action Plan. This plan is available for inspection during normal business hours. Please request an appointment by contacting Thomas Hutton at 858-790-5675.

The Company will ensure that employees and applicants shall not be subjected to harassment due to their status described above, or any harassment, intimidation, threats, coercion or discrimination because they have engaged in or may engage in any of the following activities; (1) filing a complaint with the Company or with federal, state, or local agencies regarding status covered under this AAP, (2) assisting or participating in any investigation, compliance review, hearing, or any other activity related to the administration of any federal, state, or local equal employment opportunity or affirmative action statute pertaining to the status covered under this AAP; (3) opposing any act or practice made unlawful by section 503 and/or VEVRAA, and (4) exercising any other right protected by section 503 and/or VEVRAA or its implementing regulations in this part. Concerns and complaints related to equal opportunity based on aspects of diversity protected under federal, state, and local law, including sexual harassment complaints should be directed to the attention of Thomas Hutton at 858-790-5675.

As Chief Executive Officer of MedImpact Healthcare Systems, Inc., I fully support our affirmative action program and am committed to the implementation of the company's equal opportunity and affirmative action policies. I urge each employee to commit to carrying out the intent of these policies. Specifically, it is the responsibility of the each supervisor to ensure implementation of these policies to avoid any discrimination in employment. Violation of these policies is a disciplinary offense.

01/01/2023

Frederick Howe
Chief Executive Officer

Figure 1: MedImpact Affirmative Action and Equal Employment Opportunity Policy

Pharmacy FWA Audit Services

MedImpact has reviewed *Pharmacy FWA Audit Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards* and understands the requirements of the DCH's Pharmacy FWA Audit Services FFS (Fee-for-Service) Medicaid pharmacy program. We will support the overarching goals of the FWA Audit program through supporting the audit process, identifying FWA within the system, and supporting DCH with federal and state compliance. We will work closely with DCH and all parties participating in the successful implementation and coordination of all FWA Audit programs including but not limited to desk and on-site audits, concurrent reviews, reporting and data requirements, and pharmacy lock-in.

We are an experienced PBM and Medicaid FFS partner offering DCH clinical expertise, flexibility, and innovative programs and tools to support DCH's pharmacy FWA Audit program.

Expertise

MedImpact's FWA Audit program offering is led by Managing Principal of Government Programs and Services, Dean Beuglass, RPh. Prior to joining MedImpact in January of 2020, Mr. Beuglass served as Senior Pharmacy Policy and Data Strategist at the Virginia Department of Medical Assistance Services; as Vice President, Government Implementations at Magellan Rx Management; and in principal consulting roles at RyBAC Solutions and Istari Consulting. Mr. Beuglass holds a bachelor's degree in pharmacy from Medical College of Virginia. He is a licensed pharmacist with over 28 years of experience in varied pharmacy practice settings including public sector, mail order, hospital, and retail. Mr. Beuglass leads a group of highly qualified and experienced staff members across several different FFS customers and states. Our staff is highly knowledgeable and experienced in the unique requirements of the Medicaid FFS population. DCH's assigned Key Staff will report up to Mr. Beuglass and he will be involved in an advisory position throughout the contract.

Flexibility

MedImpact's independent business model and inherent flexibility aligns with DCH without conflicting incentives providing low net cost to DCH and DCH's members. This value of flexibility to benefit our customers flows into how we operate all of our programs including FWA programs such as collaboration with the NBI MEDIC (National Benefit Integrity Medicare Drug Integrity Contractor) completes pharmacy risk assessments, which MedImpact uses to prioritize desk and onsite audits.

Innovation

MedImpact values innovation and our FWA (fraud, waste, and abuse) programs use a robust suite of analytics, with outlier detection, to identify potential aberrant behavior for timely FWA detection. The 2-tier analytics approach includes:

- **Isolated Behavior Outlier Detection**: Claim level outlier detection based on claim attributes such as quantity and days' supply compared to drug level norms based on vast national data.

- **Entity Profiling Outlier Detection**: Extensive aggregated behavioral profiling at the pharmacy and prescriber level. We evaluate behavioral patterns such as high claim rejection rate, controlled substance percentage, claims for distant entities, and more

The Dynamic Refill Too Soon POS edit helps to prevent members from medication stockpiling, waste, abuse, and drug diversion caused by continuous early refills. The edit tracks gradual accumulation of excess supply by member and drug. The edit typically requires 3 or more refills for it to take effect. The edit works by setting the following:

- Look back period for calculating the accumulation such as 180 days
- Minimum threshold for excess medication days such as 15 days
- Maximum threshold for excess medication days such as 30 days for the entire look back period
- Next fill date by calculating member's excess medication days and adjusting based on minimum threshold

Figure 2 displays how the Dynamic Refill Too Soon POS edit adjusts the next refill date based on medication accumulation of the previous 2 months.

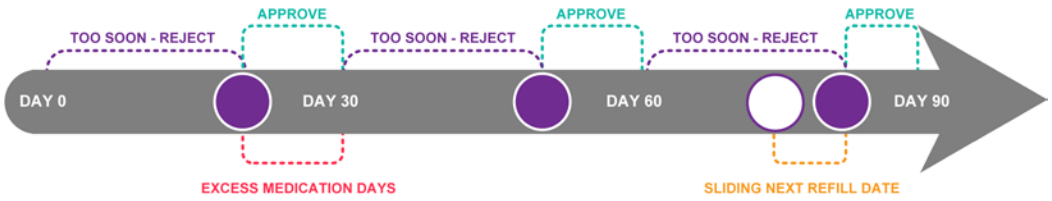


Figure 2: Dynamic Refill Too Soon POS Edit Adjustment

The Dynamic Refill Too Soon POS edit allows some medication accumulation for convenience and adherence factors. It ignores refills for vacation overrides. A therapeutic prior authorization or profession pharmacy service codes can override the edit. Apart from internally developed rules and analytics, we also review external referrals for FWA.

MedImpact continues to invest in creative and innovative programs and tools that will benefit DCH and DCH's members. We are confident we have the staff expertise, flexible programs, and innovation to enhance DCH's Pharmacy FWA Audit Services program. We will streamline your FWA Audit Services programs through automation and efficiencies putting more money back into DCH's hands to invest in meaningful programs for you and your members.

2.	**Bookmark Title: MSQ2 – Compliance** Narrative description is limited to two (2) pages. Describe in detail how you will ensure compliance of systems and services with federal and state law and the State's pharmacy program policies, procedures, and processes as required for this scope of work.

Supplier Response

MedImpact operates in a highly competitive environment and under complex and rapidly changing laws and regulations. Given the complexity of the laws and regulations governing our industry, MedImpact's corporate compliance program was established to articulate MedImpact's commitment to compliance with laws and ethical standards and to ensure that we conduct our activities in an ethical and legal manner in compliance with all applicable federal and state statutory and regulatory requirements. The MedImpact corporate compliance program consists of the following 7 components.

Element I: Written Policies, Procedures, and Standards of Conduct

The Code of Ethics and Business Conduct ("Code of Conduct") and the Compliance Policies and Procedures:

- Articulate the MedImpact entities' commitment to comply with federal and state standards
- Describe compliance expectations including assistance in identifying noncompliant or unethical behavior
- Implement the operation of the compliance program
- Provide guidance to employees and others on dealing with compliance issues
- Identify how to communicate compliance issues to the appropriate compliance personnel
- Describe how MedImpact investigates and resolves compliance issues
- Include a policy of non-intimidation and nonretaliation for good faith participation in the compliance program including but not limited to reporting potential issues, investigating issues, and conducting self-evaluations, audits, and remedial actions
- Describe compliance training requirements

Element II: Compliance Officer, Compliance Committee, and High-Level Oversight

MedImpact has appointed a corporate compliance officer approved by MedImpact's board (board of directors). The compliance officer is, and shall be, a full-time employee of MedImpact who is not responsible for any operational areas of MedImpact. The compliance officer is responsible for developing, operating, and monitoring the compliance program and has oversight of all compliance activities of MedImpact.

MedImpact has established a compliance committee, which the Board has ratified. The purpose of the compliance committee is to oversee the compliance program, including addressing Medicare compliance issues. The compliance committee advises the compliance officer and assists in implementation and oversight of the compliance program. The compliance committee is comprised

of representatives from key business units of MedImpact with support from appropriate representatives of MedImpact.

Element III: Effective Training and Education

MedImpact requires all personnel, including board members and certain subcontractors, as the compliance committee determines, to participate in compliance training programs. Failure to comply with the training requirements may result in disciplinary action including possible termination. The compliance officer verifies that all personnel and applicable subcontractors attend required training and ensures MedImpact maintains training records of distributed materials.

Element IV: Effective Lines of Communication

MedImpact maintains lines of communication ensuring confidentiality with the compliance officer, members of the compliance committee, personnel (including the board and senior leadership team), and all subcontractors, which are accessible to all and allow compliance issues to be reported including a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

All personnel (including the board and senior leadership) have the responsibility to adhere to the compliance program and to immediately report any known or suspected violations including violations of the code of conduct, compliance policies and procedures, and applicable laws and regulations.

MedImpact has contracted with a third-party vendor to provide secure and independent reporting capabilities that offer:

- Confidential reporting, allowing the reporter to remain anonymous if desired
- 24-hour telephone and web-based reporting options
- Ability of the reporter to follow-up on a report, even if reported anonymously

MedImpact does not engage in or tolerate retaliation against individuals who report suspected wrongdoing. No reprisal, reprimand, or disciplinary action is permitted or is taken against anyone who discloses a compliance related concern in good faith through the proper reporting procedures.

Element V: Well Publicized Disciplinary Standards

MedImpact expects all personnel to comply with the compliance program, code of conduct, compliance policies and procedures, and privacy and security policies and procedures and to adhere to applicable legal requirements during the course of performing their duties on behalf of MedImpact. Failure to do so may result in disciplinary action including oral or written warnings or reprimands, suspensions of pay, or termination of employment.

The code of conduct sets disciplinary standards that we publicize through a variety of means (compliance training, intranet, communications, and more). We enforce disciplinary standards in a timely, consistent, and effective manner. We maintain records of all compliance violation disciplinary actions capturing the date the violation was reported, description of the violation, date of investigation, summary of findings, disciplinary action taken, and date we took the action. The compliance department periodically reviews these records to ensure that disciplinary actions are

appropriate to the seriousness of the violation, fairly and consistently administered, and imposed within a reasonable timeframe.

Element VI: Effective System for Routine Monitoring and Identification of Compliance Risks

Internal monitoring and auditing are both important aspects of the compliance program, detecting and preventing compliance concerns through verification of compliance with contractual agreements, CMS requirements, applicable state and federal requirements, compliance policies and procedures, and the overall compliance program. The compliance officer, in consultation with the compliance committee and corporate compliance assurance team, develops compliance monitoring and auditing work plans.

Element VII: Procedures and System for Prompt Responses to Compliance Issues

MedImpact has and maintains procedures and a system for promptly responding to compliance issues as they arise, investigating potential compliance problems as they are identified in the course of self-evaluations and audits and correcting such problems promptly and thoroughly to reduce the potential for recurrence and to ensure ongoing compliance with requirements. Responses to detect offenses vary according to the circumstances and may include:

- Reporting to customers (plan sponsors)
- Referral to MEDIC (Medicare Prescription Drug Integrity Contractors) and/or law enforcement
- Corrective action plan
- Timely reporting and returning overpayments in accordance with applicable laws and regulations

We are confident that our dedication to compliance and ethics will be a value-add to DCH.

3.	**Bookmark Title: MSQ3 – Desk Audits** Bookmark Title for Supporting Material: MSQ3.1 - Desk Audit Flowchart Narrative description is limited to two (2) pages, not including the required supporting material. Describe in detail your process for selecting claims and conducting desk audits. Include in your response the procedure you will follow when a desk audit has been completed including, but not limited to, the requirements stated Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.2 Desk Audits.

Supplier Response

MedImpact has reviewed and understands the requirements provided in *Attachment H – Fraud, Waste, and Abuse Audit Services Scope of Work, Section 2.2 Desk Audits*. We have performed and assisted with desk audits for our customers throughout our 3 decades long history as a PBM. Retrospective desk audits are performed on all paid claims. Suspect claims are identified:

- Through our proprietary algorithms
- As dictated by regulatory requirements or contractual agreements
- As recommended by the Agency and / or MedImpact's Pharmacy Compliance auditing staff, based upon MedImpact's experience, recent trends, member complaints, or past / current on-site audit findings

The proprietary algorithm applies the knowledge and expertise gained through years of experience managing pharmacy networks and prescription benefits to identify claims for review, based upon recognized trends and aberrant data. We also utilize guidance from the Medicare Managed Care, and the CMS Chapter 21 and Medicaid and CHIP Managed Care Final Rule (CMS-2390-F), Program Integrity. MedImpact's intuitive audit algorithm identifies unusual claims processing patterns and aberrant trends requiring review and potential investigation.

MedImpact has designed proprietary FWA algorithms that are run against its claims database to assist with identifying claims for audit. Adjudicated claims are run through proprietary algorithms that flag claims with suspicious and/or inappropriate attributes or elements. Auditors review claims with flags and ensure the algorithm's selection criteria does not duplicate previously reviewed claims. Flags may include, but are not limited to, the following:

- High dollar compounds
- Incorrect day supply
- Maximum dose
- DAW
- Diabetic supply overuse
- High quantity-controlled substances
- Standard deviation
- Maximum quantity by therapeutic indication
- Members using multiple pharmacies/prescribers
- Package size/unit of measure
- Expired prescriptions

- Out of state prescribers
- Dosage form
- Outlier claims generating a call to the pharmacy for further review and resolution
- FWA hotline tips
- CMS pharmacy risk assessment data

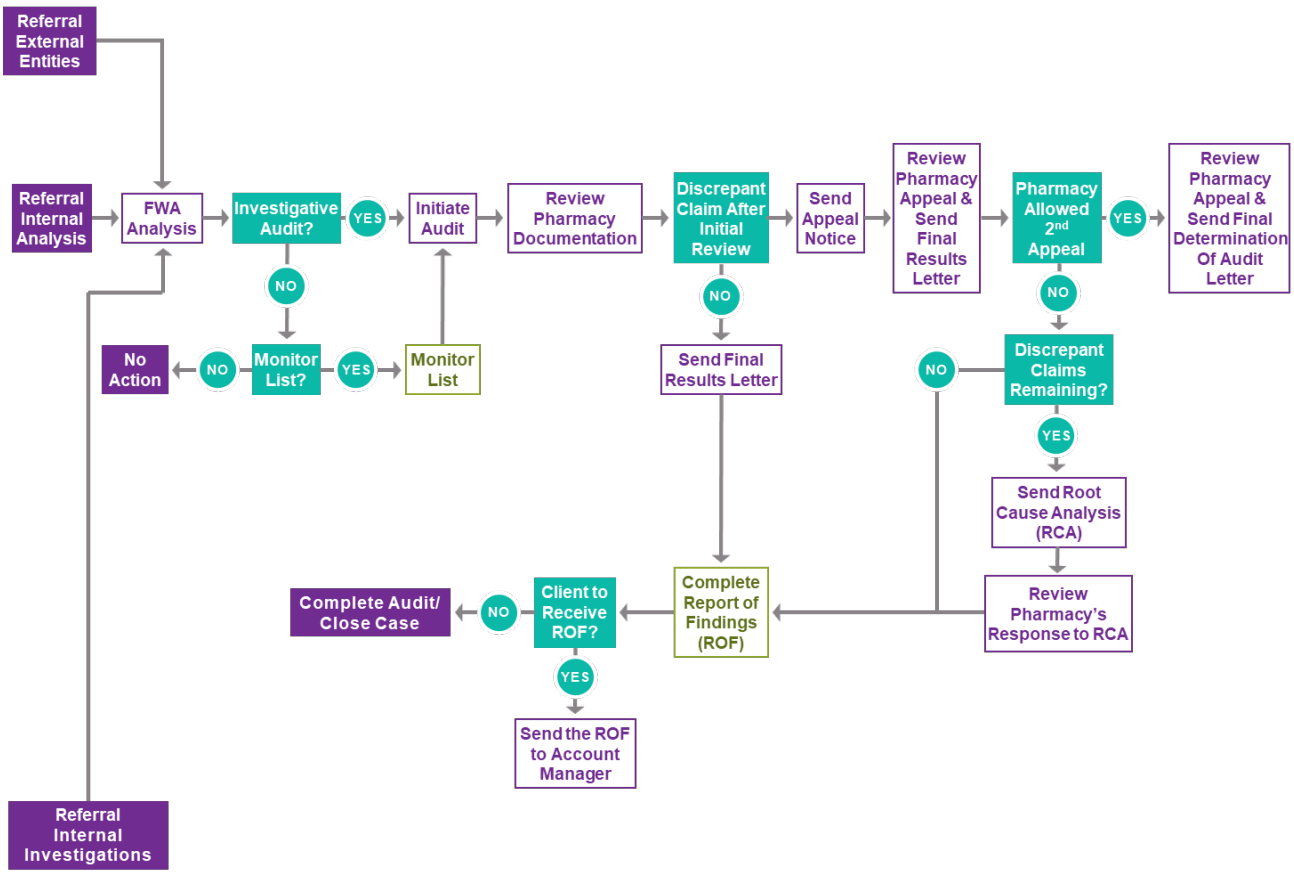
Desk audit results show a series of flags or alerts that generate a continuous monitoring of the specific pharmacy and an onsite pharmacy audit depending on desk audit results. We will share desk audit results with DCH and communicate preliminary and final audit results along with grievance and appeal instructions with the dispensing pharmacy at the direction of the State. MedImpact conducts onsite pharmacy audits and reviews and checks claims, prescription logs, and pharmacy compliance with federal and state laws and regulations. Onsite audits can result in the following:

- CAP (corrective action plan) and continuing surveillance
- Referral to law enforcement
- Federal OIG (Office of Inspector General)
- Immediate exclusion from pharmacy network

Auditors will send correspondence to the dispensing pharmacy using the media agreed upon by the State. All correspondence will contain directions for responding to the audit, the list of selected claims being audited, the state determined response timeline, the conditions, and instructions for requesting an extension, and other essential information required for the pharmacy to provide a thorough response to the audit.

A process flow diagram illustration this process can be found in **MSQ3.1.**

MSQ3.1 - Desk Audit Flowchart



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4.	**Bookmark Title: MSQ4 – Field Audits** Bookmark Title for Supporting Material: MSQ4.1 – Field Audit Flowchart Narrative description is limited to two (2) pages, not including the required supporting material. Describe in detail your process for selecting claims and conducting field audits. Include in your response the procedure you will follow when a field audit has been completed, including, but not limited to, requirements identified in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.3 Field Audits.

Supplier Response

MedImpact relies on a variety of triggers to precipitate onsite audits including claim discrepancies, FDA rulings, and CMS guidance to determine the timing of onsite audits, findings of desk audits, member complaints, DCH or provider recommendations, regulatory requirements, contractual agreements, monitoring of pharmacies in state regions known to have a high risk of potentially fraudulent activity, and recommendations from our pharmacy compliance department or FWA (fraud, waste, and abuse) team.

MedImpact coordinates all onsite audits, in accordance with DCH's specifications and in compliance with state regulations. We base site selection upon stratification findings that identify potential audit targets and present to DCH for consideration and approval. Once MedImpact identifies a provider and DCH approves an audit, we will proceed with communication regarding DCH-approved audit schedule and the universe of claims involved. Our onsite audit workflows encompass 3 phases:

Phase I: Pre-Audit

During phase I, MedImpact provides:

- **Case files**: MedImpact creates a case file for every provider selected as a candidate for an onsite audit and sends the information to DCH for approval. The file includes the pharmacy's name, address, phone number, fax number, and provider identification number. We may only conduct audits of any given provider once per calendar year.
- **Provider audit notices**: Once DCH approves an audit, the audit team will notify each provider regarding the upcoming audit and proposed date using DCH-approved notifications. Once MedImpact sends initial communications, the audit coordinator designee contacts the pharmacy and advises of the audit's scope, timeframe, what to anticipate, and how to prepare. We conduct unannounced audits, at the discretion of DCH if notifying the provider in advance may hinder the investigation.
- **Review DCH's requirements**: MedImpact's audit team ensures all elements of our audit meets DCH's contract requirements.
- **Follow-up**: We make a reminder call to the provider's office 5 days in advance of the audit. We also remind pharmacies to have signature logs available for the audit along with any policies, procedures, or written manuals.

- **List of prescriptions**: We provide a deidentified (no personal identifying or personal health information) list of prescriptions to the pharmacy which also receives the universe of claims fill dates subject to the audit.

Phase II: Audit

During phase II, the pharmacy auditor:

- Helps ensure we prepare and take all necessary electronic or paper copies of required documents for the audit to the pharmacy.
- Conducts introductions with the pharmacist in-charge.
- Discusses the scope of the audit and provides copies of documents.
- Reviews the pharmacy's physical location and premises including the member counseling area; any member clinics within the pharmacy; operational practices; any visible physical hazards; required posted documents and posters including store hours of operation; and written procedures, training manuals, controlled substance logs, and return-to-inventory stock logs.
- Obtains any information on the results of the most recent Office of Inspector General and General Services Administration employee sanction check to verify the pharmacy did not hire employees on the federal sanctioned listings.
- Obtains information, such as the pharmacy's credentialing information and most recent CMS FWA and general compliance training for new and existing employees including staff names and the dates of training sessions.
- Reviews and scans each selected prescription and verifies the accuracy of the claim submissions including original claims, reversals, and rebills.
- Records all discrepancies found during the audit in a discrepancy log and notes any items not found or located on this list.
- Verifies signature logs and other information to confirm receipt of prescriptions.
- Conducts an exit interview with the pharmacist in charge or pharmacy manager to provide an opportunity for the pharmacy to respond to questions, review, and comment on the initial findings of the auditing entity and provide additional documentation to clarify initial findings.
- Obtains the appropriate staff signatures from the pharmacy stating we performed the audit.
- Documents actionable items on an onsite audit form in a preliminary audit report documenting discrepancies which we allow a pharmacy at least 30 days following receipt to produce documentation to address discrepancies.

Phase III: Post-Audit

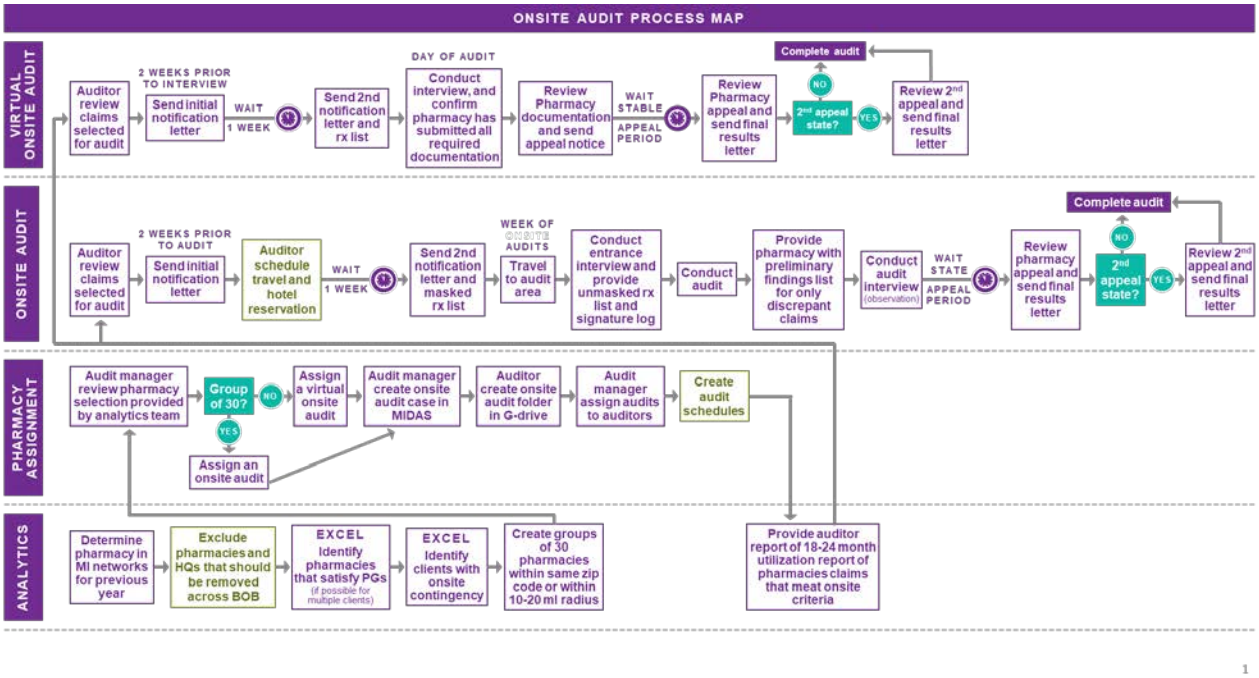
During phase III, we perform:

- **Post-audit documentation**: Within 10 days of the audit, the auditor may contact the prescriber to provide verification of any claims or information within 5 business days.
- **Consultation with a clinical pharmacist**: The auditor may consult with the MedImpact clinical manager on all audit findings and develop a follow-up plan that includes specific dates, resources, and deliverables.
- **Preliminary report**: MedImpact provides a preliminary report within 120 days after the exit interview of an audit.

- **First appeal notice**: The auditor generates an appeal notice along with a list of discrepancies and forwards these items to the pharmacy. This communication includes a letter to the pharmacy with instructions on how to submit missing documentation or information. The provider has 30 days in which to file additional information.
- **Final audit report**: Providers receive full documentation on the findings and adjustments identified by the auditing team within 6 months after receipt of the preliminary audit report or after they have exhausted all appeals, whichever is later. The audit coordinator provides clearly written communication on all audit findings to DCH.
- **Second appeal notice**: Once we produce the final report, the pharmacy provider has an additional 30 days following receipt to appeal any findings to the MedImpact audit pharmacist for review and disposition if state law permits. We share any changes with DCH.
- **Reporting to external entities**: In situations where the auditor discovers potential FWA, MedImpact notifies the appropriate parties after the onsite audit. Upon approval from DCH, MedImpact provides detailed information on investigations to law enforcement, state insurance, State Boards of Pharmacy, MEDICs, CMS, or other relevant organizations.

After audits occur, we will collectively present the results to DCH and providers (as appropriate) to coordinate next steps. These next steps include items such as issuing demand letters when required, establishing corrective action plans, recouping, monitoring, and reporting of recoupment status, terminating pharmacies from the provider network, and possibly notifying law enforcement and regulatory agencies working under the direction of DCH.

MSQ4.1 – Field Audit Flowchart



5.	**Bookmark Title: MSQ5 – Grievances** Bookmark Title for Supporting Material: MSQ5.1 – Grievances Flowchart Narrative description is limited to two (2) pages, not including the required supporting material. Describe in detail your procedure for addressing grievances and processing State approved settlements utilizing, but not limited to, the requirements as stated in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.4a Grievances.

Supplier Response

MedImpact's pharmacy appeals process begins with the MedImpact auditor providing a pharmacy with their list of discrepancies and notice of provider appeal rights. We afford pharmacies an opportunity to appeal audit findings. MedImpact allows a pharmacy at least 30 days following receipt of the preliminary audit report to produce documentation to address any discrepancies found during an audit. We review the provided documentation, update findings if necessary, and reference for inclusion in the final audit report.

If the auditor receives the missing information and it is sufficient, the auditor revises the final audit results letter, sends it to the pharmacy, and closes the appeal. If we do not receive the requested missing information or the information is insufficient to justify the pharmacy's appeal request, the auditor reviews the audit case with the account director and clinical pharmacist.

Following the team review of the appeal documentation, they prepare a final list of discrepancies, send it with the final audit results letter to the pharmacy, and close the appeal We post audit and appeal guidelines on the provider portal.

If a provider is dissatisfied with the first-level appeal decision, MedImpact will work with DCH to establish a timeline and process. If we receive any second-level appeals, we will forward them to DCH on the date of receipt.

MedImpact participates in and provides support to DCH in DRMs (dispute resolution meetings) and appeals. Pharmacy providers can file disputes regarding an audit. Our rigorous audit process ensures the capture of all information for resolution. MedImpact works with DCH and the provider to ensure timely resolution. We resolve or mediate disputes within 30 days of submission unless all parties agree to mutually extended the deadline. MedImpact tracks all disputes for reporting purposes. **MSQ5.1** depicts a proposed workflow for pharmacy claims dispute resolution which DCH can fully review and approval prior to implementing.

Maintain and Publish Grievance and Appeals Process

MedImpact employs an established system along with the policies and procedures to support the administration of the grievance and appeal process. MedImpact uses a process-centered approach beginning with a set of structured policies and procedures communicated to associates, members, providers, pharmacies, and other relevant stakeholders explaining the member grievance and appeal process.

Document All Correspondence with Providers

MedImpact policies and procedures specify how to accept grievances and appeals, categorize, address, record, and track concerns about eligibility, access to care, covered services, claims status, and other related matters. The grievances and appeals staff handle tracking, trending, and reporting on grievances and appeals received through the Call Center. They also identify opportunities for improvement in addressing grievances and appeals, reporting metrics, and analysis to the Quality Improvement Committee. All provider grievance correspondence templates will be made available to DCH for review and approval. This information is made available through online access for unredacted review by DCH, as necessary.

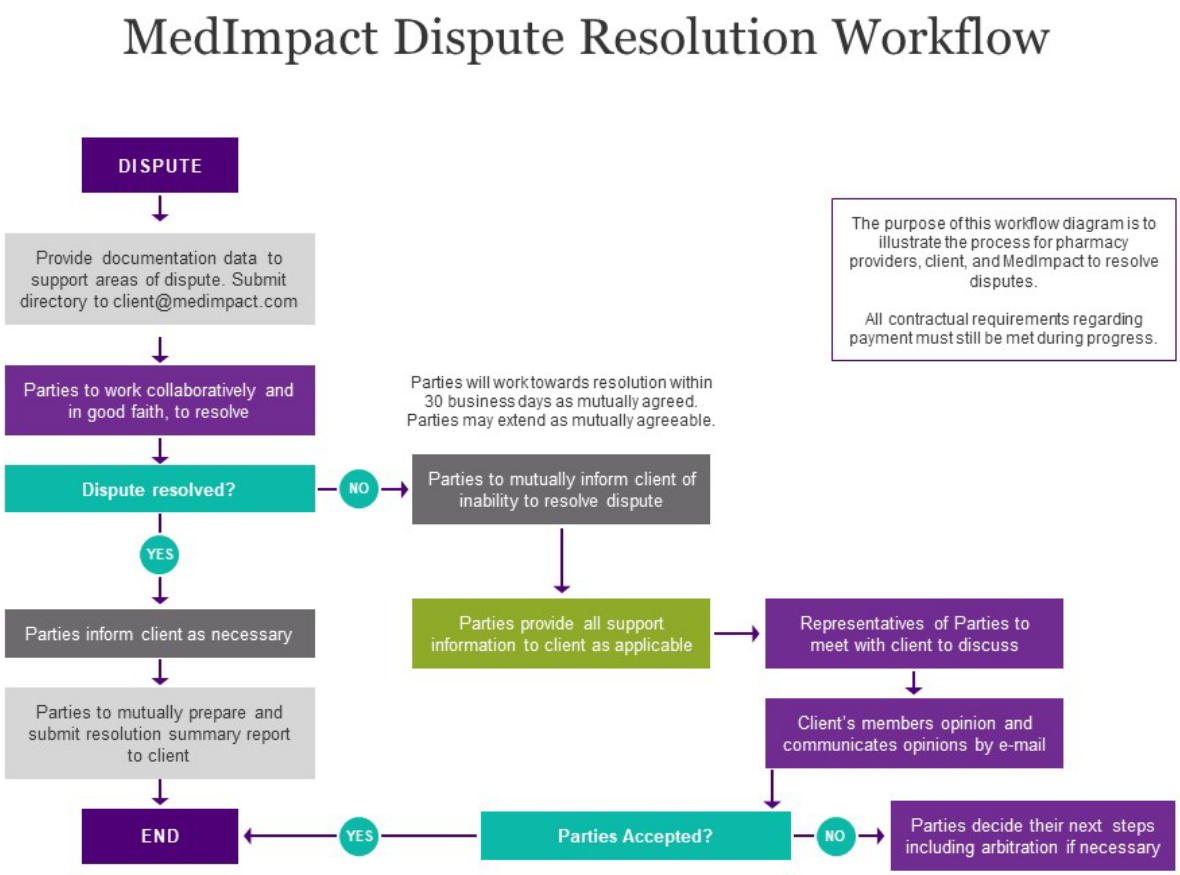
Support Appeals Process in Accordance with Georgia Law

Once an appeal is received, the appropriate MedImpact staff reviews the appeal and documentation to determine whether there is any missing information. If so, the staff member contacts the pharmacy and requests the missing information. Once all documentation pertinent to the appeal is received, the appropriate team members review the appeal and determine if the original determinations are appropriate. Within DCH's approved timeframe from receipt of the appeal, we notify the provider in writing of our determination and provide notice to DCH.

If MedImpact receives the missing information and it is sufficient, our account management staff revises the final results letter, sends it to the pharmacy, and closes the appeal. If we do not receive the requested missing information, or the information is insufficient to justify the pharmacy's appeal request, we review the appeal with the Pharmacy Account Manager and the clinical pharmacist. Following the team review of the appeal documentation, they prepare a final list of discrepancies and send it with the final determination letter to the pharmacy, then close the appeal. MedImpact does not reverse claims in bulk in any way that will create a negative cash flow for the pharmacy.

If desired, we can partner with DCH to establish a process for a second-level appeal. In the event a provider is dissatisfied with the first-level appeal decision, the provider may file a second-level appeal with DCH. providers are instructed to forward second-level appeals to DCH's address. If we receive any second-level appeals, those are forwarded to DCH on the same day as received. All MedImpact appeal records, adverse findings, and documentations in support of this contract are subject to the guidance set forth by existing Georgia law.

MSQ5.1 – Grievances Flowchart



6.	**Bookmark Title: MSQ6 - Review Process** Narrative description is limited to four (4) pages. Describe in detail your process to review pharmacy and medical utilization of members to identify areas of concern for both members and providers utilizing, but not limited to, the requirements stated in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 5 Pharmacy Lock-In (PLI) Program.

Supplier Response

As the PBM processing and adjudicating pharmacy claims, MedImpact can receive all necessary data (e.g., medical claims, diagnosis, previous claims history, eligibility information) from DCH, and store in our system for potential claim adjudication use. MedImpact's system can also support PLI (Pharmacy Lock-In) program activities, including receiving lock-in member files with multiple designated prescribers and pharmacies or identifying members with potentially irregular prescription drug utilization using various evaluation criteria to accommodate DCH approved and directed lock-in program requirements.

MedImpact offers POS intervention limits coverage of frequently abused drugs for at-risk members based upon a list of members provided by DCH. The lock-in restriction overrides customer PDL and benefit coverage of addictive drugs by limiting access to specific drugs, amounts, pharmacies, or prescribers. This intervention is custom configured for each member and is only overridable by exception (e.g., member in hospice care).

Our lock-in program is highly flexible and supports limits for members taking a specific medication or set limits on an entire drug class or drug DEA schedule. We can also customize the medications outside of these options, as defined and directed by DCH, in support of the lock-in for members. In the event of an emergency, MedImpact's POS system allows for a one-time emergency supply of medication to be filled by a provider other than the lock-in provider (if permitted).

Utilization Monitoring

MedImpact's program provides the ability to define access control to manage specific drug classes or individual medications, dosages, or specific morphine equivalents for opioids. We evaluate multiple areas of concern including but not limited to:

- Prescribed medications do not correlate with the member's medical condition, as identified through medical claim data (ICD-19, CPT, HCPCS codes)
- Dosage for prescribed medications exceeds pre-determined high dose thresholds
- Member has filled controlled substance prescriptions at multiple pharmacies within a pre-determined time frame
- Member receives multiple Schedule II Controlled Substances (C-II) within a pre-determined time frame
- Member receives prescriptions for controlled substances from multiple prescribers within a pre-determined time frame
- Member requests excessive early refills for Schedule II Controlled Substances (C-II)
- Therapeutic duplication of Schedule II Controlled Substances (C-II)

If requested by DCH, we can also apply utilization monitoring, regardless of the type of prescribing provider—primary care physician, specialist, hospital, or dentist. Dental providers prescribe a significant number of opioid pain-relieving medications, and we recognize the importance of evaluating these prescriptions for appropriateness regarding quantity and dosage. At the direction of DCH we will evaluate each locked in members utilization and collaborate with DCH to determine if the members utilization behavior requires continued lock-in intervention. If it is determined that a locked in member is eligible for release from the program, MedImpact with continue to monitor the members pharmacy claims for a period of time directed by DCH.

Drug Claims Processing for Lock-In

Our flexible system enables utilization control to lock in members, drug classes and specific drugs, dosages, prescribing providers, or pharmacy providers, without impacting other member medication prescriptions.

We partner closely with DCH to customize specific date-driven edits required to be returned whenever claims are rejected for members, using providers outside of the lock-in provider on file. MedImpact can code specific electronic supplemental messaging in our claim response to pharmacy providers. These messages provide information to the pharmacy denoting the member is locked into a specific prescriber or pharmacy provider. The message can also include information on the DCH grievance procedure. These edits are reviewed on a schedule agreed upon by DCH and MedImpact.

Members in need of a lock-in program typically require the lock-in logic added immediately to prevent or minimize harm. Our flexible solution allows us to provide unique functionality with the immediate configuration of lock-in logic for members, including specific pharmacy supplemental messaging. In addition, we can immediately set limitations efficiently without the need for costly programming. During DDI, Medimpact will provide DCH a sample workflow outlining a potential process option for file loading of lock-in data, as well as operational process for making immediate updates when urgently required. During the implementation phase, MedImpact collaborates with DCH to create an appropriate interface or file transfer to exchange lock-in information quickly and efficiently.

Lock-In Restrictions

MedImpact offers POS intervention limits coverage of frequently abused drugs for at-risk members based upon a list of members provided by DCH. The lock-in restriction overrides customer PDL and benefit coverage of addictive drugs by limiting access to specific drugs, amounts, pharmacies, or prescribers. This intervention is custom configured for each member and is only overridable by exception (e.g., member in hospice care).

We are committed to supporting DCH with member lock-in identification and correct drug claims processing. We coordinate closely with DCH on these initiatives to protect members from harm and ensure adherence to utilizations guidelines. Together, we review claims data and trends and partner with interdisciplinary care teams to review member-based and prescribing provider-based prescription use patterns. Using this data-driven process, we can consult with and take direction

from DCH with any next steps in controlling medications for members by limiting prescriptions by pharmacy provider and/or prescriber.

During claims adjudication, the system evaluates all applicable restrictions or limitations within the lock-in edit to determine whether the claim meets the parameters of the lock-in edit for that member. **Figure 3** depicts a sample adjudication flow that highlights our lock-in capabilities.

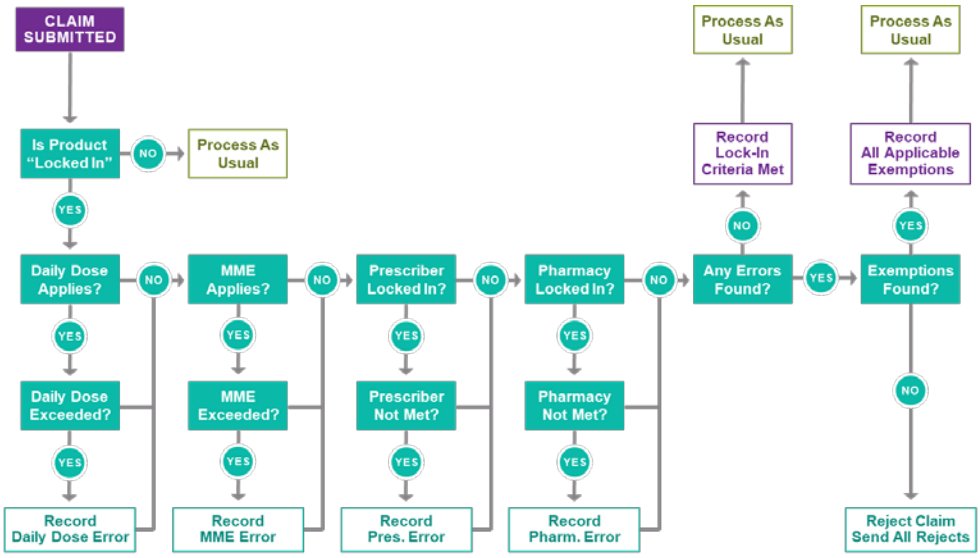


Figure 3: Lock-In Edit Sample Adjudication Flow

Restriction Types

MedImpact will monitor utilization patterns based upon Georgia regulations and provide DCH with a monthly list of potentially at-risk patients to evaluate for inclusion in our lock-in program. Our flexible lock-in program can control utilization at the member level for a variety of access issues. This POS intervention limits coverage of frequently abused drugs for at-risk members. The intervention overrides benefit coverage of addictive drugs by limiting access to specific drugs, quantities, pharmacies, and/or prescribers. The intervention is custom configured for each at-risk member and is overridable only by removing the intervention or through specific exception instances (for example, hospice status). At-risk members are identified through case management administered by MedImpact through our Opioid Case Management Services.

Fight Opioid Epidemic

Implementing MedImpact's suite of opioid programs resulted in an overall 37% decrease in opioid claims and 45% decrease in costs for a 600,000-member health plan. Their Medicaid population realized a 49% decrease in claims and 58% decrease in costs.

There are multiple restriction types available that may be used to limit a member's access to specific drugs, quantities, pharmacies, and/or prescribers. **Table 2** lists the restrictions and describes the functionality of each

Restriction Type	Provider Type	Drug Type	Quantity Limit	Overrides
LOCK_IN	Prescriber and/or Pharmacy Allows for Prescriber grouping for prescribers with the same address and Pharmacy grouping by chain.	Opioids and Benzodiazepines	Quantity/Day Supply, or MME (morphine milligram equivalents)	Overridable by terming the restriction or by specific exception instances (for example, hospice status)
DEA_ONLY	Prescriber, requires DEA number.	Any drug, drug list, or drug type (GPID, HICL, and more)	Not applicable	Only overridable by terming the restriction.
ONLY_NABP	Pharmacy, requires NABP number.	Any drug, drug list, or drug type (GPID, HICL, and more)	Not applicable	Only overridable by terming the restriction.
ONLY_PHARM	Pharmacy, may be configured with either the NABP or NPI.	Any drug, drug list, or drug type (GPID, HICL, and more)	Not applicable	Only overridable by terming the restriction.
ONLY_PHYSICIAN	Prescriber, requires NPI	Any drug, drug list, or drug type (GPID, HICL, and more)	Not applicable	Only overridable by terming the restriction.

Table 2: Restriction Types

Lock-In Functionality at POS

This POS intervention limits coverage of frequently abused drugs for at risk members. DCH identifies eligible members via their case management program or has MedImpact perform this service, if DCH selects opioid case management services. It overrides customer PDL and benefit coverage of addictive drugs by limiting access to specific drugs, amounts, pharmacies, and/or prescribers. MedImpact or DCH configure custom interventions for each member. DCH or MedImpact, depending on who will perform case management, can override the intervention by removing it or by setting up specific exceptions (e.g., hospice status).

Lock-In Communications

MedImpact collaborates closely with DCH to support member and provider notification efforts. If requested, we provide to DCH any additional MedImpact-specific information necessary to update any existing DCH lock-in letter templates. Our lock-in correspondence includes directions for the locked in member to choose a lock-in pharmacy and a lock-in prescribing physician. In the event

the locked in member does not respond to our request to choose a provider, we will outreach to previously identified providers that have agreed to serve as lock-in providers and notify the member once a provider is assigned. Our network plan is highly comprehensive and includes all major chains and many independent providers, including local Georgia independent pharmacies. Upon receipt, all lock-in member information is cross-walked against our provider network files to ensure the member's placement in the lock-in program does not reasonably limit geographical access to quality services.

MedImpact understands the importance of a strong PLI program, and we will work in partnership with DCH by maintaining a log of program activity, keeping the State updated on PLI program activity, assisting the State with lock-in stakeholder communication development, and providing scheduled reporting of locked in member status and utilization activities.

7.	**Bookmark Title: MSQ7 – Cost Avoidance Strategy** Narrative description is limited to four (4) pages. Describe in detail the effectiveness of your cost avoidance strategy for selecting claims in your concurrent review program. Refer to Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 3 Concurrent Reviews.

Supplier Response

Concurrent DUR performs drug-problem identification and drug problem prevention through point-of-sale clinical edits, step therapy, lock in programs, and medication therapy management that provide technology-based guardrails to ensure positive member outcomes. These clinical edits use drug information databases and other data sources such as history drug lists, prescriber counts, member attributes, and diagnosis codes. Concurrent DUR edits allow therapy for a member to be altered if necessary. Custom edit development is also available.

Concurrent Drug Utilization Review

As opposed to a manual concurrent review process, MedImpact leverages technology to identify and manage drug problems through concurrent DUR edits. These edits identify potential problems at POS (point of sale) and allow the pharmacist to resolve issues before the member receives the medication. Concurrent DUR performs drug-problem identification and drug problem prevention through point-of-sale clinical edits, step therapy, lock in programs, and medication therapy management that provide technology-based guardrails to ensure positive member outcomes. These clinical edits use drug information databases and other data sources such as history drug lists, prescriber counts, member attributes, and diagnosis codes. Concurrent DUR edits allow therapy for a member to be altered if necessary. Custom edit development is also available.

MedImpact's vast library of concurrent DUR edits provide results from systematic drug reviews covering safety, appropriate therapeutic treatment, utilization management, preservation of financial resources and prevention of FWA (fraud, waste, and abuse). MedImpact can administer the entire spectrum of NCPDP D.0 concurrent DUR options.

We can configure concurrent DUR edits for the following outcomes:

- **Informational alert**: The pharmacist receives a DUR NCPDP conflict code that identifies the reason or type of drug conflict such as drug-drug interaction along with necessary information for a pharmacist evaluation.
- **Soft reject**: The pharmacist receives DUR NCPDP conflict code along with necessary information for a pharmacist evaluation. After the evaluation, the pharmacist must respond with acceptable DUR or PPS codes for the claim to approve.
- **Hard denial**: The claim rejects and requires a prior authorization or plan approved override. The pharmacist cannot override a hard denial using standard DUR or PPS codes.

DCH can further customize intervention outcomes for soft rejects and hard denials including overrides by DCH-defined pharmacy provider service codes, MedImpact customer service reviews

approvals such as operational prior authorization based on DCH defined customer service notes, prescriber requested prior authorizations, or DCH-approved step therapy. The Account Manager will review options and assist with DCH selections based upon best practice reviews and DCH's clinical program goals. DCH can use the standard pharmacist messaging or custom text messaging.

Concurrent Use Sample Reports

MedImpact's clinical and analytics teams collaborate to identify, configure, code, and deploy logic to extract actual claims utilization trends indicative of less than optimum therapy utilization or in need of follow-up. Our teams will actively collaborate with the DUR (drug utilization review) Board and DCH to refine algorithms and to accurately capture records that fit the required reporting criteria. We run several predefined reports within our reporting tool, MedOptimize, for the regular review and analysis of prescription drug claims data and production of the Drug Utilization Review Activity Summary Report. We will deliver this report to DCH on the contractually required delivery schedule.

Identify & Combat FWA

MedImpact partnered with 6 clients representing 690,800 members, implemented our integrated bundle of analytic and clinical services to identify and combat FWA, and saved a collective $18.98 million for the clients.

Available 24 hours per day, 7 days per week, MedOptimize offers predefined, prompt-driven reports and the ability to create ad hoc queries and custom reports. Our teams can provide summary and detailed data using MedOptimize's drill-down capabilities for more detail by filter, rank, and sort. MedImpact will analyze DCH's member and provider usage patterns and run comparisons between optimal or appropriate and actual use. Our team uses the analysis and their clinical expertise to determine root causes for any discrepancies. In this process, we identify, interpret, and record findings regarding patterns or aberrations. For claims identified as outliers and meeting the retrospective DUR criteria, MedImpact produces reports **(Table 3)** for our teams to study and analyze.

Report Name	Report Description
DUR Activity	The DUR Activity report provides a summarization of DUR alert activity by DUR conflict type with claim and cost measures overall and by claim status; rejected and reversed. On the detail report option, the report also includes the top drugs within each category and the ability to choose how many top drugs to include within each DUR conflict type.
Concurrent Drug Use	Provides information regarding claims processed with Coordination of Benefits rules. It summarizes claim counts and dollar amounts by outcome (Billed as Primary - Cost Avoided, Paid with Overrides, Paid as Secondary) and provides claim detail.
Opioid and Buprenorphine Concurrent Use Denials	This report provides detail about claims denied by the DUR concurrent use edit detecting overlapping use of opioids and buprenorphine. You will see the denied claim, and the previously approved interacting claim which prompted the claim denial.

Table 3: Sample POS Programs and Edit Reports

MedImpact will submit our proposed concurrent utilization review program procedures to the State for review and approval. We are confident that managing concurrent utilization review through our

DUR program will meet or exceed the requirements set forth in Attachment H Section 3. By leveraging DUR edits at the point of sale, pharmacy providers are immediately notified of discrepant claims and can be required to resolve the discrepancy before receiving a paid status eliminating potential overpayments. MedImpact can provide additional descriptors of the potential error through supplemental messaging to assist with resolution of the identified error.

We will work in partnership with the State to provide scheduled reporting through MedOptimize® and recommendations to the State on process improvements and provider education.

8.	**Bookmark Title: MSQ8 – Proposed Reports** Bookmark Title for Supporting Material: MSQ8.1 – FWA Reporting Samples Narrative description is limited to five (5) pages including the outline(s) of the sample reports, not including the required supporting material. Provide a listing of all proposed reports including the frequency of each report, purpose and synopsis that will be provided to the State. Include with your response an outline of a quarterly utilization and performance report that will be developed and customized to meet the needs of the State and are readily accessible to authorized users along with any limitations with accessing each report. Refer to Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 4.1 Reporting.

Supplier Response

By leveraging advanced analytics, MedImpact monitors and provides reporting relating to potential prescriber and member FWA. The scope of this reporting package focuses on outlier analysis, anomaly detection, and eligible member and prescriber profiling. DCH can also request custom FWA audit reports that meet the needs of the State in addition to the standard suite of FWA reports provided by MedImpact. Our MedOptimize® reporting system can be accessed by authorized users through an internet connection with no software installation needed

FWA Reporting Approach

Once we identify areas of FWA, MedImpact swiftly incorporates the following plan of action to monitor, prevent, and recover any losses associated with potentially inappropriate or fraudulent claims:

- **Analytics**: Provide controls in place to identify future incidences, we update our analytics on an ongoing basis allowing us to identify suspicious activity and flag claims with inappropriate billing through our proprietary algorithm scoring
- **Reporting and monitoring**: Include reports to monitor claims activity to determine whether appropriate action needs to occur to resolve suspected FWA
- **Investigations and auditing**: Analyze provider information, communication with providers, various documentation to support the claims, and legitimacy of the documentation
- **Recoupment and recovery**: Recoup and return discrepant overpayments to customers
- **Reporting and collaboration**: Share report findings and FWA updates including appropriate regulatory agencies

MedImpact will share an Explanation of Audit Report with DCH that details of all audited claims, reversed or adjusted, during the previous month and audit fees derived from contingency agreements including DCH-requested audit findings of desktop and onsite audits.

DCH will also receive the following suite of reports:

- **FWA Update and CMS Alerts Newsletter**: This will inform DCH of risk assessments highlighting FWA trends, CMS suspicious activity alters, and actions taken by MedImpact.

- **DRTS (Dynamic Refill Too Soon Report**): The summary and claim level report identifies claims evaluated by DRTS edit and associated savings. The POS (point-of-sale) edit helps to prevent medication stockpiling, waste, abuse, and drug diversion caused by continuous early refills. The edit tracks cumulative accumulation of excess supply by eligible member and drug and dynamically adjusts the next refill date to slow drug accumulation when excess supply exceeds the minimum threshold set by the edit. The edit does not allow early refill if excess supply exceeds the maximum threshold set by the edit. The submitting pharmacist can override the edit by submitting a therapeutic prior authorization or PPS (professional pharmacy service) codes. This report can be provided monthly or quarterly based on customer's preference.

MedImpact's Enhanced FWA (fraud, waste, and abuse) program monitors opioids through audits, investigations, and reporting. Leveraging statistical analysis and outlier detection models, we select opioid claims for audit, which staff auditors review for legitimate documentation and accuracy of the claim. The FWA program also monitors through the following pharmacy and prescriber utilization and determines when pharmacies and prescribers warrant a further review through an audit or investigation:

- **Member Suspicious Activity Report**: The report identifies members with drug-seeking behavior specific to controlled substances by identifying members with at least 4 claims for controlled substances from 4 or more prescribers or 4 or more pharmacies. The report provides a member level summary and claim level detail including the distance a member lives from prescribers and pharmacies.
- **Prescriber Opioid Scoring Report**: Leveraging advance analytics, the report identifies aberrant prescribers, who score in the top 10% of the population, based on opioid prescribing behavior. A data driven approach identifies prescribers who deviate from normal behavior within the specialty. We locate the most aberrant looking prescribers in the population using a scoring algorithm. We calibrate the score between values 0 to 1,000. Higher scores indicate higher outliers and hence higher risk.

MedImpact's FWA program includes the reports listed in **Table 4**.

Report Name	Description	Delivery	Frequency
Explanation of Audit (EOA) (MSQ8.1)	Claim level report identifying claims reviewed with associated savings	MedOptimize	Monthly
FWA Newsletter & CMS Alerts (MSQ8.1)	Newsletter highlighting FWA trends, CMS suspicious activity alerts, and MedImpact's actions	E-mailed by account management	Quarterly
Drug Utilization & Cost Comparison (Drug Trend) (MSQ8.1)	MedOptimize report on drug utilization trends	MedOptimize	On Demand
Dynamic Refill Too Soon Savings Report (MSQ8.1)	Summary and claim level report identifying claims evaluated by DRTS edit and associated savings	MedOptimize	Quarterly
Prescriber Opioid Scoring Report (MSQ8.1)	Prescriber level report identifying top 10% outlier prescribers based on	E-mailed by account management	Quarterly

	opioid prescribing behavior in MedImpact's book of business		
Member Suspicious Activity Report (MSQ8.1)	MedOptimize report identifying members with multiple controlled substance drug claims from multiple prescribers or pharmacies	MedOptimize	Quarterly

Table 4: FWA Program Reporting

MedImpact also provides DCH with the CMS required reports. Additionally, all MedImpact customers receive a comprehensive FWA quarterly newsletter containing the following information:

- Summary of MedImpact desk and onsite audits
- Pharmacies that MedImpact recommends be referred to NBI MEDIC (National Benefit Integrity Medicare Drug Integrity Contractor), with all supporting documentation, allowing customers to review member utilization at each of these pharmacies through MedOptimize
- An update on OIG (Office of the Inspector General) sanctioned pharmacies in MedImpact's network
- Pharmacies that MedImpact has placed on a CAP (corrective action plan) with all CAP pharmacies listed in MedOptimize reporting along with terminated pharmacies for customers to review member utilization
- CMS high risk pharmacies and outlier prescribers of schedule II drugs quarterly reporting allowing customers to review member utilization for the pharmacies and prescribers identified as high risk by CMS
- CMS and NBI MEDIC quarterly drug trend analysis to focus fraud detection and audit efforts using plan sponsors drug spend through MedOptimize reporting
- Specific Health Plan Management System Memo alerts from the Investigations and Audit Group in DCH of Health and Human Resources

We have updated MedOptimize to improve search capabilities for finding the right content quicker and easier. MedImpact continues to improve client reporting with every MedOptimize enhancement release.

MSQ8.1 – FWA Reporting Samples

Drug Utilization and Cost Comparison

ZZZ - Client Name
Report Period: MM/DD/YYYY through MM/DD/YYYY
Comparison Period: MM/DD/YYYY through MM/DD/YYYY

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
ELIQUIS	128	11,966	8,011	$88,712	$81,329	$7.41	160	16,639	8,325	$122,589	$112,444	$7.37	-20.0%	-28.1%	-27.8%	-27.6%	-27.7%	0.5%
XARELTO	78	4,386	4,336	$64,619	$58,814	$14.70	104	5,497	5,456	$77,266	$69,332	$14.06	-25.0%	-20.0%	-20.5%	-16.4%	-15.2%	4.6%
KALBITOR	1	12	2	$57,629	$53,503	$4,802.43	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
EPCLUSA	2	56	56	$48,146	$45,739	$859.75	2	56	56	$48,146	$43,114	$859.75	0.0%	0.0%	0.0%	0.0%	6.1%	0.0%
PRIVIGEN	2	2,400	56	$33,086	$31,432	$13.79	1	1,200	28	$16,543	$13,638	$13.79	100.0%	100.0%	100.0%	100.0%	130.5%	0.0%
JANUVIA	34	1,980	1,980	$29,194	$26,719	$14.74	37	1,845	1,860	$27,354	$25,844	$14.83	-8.1%	7.3%	6.5%	6.7%	4.2%	-0.6%
LANTUS SOLOSTAR	48	1,065	2,037	$28,496	$24,274	$26.76	53	1,044	2,332	$28,234	$25,010	$27.04	-13.2%	2.0%	-12.7%	0.9%	-2.9%	-1.0%
SYMBICORT	43	683	2,069	$21,954	$19,544	$32.12	50	668	1,710	$19,069	$17,149	$33.58	-14.0%	20.3%	21.0%	15.1%	14.0%	-4.3%
JARDIANCE	30	1,260	1,290	$20,619	$19,042	$16.52	36	1,920	1,950	$31,361	$29,183	$16.33	-16.7%	-34.4%	-33.8%	-33.6%	-34.7%	1.2%
OZEMPIC	16	47	735	$19,236	$18,191	$413.68	20	59	1,043	$25,741	$24,489	$440.01	-20.0%	-20.5%	-29.5%	-25.3%	-25.7%	-6.0%
TRULICITY	21	50	704	$19,109	$17,991	$382.19	27	70	984	$25,363	$24,054	$362.33	-22.2%	-28.6%	-28.5%	-24.7%	-25.2%	5.5%
POMALYST	1	21	28	$17,707	$16,822	$843.19	3	47	68	$38,628	$32,331	$821.88	-66.7%	-55.3%	-58.8%	-54.2%	-48.0%	2.6%
MYRBETRIQ	30	1,261	1,231	$16,157	$14,647	$12.81	27	788	758	$10,191	$9,278	$12.93	11.1%	60.0%	62.4%	58.5%	57.9%	-0.9%
TRELEGY ELLIPTA	23	1,620	810	$14,855	$13,696	$9.17	36	3,540	1,800	$31,886	$29,438	$9.00	-36.1%	-54.2%	-55.0%	-53.4%	-53.5%	1.9%
SHINGRIX	104	104	162	$17,389	$13,069	$167.21	127	127	127	$21,225	$15,999	$167.13	-18.1%	-18.1%	27.6%	-18.1%	-18.3%	0.0%
CONTOUR NEXT TEST STRIP	101	13,325	5,790	$13,902	$12,512	$1.04	117	16,100	7,230	$16,813	$15,132	$1.04	-13.7%	-17.2%	-19.9%	-17.3%	-17.3%	0.0%
LEVOTHYROXINE SODIUM	456	35,176	35,728	$12,078	$12,057	$0.34	511	40,830	41,165	$14,289	$14,265	$0.35	-10.8%	-13.8%	-13.2%	-15.5%	-15.5%	-2.9%
PROLIA	11	11	2,132	$13,133	$11,660	$1,193.88	11	11	1,908	$12,754	$11,454	$1,159.47	0.0%	0.0%	11.7%	3.0%	3.5%	3.0%
RESTASIS	15	1,380	690	$12,753	$11,780	$9.24	12	960	540	$9,020	$8,516	$9.40	25.0%	43.8%	27.8%	41.4%	38.3%	-1.7%
IBRANCE	1	21	28	$12,400	$11,780	$590.46	1	21	28	$12,400	$9,630	$590.46	0.0%	0.0%	0.0%	0.0%	22.3%	0.0%
XTANDI	1	120	30	$11,835	$11,243	$98.62	2	240	60	$23,047	$17,533	$96.03	-50.0%	-50.0%	-50.0%	-48.6%	-35.9%	2.7%
ENBREL MINI	2	8	56	$10,791	$10,773	$1,348.82	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ENTRESTO	13	1,260	630	$10,786	$10,001	$8.56	18	1,080	575	$9,167	$8,440	$8.65	-27.8%	16.9%	9.6%	17.7%	18.5%	-1.0%
REVLIMID	1	14	21	$10,371	$9,852	$740.77	4	56	77	$40,896	$34,487	$730.29	-75.0%	-75.0%	-72.7%	-74.6%	-71.4%	1.4%
HUMIRA(CF) PEN	2	4	56	$10,737	$9,073	$2,684.17	1	2	28	$5,395	$5,386	$2,697.65	100.0%	100.0%	100.0%	99.0%	68.4%	-0.5%
ANORO ELLIPTA	18	1,320	660	$8,886	$7,995	$6.73	23	1,740	870	$11,747	$10,744	$6.75	-21.7%	-24.1%	-24.1%	-24.4%	-25.6%	-0.3%
BREO ELLIPTA	17	1,500	750	$8,573	$7,813	$5.72	19	1,740	870	$9,935	$8,947	$5.71	-10.5%	-13.8%	-13.8%	-13.7%	-12.7%	0.2%
WIXELA INHUB	28	3,000	1,530	$7,876	$7,589	$2.63	27	3,120	1,560	$7,778	$7,526	$2.49	3.7%	-3.8%	-1.9%	1.3%	0.8%	5.8%
OFEV	1	60	30	$10,193	$7,501	$169.89	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
AUBAGIO	1	30	30	$7,822	$7,139	$260.72	1	30	30	$7,822	$5,545	$260.72	0.0%	0.0%	0.0%	0.0%	28.8%	0.0%
ESBRIET	1	270	30	$9,781	$7,135	$36.22	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SPIRIVA RESPIMAT	12	64	480	$8,949	$8,309	$108.58	13	78	570	$8,179	$7,469	$107.61	-7.7%	-15.8%	-15.8%	-15.0%	-15.5%	0.9%
ALBUTEROL SULFATE HFA	151	2,315	4,928	$7,455	$6,208	$3.22	154	2,573	5,361	$8,157	$7,020	$3.17	-1.9%	-10.0%	-8.6%	-8.6%	-11.6%	1.6%
INVOKANA	11	390	390	$6,477	$5,926	$16.61	9	330	330	$5,332	$4,923	$16.16	22.2%	18.2%	18.2%	21.5%	20.4%	2.8%
CREON	5	670	121	$6,232	$5,843	$9.30	6	2,425	223	$20,847	$20,604	$8.60	-16.7%	-72.4%	-45.7%	-70.1%	-71.6%	8.1%
ATORVASTATIN CALCIUM	529	41,257	41,415	$5,520	$5,497	$0.13	622	49,491	49,812	$6,648	$6,644	$0.13	-15.0%	-16.6%	-16.9%	-17.0%	-17.3%	0.0%
TRINTELLIX	8	480	420	$6,076	$5,464	$12.66	4	120	120	$1,548	$1,372	$12.90	100.0%	300.0%	250.0%	292.5%	298.2%	-1.9%
COSENTYX (2 SYRINGES)	1	2	28	$5,368	$5,379	$2,693.80	1	2	28	$5,388	$5,379	$2,693.80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CHANTIX	12	744	389	$5,772	$5,294	$7.76	10	822	331	$4,918	$4,639	$7.91	20.0%	19.8%	17.5%	17.4%	14.1%	-1.9%
LATUDA	2	120	120	$5,418	$5,242	$45.15	2	60	60	$3,107	$3,083	$51.78	0.0%	100.0%	100.0%	74.4%	71.1%	-12.8%
TOUJEO SOLOSTAR	10	72	420	$5,952	$5,216	$82.66	10	96	546	$7,812	$7,004	$81.37	0.0%	-25.0%	-23.1%	-23.8%	-25.5%	1.6%
IMBRUVICA	1	30	30	$4,668	$4,659	$155.59	1	30	30	$4,668	$4,659	$155.59	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MULTAQ	4	480	240	$4,930	$4,644	$10.27	8	784	392	$8,035	$7,481	$10.25	-50.0%	-38.8%	-38.8%	-38.6%	-37.9%	0.2%
ADVAIR HFA	8	144	358	$4,933	$4,619	$34.25	7	108	300	$3,617	$3,344	$33.49	14.3%	33.3%	19.3%	36.4%	38.1%	2.3%
VICTOZA 3-PAK	6	48	270	$4,969	$4,595	$103.52	9	129	480	$12,715	$12,070	$98.57	-33.3%	-62.8%	-43.8%	-60.9%	-61.9%	5.0%
XELJANZ XR	1	30	30	$4,564	$4,555	$152.12	1	30	30	$4,564	$4,555	$152.12	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DALIRESP	7	450	450	$5,046	$4,465	$11.21	7	390	390	$4,396	$4,047	$11.27	0.0%	15.4%	15.4%	14.8%	10.3%	-0.5%
TRESIBA FLEXTOUCH U-200	3	72	210	$4,510	$4,233	$62.64	3	45	114	$2,963	$2,823	$65.85	0.0%	60.0%	84.2%	52.2%	49.9%	-4.9%
ODEFSEY	2	60	60	$5,723	$3,978	$95.39	1	30	30	$2,862	$1,917	$95.39	100.0%	100.0%	100.0%	100.0%	107.5%	0.0%
SPIRIVA	8	300	300	$4,403	$3,975	$14.68	7	210	225	$3,300	$3,213	$15.72	14.3%	42.9%	33.3%	33.4%	23.7%	-6.6%
BRILINTA	10	715	344	$4,401	$3,953	$6.16	12	1,200	600	$7,158	$6,442	$5.97	-16.7%	-40.4%	-42.7%	-38.5%	-38.6%	3.2%
NOVOLOG MIX 70-30	5	140	137	$4,082	$3,947	$29.16	5	320	204	$9,045	$8,396	$28.27	0.0%	-56.3%	-32.8%	-54.9%	-53.0%	3.1%
DEXILANT	8	480	480	$4,348	$3,858	$9.06	9	330	330	$3,060	$2,699	$9.27	-11.1%	45.5%	45.5%	42.1%	42.9%	-2.3%
LOSARTAN POTASSIUM	281	22,779	21,521	$3,853	$3,850	$0.17	401	35,112	32,233	$4,789	$4,784	$0.14	-29.9%	-35.1%	-33.2%	-19.5%	-19.5%	21.4%
COMBIVENT RESPIMAT	6	40	300	$4,023	$3,701	$100.57	7	38	270	$3,803	$3,316	$102.58	-14.3%	11.1%	11.1%	8.9%	11.5%	-2.0%
LUMIGAN	10	60	651	$4,691	$3,685	$78.18	9	45	450	$3,305	$2,718	$77.76	11.1%	41.2%	44.7%	41.9%	35.6%	0.5%
INSULIN ASPART FLEXPEN	6	228	348	$3,570	$3,476	$15.66	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
OXYCONTIN	6	396	153	$3,648	$3,467	$9.72	6	390	150	$4,025	$3,859	$10.32	0.0%	1.5%	2.0%	-4.4%	-10.4%	-5.8%
VASCEPA	10	1,440	360	$3,603	$3,329	$2.64	6	1,200	300	$3,111	$2,647	$2.59	66.7%	20.0%	20.0%	22.2%	25.7%	1.9%
MESALAMINE ER	5	1,020	270	$3,328	$3,240	$3.26	3	780	210	$2,559	$2,507	$3.28	66.7%	30.8%	28.6%	30.1%	29.3%	-0.6%
INCRUSE ELLIPTA	8	300	300	$3,281	$2,991	$10.94	11	450	450	$4,903	$4,472	$10.90	-27.3%	-33.3%	-33.3%	-33.1%	-33.1%	0.4%
DUPIXENT	1	4	28	$2,989	$2,980	$747.36	1	4	28	$2,989	$2,980	$747.36	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DICLOFENAC SODIUM	95	13,665	3,031	$3,625	$2,964	$0.27	100	12,745	2,897	$3,156	$2,484	$0.25	-5.0%	7.2%	4.6%	14.9%	19.3%	8.0%

MedImpact

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	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
TRESIBA FLEXTOUCH U-100	5	105	287	$3,324	$2,914	$31.65	4	57	131	$1,678	$1,667	$32.95	25.0%	84.2%	119.1%	77.0%	74.8%	-3.9%
FLUTICASONE-SALMETEROL	16	1,200	600	$3,014	$2,895	$2.51	15	1,380	690	$3,719	$3,543	$2.69	6.7%	-13.0%	-13.0%	-18.9%	-18.3%	-6.7%
EYLEA	2	0	56	$3,577	$2,861	$35,768.80	-1	-0	-28	-$1,821	-$1,457	$36,416.80	-300.0%	-300.0%	-300.0%	-296.4%	-296.4%	-1.8%
FARXIGA	7	210	210	$3,420	$2,780	$16.29	5	150	150	$2,436	$1,966	$16.24	40.0%	40.0%	40.0%	40.4%	41.4%	0.3%
ESTRADIOL	31	1,101	1,610	$2,930	$2,727	$2.66	34	1,513	1,741	$2,182	$1,946	$1.44	-8.8%	-27.2%	-7.5%	34.3%	40.1%	84.7%
BENLYSTA	1	4	28	$3,634	$2,708	$908.41	1	4	28	$3,634	$2,435	$908.41	0.0%	0.0%	0.0%	0.0%	11.2%	0.0%
LANTUS	8	110	230	$3,033	$2,708	$27.57	11	320	585	$8,447	$7,764	$26.40	-27.3%	-65.6%	-60.7%	-64.1%	-65.1%	4.4%
PREMARIN	12	402	638	$3,311	$2,613	$8.24	12	402	570	$3,292	$2,665	$8.19	0.0%	0.0%	11.9%	0.6%	-2.0%	0.6%
JANUMET XR	4	330	180	$2,693	$2,423	$8.16	8	510	360	$5,780	$5,260	$11.29	-33.3%	-35.3%	-50.0%	-53.2%	-53.9%	-27.7%
TOVIAZ	4	240	240	$2,595	$2,325	$10.81	4	240	240	$2,624	$2,440	$10.93	0.0%	0.0%	0.0%	-1.1%	-4.7%	-1.1%
COMBIGAN	10	80	482	$2,838	$2,287	$35.47	11	95	459	$3,342	$2,650	$35.18	-9.1%	-15.8%	5.0%	-15.1%	-14.5%	0.8%
SAVELLA	3	390	210	$2,419	$2,258	$6.20	2	240	120	$1,502	$1,350	$6.26	50.0%	62.5%	75.0%	61.1%	67.3%	-1.0%
AIMOVIG AUTOINJECTOR	4	4	118	$2,345	$2,231	$586.17	3	3	88	$1,731	$1,652	$577.05	33.3%	33.3%	34.1%	35.4%	35.0%	1.6%
GABAPENTIN	192	27,242	10,242	$2,561	$2,204	$0.09	215	33,682	12,088	$3,224	$2,836	$0.10	-10.7%	-19.1%	-15.3%	-20.6%	-22.3%	-10.0%
NAMZARIC	4	151	151	$2,376	$2,152	$15.74	3	89	89	$1,481	$1,345	$16.42	33.3%	69.7%	69.7%	62.6%	60.0%	-4.1%
DIFLORASONE DIACETATE	1	240	30	$2,158	$2,148	$8.99	1	60	30	$540	$536	$9.00	0.0%	300.0%	0.0%	299.7%	300.8%	-0.1%
TESTOSTERONE	6	1,563	300	$2,176	$2,118	$1.37	12	2,130	510	$3,422	$2,900	$1.61	-50.0%	-25.7%	-41.2%	-36.4%	-27.0%	-14.9%
FLOVENT HFA	6	107	330	$2,527	$2,098	$23.70	7	131	390	$3,144	$2,619	$24.07	-14.3%	-18.4%	-15.4%	-19.6%	-19.8%	-1.5%
VENLAFAXINE HCL ER	37	3,135	2,475	$2,435	$2,091	$0.78	47	3,845	3,401	$2,783	$2,471	$0.72	-21.3%	-18.5%	-27.2%	-12.5%	-15.4%	8.3%
TAMSULOSIN HCL	164	14,400	11,926	$2,089	$2,078	$0.15	205	17,531	15,446	$2,504	$2,504	$0.14	-20.0%	-17.9%	-22.8%	-16.6%	-17.0%	7.1%
METOPROLOL SUCCINATE	197	15,134	13,960	$4,244	$2,061	$0.28	243	20,637	18,732	$5,708	$2,784	$0.28	-18.9%	-26.7%	-25.5%	-25.6%	-25.4%	0.0%
ADVAIR DISKUS	5	420	210	$2,336	$2,055	$5.56	4	240	120	$1,578	$1,414	$6.58	25.0%	75.0%	75.0%	48.1%	45.4%	-15.5%
NOVOLIN 70-30	10	330	340	$2,565	$2,050	$7.77	8	150	178	$1,573	$1,403	$10.49	25.0%	120.0%	91.0%	63.1%	46.2%	-25.9%
LINZESS	3	150	150	$2,099	$2,046	$13.99	5	150	150	$2,163	$1,997	$14.42	-40.0%	0.0%	0.0%	-3.0%	2.5%	-3.0%
PRAVASTATIN SODIUM	125	10,399	10,444	$1,845	$1,844	$0.18	162	13,489	13,636	$2,371	$2,366	$0.18	-22.8%	-22.9%	-23.4%	-22.2%	-22.1%	0.0%
PROPAFENONE HCL ER	3	540	270	$1,867	$1,807	$3.46	3	330	210	$921	$899	$2.79	0.0%	63.6%	28.6%	102.8%	100.9%	24.0%
OMEPRAZOLE	221	18,840	18,799	$1,777	$1,773	$0.10	290	23,743	22,169	$2,287	$2,267	$0.10	-23.8%	-21.5%	-24.2%	-21.6%	-21.8%	0.0%
NOVOLOG FLEXPEN	5	69	217	$1,885	$1,766	$28.76	14	225	863	$8,075	$7,283	$35.89	-64.3%	-69.3%	-67.3%	-75.4%	-75.8%	-19.9%
BYSTOLIC	10	565	505	$2,685	$1,752	$4.75	16	1,190	1,235	$5,485	$3,942	$4.61	-37.5%	-52.5%	-59.1%	-51.0%	-55.6%	3.0%
POTASSIUM CHLORIDE	90	8,734	5,144	$2,685	$1,707	$0.31	107	10,005	6,976	$2,993	$1,702	$0.30	-15.9%	-12.7%	-26.3%	-10.3%	0.3%	3.3%
PNEUMOVAX 23	14	7	192	$1,707	$1,707	$243.88	8	4	8	$979	$979	$244.89	75.0%	75.0%	2,300.0%	74.4%	74.4%	-0.3%
LIVALO	2	180	180	$1,721	$1,703	$9.56	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DOFETILIDE	5	660	330	$1,759	$1,697	$2.66	8	1,140	570	$3,002	$2,950	$2.63	-37.5%	-42.1%	-42.1%	-41.4%	-42.5%	1.1%
AMLODIPINE BESYLATE	438	34,350	32,640	$1,685	$1,682	$0.05	536	44,148	41,341	$2,001	$2,001	$0.05	-18.3%	-22.2%	-21.0%	-15.8%	-16.0%	0.0%
MYCOPHENOLATE MOFETIL	6	1,300	362	$1,758	$1,687	$1.35	7	1,222	379	$1,275	$1,190	$1.04	-14.3%	6.4%	-4.5%	37.9%	40.1%	29.8%
XIFAXAN	1	60	30	$2,482	$1,683	$41.36	2	120	60	$4,963	$3,325	$41.36	-50.0%	-50.0%	-50.0%	-50.0%	-50.0%	0.0%
MESALAMINE	3	390	150	$1,587	$1,537	$4.07	7	1,050	342	$4,909	$4,870	$4.68	-57.1%	-62.9%	-56.1%	-67.7%	-68.4%	-13.0%
RHOPRESSA	5	18	183	$1,813	$1,520	$103.60	3	8	64	$794	$695	$105.89	66.7%	133.3%	185.9%	128.3%	128.5%	-2.2%
PREVNAR 13	7	4	96	$1,506	$1,506	$430.29	11	6	11	$2,382	$2,382	$433.16	-36.4%	-36.4%	772.7%	-36.8%	-36.8%	-0.7%
JANUMET	2	240	120	$1,772	$1,499	$7.39	11	1,350	675	$9,904	$9,135	$7.34	-81.8%	-82.2%	-82.2%	-82.1%	-83.6%	0.7%
CANDESARTAN CILEXETIL	17	1,350	1,320	$1,792	$1,456	$1.33	9	690	660	$746	$680	$1.08	88.9%	95.7%	100.0%	140.0%	114.0%	23.1%
BASAGLAR KWIKPEN U-100	1	72	90	$1,447	$1,439	$20.10	3	108	210	$2,178	$2,090	$20.17	-66.7%	-33.3%	-57.1%	-33.5%	-30.2%	-0.3%
PRALUENT PEN	4	8	100	$1,750	$1,395	$218.73	2	4	56	$875	$675	$218.73	100.0%	100.0%	78.6%	100.0%	106.7%	0.0%
XIIDRA	1	180	90	$1,534	$1,393	$8.52	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
STIOLTO RESPIMAT	2	16	120	$1,563	$1,391	$97.69	5	36	270	$3,536	$3,145	$98.22	-60.0%	-55.6%	-55.6%	-55.8%	-55.8%	-0.5%
CLOBETASOL PROPIONATE	29	1,598	682	$1,587	$1,386	$0.99	37	2,083	922	$2,105	$1,868	$1.01	-21.6%	-23.3%	-26.0%	-24.6%	-25.8%	-2.0%
HYDROCODONE-ACETAMINOPHE	153	9,118	2,545	$1,920	$1,377	$0.21	155	8,569	2,321	$1,982	$1,434	$0.23	-1.3%	6.4%	9.7%	-2.1%	-4.0%	-8.7%
PANTOPRAZOLE SODIUM	178	13,081	11,633	$1,353	$1,351	$0.10	192	14,462	12,782	$1,454	$1,454	$0.10	-7.3%	-9.5%	-9.0%	-7.0%	-7.1%	0.0%
VENCLEXTA	1	28	28	$1,393	$1,346	$49.75	-1	-60	-30	-$5,894	-$5,400	$94.73	-200.0%	-146.7%	-193.3%	-124.5%	-124.9%	-47.5%
LISINOPRIL	428	37,073	33,003	$1,349	$1,343	$0.04	494	43,362	38,667	$1,496	$1,498	$0.03	-13.4%	-14.5%	-14.6%	-9.8%	-10.3%	33.3%
BUPRENORPHINE-NALOXONE	3	218	125	$1,328	$1,318	$6.09	3	135	138	$827	$811	$6.12	0.0%	61.5%	-9.4%	60.7%	62.4%	-0.5%
FLUTICASONE PROPIONATE	139	3,420	6,540	$1,320	$1,310	$0.39	138	3,500	6,990	$1,324	$1,320	$0.38	0.7%	-2.3%	-6.4%	-0.3%	-0.8%	2.8%
BELSOMRA	4	120	120	$1,422	$1,285	$11.85	4	180	180	$2,081	$1,885	$11.56	0.0%	-33.3%	-33.3%	-31.6%	-31.8%	2.5%
FINASTERIDE	71	5,474	5,474	$1,273	$1,273	$0.23	74	6,000	6,000	$1,383	$1,383	$0.23	-4.1%	-8.8%	-8.8%	-8.6%	-8.6%	0.0%
METOPROLOL TARTRATE	163	22,064	12,111	$1,266	$1,266	$0.06	204	28,041	15,849	$1,591	$1,594	$0.06	-20.1%	-21.3%	-23.6%	-20.5%	-20.6%	0.0%
TRAVOPROST	8	23	203	$1,293	$1,255	$57.45	7	40	465	$2,340	$2,276	$58.49	14.3%	-43.8%	-56.3%	-44.8%	-44.9%	-1.8%
HAVRIX	25	25	54	$2,244	$1,189	$89.74	14	14	14	$1,256	$670	$89.70	78.6%	78.6%	285.7%	78.7%	77.4%	0.0%
LATANOPROST	102	410	4,355	$1,188	$1,188	$2.90	93	343	3,516	$1,000	$1,000	$2.92	9.7%	19.7%	23.9%	18.8%	18.8%	-0.7%
CLOPIDOGREL	136	9,993	10,080	$1,187	$1,185	$0.12	150	11,823	11,883	$1,374	$1,374	$0.12	-10.0%	-14.0%	-13.7%	-13.6%	-13.8%	0.0%
EPINEPHRINE	4	8	105	$1,201	$1,179	$150.10	4	8	48	$1,151	$1,123	$143.92	0.0%	0.0%	118.8%	4.3%	5.0%	4.3%
ASPIRIN-DIPYRIDAMOLE ER	3	480	270	$1,195	$1,171	$2.49	5	780	390	$2,333	$2,474	$2.99	-40.0%	-38.5%	-30.8%	-48.8%	-52.7%	-16.7%
FLUOROURACIL	17	690	355	$1,279	$1,163	$1.85	17	850	325	$1,233	$1,111	$1.90	0.0%	6.2%	9.2%	3.7%	4.7%	-2.8%
CARVEDILOL	100	14,588	7,114	$1,161	$1,161	$0.08	195	30,300	14,880	$2,359	$2,356	$0.08	-48.7%	-51.9%	-52.2%	-50.8%	-50.7%	0.0%
HYDROCHLOROTHIAZIDE	202	15,054	15,209	$1,121	$1,120	$0.07	241	19,009	18,741	$1,252	$1,254	$0.07	-16.2%	-20.8%	-18.8%	-10.4%	-10.6%	0.0%
INSULIN ASPART PROT-INSULN A	1	80	90	$1,095	$1,095	$13.69	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TRAVATAN Z	5	18	149	$1,321	$1,087	$75.50	1	3	25	$189	$142	$75.57	400.0%	500.0%	496.0%	599.3%	666.1%	-0.1%
ERTAPENEM	1	12	12	$1,084	$1,074	$90.32	4	28	28	$2,536	$2,520	$90.58	-75.0%	-57.1%	-57.1%	-57.3%	-57.4%	-0.3%
SUPARTZ FX	1	15	21	$1,342	$1,074	$89.47	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
NOVOLOG	5	50	116	$1,224	$1,064	$24.49	8	240	429	$6,459	$5,756	$26.91	-37.5%	-79.2%	-73.0%	-81.0%	-81.5%	-9.0%
OXYCODONE-ACETAMINOPHEN	62	3,342	926	$1,248	$1,060	$0.37	65	3,297	866	$1,117	$951	$0.34	-4.6%	1.4%	6.9%	11.7%	11.5%	8.8%

MedImpact

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
ALPRAZOLAM	210	12,619	6,983	$1,057	$1,057	$0.08	218	13,063	6,934	$1,075	$1,075	$0.08	-2.8%	-3.4%	0.7%	-1.7%	-1.6%	0.0%
LIALDA	1	120	30	$1,091	$1,056	$9.09	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TRAZODONE HCL	95	8,041	5,956	$1,057	$1,049	$0.13	117	9,238	7,828	$1,537	$1,521	$0.17	-18.8%	-13.0%	-23.9%	-31.3%	-31.0%	-23.5%
PICATO	1	3	3	$1,077	$1,030	$358.87	2	6	6	$2,092	$2,010	$348.72	-50.0%	-50.0%	-50.0%	-48.5%	-48.8%	2.9%
DUREZOL	7	35	190	$1,342	$1,028	$38.33	3	15	73	$585	$474	$37.67	133.3%	133.3%	160.3%	137.4%	116.8%	1.8%
ESCITALOPRAM OXALATE	118	8,336	8,275	$1,015	$1,015	$0.12	111	7,821	7,754	$994	$987	$0.12	6.3%	6.6%	6.7%	5.3%	5.0%	0.0%
PROLENSA	6	15	214	$1,376	$1,000	$91.71	6	21	194	$1,924	$1,595	$91.64	0.0%	-28.6%	10.3%	-28.5%	-37.3%	0.1%
FEBUXOSTAT	4	180	180	$991	$973	$5.51	5	210	210	$1,081	$1,041	$5.15	-20.0%	-14.3%	-14.3%	-8.3%	-6.5%	7.0%
SUPREP	16	5,664	78	$1,591	$973	$0.28	28	9,204	35	$2,576	$1,512	$0.28	-38.5%	-38.5%	122.9%	-38.2%	-35.6%	0.0%
TOLTERODINE TARTRATE ER	9	630	630	$1,029	$971	$1.63	6	360	360	$643	$601	$1.79	50.0%	75.0%	75.0%	60.1%	61.7%	-8.9%
METFORMIN HCL	239	38,135	18,419	$971	$967	$0.03	280	43,885	21,500	$1,119	$1,106	$0.03	-14.6%	-12.7%	-14.3%	-13.2%	-12.6%	0.0%
SIMVASTATIN	219	18,320	18,481	$966	$963	$0.05	282	23,787	24,079	$1,239	$1,237	$0.05	-22.3%	-23.0%	-23.3%	-22.0%	-22.1%	0.0%
PREDNISONE	152	4,717	2,600	$968	$928	$0.21	156	5,519	3,179	$1,275	$1,159	$0.23	-2.6%	-14.5%	-18.2%	-24.0%	-19.9%	-8.7%
EDARBI	3	150	150	$1,008	$926	$6.72	2	60	60	$406	$324	$6.77	50.0%	150.0%	150.0%	148.2%	185.8%	-0.7%
ALLOPURINOL	85	7,495	6,624	$930	$922	$0.12	102	9,470	8,150	$1,196	$1,196	$0.13	-16.7%	-20.9%	-18.7%	-22.3%	-22.9%	-7.7%
TRIAMCINOLONE ACETONIDE	59	7,773	1,401	$966	$922	$0.12	58	6,386	1,383	$540	$506	$0.08	1.7%	21.7%	1.3%	78.9%	82.4%	50.0%
ARNUITY ELLIPTA	5	150	150	$1,106	$907	$7.37	4	120	120	$873	$709	$7.27	25.0%	25.0%	25.0%	26.7%	27.9%	1.4%
SPRAVATO	1	4	7	$1,353	$906	$338.19	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
MONTELUKAST SODIUM	110	7,216	7,216	$895	$895	$0.12	151	10,464	10,524	$1,287	$1,256	$0.12	-27.2%	-31.0%	-31.4%	-29.3%	-28.8%	0.0%
BUMETANIDE	23	1,626	1,288	$1,107	$890	$0.68	22	1,535	1,119	$1,087	$870	$0.71	4.5%	5.9%	15.1%	1.8%	2.3%	-4.2%
URSODIOL	6	930	300	$902	$882	$0.97	9	1,180	605	$1,216	$1,138	$1.03	-33.3%	-21.2%	-50.4%	-25.8%	-24.2%	-5.8%
OMEGA-3 ACID ETHYL ESTERS	14	3,270	1,060	$965	$829	$0.30	12	3,180	885	$1,099	$927	$0.35	16.7%	2.8%	22.0%	-12.2%	-10.5%	-14.3%
SERTRALINE HCL	105	8,938	7,712	$827	$825	$0.09	120	10,079	8,872	$940	$939	$0.09	-12.5%	-11.3%	-11.1%	-12.1%	-12.2%	0.0%
AMIODARONE HCL	31	1,959	1,982	$867	$825	$0.44	33	2,037	1,799	$1,023	$1,002	$0.50	-6.1%	-3.8%	10.2%	-15.2%	-17.7%	-12.0%
ROSUVASTATIN CALCIUM	209	15,848	16,139	$2,787	$822	$0.18	225	16,848	17,156	$3,154	$1,093	$0.19	-7.1%	-5.9%	-5.9%	-11.6%	-24.8%	-5.3%
NUCYNTA ER	1	60	30	$812	$803	$13.53	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
METRONIDAZOLE	28	788	368	$885	$799	$1.08	39	1,479	869	$1,822	$1,733	$1.23	-33.3%	-46.0%	-45.0%	-52.5%	-53.9%	-12.2%
DULOXETINE HCL	97	6,559	5,668	$1,676	$793	$0.26	97	6,757	5,567	$2,450	$1,580	$0.36	0.0%	-2.9%	1.8%	-31.6%	-49.2%	-27.8%
RETIN-A MICRO PUMP	1	50	30	$885	$785	$17.71	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
COLESEVELAM HCL	3	900	150	$802	$776	$0.89	6	2,160	360	$1,924	$1,891	$0.89	-50.0%	-58.3%	-58.3%	-58.3%	-58.9%	0.0%
DILTIAZEM 24HR ER (CD)	39	2,790	2,670	$1,311	$774	$0.47	50	3,600	3,300	$1,993	$1,584	$0.54	-22.0%	-24.4%	-19.1%	-34.2%	-51.1%	-13.0%
BUPROPION XL	55	3,911	3,795	$1,177	$767	$0.30	65	5,023	4,586	$1,489	$711	$0.30	-15.4%	-22.1%	-17.2%	-21.0%	7.9%	0.0%
YUVAFEM	4	92	292	$859	$765	$9.33	2	32	112	$382	$346	$11.32	100.0%	187.5%	160.7%	124.9%	120.7%	-17.6%
VELTASSA	1	30	30	$797	$762	$26.58	1	30	30	$797	$762	$26.58	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CELECOXIB	49	3,191	2,277	$1,196	$757	$0.37	51	3,530	2,528	$970	$509	$0.27	-3.9%	-9.6%	-9.9%	23.2%	48.8%	37.0%
LEXAPRO	1	90	90	$1,032	$757	$11.47	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ATENOLOL	88	8,475	7,260	$754	$754	$0.09	104	10,515	8,790	$933	$933	$0.09	-17.3%	-19.4%	-17.4%	-19.1%	-19.1%	0.0%
AZITHROMYCIN	117	800	732	$751	$747	$0.94	131	884	913	$785	$785	$0.87	-10.7%	-9.5%	-19.8%	-4.9%	-4.9%	8.0%
LEVEMIR FLEXTOUCH	3	33	80	$989	$746	$29.97	6	87	265	$2,551	$1,957	$29.32	-50.0%	-62.1%	-69.8%	-61.2%	-61.9%	2.2%
TRAMADOL HCL	187	12,280	3,546	$745	$744	$0.06	179	10,738	2,920	$682	$670	$0.06	4.5%	14.4%	21.4%	9.3%	11.0%	0.0%
TRESIBA	1	30	30	$988	$741	$32.93	1	30	30	$988	$963	$32.93	0.0%	0.0%	0.0%	0.0%	-22.2%	0.0%
POTASSIUM CITRATE ER	6	810	420	$828	$736	$1.02	9	1,110	510	$1,317	$1,243	$1.19	-33.3%	-27.0%	-17.6%	-37.1%	-40.7%	-14.3%
CAPECITABINE	4	370	79	$920	$736	$2.49	2	196	28	$563	$402	$2.86	100.0%	88.8%	182.1%	63.0%	83.0%	-2.7%
PILOCARPINE HCL	5	1,170	390	$808	$720	$0.69	6	825	420	$885	$821	$1.05	-16.7%	41.8%	-7.1%	-8.6%	-12.3%	-34.3%
BROMFENAC SODIUM	5	9	107	$751	$719	$88.34	1	2	30	$150	$140	$88.34	400.0%	400.0%	256.7%	400.0%	412.8%	0.0%
TOBRAMYCIN-DEXAMETHASONE	9	48	141	$765	$695	$16.10	8	43	128	$684	$610	$16.10	12.5%	11.8%	10.2%	11.8%	13.9%	0.0%
CELEBREX	1	60	30	$774	$689	$12.90	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ENOXAPARIN SODIUM	3	71	47	$704	$689	$9.89	2	65	60	$620	$609	$9.54	50.0%	9.5%	-21.7%	13.5%	13.1%	3.7%
ATOMOXETINE HCL	4	160	180	$702	$679	$3.90	2	60	60	$472	$464	$7.87	100.0%	200.0%	200.0%	48.8%	46.2%	-50.4%
TIMOLOL MALEATE	32	290	1,504	$1,177	$671	$4.06	23	230	1,369	$246	$246	$1.07	39.1%	26.1%	9.9%	378.4%	172.9%	279.4%
GLIMEPIRIDE	65	5,753	4,486	$663	$663	$0.12	73	7,154	5,175	$858	$858	$0.12	-11.0%	-19.6%	-13.3%	-22.8%	-22.8%	0.0%
ILEVRO	3	9	113	$847	$660	$94.11	4	11	107	$1,115	$951	$104.17	-25.0%	-15.9%	5.6%	-24.0%	-30.6%	-9.7%
FLUOXETINE HCL	70	5,797	4,519	$658	$657	$0.11	66	5,132	4,216	$568	$538	$0.11	6.1%	13.0%	7.2%	15.9%	22.2%	0.0%
OSELTAMIVIR PHOSPHATE	44	418	245	$968	$654	$2.32	33	317	177	$806	$546	$2.55	33.3%	31.9%	38.4%	19.7%	19.9%	-9.0%
ACYCLOVIR	28	2,181	1,242	$860	$654	$0.39	29	3,331	1,644	$2,202	$1,991	$0.66	-3.4%	-34.5%	-24.5%	-60.9%	-67.2%	-40.9%
DILTIAZEM 12HR ER	1	180	90	$646	$646	$3.59	2	120	60	$287	$273	$2.39	-50.0%	50.0%	50.0%	125.5%	137.1%	50.2%
FENOFIBRATE	47	3,435	3,450	$1,134	$645	$0.33	49	3,490	3,460	$1,005	$488	$0.29	-4.1%	-1.8%	-0.3%	12.8%	32.1%	13.8%
VYZULTA	2	13	103	$944	$642	$75.98	1	3	18	$197	$150	$78.78	100.0%	400.0%	472.2%	379.6%	328.5%	-4.1%
TESTOSTERONE CYPIONATE	15	76	660	$829	$641	$10.90	17	93	750	$1,122	$1,000	$12.07	-11.8%	-18.3%	-12.0%	-26.2%	-36.0%	-9.7%
FLECAINIDE ACETATE	15	1,860	990	$786	$637	$0.41	23	3,360	1,650	$1,212	$955	$0.36	-34.8%	-44.6%	-40.0%	-40.0%	-36.8%	13.9%
FUROSEMIDE	124	8,525	7,908	$640	$635	$0.08	151	11,493	10,092	$837	$838	$0.07	-17.9%	-25.8%	-21.6%	-23.5%	-24.1%	14.3%
ISOSORBIDE MONONITRATE ER	32	2,503	2,188	$625	$625	$0.25	44	3,223	3,178	$829	$834	$0.26	-27.3%	-22.3%	-31.2%	-24.6%	-25.1%	-3.8%
BUDESONIDE-FORMOTEROL FUM	4	41	119	$991	$621	$24.30	2	20	60	$511	$341	$25.05	100.0%	100.0%	98.3%	94.0%	82.2%	-3.0%
WARFARIN SODIUM	44	3,514	3,311	$617	$617	$0.18	51	4,112	3,888	$755	$755	$0.16	-13.7%	-14.5%	-10.2%	-18.2%	-18.2%	0.0%
LOSARTAN-HYDROCHLOROTHIAZ	43	3,450	3,540	$612	$612	$0.18	50	4,064	4,139	$652	$652	$0.16	-14.0%	-15.1%	-14.5%	-6.2%	-6.2%	12.5%
PAROXETINE HCL	41	3,503	3,148	$610	$608	$0.17	35	2,898	2,488	$431	$431	$0.16	17.1%	29.8%	26.5%	41.4%	40.9%	6.3%
XTAMPZA ER	2	90	60	$676	$606	$7.52	1	30	30	$130	$95	$4.35	100.0%	200.0%	100.0%	418.7%	535.6%	72.9%
VICTOZA 2-PAK	1	6	30	$627	$592	$104.50	5	36	187	$3,642	$3,423	$101.17	-80.0%	-83.3%	-84.0%	-82.8%	-82.7%	3.3%
AMOXICILLIN-CLAVULANATE POT	76	1,401	697	$580	$580	$0.41	72	1,356	678	$531	$543	$0.39	5.6%	3.3%	2.8%	9.3%	6.9%	5.1%
CIPRODEX	3	23	74	$727	$575	$32.32	5	38	63	$1,212	$1,039	$32.32	-40.0%	-40.0%	17.5%	-40.0%	-44.6%	0.0%

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
BUPRENORPHINE	1	4	28	$568	$564	$142.02	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SPIRONOLACTONE	53	3,823	3,308	$562	$562	$0.15	59	4,702	4,336	$649	$649	$0.14	-10.2%	-18.7%	-23.7%	-13.4%	-13.4%	7.1%
COLESTIPOL HCL	6	780	300	$610	$558	$0.78	5	420	210	$321	$287	$0.76	20.0%	85.7%	42.9%	89.9%	94.3%	2.8%
ZIRGAN	2	10	40	$724	$554	$72.41	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
VALACYCLOVIR	30	1,413	1,065	$687	$552	$0.49	41	2,181	1,656	$1,043	$792	$0.48	-26.8%	-35.2%	-35.7%	-34.1%	-30.4%	2.1%
TRIAMTERENE-HYDROCHLOROT	43	3,265	3,325	$546	$546	$0.17	46	3,900	3,780	$622	$622	$0.16	-6.5%	-16.3%	-12.0%	-12.2%	-12.2%	6.3%
KETOCONAZOLE	32	2,872	786	$768	$545	$0.27	37	2,760	965	$852	$558	$0.31	-13.5%	4.1%	-18.6%	-9.9%	-2.3%	-12.9%
VALSARTAN	24	2,051	1,798	$883	$545	$0.42	26	1,826	1,678	$886	$826	$0.47	-7.7%	12.3%	7.2%	-0.4%	-12.0%	-10.6%
EMGALITY SYRINGE	1	1	30	$587	$540	$586.97	1	1	30	$559	$512	$558.81	0.0%	0.0%	0.0%	5.0%	5.4%	5.0%
VIIBRYD	3	61	81	$611	$539	$10.01	4	284	239	$2,663	$2,326	$9.02	-25.0%	-78.5%	-74.5%	-77.2%	-76.8%	11.0%
AJOVY	1	2	30	$586	$539	$390.79	2	3	60	$1,118	$1,036	$372.54	-50.0%	-50.0%	-50.0%	-47.6%	-47.9%	4.9%
IPRATROPIUM BROMIDE	16	603	684	$685	$538	$1.14	16	615	709	$705	$533	$1.15	0.0%	-2.0%	-3.5%	-2.8%	0.8%	-0.9%
NIFEDIPINE ER	20	1,828	1,558	$696	$536	$0.38	35	2,779	2,509	$1,062	$744	$0.38	-42.9%	-34.2%	-37.9%	-34.4%	-27.9%	0.0%
RESTASIS MULTIDOSE	1	6	27	$569	$534	$103.47	2	22	114	$2,115	$1,963	$96.14	-50.0%	-75.0%	-76.3%	-73.1%	-72.8%	7.6%
LINEZOLID	3	102	51	$562	$532	$5.51	1	14	7	$30	$26	$2.13	200.0%	628.6%	628.6%	1,780.9%	1,955.8%	158.7%
PREGABALIN	32	2,530	1,115	$726	$531	$0.29	43	4,500	1,890	$1,279	$1,010	$0.28	-25.6%	-43.8%	-41.0%	-43.3%	-47.4%	3.6%
CARAFATE	1	1,200	30	$610	$525	$0.51	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ALPHAGAN P	3	25	149	$817	$524	$32.68	1	15	56	$490	$420	$32.64	200.0%	66.7%	166.1%	66.8%	24.9%	0.1%
OXYBUTYNIN CHLORIDE ER	22	1,738	1,618	$902	$523	$0.52	25	1,770	1,770	$784	$386	$0.44	-12.0%	-1.8%	-8.6%	15.0%	35.4%	18.2%
MICROLET	56	7,100	3,626	$572	$515	$0.08	60	8,600	4,017	$689	$620	$0.08	-6.7%	-17.4%	-9.7%	-16.9%	-16.9%	0.0%
DOXYCYCLINE HYCLATE	76	1,971	1,098	$989	$514	$0.50	88	2,309	1,282	$1,282	$671	$0.55	-13.6%	-14.6%	-15.0%	-21.6%	-23.3%	-9.1%
FAMOTIDINE	68	5,867	4,089	$514	$514	$0.09	72	6,850	4,944	$568	$574	$0.09	-8.3%	-11.8%	-17.7%	-9.5%	-10.5%	0.0%
ALENDRONATE SODIUM	73	834	5,323	$511	$511	$0.61	66	1,054	4,703	$536	$536	$0.51	10.6%	-20.9%	13.2%	-4.7%	-4.7%	19.6%
TUDORZA PRESSAIR	1	2	30	$555	$508	$277.70	1	1	30	$342	$295	$342.08	0.0%	100.0%	0.0%	62.4%	72.3%	-18.8%
IRBESARTAN	18	1,455	1,260	$503	$503	$0.35	23	1,801	1,681	$644	$644	$0.36	-21.7%	-19.2%	-25.0%	-22.0%	-22.0%	-2.8%
CANDESARTAN-HYDROCHLOROT	3	210	210	$532	$498	$2.53	2	180	180	$584	$522	$3.14	50.0%	16.7%	16.7%	-5.8%	-4.7%	-19.4%
LOTEMAX	3	15	52	$591	$486	$39.37	2	10	115	$370	$240	$37.01	50.0%	50.0%	-54.8%	59.6%	102.2%	6.4%
HYSINGLA ER	1	30	30	$569	$484	$18.95	1	30	30	$569	$484	$18.95	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FLUAD 2019-2020	12	6	12	$480	$480	$80.00	28	14	28	$1,120	$1,120	$80.00	-57.1%	-57.1%	-57.1%	-57.1%	-57.1%	0.0%
HYDROXYCHLOROQUINE SULFA	21	2,274	1,257	$694	$479	$0.31	23	2,790	1,440	$787	$563	$0.28	-8.7%	-18.5%	-12.7%	-11.8%	-14.9%	10.7%
GLYXAMBI	1	30	30	$524	$477	$17.47	1	30	30	$524	$477	$17.47	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LISINOPRIL-HYDROCHLOROTHIA	59	5,837	4,845	$473	$473	$0.08	79	7,899	6,450	$645	$645	$0.08	-25.3%	-26.7%	-24.9%	-26.8%	-26.8%	0.0%
THEOPHYLLINE ANHYDROUS	2	135	30	$476	$472	$3.53	6	420	270	$1,348	$1,322	$3.21	-66.7%	-67.9%	-88.9%	-64.6%	-64.3%	10.0%
TRADJENTA	2	38	38	$570	$462	$14.99	3	90	90	$1,348	$1,078	$14.98	-33.3%	-57.8%	-57.8%	-57.7%	-57.1%	0.1%
SILENOR	1	30	30	$485	$461	$16.18	1	30	30	$485	$461	$16.18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DEXCOM G6	2	4	120	$568	$454	$141.99	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ESTRING	1	1	90	$462	$453	$462.27	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
METFORMIN HCL ER	46	8,190	3,570	$453	$453	$0.06	46	7,215	3,435	$406	$406	$0.06	0.0%	13.5%	3.9%	11.6%	11.6%	0.0%
IBUPROFEN	54	4,564	1,626	$451	$451	$0.10	71	4,847	1,808	$501	$501	$0.10	-23.9%	-5.8%	-10.1%	-9.9%	-9.9%	0.0%
RANOLAZINE ER	5	660	330	$511	$451	$0.77	7	750	375	$664	$581	$0.89	-28.6%	-12.0%	-12.0%	-23.1%	-22.4%	-13.5%
FLUZONE HIGH-DOSE 2019-2020	10	5	10	$450	$450	$90.00	15	8	15	$675	$675	$90.00	-33.3%	-33.3%	-33.3%	-33.3%	-33.3%	0.0%
TIZANIDINE HCL	38	3,615	1,347	$636	$448	$0.18	41	3,401	1,538	$627	$336	$0.18	-7.3%	6.3%	-12.4%	1.5%	33.1%	0.0%
PROPRANOLOL HCL ER	7	690	510	$548	$438	$0.79	17	1,350	1,350	$987	$792	$0.73	-58.8%	-48.9%	-62.2%	-44.5%	-44.7%	8.2%
ENTACAPONE	2	480	120	$471	$437	$0.98	1	30	30	$30	$26	$1.00	100.0%	1,500.0%	300.0%	1,470.0%	1,580.8%	-2.0%
RASUVO	1	1	30	$479	$432	$399.33	1	5	84	$1,387	$1,282	$284.71	0.0%	-75.0%	-64.3%	-64.9%	-65.7%	40.3%
BROMSITE	2	10	45	$525	$431	$52.54	2	10	65	$325	$384	$52.54	0.0%	0.0%	-30.8%	0.0%	12.2%	0.0%
XHANCE	1	16	60	$500	$430	$31.26	1	16	30	$500	$465	$31.26	0.0%	0.0%	100.0%	0.0%	-7.5%	0.0%
ACAMPROSATE CALCIUM	1	540	90	$459	$429	$0.85	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LORAZEPAM	80	4,416	2,841	$425	$425	$0.10	82	4,255	2,461	$406	$405	$0.10	-2.4%	3.8%	15.4%	4.7%	5.0%	0.0%
AZOPT	2	20	125	$633	$422	$31.64	2	25	135	$775	$600	$31.00	0.0%	-20.0%	-7.4%	-18.3%	-29.7%	2.1%
METHENAMINE HIPPURATE	5	480	330	$472	$422	$0.98	3	300	150	$295	$287	$0.98	66.7%	60.0%	120.0%	59.8%	46.8%	0.0%
PIMECROLIMUS	1	60	30	$418	$414	$6.97	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
EZETIMIBE-SIMVASTATIN	3	225	270	$425	$413	$1.89	1	90	90	$161	$149	$1.79	200.0%	150.0%	200.0%	164.0%	177.2%	5.8%
DESVENLAFAXINE SUCCINATE E	7	330	330	$437	$406	$1.32	10	360	360	$488	$413	$1.30	-30.0%	-8.3%	-8.3%	-6.7%	-1.8%	1.5%
PIOGLITAZONE HCL	28	2,040	2,040	$406	$406	$0.20	36	2,745	2,745	$544	$546	$0.20	-22.2%	-25.7%	-25.7%	-25.5%	-25.8%	0.0%
AMLODIPINE BESYLATE-BENAZE	17	1,650	1,470	$570	$404	$0.35	15	1,320	1,230	$478	$278	$0.36	13.3%	25.0%	19.5%	19.2%	45.2%	-2.8%
METHYLPREDNISOLONE	93	1,988	734	$1,125	$399	$0.57	125	2,612	832	$1,481	$626	$0.56	-25.6%	-23.9%	-11.8%	-23.0%	-36.3%	1.8%
ALBUTEROL SULFATE	15	4,710	368	$493	$395	$0.10	24	4,980	503	$502	$401	$0.10	-37.5%	-5.4%	-26.8%	-1.6%	-1.6%	0.0%
RISEDRONATE SODIUM	6	20	322	$432	$394	$21.62	4	8	237	$389	$319	$46.11	25.0%	150.0%	35.9%	17.2%	23.7%	-53.1%
SOLIQUA 100-33	1	9	28	$429	$394	$47.68	1	9	28	$429	$394	$47.68	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MORPHINE SULFATE ER	10	596	298	$456	$394	$0.77	15	897	430	$723	$646	$0.81	-33.3%	-33.6%	-30.7%	-36.8%	-39.1%	-4.9%
IMVEXXY	5	40	140	$677	$392	$21.92	3	24	84	$526	$226	$21.92	66.7%	66.7%	66.7%	66.7%	73.3%	0.0%
ZOLPIDEM TARTRATE	100	3,905	3,990	$386	$386	$0.10	103	3,929	3,939	$390	$390	$0.10	-2.9%	-0.6%	1.3%	-1.0%	-1.0%	0.0%
IPRATROPIUM-ALBUTEROL	21	5,130	483	$502	$384	$0.10	28	10,350	948	$976	$781	$0.09	-25.0%	-50.4%	-51.2%	-48.6%	-50.8%	11.1%
DUAVEE	1	90	90	$508	$383	$5.64	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
BENAZEPRIL HCL	33	3,090	2,640	$374	$374	$0.12	41	3,720	3,270	$420	$420	$0.11	-19.5%	-16.9%	-19.3%	-10.9%	-10.9%	9.1%
DILT-XR	10	835	685	$512	$373	$0.61	8	515	455	$327	$261	$0.64	25.0%	62.1%	50.5%	56.5%	43.0%	-4.7%
AZELASTINE HCL	24	774	947	$518	$372	$0.67	26	990	1,065	$531	$332	$0.54	-7.7%	-21.8%	-11.1%	-2.5%	12.3%	24.1%
CITALOPRAM HBR	60	4,185	4,230	$372	$372	$0.09	76	5,587	5,557	$508	$505	$0.09	-21.1%	-25.1%	-23.9%	-26.8%	-26.2%	0.0%
CONTOUR TEST STRIP	3	400	165	$413	$372	$1.03	5	450	172	$484	$435	$1.07	-40.0%	-11.1%	-4.1%	-14.6%	-14.6%	-3.7%

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
DEXTROAMPHETAMINE-AMPHET	18	930	480	$468	$368	$0.50	14	945	480	$556	$450	$0.59	14.3%	-1.6%	0.0%	-15.8%	-18.2%	-15.3%
TELMISARTAN	14	1,035	960	$568	$366	$0.55	24	1,950	1,920	$1,037	$718	$0.53	-41.7%	-46.9%	-50.0%	-45.2%	-49.0%	3.8%
PRADAXA	1	60	30	$446	$361	$7.43	3	300	150	$2,183	$1,738	$7.21	-66.7%	-80.0%	-80.0%	-79.4%	-79.2%	3.1%
PYRIDOSTIGMINE BROMIDE	3	750	210	$364	$361	$0.49	1	270	90	$131	$131	$0.49	200.0%	177.8%	133.3%	178.2%	175.5%	0.0%
COLCHICINE	8	122	107	$571	$358	$4.68	7	202	140	$946	$617	$4.68	14.3%	-39.6%	-23.6%	-39.7%	-41.9%	0.0%
MELOXICAM	97	5,800	5,530	$357	$357	$0.06	107	6,758	6,333	$415	$410	$0.06	-9.3%	-14.2%	-15.4%	-13.9%	-12.9%	0.0%
CALCIPOTRIENE	4	240	89	$390	$356	$1.63	1	60	14	$107	$97	$1.79	300.0%	300.0%	535.7%	263.1%	265.5%	-8.9%
TERAZOSIN HCL	24	2,100	1,920	$355	$355	$0.17	27	2,220	2,130	$388	$388	$0.17	-11.1%	-5.4%	-9.9%	-8.4%	-8.4%	0.0%
DILTIAZEM HCL	10	1,529	662	$446	$353	$0.29	10	1,288	571	$356	$304	$0.28	0.0%	18.9%	14.2%	25.4%	16.0%	3.6%
ONGLYZA	0	25	25	$350	$350	$14.02	1	5	5	$71	$71	$14.14	-100.0%	400.0%	400.0%	396.7%	395.7%	-0.8%
CINACALCET HCL	2	28	58	$523	$350	$20.10	1	13	28	$281	$175	$20.10	100.0%	100.0%	107.1%	100.0%	100.0%	0.0%
HUMALOG MIX 75-25 KWIKPEN	1	15	30	$516	$346	$34.37	0	0	5	$0	$0	$0.00	-	-	500.0%	-	-	-
TELMISARTAN-HYDROCHLOROTI	3	210	210	$378	$345	$1.81	4	240	240	$486	$414	$1.94	-25.0%	-12.5%	-12.5%	-18.6%	-16.5%	-6.7%
OXYCODONE HCL	24	2,205	549	$450	$344	$0.20	40	2,800	626	$614	$488	$0.22	-40.0%	-21.3%	-12.3%	-26.6%	-29.5%	-9.1%
JANTOVEN	25	2,333	1,912	$343	$343	$0.15	27	2,456	2,125	$373	$373	$0.15	-7.4%	-5.0%	-10.0%	-8.0%	-8.0%	0.0%
RASAGILINE MESYLATE	2	60	60	$381	$341	$6.01	2	60	60	$381	$341	$6.01	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RANITIDINE HCL	25	3,030	1,980	$340	$340	$0.11	25	3,330	1,935	$327	$327	$0.10	0.0%	-9.0%	2.3%	4.1%	4.1%	10.0%
INSULIN LISPRO KWIKPEN U-100	3	33	87	$510	$331	$15.47	1	12	26	$179	$94	$14.90	200.0%	175.0%	157.7%	185.4%	253.3%	3.8%
LOTEPREDNOL ETABONATE	2	10	90	$359	$331	$35.88	1	5	7	$180	$170	$36.08	100.0%	100.0%	1,185.7%	98.9%	94.1%	-0.6%
RISEDRONATE SODIUM DR	1	12	84	$360	$330	$29.99	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
AMTIZA	1	60	30	$361	$326	$6.01	3	180	90	$1,083	$978	$6.01	-66.7%	-66.7%	-66.7%	-66.7%	-66.7%	0.0%
TRULANCE	1	30	30	$424	$324	$14.15	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
RALOXIFENE HCL	12	780	780	$483	$323	$0.59	12	540	540	$324	$216	$0.60	0.0%	44.4%	44.4%	49.0%	49.6%	-1.7%
GLIPIZIDE ER	29	2,668	2,128	$658	$323	$0.25	27	2,790	2,190	$683	$409	$0.24	7.4%	-4.4%	-2.8%	-3.6%	-21.2%	4.2%
DEXTROAMPHETAMINE-AMPHET	6	180	180	$370	$322	$2.05	7	210	210	$483	$399	$2.20	-14.3%	-14.3%	-14.3%	-20.1%	-19.3%	-6.8%
CLONAZEPAM	58	3,831	2,100	$319	$319	$0.08	72	4,353	2,502	$412	$408	$0.09	-22.2%	-12.0%	-16.1%	-22.8%	-21.9%	-11.1%
LAMOTRIGINE	30	2,895	1,655	$318	$318	$0.12	27	2,430	1,500	$287	$287	$0.12	11.1%	10.9%	10.3%	10.9%	10.9%	0.0%
LIOTHYRONINE SODIUM	7	720	510	$397	$317	$0.55	9	791	690	$464	$365	$0.59	-22.2%	-9.0%	-26.1%	-14.5%	-13.1%	-6.8%
VERAPAMIL ER	13	1,110	930	$316	$316	$0.28	16	1,560	1,200	$460	$460	$0.29	-18.8%	-28.8%	-22.5%	-31.3%	-31.3%	-3.4%
NADOLOL	6	480	480	$392	$312	$0.82	4	345	300	$281	$235	$0.81	50.0%	39.1%	60.0%	39.6%	33.0%	1.2%
MUPIROCIN	39	1,028	589	$312	$312	$0.30	32	770	373	$238	$238	$0.31	21.9%	33.5%	57.9%	32.3%	32.3%	-3.2%
ACITRETIN	1	30	30	$315	$311	$10.51	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
MOVANTIK	1	30	30	$346	$311	$11.52	1	30	30	$346	$311	$11.52	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CEPHALEXIN	71	1,672	631	$311	$311	$0.19	49	981	431	$334	$325	$0.34	44.9%	70.4%	46.4%	-7.0%	-4.4%	-44.1%
BUDESONIDE EC	2	190	60	$322	$308	$1.70	3	360	150	$610	$596	$1.69	-33.3%	-47.2%	-60.0%	-47.1%	-48.2%	0.6%
CLENPIQ	3	960	3	$424	$307	$0.44	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PREVALITE	2	411	113	$327	$305	$0.80	2	873	180	$442	$382	$0.51	0.0%	-52.9%	-37.2%	-26.1%	-20.2%	56.9%
NITROFURANTOIN	5	390	323	$350	$303	$0.90	8	198	99	$237	$191	$1.21	-16.7%	99.0%	226.3%	47.4%	59.0%	-25.8%
PROGESTERONE	6	450	420	$327	$301	$0.73	8	808	660	$391	$273	$0.65	-25.0%	-25.7%	-36.4%	-16.4%	10.1%	12.3%
BETAMETHASONE DIPROPIONAT	5	270	92	$332	$300	$1.23	8	315	172	$487	$425	$1.55	-37.5%	-14.3%	-46.5%	-31.8%	-29.4%	-20.6%
VALSARTAN-HYDROCHLOROTHI	17	1,350	1,350	$530	$300	$0.39	16	1,245	1,290	$356	$199	$0.29	6.3%	8.4%	4.7%	49.0%	50.3%	34.5%
OLMESARTAN-AMLODIPINE-HCT	2	120	120	$299	$296	$2.49	1	30	30	$75	$71	$2.50	100.0%	300.0%	300.0%	298.8%	313.9%	-0.4%
CHLORPROMAZINE HCL	1	90	90	$305	$293	$3.39	1	30	30	$126	$122	$4.19	0.0%	200.0%	200.0%	142.7%	140.8%	-19.1%
NYSTATIN	22	2,088	373	$397	$293	$0.19	27	3,843	495	$626	$455	$0.17	-18.5%	-42.7%	-24.6%	-36.5%	-35.6%	11.8%
BUPROPION HCL SR	21	2,760	1,410	$613	$293	$0.22	27	3,540	2,010	$829	$525	$0.23	-22.2%	-22.0%	-29.9%	-26.0%	-44.2%	-4.3%
METHOTREXATE	16	464	749	$436	$289	$0.94	23	1,272	1,398	$998	$754	$0.78	-30.4%	-63.5%	-46.4%	-56.3%	-61.7%	20.5%
NOVOLIN R	2	30	74	$402	$288	$13.41	2	40	59	$209	$127	$5.22	0.0%	-25.0%	25.4%	92.5%	127.1%	156.9%
CIPROFLOXACIN HCL	57	1,010	540	$288	$288	$0.29	78	1,224	747	$391	$382	$0.32	-26.9%	-17.4%	-27.7%	-26.4%	-26.6%	-9.4%
SUMATRIPTAN	1	6	90	$300	$288	$49.96	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
METHYLPHENIDATE ER	2	60	60	$301	$287	$5.01	1	30	30	$150	$140	$5.01	100.0%	100.0%	100.0%	100.0%	104.3%	0.0%
DEXAMETHASONE	11	533	244	$308	$286	$0.58	8	549	135	$101	$86	$0.18	37.5%	-2.9%	80.7%	205.0%	233.1%	222.2%
VANCOMYCIN HCL	3	54	20	$297	$285	$5.49	2	57	21	$202	$182	$3.55	50.0%	-5.3%	-4.8%	46.7%	56.2%	54.8%
BUTALBITAL-ACETAMINOPHEN-C	7	750	193	$323	$284	$0.43	7	340	127	$148	$120	$0.44	0.0%	120.6%	52.0%	118.1%	137.9%	-2.3%
MOXIFLOXACIN	16	48	245	$392	$278	$8.17	10	33	137	$289	$175	$8.15	60.0%	45.5%	78.8%	35.8%	58.9%	0.2%
DICYCLOMINE HCL	17	2,139	678	$428	$277	$0.20	22	2,315	745	$506	$388	$0.22	-22.7%	-7.6%	-9.0%	-15.2%	-28.4%	-9.1%
PROPRANOLOL HCL	16	1,893	1,023	$406	$276	$0.21	19	2,007	1,077	$435	$291	$0.22	-15.8%	-5.7%	-5.0%	-6.7%	-5.2%	-4.5%
LEVETIRACETAM	16	2,765	812	$444	$276	$0.16	9	1,809	423	$239	$160	$0.13	77.8%	52.8%	92.0%	85.5%	72.0%	23.1%
NEOMYCIN-POLYMYXIN-HYDROC	5	50	81	$303	$271	$6.05	4	40	50	$242	$202	$6.05	25.0%	25.0%	22.0%	25.0%	34.1%	0.0%
DORZOLAMIDE HCL	11	150	740	$329	$270	$2.20	10	120	565	$286	$130	$2.22	10.0%	25.0%	31.0%	23.9%	108.0%	-0.9%
GLIPIZIDE	41	5,012	2,882	$289	$269	$0.05	64	8,075	5,015	$424	$428	$0.05	-35.9%	-37.9%	-42.5%	-31.8%	-37.1%	0.0%
OLMESARTAN-HYDROCHLOROTH	8	660	660	$371	$269	$0.56	7	510	510	$240	$138	$0.47	14.3%	29.4%	29.4%	54.9%	95.0%	19.1%
MEMANTINE HCL	21	1,880	1,070	$434	$266	$0.23	16	1,500	900	$386	$258	$0.26	31.3%	25.3%	18.9%	12.5%	3.2%	-11.5%
IMATINIB MESYLATE	1	30	30	$270	$266	$8.99	1	30	30	$270	$266	$8.99	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ISOSORBIDE DINITRATE	5	570	330	$344	$264	$0.60	4	450	240	$229	$210	$0.51	25.0%	26.7%	37.5%	50.1%	26.0%	17.6%
AMITRIPTYLINE HCL	29	2,370	2,190	$561	$264	$0.24	26	2,385	1,860	$789	$517	$0.32	11.5%	-0.6%	17.7%	-27.0%	-49.1%	-25.0%
AMOXICILLIN	103	2,227	747	$263	$263	$0.12	87	2,174	705	$237	$237	$0.11	18.4%	2.4%	6.0%	11.2%	11.2%	9.1%
BACLOFEN	27	2,240	926	$420	$263	$0.19	36	3,358	1,351	$678	$383	$0.20	-25.0%	-33.3%	-31.5%	-38.0%	-31.3%	-5.0%
VERAPAMIL SR	2	270	180	$321	$261	$1.19	7	570	570	$764	$676	$1.34	-71.4%	-52.6%	-68.4%	-57.9%	-61.3%	-11.2%
NITROGLYCERIN	15	775	464	$363	$261	$0.47	19	775	550	$411	$336	$0.53	-21.1%	0.0%	-15.6%	-11.7%	-22.3%	-11.3%
SUMATRIPTAN SUCCINATE	24	282	566	$261	$260	$0.93	28	363	891	$334	$334	$0.92	-14.3%	-22.3%	-36.5%	-21.7%	-22.1%	1.1%

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
OFLOXACIN	28	145	411	$469	$257	$3.23	21	130	318	$424	$274	$3.26	23.8%	11.5%	29.2%	10.4%	-6.2%	-0.9%
CARBAMAZEPINE ER	2	210	120	$279	$257	$1.33	3	390	150	$675	$655	$1.73	-33.3%	-46.2%	-20.0%	-58.7%	-60.8%	-23.1%
PRAMIPEXOLE DIHYDROCHLORI	18	1,738	1,018	$256	$256	$0.15	18	1,724	1,047	$236	$236	$0.14	-11.1%	0.8%	-2.8%	8.2%	8.2%	7.1%
OXYBUTYNIN CHLORIDE	19	2,520	1,387	$457	$253	$0.18	21	3,180	1,460	$577	$338	$0.18	-9.5%	-20.8%	-5.0%	-20.7%	-25.2%	0.0%
ACETAMINOPHEN-CODEINE	29	1,234	342	$321	$251	$0.26	35	1,799	301	$320	$259	$0.18	-17.1%	-31.4%	13.6%	0.2%	-3.1%	44.4%
CHLORTHALIDONE	17	1,360	1,350	$522	$251	$0.39	14	1,050	1,140	$379	$179	$0.36	21.4%	31.4%	18.4%	37.7%	39.9%	5.8%
ECONAZOLE NITRATE	4	400	140	$274	$250	$0.68	1	85	30	$58	$48	$0.69	300.0%	370.6%	366.7%	368.8%	416.1%	-1.4%
HYDROCORTISONE BUTYRATE	2	90	28	$252	$244	$2.80	1	60	14	$107	$97	$1.79	100.0%	50.0%	100.0%	134.8%	150.7%	56.4%
QVAR REDIHALER	1	11	30	$248	$239	$23.38	3	32	90	$744	$444	$23.38	-66.7%	-66.7%	-66.7%	-66.7%	-46.1%	0.0%
MIRTAZAPINE	24	1,353	1,388	$436	$238	$0.32	28	1,641	1,618	$577	$363	$0.35	-14.3%	-17.6%	-15.5%	-24.4%	-34.3%	-8.6%
DRONABINOL	1	60	8	$239	$238	$3.98	1	60	30	$239	$235	$3.98	0.0%	0.0%	-73.3%	0.0%	1.3%	0.0%
ZENPEP	1	150	30	$272	$237	$1.81	1	150	30	$272	$187	$1.81	0.0%	0.0%	0.0%	0.0%	26.7%	0.0%
DONEPEZIL HCL	32	1,872	1,782	$235	$235	$0.13	36	2,401	2,401	$267	$267	$0.11	-11.1%	-22.0%	-25.8%	-12.2%	-12.2%	18.2%
LOVASTATIN	33	2,640	2,610	$229	$229	$0.09	68	5,750	5,495	$487	$467	$0.08	-51.5%	-54.1%	-52.5%	-51.1%	-51.1%	12.5%
CARBIDOPA-LEVODOPA	10	1,965	540	$282	$228	$0.14	13	4,200	780	$688	$578	$0.16	-23.1%	-53.2%	-30.8%	-59.0%	-60.6%	-12.5%
BISOPROLOL FUMARATE	9	610	570	$318	$225	$0.52	7	555	570	$299	$220	$0.54	28.6%	9.9%	0.0%	6.6%	2.2%	-3.7%
LIDOCAINE	1	90	30	$234	$224	$2.60	1	90	30	$234	$230	$2.60	0.0%	0.0%	0.0%	0.0%	-2.6%	0.0%
ENALAPRIL MALEATE	17	1,800	1,470	$475	$223	$0.26	24	3,060	2,160	$798	$476	$0.26	-29.2%	-41.2%	-31.9%	-40.5%	-53.3%	0.0%
NAPROXEN	31	2,444	1,214	$225	$223	$0.09	33	2,724	1,490	$239	$239	$0.09	-6.1%	-10.3%	-18.5%	-5.9%	-6.7%	0.0%
FLUPHENAZINE HCL	1	30	30	$225	$222	$7.51	1	30	30	$225	$222	$7.51	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TRETINOIN	2	65	60	$233	$219	$3.59	2	65	60	$195	$176	$3.00	0.0%	0.0%	0.0%	19.6%	24.6%	19.7%
NEFAZODONE HCL	1	180	90	$230	$218	$1.28	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SIMBRINZA	2	16	78	$335	$218	$20.91	1	8	30	$167	$120	$20.91	100.0%	100.0%	160.0%	100.0%	80.9%	0.0%
TEMAZEPAM	39	1,590	1,575	$267	$217	$0.17	48	1,778	1,748	$349	$297	$0.20	-18.8%	-10.6%	-9.9%	-23.4%	-27.0%	-15.0%
PERMETHRIN	7	420	43	$250	$216	$0.60	2	180	40	$107	$87	$0.59	250.0%	133.3%	7.5%	134.6%	149.6%	1.7%
MEGESTROL ACETATE	5	1,910	111	$242	$216	$0.13	2	210	120	$59	$25	$0.28	150.0%	809.5%	-7.5%	313.0%	779.5%	-53.6%
INVELTYS	1	3	11	$282	$215	$93.66	2	6	32	$501	$407	$88.48	-50.0%	-50.0%	-65.6%	-47.6%	-47.1%	4.7%
DIAZEPAM	43	2,044	1,114	$213	$213	$0.10	47	2,563	1,291	$259	$258	$0.10	-8.5%	-20.2%	-13.7%	-17.5%	-17.4%	0.0%
ONDANSETRON HCL	22	915	341	$258	$210	$0.28	26	1,086	375	$332	$274	$0.31	-15.4%	-15.7%	-9.1%	-22.3%	-23.4%	-9.7%
QUINAPRIL HCL	11	1,200	930	$209	$209	$0.17	17	2,130	1,410	$367	$367	$0.17	-35.3%	-43.7%	-34.0%	-43.1%	-43.1%	0.0%
ANASTROZOLE	15	964	1,085	$208	$208	$0.22	24	1,488	1,669	$322	$322	$0.22	-37.5%	-35.2%	-35.0%	-35.6%	-35.6%	0.0%
CLONIDINE	2	12	84	$220	$205	$19.05	6	28	206	$456	$427	$16.29	-66.7%	-57.1%	-59.2%	-49.9%	-52.1%	16.9%
PROCHLORPERAZINE MALEATE	9	440	132	$202	$202	$0.48	4	152	37	$80	$80	$0.53	90.0%	189.5%	256.8%	152.6%	152.6%	-13.2%
ARIPIPRAZOLE	14	526	541	$306	$200	$0.58	20	931	901	$539	$391	$0.58	-30.0%	-43.5%	-40.0%	-43.3%	-49.0%	0.0%
ZUPLENZ	1	6	3	$207	$198	$34.43	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TWINRIX	3	3	3	$339	$198	$112.97	3	3	3	$339	$198	$112.97	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ROPINIROLE HCL	25	2,670	1,640	$350	$197	$0.13	29	3,150	2,007	$808	$351	$0.19	-13.8%	-15.2%	-18.3%	-42.4%	-43.9%	-31.6%
BUPROPION HCL	12	1,286	778	$326	$196	$0.25	11	783	451	$189	$74	$0.22	9.1%	64.2%	72.5%	92.2%	164.2%	13.8%
CARTIA XT	9	890	570	$284	$196	$0.41	13	1,050	930	$483	$281	$0.44	-30.8%	-34.3%	-38.7%	-38.7%	-30.1%	-6.8%
OXYMORPHONE HCL	1	100	25	$199	$195	$1.99	2	120	30	$239	$235	$1.99	-50.0%	-16.7%	-16.7%	-16.8%	-16.8%	0.0%
SUCRALFATE	9	1,012	338	$252	$195	$0.25	16	2,938	847	$726	$606	$0.25	-43.8%	-65.6%	-60.1%	-65.3%	-67.8%	0.0%
CLINDAMYCIN HCL	22	617	161	$194	$194	$0.31	26	617	209	$196	$195	$0.32	-15.4%	0.0%	-23.0%	-0.9%	-0.3%	-3.1%
HYDROXYZINE HCL	19	1,440	770	$199	$191	$0.14	21	1,592	709	$208	$208	$0.13	-9.5%	-9.5%	8.6%	-4.5%	-8.3%	7.7%
TOLTERODINE TARTRATE	2	208	118	$202	$187	$0.97	1	21	21	$34	$32	$1.63	100.0%	890.5%	461.9%	489.1%	491.8%	-40.5%
DOXAZOSIN MESYLATE	20	1,815	1,680	$481	$186	$0.26	22	1,845	1,800	$481	$290	$0.26	-9.1%	-1.6%	-6.7%	0.0%	-28.4%	0.0%
OLANZAPINE-FLUOXETINE HCL	1	30	30	$270	$185	$9.01	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DILTIAZEM 24HR ER	8	600	600	$311	$183	$0.52	5	390	390	$196	$96	$0.50	60.0%	53.8%	53.8%	58.9%	91.2%	4.0%
FLUOCINOLONE ACETONIDE OIL	2	40	44	$196	$182	$4.90	1	20	28	$98	$88	$4.90	100.0%	100.0%	57.1%	100.0%	106.8%	0.0%
RAMIPRIL	16	1,470	1,335	$182	$182	$0.12	24	2,355	2,040	$286	$286	$0.12	-33.3%	-37.6%	-34.6%	-36.6%	-36.6%	0.0%
MONUROL	1	3	6	$266	$181	$88.80	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
CEFPODOXIME PROXETIL	4	52	26	$208	$180	$4.01	1	14	7	$56	$53	$4.03	300.0%	271.4%	271.4%	269.3%	241.4%	-0.5%
TOPIRAMATE	15	1,800	933	$179	$179	$0.10	21	2,520	1,350	$281	$281	$0.11	-28.6%	-28.6%	-30.9%	-36.4%	-36.4%	-9.1%
CLONIDINE HCL	20	2,550	1,418	$178	$178	$0.07	27	3,249	1,834	$239	$239	$0.07	-25.9%	-21.5%	-13.2%	-25.3%	-25.3%	0.0%
ULTRA-FINE MINI PEN NEEDLE	4	500	280	$218	$178	$0.44	2	400	150	$173	$153	$0.43	100.0%	25.0%	86.7%	25.9%	16.2%	2.3%
CEVIMELINE HCL	1	180	90	$176	$176	$0.98	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
CYCLOBENZAPRINE HCL	40	2,298	1,099	$177	$176	$0.08	50	2,502	1,261	$191	$193	$0.08	-20.0%	-8.2%	-12.8%	-7.1%	-9.0%	0.0%
MIDODRINE HCL	3	570	150	$201	$175	$0.35	4	660	240	$280	$236	$0.42	-25.0%	-13.6%	-37.5%	-28.3%	-25.9%	-16.7%
ALFUZOSIN HCL ER	14	1,080	1,080	$175	$175	$0.16	12	820	820	$153	$153	$0.19	16.7%	31.7%	31.7%	13.9%	13.9%	-15.8%
BOOSTRIX TDAP	11	6	11	$655	$174	$119.08	10	5	10	$594	$239	$116.72	10.0%	10.0%	10.0%	10.3%	-27.1%	0.3%
ROSADAN	1	135	90	$173	$173	$1.28	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FLUOCINOLONE ACETONIDE	1	237	29	$176	$172	$0.74	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
AZATHIOPRINE	5	750	360	$211	$169	$0.28	6	975	420	$274	$236	$0.28	-16.7%	-23.1%	-14.3%	-23.0%	-28.4%	0.0%
NEOMYCIN-POLYMYXIN-HC	3	30	33	$181	$169	$6.02	2	20	12	$120	$100	$6.02	50.0%	50.0%	175.0%	50.0%	67.9%	0.0%
NEVANAC	1	3	27	$264	$164	$88.10	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LEFLUNOMIDE	5	205	275	$256	$163	$1.25	4	150	150	$234	$188	$1.56	25.0%	36.7%	83.3%	9.3%	-13.0%	-19.9%
RIVASTIGMINE	1	30	30	$171	$161	$5.69	5	360	330	$1,495	$1,433	$4.15	-80.0%	-91.7%	-90.9%	-88.6%	-88.8%	37.1%
CONTOUR NEXT EZ	13	13	379	$178	$160	$13.68	17	17	665	$235	$211	$13.82	-23.5%	-23.5%	-43.0%	-24.3%	-24.3%	-1.0%
MATZIM LA	1	90	90	$187	$157	$2.08	1	45	90	$94	$82	$2.08	0.0%	100.0%	0.0%	100.0%	92.7%	0.0%
NYSTATIN-TRIAMCINOLONE	4	210	93	$181	$153	$0.86	2	120	55	$91	$84	$0.76	100.0%	75.0%	69.1%	98.6%	83.2%	13.2%
CARBAMAZEPINE	3	540	270	$207	$153	$0.38	3	780	210	$300	$284	$0.38	0.0%	-30.8%	28.6%	-30.9%	-46.0%	0.0%

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
BUSPIRONE HCL	19	3,249	1,213	$316	$153	$0.10	30	4,295	1,881	$592	$411	$0.14	-36.7%	-24.4%	-34.8%	-46.7%	-62.7%	-28.6%
TRIFLURIDINE	1	8	18	$157	$153	$20.89	3	23	58	$470	$461	$20.89	-66.7%	-66.7%	-69.0%	-66.7%	-66.9%	0.0%
DIVALPROEX SODIUM	6	780	300	$183	$152	$0.23	4	420	120	$122	$105	$0.29	50.0%	85.7%	150.0%	49.5%	45.0%	-20.7%
CILOSTAZOL	7	1,020	510	$238	$151	$0.23	10	1,620	780	$432	$316	$0.27	-30.0%	-37.0%	-34.6%	-44.9%	-52.1%	-14.8%
SOTALOL	11	1,218	609	$271	$151	$0.22	21	2,925	1,485	$804	$389	$0.21	-47.6%	-58.4%	-59.0%	-66.2%	-62.2%	4.8%
EXEMESTANE	2	90	90	$180	$150	$2.00	5	450	450	$890	$624	$1.98	-60.0%	-80.0%	-80.0%	-79.7%	-81.8%	1.0%
ULTRA-FINE NANO PEN NEEDLE	4	400	280	$186	$150	$0.47	8	680	475	$320	$232	$0.48	-50.0%	-42.0%	-45.3%	-41.8%	-35.4%	2.2%
LOTEMAX SM	1	5	10	$197	$150	$39.37	5	26	131	$973	$691	$38.93	-80.0%	-80.0%	-92.4%	-79.8%	-78.3%	1.1%
CLINDAMYCIN PEDIATRIC	1	600	10	$160	$150	$0.27	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FENTANYL	2	17	36	$156	$148	$9.19	4	32	81	$215	$199	$6.73	-50.0%	-46.9%	-55.6%	-27.4%	-25.6%	36.6%
RIFAMPIN	2	240	120	$188	$148	$0.78	1	60	30	$47	$37	$0.79	100.0%	300.0%	300.0%	298.2%	295.2%	-1.3%
LEVOCETIRIZINE DIHYDROCHLO	7	570	570	$146	$146	$0.26	10	844	844	$167	$167	$0.26	-30.0%	-11.5%	-11.5%	-12.4%	-12.4%	0.0%
LABETALOL HCL	3	1,110	360	$192	$146	$0.17	7	1,110	420	$237	$157	$0.21	-57.1%	0.0%	-14.3%	-19.0%	-7.2%	-19.0%
ONDANSETRON ODT	24	652	195	$252	$144	$0.39	30	1,441	434	$612	$464	$0.42	-20.0%	-54.8%	-55.1%	-58.8%	-68.9%	-7.1%
DIPHENOXYLATE-ATROPINE	3	540	125	$190	$143	$0.35	3	270	75	$96	$74	$0.36	0.0%	100.0%	66.7%	97.5%	92.5%	-2.8%
COMFORT EZ INSULIN SYRINGE	1	200	90	$154	$142	$0.77	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
CALCITONIN-SALMON	1	11	90	$144	$140	$12.97	3	19	150	$241	$204	$13.04	-66.7%	-40.0%	-40.0%	-40.3%	-31.0%	-0.5%
IRBESARTAN-HYDROCHLOROTH	7	488	503	$230	$140	$0.47	8	660	660	$295	$141	$0.45	-12.5%	-26.1%	-23.8%	-22.0%	-0.4%	4.4%
CLOTRIMAZOLE-BETAMETHASOI	15	645	316	$230	$140	$0.36	11	330	157	$313	$264	$0.96	36.4%	95.5%	101.3%	-26.5%	-47.1%	-62.1%
BRIMONIDINE TARTRATE	13	110	479	$224	$139	$2.04	18	225	910	$330	$230	$1.47	-27.8%	-51.1%	-47.4%	-32.0%	-39.3%	38.8%
HYDROCORTISONE	14	844	267	$141	$139	$0.17	15	551	320	$189	$175	$0.34	-6.7%	53.2%	-16.6%	-25.4%	-20.6%	-50.0%
CEFDINIR	33	568	254	$332	$138	$0.57	29	471	242	$288	$107	$0.61	13.8%	24.8%	5.0%	15.5%	29.5%	-6.8%
CLOTRIMAZOLE	10	395	191	$165	$137	$0.42	6	375	168	$93	$93	$0.25	66.7%	5.3%	13.7%	77.8%	47.7%	68.0%
TRAMADOL HCL ER	3	77	77	$294	$137	$3.82	2	31	31	$179	$137	$5.79	50.0%	148.4%	148.4%	64.2%	0.0%	-34.0%
MINOCYCLINE HCL	4	390	300	$165	$137	$0.42	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TAMOXIFEN CITRATE	10	660	660	$258	$136	$0.39	7	330	330	$129	$36	$0.39	42.9%	100.0%	100.0%	100.8%	274.3%	0.0%
DIVALPROEX SODIUM ER	5	568	314	$191	$136	$0.34	3	210	150	$74	$48	$0.35	66.7%	170.5%	109.3%	158.9%	183.8%	-2.9%
AMLODIPINE-VALSARTAN-HCTZ	2	120	120	$175	$135	$1.46	1	30	30	$80	$50	$2.00	100.0%	300.0%	300.0%	192.5%	170.9%	-27.0%
BISOPROLOL-HYDROCHLOROTH	4	300	300	$134	$134	$0.45	9	688	674	$306	$306	$0.44	-55.6%	-56.4%	-55.5%	-56.2%	-56.2%	2.3%
DESOXIMETASONE	2	135	44	$147	$133	$1.09	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
OLANZAPINE	7	350	310	$185	$132	$0.53	8	330	300	$78	$36	$0.24	16.7%	6.1%	3.3%	138.0%	263.1%	120.8%
EZETIMIBE	37	2,730	2,730	$525	$128	$0.19	57	4,545	4,500	$889	$346	$0.19	-35.1%	-39.9%	-40.5%	-39.6%	-63.0%	0.0%
CHLORHEXIDINE GLUCONATE	18	7,568	256	$127	$127	$0.02	19	9,460	333	$158	$158	$0.02	-15.8%	-20.0%	-23.1%	-19.7%	-19.7%	0.0%
METHIMAZOLE	10	729	774	$127	$127	$0.17	8	660	600	$115	$115	$0.17	25.0%	10.5%	29.0%	11.0%	11.0%	0.0%
BENAZEPRIL-HYDROCHLOROTHI	5	261	231	$183	$127	$0.70	5	450	330	$307	$283	$0.68	0.0%	-42.0%	-30.0%	-40.5%	-51.8%	2.9%
DUTASTERIDE	9	750	750	$218	$126	$0.29	10	810	810	$236	$74	$0.29	-10.0%	-7.4%	-7.4%	-7.6%	70.8%	0.0%
ULTICARE PEN NEEDLE	7	850	410	$245	$125	$0.29	5	672	265	$181	$122	$0.27	40.0%	26.5%	54.7%	35.3%	2.7%	7.4%
LEUCOVORIN CALCIUM	2	28	117	$184	$125	$6.86	1	12	84	$71	$41	$5.89	100.0%	133.3%	39.3%	132.2%	207.8%	-0.5%
NITROFURANTOIN MONO-MACRC	37	492	246	$406	$124	$0.83	28	404	287	$331	$133	$0.82	32.1%	21.8%	-14.3%	22.5%	-6.4%	1.2%
CHOLESTYRAMINE	2	90	60	$144	$124	$1.60	5	1,782	264	$720	$684	$0.40	-60.0%	-94.9%	-77.3%	-80.0%	-81.8%	300.0%
PROPAFENONE HCL	4	600	240	$179	$124	$0.30	9	2,130	690	$462	$347	$0.22	-55.6%	-71.8%	-65.2%	-61.2%	-64.3%	36.4%
CLINDAMYCIN PALMITATE HCL	1	500	11	$133	$123	$0.27	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TOBRADEX	1	4	7	$222	$122	$63.47	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
GATIFLOXACIN	3	8	56	$152	$122	$20.23	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
INTRAROSA	1	28	28	$207	$122	$7.38	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
QUETIAPINE FUMARATE	21	1,349	1,089	$262	$122	$0.19	21	1,336	941	$285	$139	$0.21	0.0%	1.0%	15.7%	-8.3%	-12.4%	-9.5%
CLOZAPINE	2	150	60	$128	$120	$0.85	2	150	60	$128	$120	$0.85	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AMANTADINE	3	315	125	$138	$120	$0.44	3	390	210	$161	$157	$0.41	0.0%	-19.2%	-40.5%	-14.3%	-23.4%	7.3%
DORZOLAMIDE-TIMOLOL	13	150	673	$303	$119	$2.02	14	150	700	$306	$131	$2.04	-7.1%	0.0%	-3.9%	-1.0%	-9.3%	-1.0%
QUINAPRIL-HYDROCHLOROTHIA	1	180	90	$119	$119	$0.66	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LANSOPRAZOLE	11	930	810	$201	$119	$0.22	20	1,590	1,560	$324	$143	$0.20	-45.0%	-41.5%	-48.1%	-37.9%	-17.3%	10.0%
TORSEMIDE	7	750	570	$118	$118	$0.16	9	660	570	$109	$109	$0.16	-22.2%	13.6%	0.0%	8.8%	8.8%	0.0%
METHOCARBAMOL	17	1,208	392	$171	$118	$0.14	13	662	222	$74	$54	$0.11	30.8%	82.5%	76.6%	131.9%	118.1%	27.3%
GEMFIBROZIL	9	870	510	$118	$118	$0.14	18	2,580	1,440	$342	$342	$0.13	-50.0%	-66.3%	-64.6%	-65.6%	-65.6%	7.7%
PRAZOSIN HCL	5	210	210	$138	$117	$0.66	3	210	210	$121	$51	$0.57	66.7%	0.0%	0.0%	14.9%	130.4%	15.8%
NORTRIPTYLINE HCL	9	637	487	$118	$116	$0.18	12	1,080	840	$214	$214	$0.20	-25.0%	-41.0%	-42.0%	-45.0%	-45.7%	-10.0%
ETHAMBUTOL HCL	1	225	90	$146	$116	$0.65	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
VENLAFAXINE HCL	10	705	480	$173	$115	$0.25	9	930	570	$213	$131	$0.23	11.1%	-24.2%	-15.8%	-18.8%	-11.9%	8.7%
PHENYTOIN SODIUM EXTENDED	3	547	187	$146	$115	$0.27	2	568	180	$150	$108	$0.27	50.0%	-3.4%	3.9%	-3.0%	6.2%	0.0%
KETOROLAC TROMETHAMINE	23	137	886	$385	$115	$2.81	18	114	482	$218	$92	$1.89	43.8%	20.2%	83.8%	78.8%	25.1%	48.7%
FOSINOPRIL SODIUM	8	547	487	$115	$115	$0.21	4	240	240	$64	$64	$0.27	100.0%	127.9%	102.9%	80.2%	80.2%	-22.2%
CICLOPIROX	6	206	175	$150	$114	$0.73	9	160	211	$153	$93	$0.96	-33.3%	29.3%	-17.1%	-2.0%	22.4%	-24.0%
SCOPOLAMINE	2	9	27	$133	$113	$14.75	7	33	98	$484	$450	$14.66	-71.4%	-72.7%	-72.4%	-72.6%	-74.9%	0.6%
SULFASALAZINE	4	900	240	$162	$112	$0.18	4	780	180	$142	$124	$0.16	0.0%	15.4%	33.3%	14.1%	-9.7%	0.0%
CONTOUR NEXT	8	8	242	$122	$110	$15.25	19	19	723	$280	$252	$14.74	-57.9%	-57.9%	-66.5%	-56.5%	-56.5%	3.5%
DEMECLOCYCLINE HCL	1	5	5	$114	$110	$22.73	1	58	14	$179	$175	$3.20	0.0%	-91.1%	-64.3%	-36.6%	-37.4%	610.3%
OLOPATADINE HCL	5	20	130	$143	$107	$7.14	3	15	138	$164	$139	$10.94	66.7%	33.3%	-5.8%	-13.0%	-22.6%	-34.7%
CARBIDOPA-LEVODOPA ER	1	90	30	$110	$106	$1.22	3	390	150	$218	$180	$0.56	-66.7%	-76.9%	-80.0%	-49.6%	-41.1%	117.9%
NATEGLINIDE	3	270	90	$123	$105	$0.46	2	180	120	$85	$83	$0.47	50.0%	50.0%	-25.0%	45.5%	67.8%	-2.1%
OLMESARTAN MEDOXOMIL	11	600	660	$201	$104	$0.34	28	2,460	2,280	$847	$548	$0.34	-60.7%	-75.6%	-69.7%	-76.2%	-81.1%	0.0%

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
PAZEO	1	3	19	$200	$100	$80.01	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
NOVOLIN N	1	10	11	$134	$99	$13.43	6	190	307	$2,055	$1,609	$10.82	-83.3%	-94.7%	-96.4%	-93.5%	-93.8%	24.1%
TRIAZOLAM	2	93	93	$128	$98	$1.38	3	10	8	$16	$13	$1.60	-33.3%	830.0%	1,062.5%	704.5%	636.1%	-13.8%
ETODOLAC	2	270	180	$122	$98	$0.45	3	380	190	$223	$204	$0.59	-33.3%	-28.9%	-5.3%	-45.5%	-52.2%	-23.7%
CLOBETASOL EMOLLIENT	1	60	30	$107	$97	$1.79	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DEXTROAMPHETAMINE SULFATE	1	120	30	$107	$97	$0.90	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ZIPRASIDONE HCL	4	240	180	$113	$97	$0.47	4	164	149	$89	$52	$0.54	0.0%	46.3%	20.8%	26.9%	88.7%	-13.0%
BUTALBITAL-ASPIRIN-CAFFEINE	1	90	30	$106	$96	$1.18	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
HYDROMORPHONE HCL	7	715	185	$136	$96	$0.19	8	934	226	$172	$130	$0.18	-12.5%	-23.4%	-18.9%	-20.7%	-26.0%	5.6%
SULFAMETHOXAZOLE-TRIMETHO	46	822	603	$97	$96	$0.12	45	838	366	$71	$59	$0.11	0.0%	28.8%	64.8%	36.0%	37.9%	9.1%
LEVETIRACETAM ER	1	360	90	$124	$94	$0.35	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PRASUGREL HCL	3	210	210	$110	$94	$0.52	2	120	120	$63	$59	$0.53	50.0%	75.0%	75.0%	74.3%	59.0%	-1.9%
MEDROXYPROGESTERONE ACE	4	450	315	$91	$91	$0.20	4	450	360	$77	$77	$0.17	0.0%	0.0%	-12.5%	17.9%	17.9%	17.6%
METOCLOPRAMIDE HCL	9	705	241	$90	$90	$0.13	7	718	225	$66	$66	$0.09	28.6%	-1.8%	7.1%	36.4%	36.4%	44.4%
HYDRALAZINE HCL	19	3,602	1,316	$305	$90	$0.08	30	5,187	1,979	$434	$226	$0.08	-36.7%	-30.6%	-33.5%	-29.6%	-59.9%	0.0%
ULTRACARE PEN NEEDLE	1	100	25	$94	$90	$0.94	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
BESIVANCE	1	5	25	$175	$90	$34.97	2	10	36	$350	$165	$34.97	-50.0%	-50.0%	-30.6%	-50.0%	-45.4%	0.0%
LEVOFLOXACIN	16	138	189	$91	$89	$0.66	21	139	139	$70	$70	$0.50	-23.8%	-0.7%	36.0%	30.2%	26.5%	32.0%
FLUOCINONIDE	3	150	75	$112	$88	$0.75	4	165	42	$122	$94	$0.74	-25.0%	-9.1%	78.6%	-8.3%	-6.6%	1.4%
NYSTOP	6	165	77	$115	$88	$0.70	3	120	54	$83	$65	$0.69	100.0%	37.5%	42.6%	38.9%	35.6%	1.4%
DIGOXIN	5	390	390	$146	$88	$0.37	13	990	990	$389	$225	$0.39	-61.5%	-60.6%	-60.6%	-62.6%	-61.0%	-5.1%
MINOXIDIL	3	540	270	$103	$88	$0.19	4	388	208	$109	$89	$0.28	-25.0%	39.2%	29.8%	-5.8%	26.3%	-32.1%
FLUCELVAX QUAD 2019-2020	3	2	3	$87	$87	$58.00	2	1	2	$58	$58	$58.00	50.0%	50.0%	50.0%	50.0%	50.0%	0.0%
COMPRO	1	12	6	$96	$86	$8.04	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
HYDROCORTISONE VALERATE	1	60	30	$95	$85	$1.59	1	60	60	$95	$87	$1.59	0.0%	0.0%	-50.0%	0.0%	-2.3%	0.0%
FREESTYLE LIBRE 14 DAY SENS	1	2	28	$106	$85	$53.15	2	4	56	$213	$170	$53.15	-50.0%	-50.0%	-50.0%	-50.0%	-50.0%	0.0%
CALCITRIOL	20	870	1,186	$274	$84	$0.32	15	672	795	$245	$151	$0.36	33.3%	29.5%	49.2%	11.9%	-44.6%	-11.1%
CONTOUR NEXT ONE	6	6	93	$91	$82	$15.16	6	6	151	$91	$82	$15.16	0.0%	0.0%	-38.4%	0.0%	0.0%	0.0%
CYCLOSPORINE MODIFIED	2	90	60	$90	$82	$1.00	2	90	60	$90	$82	$1.00	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MOMETASONE FUROATE	7	182	150	$131	$81	$0.72	9	325	274	$396	$346	$1.22	-22.2%	-44.0%	-45.3%	-67.0%	-76.5%	-41.0%
GLIPIZIDE-METFORMIN	1	400	115	$112	$80	$0.28	4	440	215	$123	$88	$0.28	-75.0%	-9.1%	-46.5%	-9.4%	-9.4%	0.0%
LOPERAMIDE	3	240	84	$93	$79	$0.39	2	180	57	$70	$57	$0.39	50.0%	33.3%	12.3%	33.6%	39.7%	0.0%
ARMODAFINIL	3	90	90	$103	$79	$1.14	2	60	60	$81	$41	$1.01	50.0%	50.0%	50.0%	89.3%	93.6%	12.9%
MECLIZINE HCL	17	510	293	$124	$77	$0.24	27	1,242	809	$293	$176	$0.24	-37.0%	-58.9%	-51.9%	-57.6%	-56.3%	0.0%
PREDNISOLONE ACETATE	34	200	1,058	$1,429	$77	$7.14	47	305	1,477	$2,231	$183	$7.31	-27.7%	-34.4%	-28.4%	-36.0%	-52.9%	-2.3%
COMFORT EZ PEN NEEDLE	1	100	90	$88	$76	$0.88	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DESONIDE	1	60	25	$84	$74	$1.40	1	59	14	$94	$90	$1.59	0.0%	1.7%	78.6%	-10.5%	-18.0%	-11.9%
ERYTHROMYCIN	9	35	100	$127	$73	$3.63	10	102	139	$187	$129	$1.83	-10.0%	-65.7%	-28.1%	-32.1%	-43.6%	98.4%
MORPHINE SULFATE	4	352	98	$183	$72	$0.52	3	222	61	$113	$72	$0.51	33.3%	58.6%	60.7%	61.9%	0.0%	2.0%
VEO INSULIN SYRINGE	3	310	205	$96	$71	$0.31	2	200	80	$65	$40	$0.32	50.0%	55.0%	156.3%	48.1%	77.7%	-3.1%
MOEXIPRIL HCL	1	90	90	$82	$70	$0.92	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
AMLODIPINE-OLMESARTAN	2	60	60	$84	$70	$1.40	1	90	90	$70	$70	$0.78	100.0%	-33.3%	-33.3%	19.4%	-0.5%	79.5%
LACTULOSE	2	3,900	40	$87	$70	$0.02	4	1,892	30	$79	$79	$0.04	-50.0%	106.1%	33.3%	10.5%	-11.3%	-50.0%
DOXYCYCLINE MONOHYDRATE	9	228	129	$109	$68	$0.48	24	817	370	$296	$174	$0.48	-62.5%	-63.0%	-65.1%	-63.1%	-60.9%	0.0%
CIMETIDINE	2	120	120	$108	$68	$0.90	2	195	95	$267	$254	$1.37	0.0%	-38.5%	26.3%	-59.6%	-73.3%	-34.3%
ACARBOSE	2	270	120	$78	$68	$0.29	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TACROLIMUS	2	210	60	$77	$66	$0.37	9	990	403	$857	$807	$0.87	-77.8%	-78.8%	-85.1%	-91.0%	-91.8%	-57.5%
NANO 2ND GEN PEN NEEDLE	2	200	180	$99	$66	$0.45	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
NEOMYCIN-POLYMYXIN-DEXAME	7	28	84	$112	$66	$4.07	5	19	54	$85	$47	$4.46	40.0%	44.7%	74.1%	32.1%	41.0%	-8.7%
RISPERIDONE	8	450	300	$85	$65	$0.14	8	345	300	$57	$57	$0.16	0.0%	30.4%	0.0%	13.4%	13.4%	-12.5%
PRIMIDONE	9	750	570	$163	$64	$0.22	12	1,575	840	$310	$222	$0.20	-25.0%	-52.4%	-32.1%	-47.3%	-71.1%	10.0%
SEVELAMER CARBONATE	1	120	20	$87	$64	$0.56	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
AMILORIDE-HYDROCHLOROTHIA	2	180	180	$94	$64	$0.52	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
NOVOFINE AUTOCOVER	1	100	30	$74	$64	$0.74	2	300	120	$205	$183	$0.68	-50.0%	-66.7%	-75.0%	-64.0%	-65.2%	8.8%
THEOPHYLLINE	1	90	90	$76	$64	$0.84	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DROPLET PEN NEEDLE	1	200	90	$63	$63	$0.32	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
POLYMYXIN B SUL-TRIMETHOPR	7	70	157	$63	$63	$0.90	9	90	128	$81	$81	$0.90	-22.2%	-22.2%	22.7%	-22.2%	-22.2%	0.0%
IMIQUIMOD	3	57	78	$92	$62	$1.61	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PROMETHAZINE HCL	3	360	85	$62	$62	$0.17	5	202	75	$24	$24	$0.12	-40.0%	78.2%	13.3%	159.2%	159.2%	41.7%
INDAPAMIDE	2	180	180	$61	$61	$0.34	2	450	180	$153	$153	$0.34	0.0%	-60.0%	0.0%	-60.0%	-60.0%	0.0%
CLARITHROMYCIN ER	1	14	7	$62	$58	$4.43	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ZOLPIDEM TARTRATE ER	3	135	135	$94	$58	$0.70	6	300	300	$280	$194	$0.87	-50.0%	-55.0%	-55.0%	-63.9%	-70.2%	-19.5%
IBU	3	630	270	$58	$58	$0.09	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
MIMVEY	1	28	28	$68	$58	$2.41	2	56	56	$135	$115	$2.41	-50.0%	-50.0%	-50.0%	-50.0%	-50.0%	0.0%
PROAIR HFA	1	9	34	$66	$57	$7.71	2	17	50	$101	$0	$5.94	-50.0%	-50.0%	-32.0%	-35.1%	-	29.8%
HUMALOG	1	10	16	$156	$56	$15.55	1	90	85	$1,394	$1,139	$15.49	0.0%	-88.9%	-81.2%	-88.8%	-95.1%	0.4%
ZONISAMIDE	1	360	90	$54	$54	$0.15	3	360	270	$56	$18	$0.16	-66.7%	0.0%	-66.7%	-3.4%	193.6%	-6.3%
CEFUROXIME	6	96	48	$83	$53	$0.86	13	204	102	$183	$102	$0.90	-53.8%	-52.9%	-52.9%	-54.6%	-48.3%	-4.4%
IBANDRONATE SODIUM	9	19	556	$135	$50	$7.12	14	32	940	$227	$92	$7.08	-35.7%	-40.6%	-40.9%	-40.4%	-46.1%	0.6%
ONETOUCH DELICA PLUS LANCE	4	700	296	$55	$50	$0.08	3	500	270	$38	$34	$0.08	33.3%	40.0%	9.3%	45.4%	45.4%	0.0%

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
GLYCOPYRROLATE	1	240	60	$89	$49	$0.29	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LANCETS	2	500	112	$52	$47	$0.10	2	400	125	$16	$14	$0.04	0.0%	25.0%	-10.4%	225.4%	225.4%	150.0%
VENTOLIN HFA	1	18	25	$54	$46	$3.02	3	54	133	$180	$88	$2.96	-66.7%	-86.7%	-81.2%	-66.0%	-47.3%	2.0%
HUMULIN N	1	10	28	$145	$45	$14.93	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
BETAMETHASONE VALERATE	2	90	90	$58	$45	$0.65	1	45	30	$29	$26	$0.65	100.0%	100.0%	66.7%	100.0%	75.0%	0.0%
ATOVAQUONE-PROGUANIL HCL	1	20	7	$54	$44	$2.71	2	50	50	$135	$121	$2.70	-50.0%	-60.0%	-86.0%	-59.9%	-63.5%	0.4%
PROCTOSOL-HC	3	85	39	$88	$44	$0.80	5	198	141	$157	$129	$0.79	-40.0%	-57.1%	-72.3%	-56.5%	-65.7%	1.3%
EASY COMFORT	2	400	120	$49	$44	$0.12	1	100	30	$13	$11	$0.13	100.0%	300.0%	300.0%	285.7%	285.7%	-7.7%
METHOTREXATE SODIUM	1	24	85	$44	$44	$1.82	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
METHYLPHENIDATE HCL	1	90	30	$47	$43	$0.52	3	240	90	$115	$97	$0.48	-66.7%	-62.5%	-66.7%	-59.1%	-55.7%	8.3%
PINDOLOL	1	60	30	$47	$43	$0.78	1	62	62	$48	$36	$0.78	0.0%	-3.2%	-51.6%	-3.2%	17.8%	0.0%
DEXAMETHASONE SODIUM PHOS	1	5	30	$46	$42	$9.18	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
QUETIAPINE FUMARATE ER	1	90	90	$44	$41	$0.49	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
RABEPRAZOLE SODIUM	1	90	90	$44	$41	$0.49	2	210	120	$104	$78	$0.49	-50.0%	-57.1%	-25.0%	-57.4%	-48.0%	0.0%
PENICILLIN V POTASSIUM	8	283	80	$43	$40	$0.15	10	354	97	$56	$56	$0.16	-20.0%	-20.1%	-17.5%	-22.3%	-28.8%	-6.3%
ACETAZOLAMIDE	2	44	17	$42	$38	$0.95	2	374	104	$408	$384	$1.09	0.0%	-88.2%	-83.7%	-89.8%	-90.3%	-12.8%
TRAMADOL HCL-ACETAMINOPHE	2	160	45	$42	$36	$0.23	4	352	93	$82	$64	$0.23	-50.0%	-48.9%	-51.6%	-48.9%	-43.5%	0.0%
HYDROXYZINE PAMOATE	6	259	136	$36	$36	$0.14	4	130	83	$32	$32	$0.24	50.0%	99.2%	63.9%	12.7%	12.7%	-41.7%
VERAPAMIL HCL	1	30	30	$134	$34	$4.48	1	30	30	$134	$34	$4.48	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CEFTRIAXONE	1	2	7	$38	$34	$19.09	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PENTOXIFYLLINE	1	212	106	$42	$34	$0.20	2	88	44	$19	$7	$0.21	-50.0%	140.9%	140.9%	125.5%	393.6%	-4.8%
GAVILYTE-C	3	12,000	3	$43	$34	$0.00	6	24,000	6	$86	$26	$0.00	-50.0%	-50.0%	-50.0%	-50.0%	29.3%	-
ALCOHOL PREP PADS	2	500	112	$34	$34	$0.07	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
NITROGLYCERIN PATCH	1	90	90	$64	$34	$0.71	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DICLOFENAC SODIUM ER	1	30	30	$42	$32	$1.41	1	30	30	$51	$41	$1.70	0.0%	0.0%	0.0%	-17.1%	-21.2%	-17.1%
GLYBURIDE-METFORMIN HCL	2	360	120	$32	$32	$0.09	1	90	30	$7	$7	$0.08	100.0%	300.0%	300.0%	363.9%	363.9%	12.5%
BUPRENORPHINE HCL	1	35	28	$41	$32	$1.17	1	35	28	$41	$32	$1.17	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ULTRA-CARE LANCETS	1	100	25	$35	$31	$0.35	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FLUNISOLIDE	1	25	50	$51	$31	$2.04	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TIROSINT	1	30	30	$130	$30	$4.33	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DOXEPIN HCL	2	90	60	$43	$30	$0.47	5	300	270	$216	$146	$0.72	-60.0%	-70.0%	-77.8%	-80.3%	-79.6%	-34.7%
SYNTHROID	17	558	560	$708	$29	$1.27	19	810	810	$989	$0	$1.22	-10.5%	-31.1%	-30.9%	-28.4%	-	4.1%
ALPRAZOLAM ER	1	60	30	$33	$29	$0.55	1	60	30	$33	$29	$0.55	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PROBENECID	1	90	90	$59	$29	$0.66	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SILDENAFIL CITRATE	1	270	90	$32	$29	$0.12	1	90	30	$14	$11	$0.16	0.0%	200.0%	200.0%	129.8%	174.3%	-25.0%
LITHIUM CARBONATE	3	180	90	$29	$29	$0.16	5	630	270	$59	$59	$0.09	-40.0%	-71.4%	-66.7%	-51.0%	-51.0%	77.8%
PROAIR RESPICLICK	2	2	46	$123	$29	$61.29	4	8	186	$479	$198	$59.82	-50.0%	-75.0%	-75.3%	-74.4%	-85.5%	2.5%
AMMONIUM LACTATE	2	540	60	$42	$28	$0.08	2	540	45	$42	$34	$0.08	0.0%	0.0%	33.3%	0.0%	-16.9%	0.0%
IMIPRAMINE HCL	2	225	120	$38	$26	$0.17	2	270	120	$51	$47	$0.19	0.0%	-16.7%	0.0%	-25.2%	-45.0%	-10.5%
RIZATRIPTAN	5	48	132	$51	$26	$1.07	3	27	75	$26	$11	$0.96	66.7%	77.8%	76.0%	98.4%	135.4%	11.5%
FLUCONAZOLE	13	44	47	$67	$26	$1.52	21	57	157	$103	$31	$1.80	-38.1%	-22.8%	-70.1%	-34.9%	-17.3%	-15.8%
CABERGOLINE	1	8	56	$28	$24	$3.47	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ESZOPICLONE	7	270	270	$87	$24	$0.32	8	300	300	$102	$46	$0.34	-12.5%	-10.0%	-10.0%	-14.7%	-48.3%	-5.9%
LETROZOLE	3	210	210	$39	$24	$0.19	9	450	390	$87	$23	$0.19	-66.7%	-53.3%	-46.2%	-54.9%	2.8%	0.0%
FEMYNOR	1	84	84	$27	$24	$0.33	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TERBINAFINE HCL	2	120	120	$24	$24	$0.20	6	209	209	$43	$43	$0.21	-66.7%	-42.6%	-42.6%	-45.2%	-45.2%	-4.8%
EC-NAPROXEN	1	60	30	$33	$23	$0.55	2	120	60	$66	$46	$0.55	-50.0%	-50.0%	-50.0%	-50.0%	-50.0%	0.0%
MICROLET NEXT LANCING DEVIC	2	2	60	$25	$22	$12.48	1	1	90	$11	$10	$11.31	100.0%	100.0%	-33.3%	120.7%	120.6%	10.3%
KLOR-CON M10	1	90	90	$34	$22	$0.38	1	90	90	$34	$22	$0.38	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BETAMETHASONE DIPROP AUGM	2	60	32	$30	$22	$0.50	4	180	65	$191	$183	$1.06	-50.0%	-66.7%	-50.8%	-84.2%	-86.4%	-52.8%
CONTOUR NEXT USB	1	1	30	$24	$22	$23.90	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
METOLAZONE	2	37	41	$41	$21	$1.11	4	86	290	$103	$92	$1.09	-50.0%	-61.1%	-85.9%	-60.1%	-77.0%	1.8%
TOBRAMYCIN	2	10	18	$21	$21	$2.10	5	25	83	$52	$52	$2.09	-60.0%	-60.0%	-78.3%	-59.9%	-59.9%	0.5%
SPIRONOLACTONE-HCTZ	1	30	30	$24	$20	$0.81	2	120	120	$95	$81	$0.80	-50.0%	-75.0%	-75.0%	-74.5%	-86.9%	1.3%
SURE COMFORT	1	100	33	$27	$20	$0.27	1	180	90	$45	$33	$0.25	0.0%	-44.4%	-63.3%	-40.3%	-38.7%	8.0%
CLARITHROMYCIN	2	42	21	$34	$20	$0.81	2	42	21	$34	$26	$0.81	0.0%	0.0%	0.0%	0.0%	-23.1%	0.0%
PROBENECID-COLCHICINE	1	30	30	$23	$19	$0.76	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
BETHANECHOL CHLORIDE	1	42	14	$23	$19	$0.55	1	270	90	$95	$95	$0.35	0.0%	-84.4%	-84.4%	-75.5%	-80.4%	57.1%
TADALAFIL	8	240	240	$76	$18	$0.32	13	570	570	$237	$131	$0.42	-38.8%	-57.9%	-57.9%	-68.1%	-86.1%	-23.8%
TENOFOVIR DISOPROXIL FUMAR	1	30	30	$27	$17	$0.91	1	30	30	$27	$17	$0.91	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PARICALCITOL	1	12	42	$24	$16	$2.04	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ULTICARE INSULIN SYRINGE	1	100	25	$20	$16	$0.20	1	100	33	$20	$12	$0.20	0.0%	0.0%	-24.2%	0.0%	33.5%	0.0%
NOVOLIN 70-30 FLEXPEN	1	30	37	$86	$16	$2.86	6	135	277	$1,129	$770	$8.37	-83.3%	-77.8%	-86.6%	-92.4%	-98.0%	-65.8%
GLYBURIDE	4	270	240	$39	$15	$0.15	2	90	60	$15	$1	$0.16	100.0%	200.0%	300.0%	166.9%	1,977.5%	-6.3%
FELODIPINE ER	2	150	120	$30	$14	$0.20	4	330	300	$85	$19	$0.20	-50.0%	-54.5%	-60.0%	-54.0%	-28.6%	0.0%
GLIPIZIDE XL	6	360	300	$69	$14	$0.19	1	90	90	$17	$0	$0.19	500.0%	300.0%	233.3%	314.4%	-	0.0%
ONETOUCH DELICA	1	200	90	$15	$14	$0.08	1	100	90	$8	$7	$0.08	0.0%	100.0%	0.0%	99.9%	99.8%	0.0%
ESOMEPRAZOLE MAGNESIUM	6	180	180	$83	$13	$0.46	9	450	450	$183	$32	$0.41	-33.3%	-60.0%	-60.0%	-55.0%	-57.6%	12.2%
CHLORDIAZEPOXIDE HCL	3	114	42	$13	$13	$0.11	3	72	24	$8	$8	$0.12	0.0%	58.3%	75.0%	51.7%	51.7%	-8.3%
ESTAZOLAM	1	30	30	$21	$11	$0.71	1	30	30	$21	$11	$0.70	0.0%	0.0%	0.0%	2.3%	4.5%	1.4%

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
INDOMETHACIN ER	1	30	30	$15	$11	$0.51	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ACCU-CHEK FASTCLIX LANCET D	1	102	90	$12	$11	$0.12	3	510	256	$61	$55	$0.12	-66.7%	-80.0%	-64.8%	-80.4%	-80.4%	0.0%
PHENOBARBITAL	1	270	90	$40	$10	$0.15	1	90	90	$75	$83	$0.83	0.0%	200.0%	0.0%	-46.8%	-84.3%	-81.9%
TRIMETHOPRIM	1	30	30	$10	$10	$0.33	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
DICLOXACILLIN SODIUM	1	14	7	$14	$10	$0.98	1	28	14	$27	$17	$0.98	0.0%	-50.0%	-50.0%	-48.8%	-42.3%	2.1%
REPAGLINIDE	1	90	30	$13	$10	$0.15	2	585	180	$143	$131	$0.25	-50.0%	-84.6%	-83.3%	-90.8%	-92.7%	-40.0%
METAXALONE	2	42	14	$49	$9	$1.17	2	51	17	$59	$8	$1.16	0.0%	-17.6%	-17.6%	-17.3%	22.4%	0.9%
ENALAPRIL-HYDROCHLOROTHIA	1	30	30	$9	$9	$0.30	1	30	30	$7	$7	$0.23	0.0%	0.0%	0.0%	30.4%	30.4%	30.4%
PROCTOZONE-HC	1	30	15	$18	$8	$0.61	1	30	15	$24	$14	$0.80	0.0%	0.0%	0.0%	-23.8%	-40.7%	-23.8%
BENZTROPINE MESYLATE	1	60	30	$11	$8	$0.19	2	120	60	$23	$10	$0.19	-50.0%	-50.0%	-50.0%	-50.5%	-17.8%	0.0%
METHADONE HCL	3	110	44	$21	$8	$0.19	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SULINDAC	1	60	30	$17	$7	$0.29	2	240	120	$55	$45	$0.23	-50.0%	-75.0%	-75.0%	-68.5%	-83.6%	26.1%
CARTEOLOL HCL	1	5	37	$7	$7	$1.47	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ONETOUCH LANCETS	1	100	90	$8	$7	$0.08	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
GUANFACINE HCL ER	1	30	30	$11	$7	$0.37	1	30	30	$11	$7	$0.37	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ISONIAZID	1	30	30	$7	$7	$0.24	1	30	30	$7	$7	$0.24	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NEOMYCIN SULFATE	1	6	1	$6	$6	$1.06	2	12	2	$13	$13	$1.06	-50.0%	-50.0%	-50.0%	-50.0%	-50.0%	0.0%
ULTRA-FINE SHORT PEN NEEDLE	2	100	204	$36	$6	$0.36	3	400	116	$176	$156	$0.44	-33.3%	-75.0%	75.9%	-79.5%	-96.0%	-18.2%
INDOMETHACIN	1	30	15	$6	$6	$0.20	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FAMCICLOVIR	1	15	5	$7	$6	$0.49	1	21	7	$21	$21	$1.00	0.0%	-28.6%	-28.6%	-65.5%	-73.0%	-51.0%
OXCARBAZEPINE	3	180	91	$34	$6	$0.19	7	780	450	$211	$127	$0.27	-57.1%	-76.9%	-79.8%	-84.0%	-95.6%	-29.6%
LEVOBUNOLOL HCL	1	5	37	$5	$5	$0.90	1	5	37	$5	$5	$0.90	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
HYDROCODONE-IBUPROFEN	1	12	3	$5	$4	$0.45	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ZALEPLON	1	30	30	$14	$4	$0.46	2	120	120	$54	$14	$0.45	-50.0%	-75.0%	-75.0%	-74.2%	-71.7%	2.2%
ULTRA COMFORT	1	20	90	$4	$4	$0.19	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ENULOSE	1	420	30	$7	$3	$0.02	1	420	30	$7	$3	$0.02	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SINGLE USE SWAB	1	100	90	$1	$1	$0.01	2	300	180	$4	$4	$0.01	-50.0%	-66.7%	-50.0%	-67.0%	-67.0%	0.0%
GLYBURIDE MICRONIZED	1	30	30	$5	$1	$0.17	1	30	30	$5	$1	$0.17	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ABIRATERONE ACETATE	0	0	0	$0	$0	$0.00	1	120	30	$2,876	$1,927	$23.97	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ACCU-CHEK SOFTCLIX	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ACETAZOLAMIDE ER	0	0	0	$0	$0	$0.00	1	90	90	$88	$88	$0.98	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ADACEL TDAP	0	0	0	$0	$0	$0.00	1	1	1	$81	$14	$121.26	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ADDERALL	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ALCLOMETASONE DIPROPIONAT	0	0	0	$0	$0	$0.00	1	45	30	$54	$50	$1.19	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ALCOHOL PADS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ALCOHOL SWABS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
AMLODIPINE-ATORVASTATIN	0	0	0	$0	$0	$0.00	1	90	90	$330	$300	$3.67	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
AMLODIPINE-VALSARTAN	0	0	0	$0	$0	$0.00	-1	-90	-90	-$70	-$66	$0.78	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
AMPICILLIN TRIHYDRATE	0	0	0	$0	$0	$0.00	1	40	10	$19	$9	$0.47	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
APLISOL	0	0	0	$0	$0	$0.00	-1	-0	-3	-$14	-$12	$143.70	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
APRISO	0	0	0	$0	$0	$0.00	2	144	42	$613	$559	$4.25	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ATROPINE SULFATE	3	15	181	$124	$0	$8.29	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ATROVENT HFA	0	0	0	$0	$0	$0.00	1	39	90	$1,140	$1,131	$29.47	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
BAQSIMI	0	0	0	$0	$0	$0.00	-1	-1	-1	-$273	-$205	$273.20	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
BEVESPI AEROSPHERE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
BICALUTAMIDE	0	0	0	$0	$0	$0.00	2	120	120	$59	$37	$0.49	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
BIDIL	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
BOTOX	0	0	0	$0	$0	$0.00	1	1	90	$1,155	$900	$1,155.36	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
CALCIUM ACETATE	0	0	0	$0	$0	$0.00	1	360	90	$172	$142	$0.48	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
CAPTOPRIL	0	0	0	$0	$0	$0.00	2	360	180	$353	$341	$0.98	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
CARISOPRODOL	1	60	30	$7	$0	$0.12	3	270	90	$32	$0	$0.12	-66.7%	-77.8%	-66.7%	-77.2%	-	0.0%
CEFADROXIL	0	0	0	$0	$0	$0.00	2	18	9	$9	$0	$0.50	-100.0%	-100.0%	-100.0%	-100.0%	-	-
CEFEPIME HCL	0	0	0	$0	$0	$0.00	2	45	11	$403	$344	$8.96	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
CHLOROQUINE PHOSPHATE	0	0	0	$0	$0	$0.00	1	30	70	$140	$110	$4.68	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
CHOLESTYRAMINE LIGHT	0	0	0	$0	$0	$0.00	1	60	30	$90	$86	$1.50	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
CODEINE SULFATE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
CONTOUR	0	0	0	$0	$0	$0.00	1	1	30	$9	$8	$9.00	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
CORLANOR	0	0	0	$0	$0	$0.00	1	2	1	$16	$14	$7.81	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
COSENTYX PEN (2 PENS)	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
CYCLOPENTOLATE HCL	0	0	0	$0	$0	$0.00	2	4	54	$22	$4	$5.47	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DALFAMPRIDINE ER	0	0	0	$0	$0	$0.00	1	60	30	$108	$104	$1.80	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DESMOPRESSIN ACETATE	0	0	0	$0	$0	$0.00	2	30	180	$480	$456	$15.99	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DICLOFENAC POTASSIUM	0	0	0	$0	$0	$0.00	1	90	30	$47	$37	$0.53	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DICLOFENAC SODIUM-MISOPROS	0	0	0	$0	$0	$0.00	3	540	270	$805	$763	$1.49	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DILTIAZEM 24HR ER (LA)	1	30	30	$88	$0	$2.26	2	120	120	$287	$0	$2.39	-50.0%	-75.0%	-75.0%	-78.3%	-	-5.4%
DONEPEZIL HCL ODT	0	0	0	$0	$0	$0.00	2	132	104	$43	$9	$0.33	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DROPLET INSULIN SYRINGE	0	0	0	$0	$0	$0.00	1	400	90	$92	$92	$0.23	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DULERA	0	0	0	$0	$0	$0.00	1	13	30	$303	$218	$23.30	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
DUTASTERIDE-TAMSULOSIN	0	0	0	$0	$0	$0.00	1	90	90	$224	$194	$2.49	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
EASY COMFORT INSULIN SYRING	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-

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	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
EASY COMFORT PEN NEEDLES	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
EDARBYCLOR	0	0	0	$0	$0	$0.00	2	180	180	$1,110	$874	$6.17	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
EMBEDA	0	0	0	$0	$0	$0.00	1	22	22	$215	$209	$9.77	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ENBREL SURECLICK	0	0	0	$0	$0	$0.00	-1	-4	-28	-$5,024	-$3,527	$1,255.99	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ENDOCET	0	0	0	$0	$0	$0.00	1	270	90	$132	$132	$0.49	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ENTECAVIR	0	0	0	$0	$0	$0.00	1	90	90	$143	$131	$1.59	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
EPLERENONE	0	0	0	$0	$0	$0.00	2	180	180	$205	$205	$1.14	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ERY	0	0	0	$0	$0	$0.00	1	60	30	$65	$61	$1.09	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
EUCRISA	0	0	0	$0	$0	$0.00	2	120	60	$1,288	$1,139	$10.96	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
EVZIO	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
EZALLOR SPRINKLE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FENOFIBRIC ACID	0	0	0	$0	$0	$0.00	3	210	210	$211	$189	$1.01	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
FETZIMA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FIASP	0	0	0	$0	$0	$0.00	1	60	90	$1,604	$1,499	$26.74	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
FIASP FLEXTOUCH	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FLOVENT DISKUS	0	0	0	$0	$0	$0.00	0	0	0	$78	$60	$0.00	-	-	-	-100.0%	-100.0%	-
FLUDROCORTISONE ACETATE	0	0	0	$0	$0	$0.00	2	180	180	$82	$58	$0.46	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
FLUOROMETHOLONE	1	5	37	$60	$0	$12.06	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FLUZONE QUAD 2019-2020	0	0	0	$0	$0	$0.00	1	1	1	$29	$29	$58.00	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
FORA LANCETS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
FORTEO	0	0	0	$0	$0	$0.00	1	2	28	$3,493	$3,458	$1,455.58	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
FREESTYLE LANCETS	0	0	0	$0	$0	$0.00	1	100	50	$8	$7	$0.08	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
GALANTAMINE ER	0	0	0	$0	$0	$0.00	1	90	90	$185	$173	$2.06	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
GALANTAMINE HBR	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
GAVILYTE-G	0	0	0	$0	$0	$0.00	1	4,000	1	$15	$5	$0.00	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
GAVILYTE-N	0	0	0	$0	$0	$0.00	3	12,000	3	$62	$38	$0.01	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
GENERLAC	0	0	0	$0	$0	$0.00	1	1,680	14	$27	$17	$0.02	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
GENTAMICIN SULFATE	0	0	0	$0	$0	$0.00	5	70	71	$156	$143	$2.21	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
GILENYA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
GLUCAGON EMERGENCY KIT	0	0	0	$0	$0	$0.00	1	1	1	$273	$173	$273.20	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
GOCOVRI	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
GRISEOFULVIN ULTRAMICROSIZ	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
GUANFACINE HCL	0	0	0	$0	$0	$0.00	1	90	90	$90	$90	$0.85	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
HALOBETASOL PROPIONATE	0	0	0	$0	$0	$0.00	1	50	30	$65	$55	$1.29	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
HARVONI	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
HIBERIX	0	0	0	$0	$0	$0.00	1	1	1	$30	$21	$29.99	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
HUMALOG KWIKPEN U-200	0	0	0	$0	$0	$0.00	1	30	50	$2,060	$2,056	$68.67	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
HUMULIN 70-30	0	0	0	$0	$0	$0.00	3	30	36	$435	$180	$14.50	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
HUMULIN R U-500 KWIKPEN	0	0	0	$0	$0	$0.00	4	48	198	$4,482	$4,182	$92.96	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
INNOSPIRE ELEGANCE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ISOSORBIDE MONONITRATE	0	0	0	$0	$0	$0.00	1	180	90	$42	$38	$0.23	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ITRACONAZOLE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
IVERMECTIN	0	0	0	$0	$0	$0.00	1	45	30	$459	$369	$10.20	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
KLOR-CON 10	0	0	0	$0	$0	$0.00	1	30	30	$8	$0	$0.27	-100.0%	-100.0%	-100.0%	-100.0%	-	-
KLOR-CON M15	0	0	0	$0	$0	$0.00	2	150	120	$110	$106	$0.73	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
KOMBIGLYZE XR	0	0	0	$0	$0	$0.00	1	30	30	$409	$324	$13.63	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
LAMICTAL	0	0	0	$0	$0	$0.00	1	60	30	$1,045	$960	$17.42	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
LANCETS ULTRA THIN	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LANCING DEVICE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LEVALBUTEROL HCL	0	0	0	$0	$0	$0.00	1	72	8	$63	$50	$0.87	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
LEVALBUTEROL TARTRATE HFA	1	15	16	$52	$0	$3.48	1	15	30	$52	$0	$3.48	0.0%	0.0%	-46.7%	0.0%	-	0.0%
LEVEMIR	0	0	0	$0	$0	$0.00	1	10	12	$344	$344	$34.41	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
LIDOCAINE HCL	0	0	0	$0	$0	$0.00	1	250	75	$220	$208	$0.88	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
LIDOCAINE HCL VISCOUS	0	0	0	$0	$0	$0.00	1	160	16	$15	$5	$0.10	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
LIPITOR	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LITHIUM CARBONATE ER	-1	-60	-30	-$9	$0	$0.15	1	60	30	$9	$0	$0.15	-200.0%	-200.0%	-200.0%	-200.0%	-	0.0%
LONSURF	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
LORAZEPAM INTENSOL	0	0	0	$0	$0	$0.00	1	30	40	$20	$0	$0.68	-100.0%	-100.0%	-100.0%	-100.0%	-	-
MAXITROL	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
MEMANTINE HCL ER	0	0	0	$0	$0	$0.00	2	180	180	$585	$563	$3.14	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
MERCAPTOPURINE	0	0	0	$0	$0	$0.00	1	135	90	$173	$161	$1.28	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
METHSCOPOLAMINE BROMIDE	0	0	0	$0	$0	$0.00	1	180	90	$304	$274	$1.69	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
METHYLDOPA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
MEXILETINE HCL	0	0	0	$0	$0	$0.00	1	270	90	$237	$225	$0.88	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
MICRO THIN LANCETS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
MISOPROSTOL	0	0	0	$0	$0	$0.00	3	482	181	$296	$296	$0.61	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
MODAFINIL	0	0	0	$0	$0	$0.00	1	60	30	$89	$0	$1.49	-100.0%	-100.0%	-100.0%	-100.0%	-	-
NABUMETONE	0	0	0	$0	$0	$0.00	4	160	125	$40	$10	$0.25	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
NARATRIPTAN HCL	0	0	0	$0	$0	$0.00	1	9	30	$23	$13	$2.55	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
NARCAN	0	0	0	$0	$0	$0.00	1	2	1	$122	$87	$60.98	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-

MedImpact

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
NEUPRO	0	0	0	$0	$0	$0.00	1	30	30	$685	$650	$22.85	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
NIACIN ER	0	0	0	$0	$0	$0.00	5	630	450	$425	$383	$0.68	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
NICOTROL	0	0	0	$0	$0	$0.00	1	168	10	$425	$325	$2.53	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
NOVOFINE 32	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
NOVOFINE PLUS	0	0	0	$0	$0	$0.00	2	200	120	$92	$76	$0.46	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
NOVOLIN N FLEXPEN	1	15	75	$43	$0	$2.86	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
NOVOLOG MIX 70-30 FLEXPEN	0	0	-5	$0	$0	$0.00	1	18	-17	$862	$705	$36.20	-100.0%	-100.0%	-70.6%	-100.0%	-100.0%	-
NUCYNTA	0	0	0	$0	$0	$0.00	1	120	30	$1,286	$1,231	$10.95	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ORENCIA CLICKJECT	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
OTEZLA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
OXYCODONE HCL ER	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PACERONE	0	0	0	$0	$0	$0.00	1	30	30	$8	$8	$0.28	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PALIPERIDONE ER	0	0	0	$0	$0	$0.00	1	30	30	$285	$281	$9.51	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PAROXETINE MESYLATE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PEG 3350-ELECTROLYTE	1	4,000	1	$16	$0	$0.00	2	8,000	2	$26	$0	$0.00	-50.0%	-50.0%	-50.0%	-38.3%	-	-
PEG-3350 AND ELECTROLYTES	-1	-4,000	-1	-$12	$0	$0.00	1	4,000	1	$12	$0	$0.00	-200.0%	-200.0%	-200.0%	-200.0%	-	-
PEN NEEDLE	1	50	50	$9	$0	$0.18	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PEN NEEDLES	0	0	0	$0	$0	$0.00	1	100	50	$58	$54	$0.58	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PENNSAID	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PERFOROMIST	0	0	0	$0	$0	$0.00	1	120	30	$1,012	$809	$8.43	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PERINDOPRIL ERBUMINE	0	0	0	$0	$0	$0.00	1	90	90	$57	$27	$0.64	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PERIOGARD	0	0	0	$0	$0	$0.00	1	473	16	$6	$6	$0.01	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PERPHENAZINE-AMITRIPTYLINE	0	0	0	$0	$0	$0.00	1	180	90	$193	$183	$1.07	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PEXEVA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PLAQUENIL	0	0	0	$0	$0	$0.00	1	60	30	$577	$492	$9.62	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
POLYETHYLENE GLYCOL 3350	1	527	30	$37	$0	$0.07	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PRED FORTE	0	0	0	$0	$0	$0.00	2	10	96	$290	$64	$29.01	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PREDNISOLONE SODIUM PHOSP	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PREVIDENT	2	200	34	$30	$0	$0.15	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
PREVIDENT 5000 ENAMEL PROTE	0	0	0	$0	$0	$0.00	1	100	30	$14	$0	$0.14	-100.0%	-100.0%	-100.0%	-100.0%	-	-
PROCTO-MED HC	0	0	0	$0	$0	$0.00	1	30	15	$24	$20	$0.80	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
PULMICORT FLEXHALER	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
QUINIDINE SULFATE	0	0	0	$0	$0	$0.00	1	90	90	$39	$39	$0.43	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
RAYALDEE	0	0	0	$0	$0	$0.00	1	30	30	$1,051	$1,004	$35.03	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
REPATHA SYRINGE	0	0	0	$0	$0	$0.00	1	2	28	$437	$352	$218.73	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
REXULTI	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
RINVOQ	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ROCKLATAN	0	0	0	$0	$0	$0.00	2	5	44	$555	$461	$110.97	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
ROPINIROLE ER	0	0	0	$0	$0	$0.00	1	90	90	$89	$77	$0.99	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
SANTYL	0	0	0	$0	$0	$0.00	0	0	0	$0	$26	$0.00	-	-	-	-	-100.0%	-
SEREVENT DISKUS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SF	0	0	0	$0	$0	$0.00	2	112	24	$13	$0	$0.11	-100.0%	-100.0%	-100.0%	-100.0%	-	-
SF 5000 PLUS	0	0	0	$0	$0	$0.00	1	51	30	$7	$0	$0.14	-100.0%	-100.0%	-100.0%	-100.0%	-	-
SILODOSIN	2	60	60	$67	$0	$1.11	2	44	44	$49	$0	$1.12	0.0%	36.4%	36.4%	35.5%	-	-0.9%
SILVER SULFADIAZINE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SIMPONI	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SODIUM CHLORIDE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SOLIFENACIN SUCCINATE	2	60	60	$31	$0	$0.51	5	150	150	$77	$13	$0.51	-60.0%	-60.0%	-60.0%	-60.0%	-100.0%	0.0%
SOLIRIS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SOLU-CORTEF	0	0	0	$0	$0	$0.00	1	1	1	$15	$0	$14.88	-100.0%	-100.0%	-100.0%	-100.0%	-	-
SOOLANTRA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SOTALOL AF	0	0	0	$0	$0	$0.00	1	30	30	$5	$0	$0.17	-100.0%	-100.0%	-100.0%	-100.0%	-	-
SSD	0	150	5	$31	$0	$0.21	3	535	85	$75	$0	$0.14	-100.0%	-72.0%	-94.1%	-58.5%	-	50.0%
STIVARGA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
SULFASALAZINE DR	0	0	0	$0	$0	$0.00	4	1,080	240	$330	$280	$0.31	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
SYNJARDY XR	0	0	0	$0	$0	$0.00	1	60	30	$508	$473	$8.46	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
TASIGNA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TDVAX	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TELMISARTAN-AMLODIPINE	0	0	0	$0	$0	$0.00	1	90	90	$380	$330	$4.00	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
TETRACYCLINE HCL	0	0	0	$0	$0	$0.00	1	28	14	$112	$108	$4.01	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
TOBRAMYCIN SULFATE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TOLAK	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TRANDOLAPRIL	0	0	0	$0	$0	$0.00	1	90	90	$37	$37	$0.41	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
TRANSDERM-SCOP	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TRILYTE WITH FLAVOR PACKETS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
TROKENDI XR	0	0	0	$0	$0	$0.00	1	30	30	$392	$292	$13.08	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
TRUEDRAW	0	0	0	$0	$0	$0.00	1	1	30	$4	$4	$4.29	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
TRUEPLUS LANCETS	0	0	0	$0	$0	$0.00	1	100	50	$6	$5	$0.06	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
TYMLOS	0	0	0	$0	$0	$0.00	0	0	0	$140	$128	$0.00	-	-	-	-100.0%	-100.0%	-
ULORIC	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-

	Reporting Period						Comparison Period						% Increase/Decrease					
Brand Name	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost	Claims	Quantity	Days Supply	Total Cost	Plan Paid	Unit Cost
ULTRA THIN LANCETS	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
VAQTA	0	0	0	$0	$0	$0.00	2	2	2	$156	$74	$78.03	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
VARIVAX VACCINE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
VELPHORO	0	0	0	$0	$0	$0.00	1	90	30	$1,337	$1,570	$14.85	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
VERAPAMIL ER PM	0	0	0	$0	$0	$0.00	4	360	360	$1,827	$1,791	$5.08	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
VESICARE	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
VIOS AEROSOL DELIVERY SYSTE	0	0	0	$0	$0	$0.00	2	2	31	$73	$58	$36.90	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-
VITRAKVI	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
VOLTAREN	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
VRAYLAR	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
XELJANZ	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
XOFLUZA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
XOLAIR	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
XOSPATA	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
ZOSTAVAX	0	0	0	$0	$0	$0.00	0	0	0	$0	$0	$0.00	-	-	-	-	-	-
BUDESONIDE	0	0	0	-$6	-$5	$0.00	9	960	285	$1,063	$851	$1.11	-100.0%	-100.0%	-100.0%	-100.6%	-100.6%	-
EMGALITY PEN	0	0	2	$28	-$13	$0.00	1	1	28	$559	$635	$558.81	-100.0%	-100.0%	-92.9%	-95.0%	-102.2%	-
PLENVU	-1	-3	1	-$114	-$29	$37.93	2	6	2	$228	$43	$37.93	-150.0%	-150.0%	-50.0%	-150.0%	-167.6%	0.0%
ATENOLOL-CHLORTHALIDONE	-1	-90	-90	-$53	-$41	$0.59	4	360	360	$184	$142	$0.51	-125.0%	-125.0%	-125.0%	-128.8%	-128.9%	15.7%
INSULIN SYRINGE	4	300	252	$17	-$46	$0.06	12	1,910	701	$442	$337	$0.23	-66.7%	-84.3%	-64.1%	-96.2%	-113.6%	-73.9%
CLINDAMYCIN PHOSPHATE	1	50	38	-$9	-$48	($0.19)	8	470	199	$414	$236	$0.88	-87.5%	-89.4%	-80.9%	-102.3%	-120.6%	-121.6%
HYDROXYUREA	3	-93	213	-$35	-$76	$0.38	6	590	207	$230	$185	$0.39	-50.0%	-115.8%	2.9%	-115.3%	-141.3%	-2.8%
METFORMIN ER OSMOTIC	-1	-60	-30	-$209	-$124	$3.49	1	60	30	$209	$124	$3.49	-200.0%	-200.0%	-200.0%	-200.0%	-200.0%	0.0%
UBRELVY	-1	-5	-1	-$413	-$328	$82.64	1	5	1	$413	$328	$82.64	-200.0%	-200.0%	-200.0%	-200.0%	-200.0%	0.0%
REPATHA SURECLICK	-1	-2	-28	-$437	-$337	$218.73	3	8	84	$1,146	$876	$190.99	-133.3%	-133.3%	-133.3%	-138.2%	-138.5%	14.5%
HUMALOG KWIKPEN U-100	0	0	0	-$674	-$674	$0.00	3	60	78	$1,882	$1,627	$31.36	-100.0%	-100.0%	-100.0%	-135.8%	-141.4%	-
BROVANA	-1	-120	-30	-$1,042	-$834	$8.68	2	240	60	$2,084	$1,667	$8.68	-150.0%	-150.0%	-150.0%	-150.0%	-150.0%	0.0%
TOUJEO MAX SOLOSTAR	-1	-24	-84	-$1,916	-$1,611	$79.82	1	24	84	$1,916	$1,611	$79.82	-200.0%	-200.0%	-200.0%	-200.0%	-200.0%	0.0%
AMPYRA	-1	-60	-30	-$2,849	-$2,764	$47.48	1	60	30	$2,849	$2,764	$47.48	-200.0%	-200.0%	-200.0%	-200.0%	-200.0%	0.0%
VYNDAQEL	-1	-120	-30	-$18,203	-$15,145	$151.69	1	120	30	$18,203	$15,145	$151.69	-200.0%	-200.0%	-200.0%	-200.0%	-200.0%	0.0%

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Dynamic Refill Too Soon Activity Summary

Carrier HQ

Adjudicated Date: 10/01/2020 through 10/31/2020

Carrier HQ Code	DTRS Transaction Count	Total Claims with RTS Overrides	Total Claims Rejected for DRTS	Total Unique Members with DTRS Rejection	Total Claims Approved with DTRS Adjustment	Total Controlled Substances Impacted	Average Ingredient Cost	Total EMD Prevented	Direct Savings
ZZZ01	50,782	51	1,007	554	430	239	$234.82	7,202	$50,792.27
Grand Total	**50,782**	**51**	**1,007**	**554**	**430**	**239**	**$234.82**	**7,202**	**$50,792.27**

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Nov 11, 2020

Dynamic Refill Too Soon Activity

Adjudicated Date: 10/01/2020 through 10/31/2020

HQ Header Code	Carrier HQ Code	Claim Identifier	Claim Status Code	Fill Date	Member ID	NDC	Therapeutic Class Code	Therapeutic Drug Class Code	Drug Strength Form Code	Brand Name	Generic Name	Strength Desc	Dosage Form	Route Desc	Quantity	Days Supply	Paid Amount	Total Cost	Total Cost per Day	Ingredient Cost	Adjudicated Code CSV	MI Reject Codes	EMD Prevented	Direct Savings
MHM	ZZZ01	0300000000	DENIED	#######	ABCD1234 5-01	00455-1405-90	0G	0269	7055	BYSTOLIC	NEBIVOLOL HCL	5 MG	TABLET	ORAL	90	90	$0.00	$0.00	$0.00	$541.30	,DRTS,DRTS_AP,	,251,170,	1	$6.01
MHM	ZZZ01	0300000001	APPROVED	#######	ABCD1234 5-02	00455-1405-90	0G	0269	7055	BYSTOLIC	NEBIVOLOL HCL	5 MG	TABLET	ORAL	90	90	$312.86	$418.91	$4.63	$416.91	,FRM_DENY,DRTS,DRTS_AP,		22	$101.91
MHM	ZZZ01	0300000002	DENIED	#######	ABCD1234 5-03	68382-0390-01	1S	0167	3515	POTASSIUM CHLORIDE	POTASSIUM CHLORIDE	20 MEQ	TABLET ER	ORAL	60	30	$0.00	$0.00	$0.00	$38.16	,DRTS,DRTS_AP,	,251,170,	2	$2.55
MHM	ZZZ01	0300000003	APPROVED	#######	ABCD1234 5-04	68382-0390-01	1S	0167	3515	POTASSIUM CHLORIDE	POTASSIUM CHLORIDE	20 MEQ	TABLET ER	ORAL	60	30	$11.85	$31.32	$1.04	$30.57	,FRM_DENY,DRTS,DRTS_AP,		8	$6.11
MHM	ZZZ01	0300000004	DENIED	#######	ABCD1234 5-05	68382-0568-01	0G	0269	20742	METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	100 MG	TAB ER 24H	ORAL	90	90	$0.00	$0.00	$0.00	$146.88	,DRTS,DRTS_AP,	,251,170,	9	$14.69

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Nov 11, 2020

Explanation of Audit

Pharmacy Compliance, FWA – 02/01/2020 through 02/29/2020

Desk Audit: Prepay Pharmacy Correction

Carrier HQ	Savings	MedImpact Fee
XXXXX	$0.00	$0.00
Desk Audit - Total	$0.00	**$0.00**

Prepay - Pharmacy Correction

Carrier HQ	Savings	MedImpact Fee
XXXXX	$6,309.61	$0.00
Prepay - Pharmacy Correction - Total	**$6,309.61**	**$0.00**
Overall - Total	**$6,309.61**	**$0.00**

Explanation of Audit

Pharmacy Compliance, FWA – 02/01/2020 through 02/29/2020

Desk Audit: Pharmacy Summary

Pharmacy Summary

Carrier HQ: XXXXX

Desk Audit				
NABP	**Pharmacy Name**	**Store No**	**Paid Amount**	**Savings**
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
Desk Audit - Total		**NABP Count: 4**	**$2,200.48**	**$0.00**
Prepay – Pharmacy Correction				
NABP	**Pharmacy Name**	**Store No**	**Paid Amount**	**Savings**
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
XXXXXX	XXXXXXXXXXXXXXXXXX	XXXX	$XXXX	$XXXX
Prepay – Pharmacy Correction - Total		**NABP Count: 8**	**$8,616.52**	**$6,309.61**
SAMPLEHQ - Total		**NABP Count: 11**	**$10,817.00**	**$6,309.61**

Explanation of Audit

Pharmacy Compliance, FWA – 02/01/2020 through 02/29/2020

Desk Audit: Claims Detail

Pharmacy Summary

Carrier HQ: XXXXX

Desk Audit

Claims Detail

NABP	Rx Number	Fill Date	Group	New Claim ID	Original Claim ID	Original Paid Amount	Savings	Audit Reason Code	SF Case
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX	XX	XXXXXXXXX
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX	XX	XXXXXXXXX
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX	XX	XXXXXXXXX
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX	XX	XXXXXXXXX
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX	XX	XXXXXXXXX
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX	XX	XXXXXXXXX

Prepay - Pharmacy Correction

NABP	Rx Number	Fill Date	Group	New Claim ID	Original Claim ID	Original Paid Amount	Savings	Audit Reason Code	Audit Desc	SF Case
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
XXXXXXXX	XXXXXXXX	XX XX, 20XX	XXXXX	XXXXXXXXXX	XXXXXXXXX	$XXXXX	$XXXXX			
Prepay - Pharmacy Correction – Total Claims: 9						**$8,616.52**	**$6,309.61**			
XXXXX – Total Claims: 13						**$10,817.00**	**$6,309.61**			

Prepay – Pharmacy Correction - Total	**NABP Count: 8**	**$8,616.52**	**$6,309.61**
SAMPLEHQ - Total	NABP Count: 11	$10,817.00	$6,309.61

Fraud, Waste and Abuse Update

June 2021

MedImpact Actions

Audits

The following is a summary of audits conducted by MedImpact between April 1 and June 30, 2021.

Pharmacies Audited: 5,238

Pharmacies Reported to IMEDIC

In our continued efforts to improve our FWA reporting we have updated our quarterly newsletter to include the list of pharmacies that have been reported to IMEDIC by MedImpact during that quarter. This report is called "Audit Referrals" and located in MedOptimize®: Fraud Waste and Abuse Reports>Newsletter Audit Reports>Audit Referrals and will allow Clients to review utilization associated with the audits of each pharmacy that resulted in the IMEDIC referral. This report will be updated every quarter with the latest relevant claim audits to coincide with each FWA Update that is sent out.

Pharmacy	NCPDP/NPI	Address
Drug Center Pharmacy	1491810/1285099002	845 W Wilson Ave Ste. 130, Chicago, IL 60640
Elite Pharmacy	5813921/1013394659	10210 101st Ave, Ozone Park, NY 11416
Elsdon Medical Pharmacy	1406722/1184625410	4254 W 55th St., Chicago, IL 60632
Exactcare	3678010/1780823500	8333 Rockside Rd., Valley View, OH 44125
Exactcare	5926437/1508347451	2701 Highpoint Oaks Dr. Ste. 100, Lewisville, TX 75067
Family Pharmacy	1026120/1184666984	17510 N US Highway 41, Lutz, FL 33549
Genoa Healthcare, LLC	3846651/1790335073	621 W Madrone St. Ste. P1, Roseburg, OR 97470
Genoa Healthcare, LLC	3843035/1003093162	2045 Silverton Rd. NE Ste. B, Salem, OR 97301
Hayat Pharmacy 2	5133385/1386997971	5928 W. Vliet St., Milwaukee, WI 53208
Hayat Pharmacy 7	5135048/1366814980	5312 W Villard Ave, Milwaukee, WI 53218
Hayat Pharmacy 9	5135288/1053766071	8434 W Silver Spring Dr., Milwaukee, WI 53225
Hayat Pharmacy 12	5136747/1730659962	5911 S Packard Ave, Cudahy, WI 53110

Fraud, Waste and Abuse Update

June 2021

Pharmacy	NCPDP/NPI	Address
Nile Ridge Pharmacy	5828706/1871151126	6922 4th Ave, Brooklyn, NY 11209
Planet Rx Pharmacy	5825116/1700381712	2813 Cropsey Ave, Brooklyn, NY 11214
Quisenberry Pharmacies, LLC	3845988/1346787629	150 Liberty St. SE, Salem, OR 97301
Kings Pharmacy	1910846/1417047929	3102 Linwood Ave, Shreveport, LA 71103
Superior Drugmart	5812450/1659776615	6010A Kissena Blvd., Flushing, NY 11355
W & P Pharmacy Inc.	5642207/1205117280	9205 Whittier Blvd., Pico Rivera, CA 90660
Watson Rx Solutions Inc.	137732/1073870994	2577 Mall Rd. Ste. B, Florence, AL 35630

Terminated Pharmacies

The following table identifies the planned termination date for each pharmacy, subject to the pharmacy's termination appeal rights. Therefore, the term date may change. However, it will not be earlier than the date shown below. Terminated pharmacies are included in MedOptimize®. The report is called "Audit Investigation-Pharmacy" and located here: Fraud Waste and Abuse Reports>Newsletter Audit Reports>Audit Investigation-Pharmacy.

Pharmacy	NCPDP/NPI	Address	Term
Customedico Pharmacy & Wellness	302389/1659478493	10900 N Scottsdale Rd. Ste. 403, Scottsdale, AZ 85254	5/3/2021
Drug Center Pharmacy	1491810/1285099002	845 W Wilson Ave Ste. 130, Chicago, IL 60640	6/28/2021
Family Pharmacy	1026120/1184666984	17510 N US Highway 41, Lutz, FL 33549	6/11/2021
Folsom Medical Pharmacy	5627356/1679603245	1300 East Bidwell St. Ste. 105, Folsom, CA 95630	5/18/2021
Gracee Pharmacy PLLC	2385260/1295212124	11825 Woodward Ave, Highland Park, MI 48203	6/9/2021
Key Drug Company	582862/1942301098	770 S Vermont Ave, Los Angeles, CA 90005	5/18/2021
Milton Medical and Drug Co. Inc.	1016814/1467452417	958 Arthur Godfrey Rd., Miami Beach, FL 33140	5/3/2021
Noble Pharmacy	3713787/1902981137	125 S Main St., Noble, OK 73068	6/22/2021
Vernbro Medical Pharmacy Inc.	537110/1295877181	231 W Vernon Ave #100, Los Angeles, CA 90037	6/22/2021

Fraud, Waste and Abuse Update

June 2021

Corrective Action Plan

These pharmacies have been audited and the audit results reviewed by the Pharmacy Adjudication Committee. As a result of the audit outcome, the Pharmacy Adjudication Committee has determined that the pharmacies should be placed on a Corrective Action Plan (CAP) audit. All pharmacies being placed on a CAP audit are included in the same MedOptimize® report as those being terminated. The report is called "Audit Investigation-Pharmacy" and located here: Fraud Waste and Abuse Reports>Newsletter Audit Reports>Audit Investigation-Pharmacy.

Pharmacy	NCPDP/NPI	Address
Brand Rx Pharmacy Corp	5819745/1063940443	97-05 A 57th Ave, Corona, NY 11368
Elsdon Medical Pharmacy	1406722/1184625410	4254 W 55th St., Chicago, IL 60632
Planet Rx Pharmacy	5825116/1700381712	2813 Cropsey Ave, Brooklyn, NY 11214
Watson Rx Solutions Inc.	137732/1073870994	2577 Mall Rd. Ste. B, Florence, AL 35630

There were no OIG sanctioned pharmacies in MedImpact's network during April, May, and June 2021

Fraud, Waste and Abuse Update

June 2021

CMS Alerts –Leveraging MedOptimize

Changes to FWA Newsletter

In an effort to improve our FWA solutions, we consistently review and update our processes and procedures. As part of these efforts, we have updated our reporting regarding CMS High Risk Pharmacies and Outlier Prescribers of Schedule II Drugs in MedOptimize®. These reports are located in MedOptimize®: Fraud Waste and Abuse Reports>Newsletter Audit Reports and will allow Clients to review utilization associated with the pharmacies and prescribers identified as high risk by CMS. These reports will be updated every quarter to coincide with the FWA Update that is sent out.

High Risk Pharmacy Assessment

CMS in collaboration with I-MEDIC has completed the June 2021 pharmacy risk assessment. This assessment is being provided to Medicare Part D plan sponsors to use in conjunction with their data used to maintain an effective compliance program and combat fraud, waste and abuse (FWA) in the Medicare Part D program. Although plan sponsors have the primary responsibility to prevent, detect and correct FWA, CMS recognizes certain limitations. For example, Medicare Part D plan sponsors only have access to their own Part D pharmacy data and may not be able to detect more global Part D pharmacy aberrant billing patterns that would be more apparent when all Part D data is taken into consideration. In order to assist Medicare Part D sponsors in targeting pharmacies for audits and further review, CMS is providing the June 2021 list of retail pharmacies categorized with a high-risk assessment. Each quarter CMS will release a list of pharmacies with a high-risk assessment. This quarterly assessment is based on a rolling calendar year from April 1, 2020 to March 31, 2021.

The June 2021 Pharmacy Risk List has been reviewed by MedImpact.

MedImpact utilizes this list and subsequent updates to prioritize desk and onsite audits.

The steps in the review process are as follows: [Note: The order may often vary depending on the results of each step]

1. Review of Risk List to determine which pharmacies are active in the MedImpact networks.
2. Determination of utilization across all lines of business.
3. Review pharmacy utilization and leverage MedImpact internal FWA analytics
4. Comparison to the MedImpact FWA Watch List, I MEDIC and OIG communications (including Requests for Information; member and/or client complaints; current or prior Corrective Action Plans etc.)
5. Review of prior desk and/or onsite audits.

All these steps assist MedImpact in evaluating the risk areas and the development of an audit plan. Pharmacies often appear on consecutive Risk Lists. The June 2021 Risk List, published June 2021, will be included in the audit planning for 2021.

This report is available in MedOptimize®. It is called "CMS High Risk Pharmacies" and located here: Fraud Waste and Abuse Reports>Newsletter Audit Reports> CMS High Risk Pharmacies.

Fraud, Waste and Abuse Update

June 2021

Outlier Prescribers of Schedule II Controlled Substances

CMS in collaboration with I-MEDIC has completed the June 2021 Outlier Prescribers of Schedule II Controlled Substances report. The report is being provided to Part D plan sponsors to use in conjunction with their own data in order to maintain an effective compliance program in an effort to combat FWA in the Medicare Part D program. In order to assist plan sponsors in targeting prescribers for audits and further review, CMS is providing the June 2021 list of prescribers categorized with an outlier report.

For each quarter, CMS will release a list of prescribers with an outlier report. This quarterly report is based on a rolling calendar year from April 1, 2020 to March 31, 2021. We are aware that there are some instances in which these prescribers have valid reasons for being outlier providers. The purpose of this report is to provide sponsors with additional information that can be used to make further determinations about potential fraud, waste and abuse. This report itself is not a sufficient basis for a sponsor to take action without conducting its own supporting analysis of specific data and the confirmation of FWA.

Drug Trend Analysis

CMS in collaboration with I-MEDIC has completed the May 2021 Drug Trend Analysis. The purpose of this analysis is to provide sponsors with additional information that can be used to make further determinations about potential fraud, waste and abuse (FWA).

CMS anticipates that plan sponsors take the following types of actions in response to the release of the quarterly Drug Trend Analysis:

1. Plan sponsors should use the information to augment their current monitoring processes that were established to meet Part D program requirement.
2. Plan sponsors may use the drug trend analysis to focus their fraud detection efforts.
3. Plan sponsors may use the drug trend analysis to augment their drug utilization management program.
4. Plan sponsors should also utilize data analysis to identify billing trends and develop more focused audits.

MedImpact has developed a report in MedOptimize® that will allow our Clients to better understand their drug spend as it relates to drugs identified in the CMS Drug Trend Analysis. This report is called "Drug Utilization and Cost Comparison Report" and located here: MedOptimize® Reporting>Drug Reports>Drug Utilization and Cost Comparison Report.

Horizon Therapeutics Inflammation Drugs

CMS in collaboration with I-MEDIC have become aware of an alleged scheme involving Horizon Therapeutics inflammation medications including: Duexis tablets, Vimovo delayed-release tablets, Pennsaid 2% solution, and Rayos delayed-release tablets, which are manufactured by Horizon Therapeutics. The fraud scheme involves potential prescribing and dispensing of these drugs inconsistent with typical practice, falsification of prior authorization requests associated with these drugs, and routine reduction, or waiver of co-payments by dispensing pharmacies.

MedImpact has been monitoring and auditing pharmacies submitting claims for these drugs for at least the past two years and will continue to do so. The outcome of audits that include these drugs will appear on the monthly explanation of audit (EOA) reports.

Fraud, Waste and Abuse Update

June 2021

Xyrem Prescribed without Medically Accepted Indication

CMS in collaboration with I-MEDIC is conducting a review of Medicare Part D payments for Xyrem prescribed without an MAI (medically accepted indication) under the Medicare Part A, Part B, or Part C programs.

In general, a Part D drug is identified as a drug that may be dispensed only upon a prescription used for an MAI. An MAI is defined as a use that is approved under the FDA or supported by one of the CMS-recognized compendia, American Hospital Formulary Service Drug Information (AHFS) or DRUGDEX Information System. As a result, drugs prescribed to beneficiaries for purposes other than an MAI are not eligible for coverage under Medicare Part D.

Xyrem is a central nervous system (CNS) depressant that is indicated for the treatment of cataplexy or excessive daytime sleepiness in patients with narcolepsy. The CMS-recognized compendia also support the use of Xyrem for the treatment of alcoholism, alcohol-withdrawal syndrome, breathing-related sleep disorder, fibromyalgia, and opioid withdrawal.

NOTE:

Templates to run prescriber or pharmacy claims reports are available in **MedOptimize®.**

If you identify compromised beneficiaries, have information or questions related to the items discussed in this Update, you may contact the Provider Audit Department at pad@medimpact.com. Part D clients with questions for the IMEDIC should direct inquiries to their CMS Account Manager or the IMEDIC at CPIMedicarePartD_data@cms.hhs.gov. The IMEDIC may also be reached at 1-877- 7SAFERX.

Pursuant to the Prescription Drug Benefit Manual, Chapter 9 – Compliance Program Guidelines and Medicare Managed Care Manual, Chapter 21 – Compliance Program Guidelines, 50.7.6 – Responding to CMS-Issued Fraud alerts: *Sponsors may take action (including denying or reversing claims) in instances where the sponsor's own analysis of its claims activity indicates that fraud may be occurring. A sponsor's decision to deny or reverse claims should be made on a claim specific basis. 42 C.F.R. 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G)* Please provide MedImpact with your supporting documentation and analysis in regards to such claims so that we may appropriately investigate the allegations of potential fraud, waste, and abuse prior to adverse actions taken against the pharmacy.

Fraud, Waste and Abuse Update

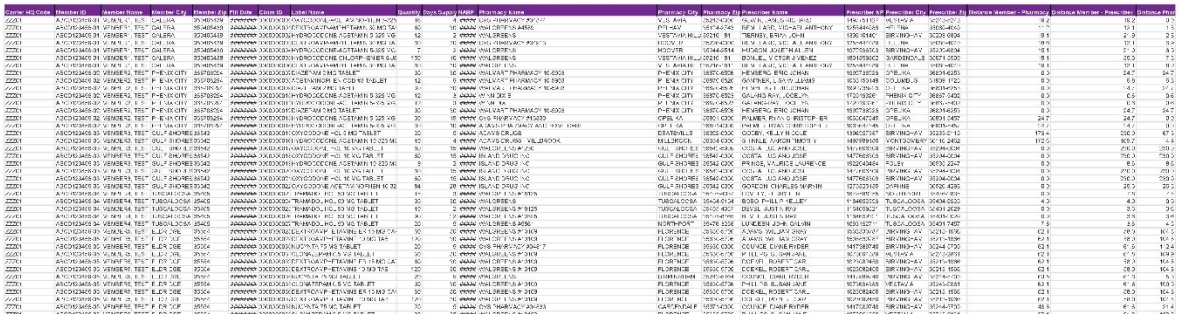
June 2021

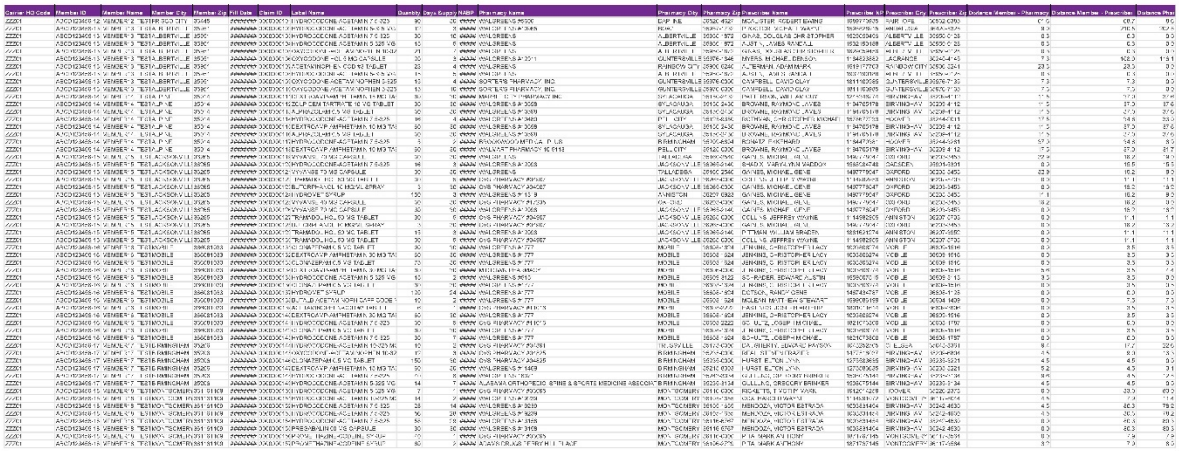
MedImpact: Managing Trend Before It Happens®

MedImpact, an independent, trend-focused pharmacy benefit manager (PBM), is the nation's largest privately held PBM, serving health plans, self-funded employers and government entities. Our business model is unique. We focus on effectively managing client pharmacy benefits to promote **Lower Cost** and **Better Care** through **One Source**. Our model aligns us with our clients. We help promote prescribing of lower-net-cost, medically appropriate drugs with fulfillment at the most appropriate participating pharmacy providing competitive pricing, good value and high-quality service. Our number-one goal is client satisfaction by providing flexible solutions and member-centric products with a focus on lowest- net cost and quality outcomes. For more information, go to: https://pbm.medimpact.com/

Member Suspicious Activity (4x4x4)

ZZZ - Client Name
Fill Date: 10/01/2019 through 12/31/2019





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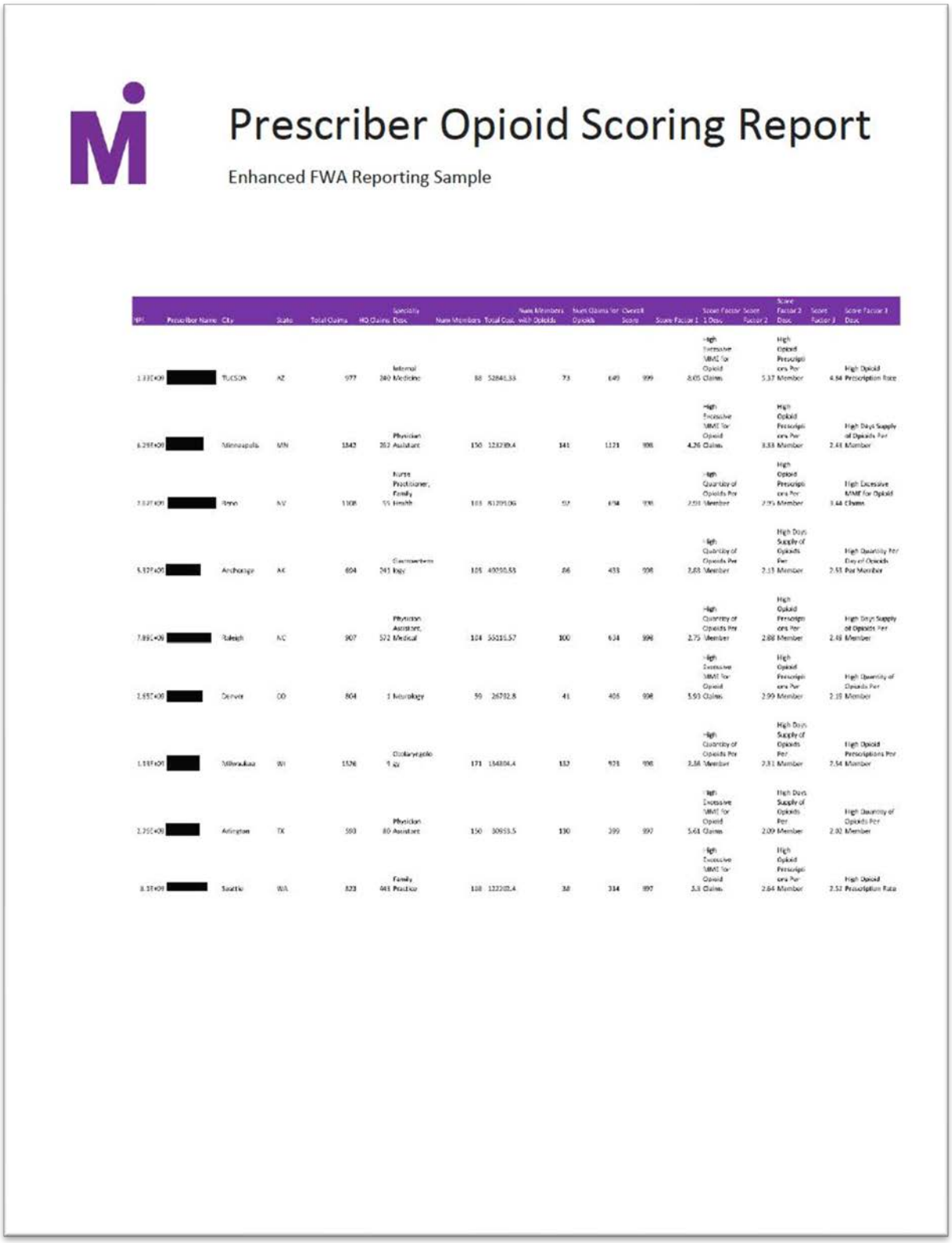

Prescriber Opioid Scoring Report

Enhanced FWA Reporting Sample

NPI	Prescriber Name	City	State	Total Claims	HD Claims	Specialty Desc	Num Members	Total Cost	Num Members with Opioids	Num Claims for Opioids	Overall Score	Score Factor 1	Score Factor 1 Desc	Score Factor 2	Score Factor 2 Desc	Score Factor 3	Score Factor 3 Desc
1.33E+09	[redacted]	TUCSON	AZ	977	340	Internal Medicine	88	52841.33	73	649	999	8.05	High Excessive MME for Opioid Claims	5.37	High Opioid Prescriptions Per Member	4.84	High Opioid Prescription Rate
6.29E+09	[redacted]	Minneapolis	MN	1842	263	Physician Assistant	150	123289.4	141	1171	998	4.26	High Excessive MME for Opioid Claims	8.33	High Opioid Prescriptions Per Member	2.48	High Days Supply of Opioids Per Member
3.03E+09	[redacted]	Reno	NV	1308	55	Nurse Practitioner, Family Health	103	81299.06	92	878	998	2.59	High Quantity of Opioids Per Member	7.95	High Opioid Prescriptions Per Member	3.44	High Excessive MME for Opioid Claims
9.32E+09	[redacted]	Anchorage	AK	894	241	Gastroenterology	105	49550.65	86	433	998	3.68	High Quantity of Opioids Per Member	2.13	High Days Supply of Opioids Per Member	2.53	High Quantity Per Day of Opioids Per Member
7.89E+09	[redacted]	Raleigh	NC	907	572	Physician Assistant, Medical	104	56215.57	100	634	998	2.75	High Quantity of Opioids Per Member	2.88	High Opioid Prescriptions Per Member	2.48	High Days Supply of Opioids Per Member
1.65E+09	[redacted]	Denver	CO	804	1	Neurology	99	26702.8	41	406	998	5.93	High Excessive MME for Opioid Claims	2.99	High Opioid Prescriptions Per Member	2.10	High Quantity of Opioids Per Member
1.18E+09	[redacted]	Milwaukee	WI	1526	9	Otolaryngology	171	134804.4	132	921	998	3.58	High Quantity of Opioids Per Member	2.31	High Days Supply of Opioids Per Member	7.54	High Opioid Prescriptions Per Member
2.35E+09	[redacted]	Arlington	TX	593	80	Physician Assistant	150	30953.5	130	399	997	5.61	High Excessive MME for Opioid Claims	2.09	High Days Supply of Opioids Per Member	2.02	High Quantity of Opioids Per Member
8.37E+09	[redacted]	Seattle	WA	823	443	Family Practice	108	122202.4	38	314	997	3.3	High Excessive MME for Opioid Claims	2.84	High Opioid Prescriptions Per Member	2.52	High Opioid Prescription Rate

9.	**Bookmark Title: MSQ9 – Security Controls** Narrative description is limited to five (5) pages. Describe in detail how your administrative, technical, and physical security controls demonstrate compliance with HIPAA Security Laws and Regulations to meet the requirements stated in Attachment C - Common Scope Requirements and Security Standards Section 6: Medicaid Enterprise System Security Standards.

Supplier Response

MedImpact has formal policies and processes for monitoring access to PHI. MedImpact's internal audit department regularly reviews security controls and policies. They report audit results to MedImpact management and document areas requiring improvement or remediation. MedImpact's internal audit department regularly reviews security controls including user access. MedImpact's third party auditors also perform a reconciliation of our ticketing system requests with the access granted to make sure that it is in conformance with MedImpact's policies and procedures and that the appropriate access was granted as part of our annual SSAE 18 SOC 1, Type 2 audit and HITRUST certification validation exercises.

MedImpact's HR department initiates the employee/contractor termination process by terming the user in our Workday application which replicates the termination via a script to MedImpact's Active Directory to automatically disable the account. The script runs multiple times per day.

MedImpact also performs a quarterly audit of all privileged and system account access. This process starts by requesting a list of users from our IBM Tivoli Identity and Access Management platform. We then send user lists to the appropriate application owners for review. We reconcile user access requests via our ticketing system to remove inappropriate access. MedImpact's ticketing system tracks changes to account provisioning required from the user access reviews to maintain an audit trail. In all cases of inappropriate access, MedImpact makes the correction to the user's access within 24 hours.

A next generation firewall protects MedImpact's network traffic by restricting access by source, destination, and protocol. MedImpact deploys an intrusion prevention system to proactively block suspicious activity. We log and review all traffic periodically. We forward security information and event logs to MedImpact's third party SIEM (Security Incident Event Management) platform for near real-time review by our SIEM providers' security operations center.

The following core security tools manage our perimeter security controls:

- Trend Micro Tipping Point Intrusion Prevention Systems for proactive monitoring and blocking of data on perimeter and internal networks
- Checkpoint firewalls for perimeter defense

MedImpact has a layered, systemic approach to network security that employs the latest industry standards to ensure we have a front-of-the-line process to protect our vital information.

Network Segregation Controls (VLANs, Subnets, Firewalls)

MedImpact has network segregation controls including VLANs, subnets, and next generation firewalls. Remote access to MedImpact's network requires a VPN profile that dictates that the connecting system comply with certain mandatory security controls such as the latest patch levels and antivirus scans. VPN access requires 2-factor authentications for all users. MedImpact supports RSA tokens for 2-factor authentication.

Host-Based Firewall Protection for Employee Workstations

MedImpact employs next generation firewalls at the perimeter. We encrypt all laptops. MedImpact does not grant users local administrative privileges on network computers.

Anti-malware Protection for Employee Workstations

MedImpact runs anti-virus and anti-malware protection via Trend Micro's Apex One on all employee workstations and laptops. We enable real-time scanning and auto updates on our system. We perform full scans weekly. The scans tie into MedImpact's Advanced Persistent Threat platform to provide additional malware protection.

BYOD (Bring Your Own Device)

MedImpact does not support BYOD. MedImpact has standardized on iOS devices for smart phones and tablets. Our security team manages company assigned devices via MedImpact's mobile device management platform, AirWatch. We encrypt all devices and can erase or wipe phones remotely if the user has lost it or had it stolen, preventing access to MedImpact's infrastructure.

Email Security Protecting PHI and PII

Secure email is required to send any email which contains PHI, PII, or company confidential information to a remote email location which resides outside of the MedImpact domain using the secure email tool embedded in Microsoft Outlook. Secure Email, using Tumbleweed–MedImpact, utilizes the Tumbleweed Communications Corp. MMS/IME software to provide encrypted emails. Any emails flagged by this system get redirected to the IME email encryption service. This service holds the email for pickup, or optionally encrypts the email using S/MIME to send to a remote IME server for site-to-site email encryption. Customers are able to retrieve their emails using a standard web browser to connect to an SSL-encrypted web site front-end. No email is stored on the front-end server.

Type of Wireless Networks and Wireless Security

MedImpact maintains a line of business wireless network and a segregated and separate guest network from the production network. Non-employees and their devices must comply with terms of use agreements to use the guest network that grants monitored access only to the internet. MedImpact's guest network does not grant access to production systems.

NAC and 802.1x authentication

MedImpact maintains NAC (network access controls) and 802.1 authentications for our wireless network via Aruba controllers.

Vulnerability Scans

MedImpact performs application vulnerability scans on strategic business projects that involve web services. Application vulnerability scans uncover code related vulnerabilities that a bad actor can take advantage of through malicious application input or exploitable code. As part of MedImpact's software development life cycle, we require developers to perform both static and dynamic code analysis on internally developed software solutions. Our process dictates that we cannot put software into production until we mitigate all critical, high, or medium rated vulnerabilities.

MedImpact sends scan results and vulnerability reports to developers that we track via Jira within the software development project. We install completed code fixes in development and then send the request back to IT security via Salesforce for rescans. We track software development projects in our IBM Confluence platform. Each project maintains a dashboard that tracks the vulnerabilities from the beginning of the project through the development life cycle into testing and quality assurance and then when we perform a final scan during the change management process after we install the code in production.

MedImpact's IT security controls prevent developer access to production. We check code out of our secure, version-controlled software repository and install it into production via our change management team. Our change control board tracks and approves every change to production systems or IT infrastructure. Each change request documents the impacted system, complexity of the change, expected downtime, risk assessment level, category (application, network, service, and more) impact to users, testing, and roll back.

Vulnerability scanning tools include Qualys, Open Web Application Security Project Zed Attack Proxy (web app scanning) for dynamic code checking and functional vulnerability checks, as well as SonarQube and CheckMarx for static development code vulnerability and quality analysis.

Electronic Security Incidents

If a security incident occurs, we rely on MedImpact's CSIRT (computer security incident response team) to enact our incident response procedure and resolve the issue.

MedImpact's security officer as well as personnel from the IT, human resources, legal, compliance, and privacy departments make up the CSIRT team. MedImpact's compliance department and privacy officer manage non-system related compliance incidents. A third-party security information and event management system collects, correlates, and analyzes information critical to security. They immediately report any suspicious activity to ensure timely remediation. The AT&T security operations center reviews this information in real time 24 hours a day, 7 days a week, 365 days a year. MedImpact's third party security operations center notifies MedImpact's information security personnel by email or via their on-call contact information for immediate response to an issue or event.

MedImpact maintains, tests, and updates our incident response plan annually.

Physical Security

MedImpact implements multiple layers of physical security to protect our personnel, control access to employee areas, and limit access to areas with sensitive data to those that require it to perform their job function.

MedImpact maintains onsite professional security personnel to patrol interior spaces and the campus 24 hours a day, 7 days a week, 365 days per year. Security cameras record activity in all areas of the building's interior and exterior including guest and employee parking areas, loading docks, and street and sidewalk areas. Our security personnel monitor video recordings in real time and retain all surveillance recordings for 1 year in secure storage.

MedImpact's office building entrances do not face a main street and we have installed physical barriers to prevent cars from getting within 100 feet of the main entrance doors. MedImpact maintains manned reception desks via a single entrance. Workstations placed in public areas do not have access to PHI or sensitive data. We require card reader access to enter employee areas and stairwells and we maintain a mantrap between the public reception area and access to employee areas, stairwells, and elevators.

The MedImpact data centers have an additional layer of physical security to prevent access to systems with PHI and customer data. These additional measures include video monitoring and recording of all activities in our data centers and biometric fingerprint locks that control access to IT infrastructure gear, servers, telephony, IP switches, and firewall equipment.

Data Security

As part of the pharmacy benefit management industry, MedImpact manages sensitive member information and private customer data; therefore, data security is essential.

MedImpact has several measures in place to ensure that we protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a business associate as defined under HIPAA. MedImpact deploys the following technical, administrative, and physical safeguards to protect PHI:

- Data loss prevention components integrated into our endpoint protection suite to track and control data flows
- Web filtering to block the use of social media, and cloud sharing platforms such as Google Docs as well as noncorporate email platforms such as Gmail, Hotmail, and Yahoo mail
- Clean desk policy requiring the removal and secure storage of any paper documents containing PHI
- Locked file rooms
- Building and workspace access secure via the use of keycard readers
- Secure shred bins provided for data destruction
- Activity audit trails to track and report on application and database usage including viewing and editing of information
- Data encryption at rest and in transit and all laptops and desktop computers with full disk encryption, including all external transmissions of PHI encrypted at TLS 1.2 with strong cipher set

- Disabled USB ports on all endpoints on laptops and desktops to prevent data copy
- Quarterly user access reviews
- Administrative user activity logging and review
- Physical security personnel available 24 hours per day, 7 days per week, 365 days per year who patrol the building interior workspaces and campus combined with CATV video surveillance
- Secure print functions that require the entry of a PIN at the printer to release the output
- Security information and event monitoring platform to analyze security event information from our firewalls, intrusion prevention systems, and endpoint controls feeding SIEM events to a Security Operations Center that compares the events to a global database of threats, including 0-day threats for alerting of MedImpact on-call information security personnel
- Comprehensive endpoint controls including antivirus and antimalware controls as well as behavior monitoring, firewall, predictive machine learning, real-time scanning, suspicious connection service, and vulnerability protection
- Users not permitted to be administrators on their devices, thus preventing the disabling of security controls and the installation of malware
- Secure technical infrastructure including databases, servers, IP switches, firewalls, IPS, and telephony gear in a locked datacenter with technical infrastructure secured within locked cages secured via the use of biometrics

Employee Security Training

MedImpact requires all workforce members to complete cyber security training upon hire and annually thereafter. Information security training includes a graded test at the end of each module to validate retention. We require a letter grade of B or better to receive credit for the course. Scores lower than B require the workforce member to retake the training. HR and compliance track training completion and test results. Information security also performs targeted email phishing campaigns with specially crafted email messages designed to provide a teachable moment in the recognition of potentially dangerous email communications. The information security team also intermittently sends out additional updates to the company to educate employees on a subset of information security education, such as ransomware, malware, or the proper securing of company owned IT assets.

MedImpact's security officer and information security team are members of the FBI Infraguard program, which is a partnership between various business sectors and law enforcement. The FBI Infraguard program meets quarterly to discuss national and global security threats and ways to counteract those threats. MedImpact's ISO (Information Security Officer) is also a member of the ISACA (Information Systems Audit and Control Association). Our information security personnel also subscribe to the CISA (Cybersecurity and Infrastructure Security Agency) Shields Up program. CISA provides timely and important information on security and data safeguards as well regular cybersecurity advisories.

The Director of Systems Engineering & ISO oversees the information security team. He is a member of ISACA (Information Systems Audit and Control Association), OWASP (Open Web Application Security Project), ISSA (Information Systems Security Association), and also the designated HIPAA security officer.

MedImpact conforms to National Institute of Standards of Technology, SANS institute, and Open Web Application Security Project standards in our processes and data security protocols. We utilize reports and certifications to demonstrate our security controls to protect the confidentiality and integrity of our systems including internal controls, SSAE SOC 1 Type II audits, and HITRUST certification.

Internal Controls Attestation

With numerous state and private customers across the United States, MedImpact currently mandates the requirement for reporting of effectiveness of internal controls compliant with AICPA (American Institute of Certified Public Accountants) Statement on SSAE No. 18, Reporting on Controls at a SOC 1, Type 2 Reports. Results of the assessment will be shared with DCH annually.

10.	**Bookmark Title: MSQ10 – Encryption** Narrative description is limited to five (5) pages. Describe in detail your method(s) for ensuring encryption of all stored and transmitted State data containing Protected Health Information (PHI) including email and data that is stored in databases, file systems, desktop and mobile devices, removable media, disaster recovery platforms or other structured storage methods using NIST approved encryption protocols to meet the requirements stated in Attachment C - Common Scope Requirements and Security Standards Section 6: Medicaid Enterprise System Security Standards.

Supplier Response

MedImpact encrypts all data repositories using Oracle's Transparent Database Encryption technology which encrypts at AES 256. MedImpact encrypts the entire database table space (not just select fields) to provide comprehensive and complete data protection. We encrypt all laptop and desktop hard drives using Microsoft's Bitlocker to perform whole disk encryption at AES 256. We also encrypt iPhones via the native iPhone encryption engine at AES 256 which users cannot turn off as we enforce it via our mobile device management platform.

MedImpact encrypts all backup tapes using Netbackup's Tape Encryption module with AES 256 cryptography to secure data written to backup tapes. We test our encryption protocols in the annual SSAE 18 SOC 1, Type 2 third party audit and HITRUST certification validation process.

MedImpact's information security program does not allow the storing of PHI on a local laptop or removable thumb drive. MedImpact disables all USB ports on laptops and desktops to prevent the unauthorized transfer of PHI to external storage devices. For additional physical security, we provide laptop locks to remote users to secure devices in home offices. MedImpact stores all member, customer, and company data on internal servers to reduce risk. All laptop and desktop computers include an encrypted hard drive using MS Bitlocker full disk encryption (AES 256).

In cases where MedImpact personnel need an external USB flash drive to perform their job function, MedImpact uses Datalocker to assign, track, and encrypt thumb drives. The assignment of a Datalocker device requires MedImpact information security approval and the running of a script to unlock the USB port on the user's device.

MedImpact also maintains a mobile device management platform to govern company-assigned iPhones that:

- Enforces limitations on phone usage for the installation of third-party applications
- Requires an access PIN
- Encrypts the iPhone storage

If an employee loses or has their mobile stolen, we can remotely wipe the device and erase its ability to connect to MedImpact resources of any kind.

Managed File Transfer

MedImpact currently supports numerous data exchange options for sharing pharmacy claim information. MedImpact maintains web service-based APIs along with message queue capabilities and traditional batch interfaces.

We manage data file transfers around batch membership and eligibility through a secure FTP platform with PGP (pretty good privacy) encryption. We can also support alternative methods of enhancing security such as VPN connections. MedImpact uses SFTP with PGP file level encryption as the standard connectivity data exchange option for batch file transfers. MedImpact supports batch-oriented data exchange for large volume data, including accumulators.

Customer facing resources (MedCommand) are protected by IP whitelisting which prevents customer data from being exposed directly to the internet.

In addition to above, MedImpact utilizes Axway SecureTransport platform to provide a secure multi-protocol managed file transfer (MFT) solution for electronic data exchange (EDI) between MedImpact and customers, vendors, partners, and third parties. MedImpact currently supports the following secure file transfer protocols: SFTP and HTTPS (TLS V1.2) for protecting data in transit.

The SecureTransport solution MedImpact has implemented does not store any data on the DMZ servers (see diagram); however, MedImpact strongly recommends our customers, vendors, partners, and third parties to utilize PGP an industry standard encryption program that provides cryptographic privacy and authentication for data communication.

From API standpoint, the MedImpact PBM Platform is provided to our customers and consumers as Software as a Service (SaaS). As a part of this, MedImpact provides many useful APIs customers may access to integrate their systems with the Platform. The majority of MedImpact services are accessible via REST APIs. MedImpact's APIs are secured using a layered approach. API security is comprised of three layers: Customer Source IP whitelisting, Mutual Transport Layer Security (mTLS), and OAuth 2.0 Customer Credential Flow. These three layers work together to make sure only authorized customers can access our APIs. All 3 layers are required. **Figure 4** provides insight into data at rest within our managed file transfer system.

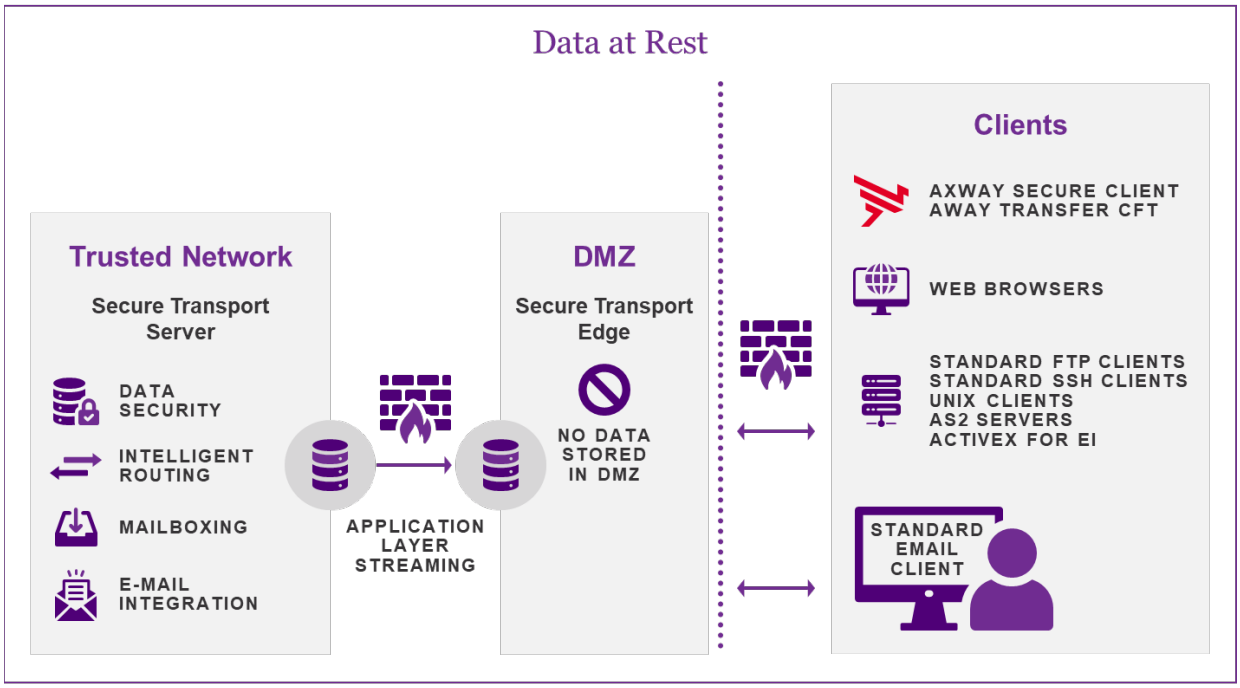

Figure 4: Managed File Transfer System

MedImpact encrypts all sensitive data in transit, including PII (personally identifiable information) and PHI (protected health information), by leveraging TLS (Transport Layer Security), SSL (Secure Socket Layer) and SSH (Secure Shell) methods. SSL is encrypted at a minimum 128-bit, with 256-bit employed if desired by DCH. MedImpact also supports file level encryption on data transfer through the use of PGP (pretty good privacy) encryption.

MedImpact encrypts all data at rest, in transit, in repositories, and backups. We take protecting data seriously and test our encryption protocols in our HITRUST certification control testing and validation with our third-party auditors.

Data Transfers

MedImpact establishes SFTP connectivity with DCH and vendors during implementation. The majority of our customers use batch file exchanges on a daily basis for eligibility files. We encrypt all data both at rest and in transit. MedImpact currently supports numerous data exchange options for sharing pharmacy claim information. MedImpact supports web service-based APIs along with message queue and traditional batch interfaces. We use file-based integration for most customers but can work with the data exchange method that works best for our customers.

We manage data file transfers for batch membership and eligibility through a secure FTP platform with PGP encryption. We can support alternative methods of enhancing security such as VPN

connections. MedImpact supports batch-oriented data exchange for large volumes of data including accumulators via SFTP, daily, or more frequently as agreed to mutually.

MedImpact supports real-time bi-directional accumulator management via web services, which currently uses the NCPDP benefit integration standard or custom interface integrations with medical carrier partners who agree to the real-time exchange. The response time for accumulator value exchanges is real-time, within seconds at a minimum.

MedImpact also supports near real-time reporting of pharmacy benefit transactions using a message queue solution. This will allow DCH or their designated TPA (third party administrator) to receive prescription information within minutes of adjudication to reduce the traditional latency associated with integrated prescription and medical accumulators. The message queue response time is a minimum of 2 minutes assuming the designated TPA answers the message queue knock at the 2-minute mark. The maximum response time depends on the TPA's ability to respond; based on our experience, the TPA typically responds in 15 minutes.

The use of TLS (Transport Layer Security) is considered best practice for Web browser encryption. It is used on all web-based applications which support external connectivity to MedImpact information technology resources. MedImpact's external portals utilize TLS 1.2 with a strong cipher set.

MedImpact uses Axway MMS/IME software to provide encrypted emails. Any emails flagged by this system get redirected to the IME email encryption service. This service holds the email for pickup or can encrypt the email using S/MIME to send to a remote IME server for site-to-site email encryption. Customers can retrieve their emails using a standard web browser to connect to an SSL-encrypted web site front-end. No email is stored on the front-end server.

Data Repositories

MedImpact encrypts all data repositories using Oracle’s Transparent Database Encryption technology which encrypts at AES 256. MedImpact encrypts the entire database table space (not just select fields) to provide comprehensive and complete data protection. We encrypt all laptop and desktop hard drives using Microsoft's Bitlocker to perform whole disk encryption at AES 256. We also encrypt iPhones via the native iPhone encryption engine at AES 256 which users cannot turn off as we enforce it via our mobile device management platform.

Data Backups

MedImpact encrypts all backup tapes using Netbackup’s Tape Encryption module with AES 256 cryptography to secure data written to backup tapes.

MedImpact uses a distributed model for managing encryption keys. MedImpact's solution is multi-tenant; we employ Oracle's Transparent Data Encryption component to encrypt data at rest. MedImpact's Database Administrators secure, backup, rotate, and test recovery of encryption keys that they require. MedImpact's Network Engineers maintain and manage our Entrust certificates including secure backup, rotate, and test recovery of our encryption keys. Systems manage

encryption keys for disk storage arrays. Application support manages encryption keys to encrypt all of our laptops and desktops.

As part of the pharmacy benefit management industry, MedImpact manages sensitive member information and private customer data; therefore, data security is essential.

MedImpact has several measures in place to ensure that we protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a business associate as defined under HIPAA. MedImpact deploys the following technical, administrative, and physical safeguards to protect PHI:

- Data loss prevention components integrated into our endpoint protection suite to track and control data flows
- Web filtering to block the use of social media, and cloud sharing platforms such as Google Docs as well as noncorporate email platforms such as Gmail, Hotmail, and Yahoo mail
- Clean desk policy requiring the removal and secure storage of any paper documents containing PHI
- Locked file rooms
- Building and workspace access secure via the use of keycard readers
- Secure shred bins provided for data destruction
- Activity audit trails to track and report on application and database usage including viewing and editing of information
- Data encryption at rest and in transit and all laptops and desktop computers with full disk encryption, including all external transmissions of PHI encrypted at TLS 1.2 with strong cipher set
- Disabled USB ports on all endpoints on laptops and desktops to prevent data copy
- Quarterly user access reviews
- Administrative user activity logging and review
- Physical security personnel available 24 hours per day, 7 days per week, 365 days per year who patrol the building interior workspaces and campus combined with CATV video surveillance
- Secure print functions that require the entry of a PIN at the printer to release the output
- Security information and event monitoring platform to analyze security event information from our firewalls, intrusion prevention systems, and endpoint controls feeding SIEM events to a Security Operations Center that compares the events to a global database of threats, including 0-day threats for alerting of MedImpact on-call information security personnel
- Comprehensive endpoint controls including antivirus and antimalware controls as well as behavior monitoring, firewall, predictive machine learning, real-time scanning, suspicious connection service, and vulnerability protection
- Users not permitted to be administrators on their devices, thus preventing the disabling of security controls and the installation of malware
- Secure technical infrastructure including databases, servers, IP switches, firewalls, IPS, and telephony gear in a locked datacenter with technical infrastructure secured within locked cages secured via the use of biometrics

MedImpact's dedicated Data Security team continuously monitors applicable encryption standards and industry best practices for adjustments necessary to our security posture. We agree to provide audit reporting of our standards and practices as required by DCH.

11.	**Bookmark Title: MSQ11 – Data Mining** Narrative description is limited to five (5) pages. Describe in detail the Data Mining tool(s) and strategy that will be used to identify patterns of fraud, waste and abuse for field and desk audits as stated in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 4.6 Data Mining.

Supplier Response

MedImpact's FWA (fraud, waste, and abuse) programs use a robust suite of analytics, with outlier detection, to identify potential aberrant behavior for timely FWA detection. The 2-tier analytics approach includes:

- **Isolated Behavior Outlier Detection**: Claim level outlier detection based on claim attributes such as quantity and days' supply compared to drug level norms based on vast national data.
- **Entity Profiling Outlier Detection**: Extensive aggregated behavioral profiling at the pharmacy and prescriber level. We evaluate behavioral patterns such as high claim rejection rate, controlled substance percentage, claims for distant entities, and more.

Apart from internally developed rules and analytics, we review external referrals for FWA.

Data Mining Strategy

MedImpact can identify collusion of pharmacies, prescribers, and members at various points during an investigation. Our process involves data analyses and background investigations to develop a complete profile of the pharmacy, where we identify, among other things:

- Owners, pharmacists, employees, and any other pharmacies and business associations either through direct ownership or other relationships
- Any specific relationships between prescribers and medical practices and pharmacies that process prescriptions
- Familial relationships between members and pharmacy's owners and pharmacists or between members and prescribers including medical necessity of the prescription

We can identify any of these items during the initial investigation of the pharmacy or during an audit based on documentation we receive from MedImpact's outreach to pharmacies, prescribers, and members. Once we identify possible collusion, MedImpact adds additional parties to a fraud, waste, and abuse monitor list for continuous monitoring and performs data analysis on the additional parties, which can result in further investigations and audits.

The RxOversight program uses proprietary analytics for clinical interventions if MedImpact identifies a prescribing pattern with possible member FWA (fraud, waste, and abuse) misuse suggesting FWA patterns. The program includes customer-approved prescriber outreach letter that requests medication therapy reassessment. The RxOversight program uses a quarterly retrospective analysis and targets the following therapeutic areas for clinical FWA interventions:

- **Controlled Substances (benzodiazepines, opioids, and more)**: Members that receive 10 or more controlled substance prescriptions during the monitored period

- **Polypharmacy:** Members that receive more than 10 unique, chronic medications from 3 or more prescribers during the monitored period
- **High Risk Medications in the Elderly:** Members, age 65 or older, whose medication history includes 1 or more unique high-risk medications during the monitored period
- **Diabetes Test Strip Utilization:** Members that receive blood glucose test strip prescriptions indicating potentially inappropriate utilization during the monitored period

DCH can customize the RxOversight program therapeutic criteria or change the data file format.

12.	**Bookmark Title: MSQ12 – Staffing** Narrative description is limited to five (5) pages, exclusive of organizational chart(s) and Subcontractor contract(s) or letter(s) of agreement, if applicable. Provide a narrative description of the proposed staffing plan that details policies, plans and staffing strategies. The proposed plan must include the following: a. Organizational charts that provide a complete and detailed description of the proposed organizational structure the Supplier will use, including Subcontractors and how they fit into the Supplier's overall organizational structure. b. Roles and responsibilities of staff. c. Job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract. If Subcontractors will be used, provide the following: a. Subcontractor's name and address. b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract. c. Subcontractor's qualifications to perform these roles and responsibilities. d. Copy of the Subcontractor contract; the State will accept a letter of agreement with a prospective Subcontractor pending formalization of a final contract with details relevant to "c" in this section. Refer to Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

Supplier Response

MedImpact has created a staffing plan based on the staffing requirements and responsibilities presented in the *Pharmacy FWA Audit Services Statement of Work* and the overall project staffing requirements for DCH. We will utilize this plan during DDI in conjunction with DCH to create the final staffing plan for approval. MedImpact realizes the integral role staffing plays during the course of a customer Contract. It is the key to building a successful relationship and, in turn, a successful pharmacy program.

Purpose

The Staffing Plan provides an overview of MedImpact's resource management approach and procedures. The intended audiences of this document are team members from MedImpact, MedImpact subcontractors, DCH, and any other DCH-designated stakeholders who have a role in resource management for DCH's project. The plan encompasses:

- Staffing Management Approach
- Training
- Retention and Change Management
- Resource Requirements and Estimation

- Project Organizational Structure
  - Organization Chart with reporting relationships
- Staff Roles and Responsibilities
- Subcontractors

Scope

The Staffing Plan is applicable to the entire life cycle of the State of Georgia DCH's project, and any changes will be approved by DCH. Increased staffing levels, if requirements or standards are not being met based on the discretion of DCH, will be provided at no additional cost to DCH. Any MedImpact or Subcontractor staff assigned to DCH will perform work under the Contract that has been approved by DCH. MedImpact will comply with all DCH staffing requirements, including but not limited to those pertaining to security, health, and safety issues.

Staffing Management Approach

MedImpact will provide DCH access to our interdisciplinary account management team who will manage all aspects of DCH's program. The account manager will serve as the daily point of contact for DCH to effectively manage DCH's needs. Our account management team promptly responds to phone or email inquiries within 1 business day, with the goal of 1-touch resolution. We will leverage routine meetings with DCH to review the project log and address any outstanding inquiries on an agreed-upon schedule.

The account team is made up of several individuals with varying roles. MedImpact's approach to staffing and resource management is realistic, yet flexible. We provide the appropriate number of resources with the right skillsets and experience. Our strategy for the proposed staffing and organization is to meet DCH requirements by providing:

- Sufficient staffing levels to complete project activities in accordance with DCH-specified requirements.
- Adaptability to adjust staffing levels to meet changing demand (such as increases/decreases in workload).
- MedImpact team members with the appropriate skillsets, experience, and availability to perform their assigned duties.
- Strategies, processes, and tools to support effective and timely forecasting, recruitment, retention, and replacement (if necessary) of staffing to meet required staffing levels.
- Forecasting, planning, and scheduling of the project workload using resource management tools and processes, MedImpact best practices, and DCH collaboration.

MedImpact brings expertise, flexibility, and innovation to the PBM space including Pharmacy Clinical Management Services and this applies to our staffing approach as well. We design our staffing plan with flexibility to adjust with the natural ebb and flow of organizational needs. Our flexibility extends to collaborating with DCH to recruit and retain the best candidates for your Key Staff.

Training

Effective training and education are paramount to the success of any PBM program including Pharmacy Clinical Management Services. Comprehensive training involves not only initial and ongoing application training needs of teams and individuals but also updated materials, documentation, and access to support services and Key Staff members.

Account Management Team Training

Account management team training begins upon award of contract and continues through DDI, operations, and for the life of the contract. MedImpact provides extensive training on DCH's benefit design, operational overview, and any specific nuances including:

- Overview of DCH to ensure an understanding of the business
- DCH's contract terms
- DCH's active programs and services
- DCH's contacts and communication preferences
- Any other DCH expectations and strategic goals

MedImpact requires new account managers and account executives to undergo extensive training that includes classroom training, e-learning, on-the-job training, and peer coaching. In addition to completing MedImpact's corporate compliance courses which cover topics such as general corporate training, code of conduct, HIPAA, and CMS rules and regulations, MedImpact requires new Key Staff to attend instructor-led training to develop industry, product, and skills knowledge. We also pair new account management staff with a mentor who facilitates on-the-job experiential learning. Based on the skill and knowledge levels of the new hire, training time ranges from 6 to 12 weeks.

Cross-Training

As part of the customer onboarding process, MedImpact identifies a team of Key Staff and designated backups to provide customer support during vacations, absences, and high-volume periods. These individuals will also participate in DCH-specific cross-training to promote service excellence.

Recruitment, Retention, and Remediation

MedImpact understands that Key Staff changes can be disruptive for customers and prioritizes retention efforts to minimize any unnecessary turnover. Employee retention starts during the hiring period. Our team of human resource professionals deploys a comprehensive people strategy and a well-structured talent acquisition strategy that focuses on long-term human resources planning to seek out the most qualified individuals, assess their skills, determine where they would best fit in our organization, and ultimately convince them to join the enterprise.

We offer employees competitive salary and benefits programs while encouraging healthy work/life balance. We also foster internal promotions and employee development by identifying and tracking talented and motivated employees and then working closely with managers to determine development opportunities and help them advance their careers. This includes a tuition

reimbursement program and internal leadership training tracks. MedImpact's focus on creating a robust and healthy work environment contributes to low account team turnover and an average tenure of 6 years or more for account team members.

Providing consistent and superior service to our customers is MedImpact's top priority. We consistently solicit feedback from our customers informally through regular meeting cadences and formally through annual customer satisfaction surveys. MedImpact meets weekly with the pharmacy director to discuss the effectiveness of the program and individual team members. If needed, we can coach and council members to improve or place them on a correction plan. In event DCH chooses to remove a team member, we will work to ensure their responsibilities are addressed while we seek a replacement. MedImpact will provide an update via email to DCH including the new team member's biography and transition timeline.

MedImpact will not transfer or remove Key Staff without prior approval from DCH. MedImpact will provide advance notice of at least 30 calendar days before transitioning any Key Staff to another MedImpact position, project, or assignment. We will ensure appropriate staffing levels are maintained throughout the project, so objectives are met on time, including applicable privacy and security requirements.

Should a position unexpectedly become vacant or should a need arise for additional staffing, MedImpact maintains sufficient flexibility necessary to shift resources between projects. This can occur during the DDI phase and throughout ongoing operations and maintenance. MedImpact will first recruit existing staff as we have several employees with skills and experience that are like our proposed personnel. If we are unable to fill the position internally, we will execute our external recruiting plan.

Resource Requirements and Estimation

MedImpact utilized our understanding of DCH’s program and our experience with similar programs to define the resource requirements and develop staffing estimates. We have analyzed project requirements to determine the types and numbers of required staff for DCH's FWA Audit Services program. Based on the requirements outlined in the RFP, we have developed a staffing model to support all phases of project activities in accordance with DCH requirements. This approach optimizes staffing projections to meet all contract obligations and planned volume fluctuations. We also consider current staffing needs against the potential for future changes and have created a staffing approach that allows MedImpact to rapidly adjust to changes that influence work volume.

During DDI, we work in collaboration with DCH to verify anticipated transactional volumes and validate our staffing projections accordingly. These steps are critical to mitigate the risk of surprises at go-live (start of operations) that may impact response times.

Project Organizational Structure

MedImpact has developed our proposed organizational structure based on the requirements in the *FWA Audit Services Scope of Work* and will fill staffing positions according to our forecasts. Any additional recruiting efforts deemed necessary for the project will be initiated as quickly as possible following the contract award. The account management team will receive support from the appropriate essential resources (e.g., technical and business processes and staff) to ensure

optimal effectiveness for DCH and its stakeholders. MedImpact's executive leadership team will provide supplementary oversight of the project in an executive sponsor capacity.

Organizational Chart

Figure 5 shows an organizational chart illustrating MedImpact's proposed Key Staff, leadership support, and other support for DCH's project.

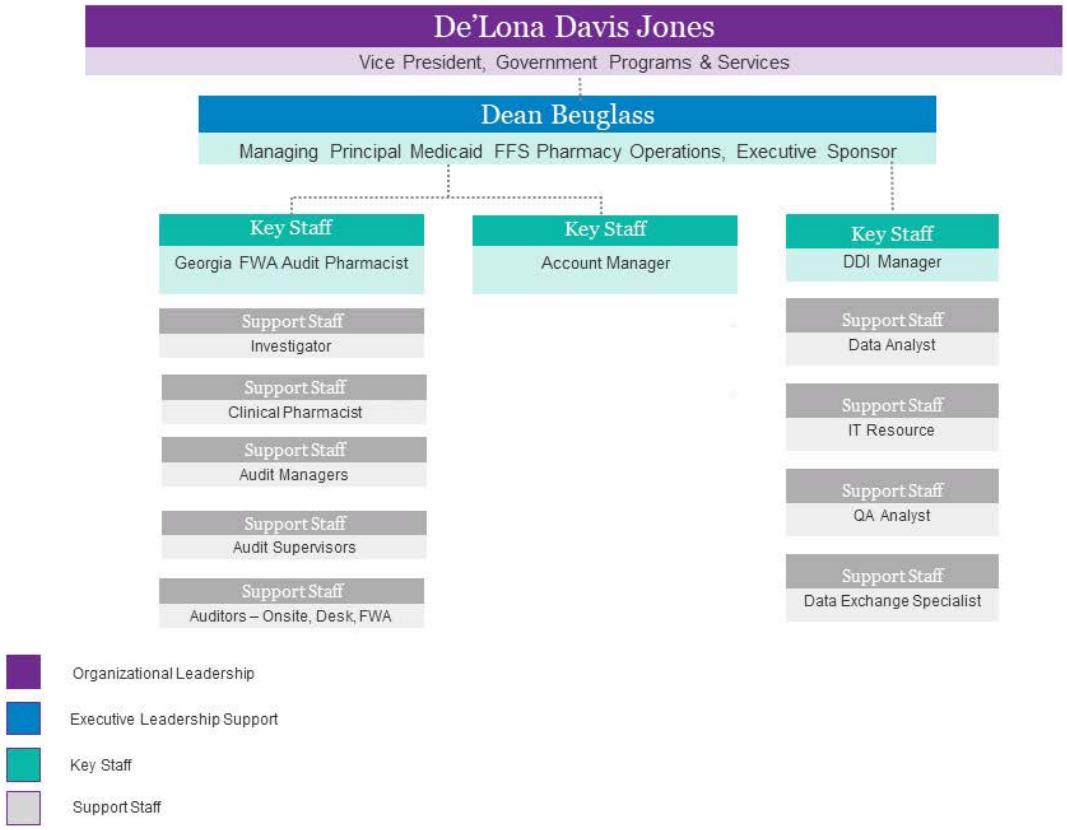

Figure 5: DCH FWA Audit Organizational Chart

We understand that MedImpact is responsible for maintaining the organizational chart throughout the contract by updating it within 5 business days of in event of any subsequent changes or vacancies throughout the contract.

Key Staff Roles and Responsibilities

MedImpact confirms that all Key Staff will be dedicated to DCH's project 100% of the time or as determined and agreed upon. Each Key Staff serves 1 role unless we seek approval from DCH in writing. All MedImpact proposed Key Staff will have experience in health care and Medicaid program operation and be available after normal work hours if DCH requires.

MedImpact's proposed Key Staff will be employed or have a written, legally binding commitment to join our organization by the beginning of the DCH Contract start date. We are committed to providing experienced knowledgeable staff with the skill set to manage the unique needs of DCH's

Medicaid FFS FWA Audit Services program. The Key Staff member roles identified in the proposal will work on the relevant project phases from the Contract signing date and we commit to not reassigning Key Staff members except in cases of resignation or termination without advance approval from DCH.

If Key Staff must be replaced, MedImpact will provide resumes of replacement candidates to DCH and an opportunity for DCH to interview and accept potential replacements. We further acknowledge that acceptance of a potential replacement by DCH will not be withheld arbitrarily. MedImpact will obtain prior written consent from DCH before Key Staff and other proposed project staff are reassigned or replaced unless it is an emergency situation.

We will notify DCH of a Key Staff resignation or departure within 2 business days of the date a Key Staff member provided MedImpact with notice of resignation. We acknowledge that DCH reserves the right to request reassignment or replacement of Key Staff throughout the life of the Contract. MedImpact will name a temporary replacement acceptable to DCH when a Key Staff position is vacated within 5 business days of the date a Key Staff position becomes vacant and ensure permanent replacement is working on the project within 60 calendar days of the vacancy date. We also commit to naming acceptable temporary replacement staff prior to any periods of planned leave for Key Staff positions.

MedImpact is pleased to highlight the roles, responsibilities, and qualifications of the Key Staff identified for DCH's project.

Account Manager

The Account Manager will derive a complete understanding of DCH’s objectives, expectations, and desired outcomes and will serve as the single point of contact for day-to-day issues. They interact with internal departments to coordinate actions and gather information to help ensure we resolve questions, issues, and projects completely and in a timely manner. The Account Manager strictly adheres to procedural and quality standards including thorough and accurate documentation, testing protocols, and claims analysis.

Responsibilities

- Builds customer relationships through active participation in the customer team process, including adherence to agreed-upon rules of engagement and roles & responsibilities.
- Adheres to strict procedural and quality standards, including thorough and accurate documentation, testing protocols, and claims analysis.
- Uses experience, judgment, business & systems knowledge, and technical skill to plan and accomplish goals.
- Ensures appropriate levels of service and operational support to assigned customers by understanding and championing customers’ operating requirements throughout the organization, including customer business model, targeted markets, benefit design objectives, pharmacy network composition, overall claims adjudication expectations, reimbursement methodologies, metrics, and reporting tools.
- Proactively maintain and improve upon service performance levels and works across the organization to expeditiously resolve issues, escalate service recovery efforts, provide timely

feedback to internal and external customers, raise customer satisfaction levels, and ensure that service gaps & lessons learned are incorporated into the customer performance and planning strategy processes.

- Leads operational initiatives in support of customer business objectives, including engagement of project management support, providing regular updates to customers, providing appropriate levels of communication between the customer & company staff, interpreting, and providing context for customer requests, and ensuring that appropriate pre- and post- production review and sign-off by the customer is executed.
- Leverages customer relationship management tools and spreadsheets for documenting all customer contacts and deliverables requiring follow-up.
- Measures service levels by including appropriate & accurate documentation of customer information, issues, projects, and work requests.
- Oversees assigned cases and ensures adherence to due dates.
- Is an active participant in customer life cycle management and strategic customer planning.
- Utilizes planning, prioritizing, and organizational skills to ensure timely deliverables, high levels of quality, and efficient use of resources to assist in claims adjudication accuracy.
- Ensures appropriate back up coverage for customers during holidays, weekends, and other times.
- Maintains commitment to operational goals in the face of obstacles.
- Actively supports other members of the core customer team, and members of the extended team, in successfully supporting customer needs and delivering flawless fundamentals.
- Promptly responds to service failures, resolves issues, and escalates concerns as appropriate.
- Actively participates in continued professional development to stay up-to-date on the latest quality management best practices and products, services, & technical enhancements.
- Completes special projects as assigned (such as leading workgroups, overseeing projects, assisting in customer implementations, executing up-sell plans in conjunction with the customer team, mentoring/training staff, and more)

Minimum Qualifications

- Bachelor's Degree or equivalent and four (4) years customer support or related account management experience in a healthcare or PBM environment; or equivalent combination of education and experience.
- Experience as a user of multiple business software applications is required Pharmacy Technician license or national certification desired.
- Intermediate to advanced skill set in MS Office; Word, Excel, PowerPoint, Project, and Outlook. Intermediate to advanced knowledge in Visio.
- Pharmacy Technician license or national certification desired.
- Outstanding numeric, verbal, written, logic, and analytical skills. Project Management 101 certification or equivalent training. Superb public presentation skills.

DDI Manager

The DDI Manager collaborates with Key Staff and DCH to lead the implementation process. The position is responsible for building an early relationship with customers for a successful transition. The DDI Manager ensures all stakeholders are kept well informed of the requirements, any

changes, progress status, and any potential issues. They are also responsible for supporting other projects to contribute towards team goals. This position will be located remotely.

Responsibilities

- Prepare for and facilitate new customer meetings for the purposes of requirements gathering and discovery.
- Assist DCH with facilitating any impact analysis to best determine the appropriate requirements to ensure a smooth and successful implementation.
- Ensure all requirements are documented and obtain approval from DCH.
- Create and maintain a high-level project plan.
- Continuously monitor progress in terms of the status of the project and report back to internal management and subject matter team members and DCH using weekly status report formats.
- Assist with escalated customer issues, member issues, project issues as identified or requested by the customer through direct support or through the support of MedImpact subject matter experts assigned to the project.
- Provide go-live support either through remote access or internal on-site access.
- Facilitate Post Implementation Review meetings with DCH.

Minimum Qualifications

- Bachelor's degree in business, marketing, or related area preferred
- Knowledge of PBM or health care industry required
- Prefer at least 3 years project management experience, working with external customers preferably in Medicaid space
- Microsoft Office, Email, and Internet

Georgia FWA Audit Pharmacist

The Audit Pharmacist is responsible for providing clinical audit support while leading in the identification of claims, pharmacies, members, and prescribers with the potential of fraud, waste, and/or abuse. Assists in the oversight of pharmacy audits and maintains compliance with state and federal guidelines.

Responsibilities

- Prepares and completes prospective and retrospective pharmacy claims audits, including obtaining claim data for analysis, reviewing dispensing activities for billing errors, reviewing federal/state/local pharmacy laws, documenting audit results, notifying pharmacies, and preparing audit plans, and schedules as appropriate. Duties may include quality review of desk and onsite audits done by MedImpact auditors.
- Responsible for providing clinical support services to department and to customer plan(s) contracting for audit services. Support services will include, but not limited to, clinical review, data query recommendations, and audited claims review; particularly those reviews requiring clinical expertise (e.g., compound and specialty claims).
- Contributes to the development, implementation, and maintenance of MedImpact's pharmacy network audit and fraud waste & abuse programs, including writing and revising policies &

procedures, communicating program features, ensuring clear roles & responsibilities, measuring, and reporting results, and recommending enhancements.
- Supports the annual plan for audits, including running reports, selecting network pharmacies for in-depth audits, coordinating on-site auditing schedules, and ensuring timely completion and reporting of results.
- Review audit guidelines and algorithms for clinical appropriateness and operational efficiency. Assist in the revision and creation of new or existing audit guidelines and algorithms as indicated.
- Provide drug information support. Research and provide clinical documentation to support reporting and algorithm needs as indicated. May include recommendations for audit criteria based on known or suspected drug schemes including diversion, doctor, and pharmacy shopping, and more
- Coordinate and assist in the preparation of utilization and audit reporting for customer plans based on fraud, waste and abuse reports and data queries. Ensure timely preparation and review of claims data and customer reports, when required.
- Coordinate and assist with projects to identify, analyze, and report on new fraud schemes that may impact MedImpact customers.
- Designs audit, FWA programs to reduce unnecessary drug costs, recoup monies and provide cost savings for MedImpact customers.
- Ensured all audit contractual obligations are completed in a timely manner within MedImpact's highest level of expectation.
- Coordinate Drug Claim review activities involving provider or member fraud with the Medicaid Fraud Control Unit (MFCU), law enforcement, and other State and Federal authorities, as necessary.

Minimum Qualifications

- Pharmacy degree (Pharm. D.) or equivalent; Minimum of two (2) years' experience in investigating and auditing healthcare fraud, waste, and abuse.
- Current, unrestricted Registered Pharmacist license in the State of Georgia
- Excellent working knowledge of all types of pharmacy services with an emphasis on the managed health care environment. Expertise in clinical application of pharmacy practice.
- Knowledge of pharmacy claims and claims processing required. Ability to read and interpret hand-written prescriptions. Knowledge of medications and standard dosages. Strong knowledge of the practice of pharmacy, including statutory laws, regulations, and methods of filling and filing prescriptions. Thorough understanding of Drug Utilization Review principles (max dose, days' supply, and more)
- Prefer at least 3 years FWA audit experience, working with external customers preferably in FFS Medicaid space
- Microsoft Office, Email, and Internet

Other Staff

MedImpact will assign Other Staff to assist Key Staff in satisfactorily completing the requirements outlined in the *FWA Audit Services Scope of Work* throughout the applicable project phases and stages. We will provide resumes for Other Staff if requested by DCH.

Interactions Between MedImpact, DCH, and Other Entities

MedImpact staff, DCH staff, and all other entities that are involved in the implementation and operations of the FWA Audit Services will collaborate throughout the duration of the Contract. During DDI, all parties will be identified and communication and information transfer procedures will be created. MedImpact will be collaborative and proactive throughout the Contract and the communication plan developed during DDI will guide the cadence and escalation plans for communicating with all stakeholders. DCH's main point of contract throughout the length of the contract from DDI through operations will be the Key Staff.

Secure Communications

TLS (Transport Layer Security) encrypted website using Axway Secure Transport. Axway Secure Transport is configured via a front-end web server connecting to a back-end file repository. No files are stored on the front-end server. MedImpact supports file level encryption through the use of PGP for added protection. We also utilize secure email and document repository for information sharing.

Subcontractors

MedImpact is not proposing a subcontractor to support the FWA Audit Services module. MedImpact will abide by DCH's requirements for working with and maintaining the relationships if this should change in the future including but not limited to:

- Being responsible for all work performed by Subcontractors
- Soliciting DCH-approval of all Subcontractors
- Providing required Subcontractor information to DCH
- Complying with all federal and state requirements concerning fair employment, employment of people with disabilities, and the treatment of all employees without regard to race, color, religion, national origin, or physical disability.
- Adhering to all federal and state laws regarding Social Security registration and legal work status of employed or contracted staff.
- Performing criminal background checks and sharing results utilizing DCH-accepted criteria for all employed or contracted staff prior to project participation and periodically throughout the term of the Contract as required by DCH

In addition, all MedImpact and/or Subcontractor staff assigned to DCH's program will be located within the United States for the duration of the Contract.

MedImpact looks forward to expanding on this abridged staffing management plan during DDI in coordination with DCH to identify, capture, and finalize staffing needs for the PBA Services program.

13.	**Bookmark Title: MSQ13 – Project Stages and Phases** Narrative description is limited to five (5) pages. Demonstrate your understanding of the Project Stages, Project Phases, timeline, expectations, and responsibilities as outlined in the Attachment C - Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases. If your plans for the proposed services differ from the suggested outline, please explain the differences and how the proposed plan is a better fit for the State's needs. Include any best practices and lessons learned that may be applied in the execution of these services and identify any additional proposed Milestones for the project.

Supplier Response

MedImpact practices a multiphase implementation approach dividing the implementation project into separate stages for both MedImpact's and DCH's complete understanding of crucial deliverable deadlines for a successful launch on the go-live date. This includes gathering requirements, developing a design plan, coding requirements, testing the benefit design, and moving the benefit into production.

Stage 1 Design, Development, and Implementation

For all PBMS implementations, including Georgia's, we are committed to quality project management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, and plans. These principles align directly with the SEI (Software Engineering Institute's) CMMI (Capability Maturity Model Integration), ISO 9000x standards, and Lean Six Sigma continuous improvement methods.

Phase I Project Planning and Startup

MedImpact employs industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership.

Project Management plans and Schedule Approved

MedImpact will establish the project schedule following key project management practices. We employ industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership.

Requirements Validated and Approved

Our implementation strategy begins with the requirements-gathering process by creating a baseline of requirements from sources such as the RFP, proposal response, and contract negotiations. From these requirements, we formulate an IQ (Implementation Questionnaire) specifically customized to DCH. The IQ is our proprietary tool for comprehensive requirement gathering. MedImpact's business and technical analysts collaborate with DCH personnel in JAD (Joint Application Design) sessions to complete the IQ.

Information gleaned from the IQ exercise is used to update the RTM. MedImpact business and technical analysts will schedule and participate in targeted detailed requirements JAD sessions with their counterparts at DCH to validate and refine the requirements to create the interim RTM.

Upon receipt of DCH's approval of the IQ requirements documentation, our DDI Manager documents any additional steps, tasks, or program requirements into the WBS. The WBS provides a complete breakdown of the tasks required to meet all deliverables defined by DCH as well as any additional requirements defined through the IQ process. As part of this process, some tasks occur prior to the kick-off through the certification (which we consider a phase of implementation) finalization.

Phase II Design, Development, and Testing

Our approach to implementation begins with project initiation including creation of a project charter, defining project management tools, and working with DCH to establish project templates. Next, is requirements-gathering and documentation which are critical to building the foundation for a successful DDI.

Design Approval in the DDI Process Prior to Entrance to Testing

MedImpact will develop and submit to DCH a draft RSD (requirements specification document) for the proposed PBM Module components, modules, and functional areas based on the information gathered within the IQ. The draft RSD which will include, the PBA Architectural Components document, an Inventory of changes to existing requirements extracted from the RTM, clarifying information associated with requirements, inventory of new requirements extracted from the RTM, identification of the entity (person, subsystem, module) responsible for meeting each requirement, narrative describing the hardware and software configuration that will be used to meet requirements, the Logical Data Model, and the Conceptual Data Model.

User Acceptance Testing (UAT) Completed and Approved

MedImpact maintains fully integrated test environments, including a UAT environment that uses production data with de-identified customer, member, claims, and provider data. We will provide DCH with a dedicated test environment for its exclusive use, thus enabling DCH staff to develop and submit test scenarios, input test data, and receive system outputs. Our testing team maintains a deep understanding of system solutions and business needs and is responsible for developing, implementing, and evaluating test plans. Quality assurance metrics are developed for each implementation testing phase.

Throughout the UAT testing process, MedImpact will provide testing statistics to document the progression of UAT testing. Once it is determined by joint agreement between DCH and MedImpact that UAT testing is complete, the code base and configuration will be scheduled to move to the production environment.

Phase III Operational Readiness and Production Cutover

Throughout the course of the DDI, MedImpact will conduct periodic operational readiness walkthroughs with DCH and identified stakeholders to ensure continuous understanding of DCH's

training and readiness expectations and requirements. MedImpact recognizes the importance of readiness review, in accordance with federal requirements for a monitoring system, and will develop and submit a Transition Plan for DCH's approval.

Parallel Testing Results Approved

As part of MedImpact's proposed master testing strategy, we will perform a series of parallel test cycles to ensure that claims processed through the legacy system perform the same way in MedImpact's claims adjudication system. In the event a test transaction does not perform as expected, we will provide DCH with a thorough accounting of all parallel test results including any variance and a reconfiguration and retesting plan.

Parallel Testing is done primarily, but not exclusively, to compare claim status (paid/denied), total ingredient cost, dispensing fee, copay, and total amount paid on the same claims processed by the incumbent's PBM and MedImpact's PBMS. MedImpact's parallel testing plan will include, at a minimum,

- A methodology for performance of parallel testing.
- Known differences between the parallel testing environment and the proposed production environment.
- Acceptable variance parameters based upon consensus between DCH and MedImpact.
- Parallel Testing entrance and exit criteria.

MedImpact will develop and submit to DCH a Parallel Test Results document that will include, but not be limited to, the following:

- Parallel test plan
- An update of the known differences between the parallel testing environment and the proposed production environment
- An updated list of acceptable variance parameters
- Parallel testing entrance and exit criteria
- Number of cycles performed
- Types of differences discovered in each cycle
- Resolution of differences discovered in each cycle

Operational Readiness Approved by the Centers for Medicare and Medicaid Services (CMS)

As part of the final transition stage during the DDI, MedImpact's DDI Manager will collaborate with DCH's PMO to conduct operational readiness walkthroughs with DCH using the results from the ORT (Operational Readiness Testing) checklist. During the walkthroughs we will provide demonstrations that validate the operational readiness of the system and organizational.

Operational Readiness Assessment and Attestation

Operational readiness will be assessed, and results reviewed continually during the project. The DDI Manager and team are responsible to ensure readiness throughout the project. As the project moves toward implementation, these reviews will produce a clearer picture of how that end state

will impact users. For this reason, DDI Managers conduct on-the-ground assessments as close to implementation as possible.

The Operational Readiness Assessment will include a series of templates and reports:

- **Pre-Assessment Success Factors**: provides a readiness overview and helps determine to what extent key factors are in place.
- **Implementation Checklist**: precisely defines the steps required to successfully implement the end state in this specific environment.
- **Risk Assessment Report and Escalation Process**: illustrates clearly and unambiguously, the assumptions, risks, and related issues that can derail the project and the mitigation steps necessary to address those issues.

The Operational Readiness walkthroughs will provide attestation to DCH of readiness to go-live and allow for MedImpact to obtain formal approval from DCH.

Stage 2 Operations and Maintenance

During the more than 30 years we have maintained and operated our PBMS solution and infrastructure, we have developed and refined numerous operations policies, processes, and procedures that provide reliable system operations and regular maintenance that virtually eliminates downtime.

Phase IV Initial Operations

Prior to go-live, all supporting implementation and post-implementation deliverables will be reviewed with DCH. Once DCH has completed their review and is satisfied with the deliverables provided by MedImpact, we obtain and document formal approval from DCH to proceed with go-live.

Go-Live Solution and/or Services

MedImpact will provide DCH a comprehensive Go-Live Support Plan that outlines compliance with all DCH readiness review requirements including NCPDP compliant payer sheets, go-live support tasks, and a directory of designated implementation support staff available for go-live assistance.

Warranty Period

In support of our relationship with DCH, MedImpact commits to a Warranty Period, which shall last through the first 365 Calendar Days effective upon the ongoing operations and enhancement contract stage begin date. It is the goal of any program deployment to ensure complete compliance and functionality is delivered at the time of go-live, but in the event any items are identified for remediation or secondary deployment, all activity required to support these items will be provided in addition to ongoing operations and maintenance support and functionality. The Warranty Period covers the mutually agreed upon functionality requirements and MedImpact is responsible for correcting all Defects that prevent the PBMS from operating according to DCH specifications. All Defects identified by DCH or MedImpact during the Warranty Period will be corrected by MedImpact, as agreed upon through the Change Management Process, at our expense with no

additional cost to DCH. MedImpact will maintain routine PBMS performance and PBMS operations while correcting any identified defects.

Phase V Operations

The Solution and/or Services are Operated and Maintained

During the more than 30 years we have maintained and operated our PBMS solution and infrastructure, we have developed and refined numerous operations policies, processes, and procedures that provide reliable system operations and regular maintenance that virtually eliminates downtime. At a high level, ongoing operational activities consist of, but are not limited to, system changes, maintenance, and modifications, including testing and documentation, software enhancements and updates, system availability and monitoring, network Infrastructure monitoring, help desk and user support, security management, document maintenance and version control, performance monitoring and tuning, system defects resolution (record, track, resolve, and report), cooperation and compliance with state audit requests, including HIPAA, SS-A, and FTI, and escalation procedures

Phase VI Turnover and Contract Closeout

The Solution and/or Services Are Turned Over

To support all transitions and turnovers, MedImpact uses a proven project management methodology to preserve continuity of services for DCH members and to help ensure a smooth handoff to new vendors. All turnover activities are validated for accuracy, schedule, and communicated to affected stakeholders. The DDI Manager uses various captured data for transition and turnover of services to a new vendor including:

- Information technology details such as data file transfer formats
- Historical data to be transferred and the timeframe for transfers
- PA transfers for continuity of care
- Clinical services and program information

Using the information collected and documented, which covers all aspects required for successful transition to a new vendor, the DDI Manager develops a detailed project workplan to plan, log, track, manage, and report on each area of the project. This plan includes detailed tasks with corresponding responsible parties, start dates, due dates, completion dates, task dependencies, resource requirements, and work hour estimates.

Project Ended

With DCH approval, MedImpact provides secure file transfer of all DCH customer information, utilization management, and historical claims data to the incoming vendor through a TLS (Transport Layer Security) encrypted website using Axway Secure Transport. Axway Secure Transport is configured using a front-end web server connecting to a back-end file repository; no files are stored on the front-end server.

As part of our design and development approach, we conduct requirements analysis using our file format, file validation approach, transfer protocol method, encryption level, media choice, and

testing methods. MedImpact uses the documents developed during requirements analysis, along with changes made throughout the contract term, to identify data needs for turnover activities. This effort is led by our IT department under the direction of the turnover DDI Manager.

MedImpact is a NIST-certified medium impact and high impact-level compliant organization with comprehensive security, data management, and retention programs that exceed the requirements of CIA (Confidentiality-Integrity-Availability) and will process all data, regardless of media, in a secure, encrypted methodology according to the CIA concepts:

- **Confidentiality**: Data should not be accessed or read without authorization. It ensures that only authorized parties have access.
- **Integrity**: Data should not be modified or compromised in any way. It assumes that data remains in its intended state and can only be edited by authorized parties.
- **Availability**: Data should be accessible upon legitimate request. It ensures that authorized parties have unimpeded access to data when required.

MedImpact will work closely with DCH to coordinate resources to ensure a smooth transition to the operations and maintenance phase.

14.	**Bookmark Title: MSQ14 – Transition & Integration** Narrative description is limited to three (3) pages. Describe how you will handle the transition activities from the incumbent Fraud, Waste, and Abuse vendor. Include the value-add of your approach and techniques in terms of cost savings, quality improvement, and/or savings to the project schedule for the State. Describe your integration approach with the Pharmacy Benefit Administrator vendor and its system.

Supplier Response

Transition and integration is an integral part of every project and MedImpact has over 30 years of experience transitioning customers from previous vendors. We have tried and true policies and procedures in place to make the transition and integration as seamless as possible. These include conversion management, integration management, integration testing, and quality management. Our approach to transition and integration focuses on efficiencies and continuous quality improvement to keep projects on time.

Conversion Management

MedImpact will develop a data conversion plan that includes data migration activities where no translation is required and different levels of ETL (extract, transform, and load) activities where simple, medium, or complex translations are required. Data to be migrated or converted includes all necessary information required to support the clinical program. The primary objective of the conversion strategy is to populate the core system tables with data from the current MMIS. The secondary objective is to successfully convert data required for operations, analytics, legislative/federal reporting, and fraud and abuse reduction.

Conversion Mapping

MedImpact is accustomed to accepting and converting historical data files in a variety of formats from states, PBMs, and vendors. Our experience has shown that even when MedImpact or industry standard formats are used, some level of data conversion is often necessary to capture system values and the supporting data necessary to facilitate a successful and seamless turnover. MedImpact has extensive experience developing and implementing data mapping and conversion strategies to migrate data from incumbent systems to our solutions. We will retain these data mapping specification for each file type and data source. These mapping documents will include all transformation steps and will be made available to DCH.

Integration Management

Alignment will drive successful integration of services. During the Planning Phase, our implementation team will finalize the plans and materials required for project delivery and conduct project kick-off meetings to help ensure they, DCH leadership, and all identified stakeholders are aligned with respect to project goals and objectives. We consistently monitor identified risk indicators for evidence that a risk may be realized. In the event a risk progresses and becomes an issue, we activate remediation or contingency plans as appropriate. Any identified issues and risks

for mitigation are captured by the implementation team and are reviewed and prioritized during daily and weekly internal team meetings.

Integration Testing

Following completion of the System and Integration Test phase and during the implementation phase, MedImpact will work collaboratively with DCH and its incumbent contractor to perform the activities required for successful transition and validation of operational readiness. In preparation for go-live and transition to the Operations and Maintenance phase during the Transition and Operational Readiness phase, the work performed with the support of MedImpact, DCH, and incumbent contractor(s) will help ensure a successful transition and support ongoing management of the program with minimal disruption.

Quality Management

MedImpact employs rigorous quality control measures with every implementation to help ensure complete and accurate delivery of all services provided under the contract. We use a variety of tools and methodologies to help ensure traceability of any software development, business configuration, and requirements-gathering during the Requirements Definition phase of the project to applicable test cases. MedImpact will meet with the incumbent contractor to gain knowledge that may prove valuable in avoiding obstacles during implementation. We will work with the incumbent contractor to transfer all the written information specific to DCH and its operations.

MedImpact's Value-Add Approach

MedImpact works with customers to optimize cost efficiency and savings for pharmacy services through a variety of means including providing highly competitive pricing for our services, continuous quality improvement, automating processes, and recommending optimal PDL strategy and maximizing collection of supplemental rebates.

Cost Savings

MedImpact works to streamline and automate processes where it makes sense with the goal of increased efficiency and cost savings. For example, when allowed by our customers, we utilize targeted electronic fax in place of standard US mailings for our RetroDUR-related communications in an effort to maximize efficiency and promote participation. Our offering enables prescribers to reply electronically through a portal and offers follow-up options to increase response rates. MedInvoice, our proprietary rebate processing platform automates the rebate business process and streamlines the tracking of invoicing, payment reconciliation, and dispute resolution. This platform was purposefully designed to alleviate the flaws of the systems currently available on the market. MedContract, our supplemental rebate platform, enables customers to view the entire contracting process from start to finish with transparency and efficiency, including all bids and modeling.

Quality Improvement

MedImpact approaches implementation and operational management with a focus on finding opportunities to improve value and efficiency for all our customers. Our continuous quality

improvement program helps customers solve a variety of problems such as improving rebate operations, clinical outcomes, and PBA operations. For example, through a rigorous quality control process, we worked with an FFS Medicaid customer to reduce pharmacy provider payment delays by helping to increase pharmacy enrollment in the State's EFT payment program, reducing the administrative burden of denials on pharmacists by updating the process for exclusions. Other areas of improvement include reducing COB (Coordination of Benefit) call volume by up to 50% by recommending a clearer IVR message and reducing prescriber burden and medication delays by increasing provider participation in ePA by 15%.

MedImpact is ready to utilize our collective experience and modern solutions to identify specific areas of opportunity for improvement and efficiency unique to the DCH's program.

15.	**Bookmark Title: MSQ15 - Project Management** Bookmark Title for Supporting Material: ➢ MSQ15.1 - Project Schedule/Project Work Plan (Sample) ➢ MSQ15.2 - WBS tasks and Project Outputs (Sample) ➢ MSQ15.3 - Implementation Plan (Sample) ➢ MSQ15.4 - Quality Management Plan (Sample) ➢ MSQ15.5 - Requirements Management Plan (Sample) ➢ MSQ15.6 - Change Management Plan (Sample) ➢ MSQ15.7 - Risk Management Plan (Sample) ➢ MSQ15.8 - Communications Management Plan (Sample) ➢ MSQ15.9 - Integration Plan (Sample) ➢ MSQ15.10 - Operations & Maintenance Plan (Sample) ➢ MSQ15.11 - Training Plan (Sample) ➢ MSQ15.12 - Cost Management Plan (Sample) ➢ MSQ15.13 - Stakeholder Management Plan (Sample) Narrative description is limited to five (5) Pages, not including the required supporting material. Provide a description of the project management approach, including, but not limited to, the methodology and implementation of the system to be used for monitoring and control of scope, schedule, and cost. Additionally, describe any previous experience managing similar projects using the Project Management Lifecycle (PMLC) and Project Management Book of Knowledge (PMBOK) throughout the life of the contract. Refer to Attachment C - Common Scope Requirements and Security Standards, Section 2 Project Organization and Management. In the Supporting Material, include a draft or sample project management plan representative of this project. In your narrative response, explicitly identify any differences between the State's project management approach from your proposed approach, including all responsibilities.

Supplier Response

Following the contract award, our proposed methodology will be submitted to DCH for approval. All methodology plans, schedules, and documents will be considered required MedImpact deliverables and will be subject to approval by DCH. MedImpact will provide DCH with an initial Project Work Breakdown Schedule draft for its approval within the agreed upon timeframe after contract execution.

For all PBA implementations, including Georgia's, we are committed to quality project management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, and plans. These principles align directly with the SEI (Software Engineering Institute's) CMMI (Capability Maturity Model Integration), ISO 9000x standards, and Lean Six Sigma continuous improvement methods.

Project Management Methodology

Our project management framework provides a strong foundation based on clear standards, automated processes, and measured controls to manage activities, tasks, Deliverables, work plans, staffing, issues, risks, and milestones for projects in an enterprise solution like our PBMS. Benefits of this framework include:

- Reducing project risk by avoiding deviations from DCH-approved requirements and reinforcing agreed-upon project standards and disciplines.
- Promoting a common language, effective communication, efficient linkages, asset reuse, and information-sharing.

We follow industry standard SDLC methodology to achieve optimal outcomes. We support both Waterfall and Agile development frameworks. Waterfall is used for the distinct phases within the larger scope of the project while Agile is used to facilitate iterative and incremental system development where sprints are most effective.

We use the Scrum methodology to facilitate early and frequent releases of system functionality. Led by certified Scrum Masters, our teams work in sprints (time-boxed system development iterations) to facilitate the continual delivery of quality operational system functionality in the shortest time possible. It allows our teams to collaborate effectively with our customers and engage as a well-organized, cross-functional team.

Activities throughout the SDLC and its phases are analyzed, and we determine the best method to move through each sprint and phase efficiently and effectively while upholding the schedule outlined in the Project WBS. Following PMBOK, our project management model referred to as IPECC (Initiating, Planning, Executing, Controlling, Closing), encompasses the phases depicted in **Figure 6**.

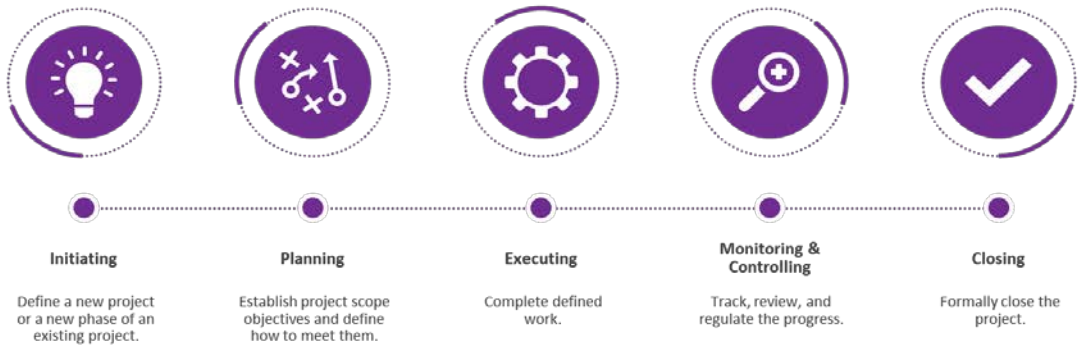

Figure 6: IPECC Project Management Model

All phases of our project management activities focus on carefully managing and reporting on DCH's project scope, schedule, quality, performance, risk/issues/opportunities, and staffing. MedImpact will coordinate with DCH and other stakeholders whose participation is necessary to help ensure the successful delivery of the PBM FFS program.

Project Schedule

MedImpact will establish the project schedule following key project management practices. We employ industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership. We are committed to delivering quality project oversight and management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, strategies, schedules, and plans.

Leveraging these principles helps to ensure MedImpact's ability to successfully manage large-scale implementations like DCH's across multiple markets, customer types, and lines of business. Our teams strive to meet and exceed DCH expectations with its solution as well as with its project management and collaboration.

A sample Project Work Plan is included with the proposal as **MSQ15.1.**

WBS Tasks

During the Implementation Phase, we develop the Project WBS for all Contract tasks and activities. The WBS will be the outcome of requirements gathering process, collaborative working sessions with DCH's implementation team and SMEs (Subject Matter Experts). We deliver it in the form of a Gantt chart, incorporating significant detail on every area, milestones, and task.

A sample WBS is included with the proposal as **MSQ15.2**

Implementation

In accordance with DCH requirements and our organizational policy, the project team determines the appropriate technologies and organizational policies and standards required during operations and maintenance. At contract award, we create a collaborative group of our teams, IT, and the implementation team to achieve the following:

- Create a smooth transition from outgoing FFS Vendor to MedImpact Operations (including all Implementation Activities)
- Meet with SMEs and the State of Georgia DCH's team members involved in the effort
- Treat all data confidentiality
- Deliver on requirements

A sample Implementation Plan is included with the proposal as **MSQ15.3**

Quality Management

MedImpact develops a Quality Management Plan to be utilized throughout the life of the contract after go-live. This plan summarizes the quality assurance control and quality management process, quality management program, analysis, findings, recommendations, and continuous improvement projects for business areas associated with this contract. This plan is updated twice a year.

Methodology for Maintaining Quality

MedImpact has a deep understanding of the importance of defining clear objectives to maintain quality of code, project schedule and deliverables, tasks, and work product. Our commitment to consistent stakeholder communication and monitoring helps assure the quality and accuracy of our work while being mindful of scope creep. MedImpact performs continuous analysis based on industry best practices to ensure deliverables are accurate and we remain focused on fulfilling the stated requirements.

A sample Quality Management Plan is included with the proposal as **MSQ15.4.**

Requirements Management

Our business and technical analysts will schedule and participate in targeted detailed requirements and validation sessions with their counterparts at DCH to validate and refine requirements. Throughout other phases of the SDLC, we anticipate additional requirements will be uncovered. Requirements uncovered following its approval will be processed through our change order process.

RTM (Requirements Traceability Matrix)

For every PBMS implementation, MedImpact develops and then relies on accurate, detailed, and complete requirements documented in an RTM (Requirements Traceability Matrix) to define activities during the Configuration/Customization phase. We also use the RTM during testing to help ensure there is testing coverage for all requirements. Finally, we use the RTM to demonstrate to DCH that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact.

A sample Requirements Management Plan is included with the proposal as **MSQ15.5**.

Change Management

MedImpact applies rigorous change control protocols for projects following the change control process. To guide this process, MedImpact collaborates with DCH to establish a change management plan that aligns with DCH change management processes. This includes defining how we collaborate with DCH to define procedures for assembling the CCB (change control board) and conducting CCB meetings to make decisions regarding change requests. The resulting change management plan documents our approach, strategies, and methods used for identifying, assessing, reviewing, and implementing (upon DCH approval) changes to the solution, scope, timeline, or deliverables.

We will implement the Change Management Plan once approved, after which we will adhere to the processes included in the plan. A sample Change Management Plan is included with the proposal as **MSQ15.6**.

Risk Management

Risk and Issue Management Plans are critical to each successful PBMS Implementation. The MedImpact Project team documents any identified issues for mitigation, reviews, and prioritizes them daily and in weekly internal team meetings. If it is determined a risk or issue requires a change request, we develop the required change request documentation and initiate our change

management process. The Project team monitors the risk issue log on an ongoing basis, determines probability impact, initiates contingency and mitigation plans, when necessary, reviews and removes risks from the log when appropriate, prioritizes and communicates new risks, collaborates with DCH to review, and adjust the risk management process, and provides continuous improvement recommendations based upon quarterly analysis of the Risk Management approach built upon Lean Six Sigma principles.

A sample Risk Management Plan is included with the proposal as **MSQ15.7**

Communications Management

The DDI Manager provides the necessary information about the project-to-project stakeholders in accordance with the communications strategy as agreed-upon with DCH. The DDI Manager drives the agenda for status meetings based on the reports generated by the implementation team. We escalate risks and issues to stakeholders using established escalation mechanisms and status meetings. This ensures risks and issues receive the appropriate visibility and are addressed in a timely manner.

A sample Communications Management Plan is included with the proposal as **MSQ15.8**.

Integration

The system integration plan supports industry standard integration points for an interconnected MMIS. MedImpact's solution is architected to support and interconnect to the MMIS. Requirements for data exchange methods are defined during the Requirements Definition phase and documented in the design documents. The integration plan is updated and used during the Integration and Test phase. The final version is provided in the Implementation phase for approval by DCH. Additionally, the plan outlines various types of internal Integrator software integration tests conducted to help ensure the POS is designed and operating in accordance with the RFP and the other contract documents.

A sample Integration Plan is included with the proposal as **MSQ15.9.**

Operations and Maintenance

We establish the staffing, policies, procedures, processes, and systems with step-by-step instructions required to change any parts of the system with minimal disruption to DCH's members, providers, and other stakeholders. This System Operations and Maintenance plan establishes the key activities involved during operations and maintenance.

A sample Operations and Maintenance Plan is included with the proposal as **MSQ15.10.**

Training

We will develop and implement a DCH training plan tailored to the needs of DCH. Our training management approach will provide subject-specific information to the following:

- Authorized DCH staff in a classroom-style setting or virtual webinars to prepare them for the transition of operations including ongoing changes implemented during operations.

- Documentation, including layouts and a data dictionary to support the receipt, processing, and application of historical program data.
- Claim and provider payment details required to support successful implementation.

Our training management approach will include a training plan, training preparation, documentation, status, and progress reporting on training tasks. This approach addresses and includes operational components of the contract. Our approach has been informed by our extensive experience, lessons learned, and industry best practices.

A sample Training Plan is included with the proposal as **MSQ15.11**

Cost Management

The Cost Management plan details the processes for managing project financial resources that are to be followed through all stages of the project. Managing cost focuses on tracking costs for all resource types needed to complete the activities of the project such as people, equipment, hard goods, soft goods, and facilities.

The Project Management Book of Knowledge (PMBOK) defines the three project cost management processes as follows:

- **Estimate Costs** - Estimation of the monetary resources needed to complete the project
- **Determine Budget** - Aggregation of costs and activities to determine a cost baseline
- **Control Costs** - Monitoring project status to update budget and manage changes to the cost baseline

As the DCH/ValuePoint contract would be a fixed price, the Cost Management Plan summary included as **MSQ15.12** is an example of how MedImpact would manage an alternative project.

Stakeholder Management

Understanding of roles and agreement around how to communicate are key to effective collaboration between MedImpact and DCH, incumbent contractors, and module contractors. To facilitate the PBMS project, MedImpact will develop the Communication Management and Stakeholder Engagement Plan and deliver it to DCH for approval, as a part of the Project WBS.

Effective project control is a result of effective communication throughout the project team. Our DDI Manager and the Executive Sponsor, as the key representative to DCH from MedImpact and as the Program Sponsor, will encourage open and honest communication throughout the project team about what is being worked on and what the status is.

Open communication does not preclude the need for every project team member and leader to use good judgment in communications. Incomplete information can create chaos and information that has sensitive implications must be communicated only to those team members that have a need for the information.

A sample Stakeholder Management Plan is included with the proposal as **MSQ15.13**

MSQ15.1 Project Work Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Project Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Project Management Plan is to define the plans, standards, and templates that collectively describe the approach and activities for managing projects. The Project Management Plan also defines the tools and technologies that will be used for program/project management, including, but not limited to, program and project status reporting, dashboards, schedule maintenance, issue management, and risk management.

Overview

MedImpact implements an established Project Management Framework (PMF) that includes standardized processes and templates, coordinates plans, schedules, and integration of projects, coordinates overall budget and quality assurance activities for the program, and facilitates communication and reporting for all levels of governance. Additionally, MedImpact monitors and controls scope, time, quality, and cost along with providing structure, organization, and consistent reporting across projects.

The Project Management Plan is developed for the purpose of planning the project and provides a consistent, coherent document that is used to guide both project execution and project control. The Project Management Plan also serves as a summary document that outlines the supporting plans and components of the PMF. This document is a quick reference that defines each plan and outlines the templates and tools that will be used to manage PMF processes. Sections include, but are not limited to, the following:

- Goals and Objectives
- Assumptions and Constraints
- Risk and Mitigation Strategies
- Reports and Dashboards
- Project Schedule/Work Breakdown Structure (WBS)
- Issue and Risk Management Plans
- Quality Management Plan
- Project Staffing Plan
- Change Management Plan
- Communication Management Plan
- Facilities and Equipment Plan
- SharePoint Project Repository
- Project Status Report Template

MSQ15.2 Project Work Breakdown Schedule (Sample)

Please see important notes on the last page.

ID	Attachment H - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1		**1 Pre-Initiation Phase**	**1 day**	**Tue 7/23/24**	**Tue 7/23/24**		
2		1.1 Contract Start Date	1 day	Tue 7/23/24	Tue 7/23/24	7FS-30 days	MedImpact,Client
3		**2 Initiation Phase**	**17 days**	**Tue 8/13/24**	**Thu 9/5/24**		
4		**2.1 Client Kick-off**	**17 days**	**Tue 8/13/24**	**Thu 9/5/24**		
5		2.1.1 Schedule Client Kick-off	1 day	Tue 8/13/24	Tue 8/13/24	7SS-14 days	MedImpact
6		2.1.2 Prepare Agenda 2 Business Days Prior Kick-off	1 day	Thu 8/29/24	Thu 8/29/24	7SS-2 days	MedImpact
7		2.1.3 Hold Client Kick-off	1 day	Tue 9/3/24	Tue 9/3/24		Client,MedImpact
8		2.1.4 Prepare Meeting Notes 2 Business Days After Kick-off	1 day	Thu 9/5/24	Thu 9/5/24	7SS+2 days	MedImpact
9		**3 Project Planning Phase**	**59 days**	**Wed 9/4/24**	**Mon 11/25/24**		
10		**3.1 Requirement Specification Document / Implementation Questionnaire (IQ)**	**47 days**	**Tue 9/10/24**	**Wed 11/13/24**		
11		**3.1.1 IQ JAD Sessions**	**47 days**	**Tue 9/10/24**	**Wed 11/13/24**		
12		3.1.1.1 Complete IQ JAD Sessions	30 days	Tue 9/10/24	Mon 10/21/24	7FS+4 days	Client,MedImpact
13		**3.1.1.2 Review Deliverable**	**15 days**	**Tue 10/22/24**	**Mon 11/11/24**		
14		3.1.1.2.1 Client reviews Deliverable	10 days	Tue 10/22/24	Mon 11/4/24	12	Client
15		3.1.1.2.2 Revise Deliverable based on Client's latest review	5 days	Tue 11/5/24	Mon 11/11/24	14	MedImpact
16		3.1.1.3 Obtain approval of deliverable	2 days	Tue 11/12/24	Wed 11/13/24	15	MedImpact
17		**3.2 Requirements Review, Planning, & Analysis**	**37 days**	**Tue 9/24/24**	**Wed 11/13/24**		
18		**3.2.1 Requirement Traceability Matrix (RTM)**	**37 days**	**Tue 9/24/24**	**Wed 11/13/24**		
19		3.2.1.1 Complete Functional Requirements	20 days	Tue 9/24/24	Mon 10/21/24	12FF	MedImpact
20		**3.2.1.2 Review Deliverable**	**15 days**	**Tue 10/22/24**	**Mon 11/11/24**		
21		3.2.1.2.1 Client reviews Deliverable	10 days	Tue 10/22/24	Mon 11/4/24	19	Client
22		3.2.1.2.2 Revise Deliverable based on Client's latest review	5 days	Tue 11/5/24	Mon 11/11/24	21	MedImpact
23		3.2.1.3 Obtain approval of deliverable	2 days	Tue 11/12/24	Wed 11/13/24	22	MedImpact
24		**3.3 Project Schedule/Work Breakdown Structure (WBS)**	**27 days**	**Wed 9/4/24**	**Thu 10/10/24**		
25		3.3.1 Draft WBS and Deliver	10 days	Wed 9/4/24	Tue 9/17/24	7	MedImpact
26		**3.3.2 Review WBS**	**15 days**	**Wed 9/18/24**	**Tue 10/8/24**		
27		3.3.2.1 Client to review WBS	10 days	Wed 9/18/24	Tue 10/1/24	25	MedImpact
28		3.3.2.2 Revise Deliverable based on Client's review	5 days	Wed 10/2/24	Tue 10/8/24	27	Client
29		3.3.3 Obtain approval of deliverable	2 days	Wed 10/9/24	Thu 10/10/24	28	MedImpact
30	3	**3.4 FWA Plan**	**27 days**	**Fri 10/11/24**	**Mon 11/18/24**		
31		3.4.1 FWA Plan Compile and Deliver	10 days	Fri 10/11/24	Thu 10/24/24	29	MedImpact
32		**3.4.2 Review Deliverable**	**15 days**	**Fri 10/25/24**	**Thu 11/14/24**		
33		3.4.2.1 Client to review Plan	10 days	Fri 10/25/24	Thu 11/7/24	31	Client
34		3.4.2.2 Revise Deliverable based on Client's review	5 days	Fri 11/8/24	Thu 11/14/24	33	MedImpact
35		3.4.3 Obtain approval of deliverable	2 days	Fri 11/15/24	Mon 11/18/24	34	MedImpact
36		**3.5 Security Policies and Procedures (STANDARD DOCUMENT)**	**3 days**	**Wed 9/4/24**	**Fri 9/6/24**		
37		3.5.1 Security Policies and Procedures Deliver and Approve	3 days	Wed 9/4/24	Fri 9/6/24	7	MedImpact
38		**3.6 Disaster Recovery Plan (STANDARD DOCUMENT)**	**5 days**	**Tue 11/19/24**	**Mon 11/25/24**		
39		3.6.1 Disaster Recovery Plan Compile and Deliver	5 days	Tue 11/19/24	Mon 11/25/24	35	MedImpact
40		**4 Execution**	**187 days**	**Wed 9/4/24**	**Mon 6/2/25**		
41		**4.1 Design**	**54 days**	**Thu 11/14/24**	**Tue 2/4/25**		

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Please see important notes on the last page.

ID	Attachment H - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
42		**4.1.1 Solution Design**	**54 days**	**Thu 11/14/24**	**Tue 2/4/25**		
43		**4.1.1.1 General System/Platform Design Requirements Document**	**27 days**	**Thu 11/14/24**	**Tue 12/24/24**		
44		4.1.1.1.1 Draft General System/Platform Design Requirements Documer	10 days	Thu 11/14/24	Wed 11/27/24	23	MedImpact
45		**4.1.1.1.2 Review Deliverable**	**15 days**	**Mon 12/2/24**	**Fri 12/20/24**		
46		4.1.1.1.2.1 Client reviews Deliverable	10 days	Mon 12/2/24	Fri 12/13/24	44	Client
47		4.1.1.1.2.2 Revise Deliverable based on Client's latest review	5 days	Mon 12/16/24	Fri 12/20/24	46	MedImpact
48		4.1.1.1.3 Obtain approval of deliverable	2 days	Mon 12/23/24	Tue 12/24/24	47	MedImpact
49		**4.1.1.2 Interface Detail Design and Integration Specification Document**	**27 days**	**Thu 12/26/24**	**Tue 2/4/25**		
50		4.1.1.2.1 Draft Interface Detail Design and Integration Specification Docu	10 days	Thu 12/26/24	Thu 1/9/25	48	MedImpact
51		**4.1.1.2.2 Review Deliverable**	**15 days**	**Fri 1/10/25**	**Fri 1/31/25**		
52		4.1.1.2.2.1 Client reviews Deliverable	10 days	Fri 1/10/25	Fri 1/24/25	50	Client
53		4.1.1.2.2.2 Revise Deliverable based on Client's latest review	5 days	Mon 1/27/25	Fri 1/31/25	52	MedImpact
54		4.1.1.2.3 Obtain approval of deliverable	2 days	Mon 2/3/25	Tue 2/4/25	53	MedImpact
55		**4.1.2 Data Migration/Conversion Plan**	**27 days**	**Thu 12/26/24**	**Tue 2/4/25**		
56		4.1.2.1 Data Migration and Conversion Plan Compile and Deliver	10 days	Thu 12/26/24	Thu 1/9/25	48	MedImpact
57		**4.1.2.2 Review Deliverable**	**15 days**	**Fri 1/10/25**	**Fri 1/31/25**		
58		4.1.2.2.1 Client reviews Deliverable	10 days	Fri 1/10/25	Fri 1/24/25	56	Client
59		4.1.2.2.2 Revise Deliverable based on Client's latest review	5 days	Mon 1/27/25	Fri 1/31/25	58	MedImpact
60		4.1.2.3 Obtain approval of deliverable	2 days	Mon 2/3/25	Tue 2/4/25	59	MedImpact
61		**4.1.3 Test Management Plan**	**27 days**	**Thu 11/14/24**	**Tue 12/24/24**		
62		4.1.3.1 Test Management Plan Compile and Deliver	10 days	Thu 11/14/24	Wed 11/27/24	23	MedImpact
63		**4.1.3.2 Review Deliverable**	**15 days**	**Mon 12/2/24**	**Fri 12/20/24**		
64		4.1.3.2.1 Client reviews Deliverable	10 days	Mon 12/2/24	Fri 12/13/24	62	Client
65		4.1.3.2.2 Revise Deliverable based on Client's latest review	5 days	Mon 12/16/24	Fri 12/20/24	64	MedImpact
66		4.1.3.3 Obtain approval of deliverable	2 days	Mon 12/23/24	Tue 12/24/24	65	MedImpact
67		**4.2 Establish connectivity to the Client**	**20 days**	**Wed 9/4/24**	**Tue 10/1/24**		
68		4.2.1 Approve and Sign Connectivity Form	10 days	Wed 9/4/24	Tue 9/17/24	7	Client
69		4.2.2 Establish Connectivity	5 days	Wed 9/18/24	Tue 9/24/24	68	MedImpact
70		4.2.3 Test Connectivity	5 days	Wed 9/25/24	Tue 10/1/24	69	MedImpact
71		**4.3 Configuration**	**30 days**	**Wed 2/5/25**	**Wed 3/19/25**		
72	4.2, 4.3, 4.4 , 4.5, 4.6	**4.3.1 Data Conversion**	**30 days**	**Wed 2/5/25**	**Wed 3/19/25**		
73		4.3.1.1 Inbound	30 days	Wed 2/5/25	Wed 3/19/25	60	MedImpact
74		4.3.1.2 Outbound	30 days	Wed 2/5/25	Wed 3/19/25	60	MedImpact
75		4.3.1.3 Historical	30 days	Wed 2/5/25	Wed 3/19/25	60	MedImpact
76		**4.3.2 Interface Configuration/Development**	**20 days**	**Wed 2/5/25**	**Wed 3/5/25**		
77		4.3.2.1 Complete Interface Development	20 days	Wed 2/5/25	Wed 3/5/25	54	MedImpact
78		**4.4 Pharmacy Portal**	**50 days**	**Tue 10/22/24**	**Fri 1/3/25**		
79		**4.4.1 Pharmacy Portal**	**50 days**	**Tue 10/22/24**	**Fri 1/3/25**		
80		4.4.1.1 Account Provisioning	5 days	Tue 10/22/24	Mon 10/28/24	12	MedImpact
81		4.4.1.2 Development	20 days	Tue 10/29/24	Mon 11/25/24	80	MedImpact
82		4.4.1.3 QA	20 days	Tue 11/26/24	Thu 12/26/24	81	MedImpact

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Please see important notes on the last page.

ID	Attachment H - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
83		4.4.1.4 Grant User Access	5 days	Fri 12/27/24	Fri 1/3/25	82	MedImpact
84	4.1	4.5 Reporting	55 days	Thu 11/14/24	Wed 2/5/25		
85		4.5.1 Reporting Development and QA	55 days	Thu 11/14/24	Wed 2/5/25		
86		4.5.1.1 Standard Suite Review and Approval	20 days	Thu 11/14/24	Fri 12/13/24	23	MedImpact,Client
87		4.5.1.2 New Report Development	20 days	Mon 12/16/24	Wed 1/15/25	86	MedImpact
88		4.5.1.3 New Report QA	10 days	Thu 1/16/25	Wed 1/29/25	87	MedImpact
89		4.5.1.4 New Report Review and Approval by Client	5 days	Thu 1/30/25	Wed 2/5/25	88	Client
90		4.6 Testing	20 days	Thu 3/20/25	Wed 4/16/25		
91		4.6.1 Data Migration Conversion Testing	20 days	Thu 3/20/25	Wed 4/16/25	73,74,75,66	MedImpact
92		4.7 Communications/Materials	16 days	Tue 4/1/25	Tue 4/22/25		
93		4.7.1 Provider Communications (Pharmacy)	16 days	Tue 4/1/25	Tue 4/22/25		
94		**4.7.1.1 Audit Notification Letters**	**16 days**	**Tue 4/1/25**	**Tue 4/22/25**		
95		4.7.1.1.1 Draft Notification	10 days	Tue 4/1/25	Mon 4/14/25	23FS+92 days	MedImpact
96		4.7.1.1.2 Client Review and approve	5 days	Tue 4/15/25	Mon 4/21/25	95	MedImpact
97		4.7.1.1.3 Distribute Notification	1 day	Tue 4/22/25	Tue 4/22/25	96	MedImpact,Client
98		4.7.2 Provider Communications (Prescriber)	16 days	Tue 4/1/25	Tue 4/22/25		
99		**4.7.2.1 Audit Notification Letters**	**16 days**	**Tue 4/1/25**	**Tue 4/22/25**		
100		4.7.2.1.1 Draft Notification	10 days	Tue 4/1/25	Mon 4/14/25	23FS+92 days	MedImpact
101		4.7.2.1.2 Client Review and approve	5 days	Tue 4/15/25	Mon 4/21/25	100	MedImpact
102		4.7.2.1.3 Distribute Notification	1 day	Tue 4/22/25	Tue 4/22/25	101	MedImpact,Client
103		4.8 Data Migration/Conversion File Load	32 days	Thu 4/17/25	Mon 6/2/25		
104		4.8.1 Inbound Load	32 days	Thu 4/17/25	Mon 6/2/25	91	MedImpact
105		5 Operational Readiness Review (ORR)	1 day	Thu 5/15/25	Thu 5/15/25		
106		5.1 ORR Meeting	1 day	Thu 5/15/25	Thu 5/15/25	107FS+13 days	CMS,Client,MedImpact
107		6 ORR Readiness Date	0 days	Fri 4/25/25	Fri 4/25/25	91,93FS+3 days	MedImpact
108		7 Go-Live Day	0 days	Mon 6/2/25	Mon 6/2/25	97,102,106,107,39,37,83,8	Client,MedImpact
109	2	8 Transition to O&M	10 days	Tue 6/3/25	Mon 6/16/25		
110		8.1 Peform Audits as per contract	10 days	Tue 6/3/25	Mon 6/16/25	108	MedImpact
111		9 Certification	5 days	Thu 5/14/26	Wed 5/20/26		
112		9.1 Client conducts certification review	5 days	Thu 5/14/26	Wed 5/20/26	106FS+256 days	Client
113		10 Certification Complete	0 days	Wed 8/5/26	Wed 8/5/26	112FS+55 days	
114		11 Closeout	65 days	Thu 5/21/26	Wed 8/19/26		
115		11.1 Update and Finalize Project Documentation	30 days	Thu 5/21/26	Wed 7/1/26	108,112	MedImpact
116		11.2 Lessons Learned	10 days	Thu 8/6/26	Wed 8/19/26	110,115,113	Client,MedImpact

Each module WBS was created to be a standalone, independent project. Should more than one module be awarded, project WBSs will be combined into a comprehensive, cohesive project plan integrating various vendors as applicable. MedImpact will work collaboratively with all stakeholders to determine the most effective and efficient implementation timeline.

The certification criteria are based on the "Streamline Modular Certification for Medicaid Enterprise System Certification Guidance Version 1.0 April 2022". Please note that any updates by CMS could impact each WBS.

The certification process consists of a minimum of 6 months of metrics reporting which includes 2 quarters of Rebates reporting. The Rebates program invoices in arrears which causes the certification process to be extended beyond the 6 months reporting window. Additionally, the WBS accounts for two months for CMS to issue the formal certification review decision letter.

Page 3

MSQ15.3 Implementation Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Implementation Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Implementation Plan is to systematically execute the deployment of the FFS Pharmacy Benefit Management (PBM) program, ensuring a smooth transition from planning to design, development and implementation (DDI) to the Operations and Maintenance phase. This plan aims to coordinate resources, activities, and timelines to achieve project milestones, deliverables, and objectives effectively.

Overview

This plan is to provide a structured approach for implementing the FFS program, encompassing activities such as system integration, process optimization, stakeholder training, and performance testing. By outlining roles, responsibilities, and timelines, this plan seeks to minimize disruptions, mitigate risks, and ensure successful project execution.

The Implementation Plan outlines the step-by-step approach for implementing the FFS program, from initiation to full-scale operation. It includes the following key components:

Initiation Phase: Establishes project governance structure, including project team roles, responsibilities, and communication channels. Conducts a kickoff meeting to align stakeholders, define scope, clarify objectives, and determine implementation priorities.

Planning Phase: Develops a detailed implementation schedule, outlining tasks, dependencies, milestones, and timelines. Identifies resources required for implementation, including personnel, technology, and infrastructure needs. Conducts risk assessment and develops mitigation strategies to address potential implementation challenges.

Execution Phase: Implements system configurations and enhancements, data interfaces, and historical data migrations necessary for deployment. Conducts stakeholder training sessions to familiarize users with new processes, systems, and procedures. Executes performance testing and quality assurance activities to ensure system functionality and data integrity.

Monitoring and Control: Monitors project progress against the implementation schedule, identifying any deviations or delays. Conducts regular status meetings to review project metrics, address issues, and adjust as needed. Implements change

control procedures to manage scope changes and mitigate potential impacts on project timelines and deliverables.

Operations and Maintenance Phase: Prepares for the transition to full-scale operation, including final data validation, user acceptance testing, and operational readiness assessments. Coordinates the deployment of support resources, including call center services, information technology support, document management solutions and training materials. Executes a phased rollout, ensuring a smooth transition and minimal disruption to ongoing operations.

Closeout: Conducts a post-implementation review to evaluate project success, identify lessons learned, and capture best practices for future implementations. Solicits feedback from stakeholders to assess satisfaction with the implementation process and outcomes. Documents implementation outcomes, including achievements, challenges, and recommendations for continuous improvement.

MSQ15.4 Quality Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Quality Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Quality Management Plan encompasses the management and execution of operations during the Operations and Maintenance (O&M) phase of the contract. It delineates the procedures for day-to-day operational support tasks, including adherence to SLAs, Key Performance Indicators (KPIs), and contractual requirements. Additionally, the plan addresses the monitoring and auditing processes essential for maintaining compliance with SLA criteria and contractual obligations.

Overview

Quality management is a systematic approach to ensuring that products, services, and processes meet or exceed expectations. It involves planning, assurance, control, and improvement of quality throughout all stages of the project engagement. For MedImpact, implementing a robust quality management process is essential to deliver high-quality services to the State of Georgia. Quality management is conducted throughout the life of the contract and all MedImpact team members take an active role to support and meet the contract requirements.
The quality management process involves Quality Planning, Quality Assurance and Quality Control as defined below:

Quality Planning:

- **Objective:** Establish clear quality objectives that align with the goals of the contract and the expectations of the State of Georgia.
- **Process:** This involves identifying quality requirements, defining measurable quality objectives, and determining the resources and processes needed to achieve those objectives.
- **Integration:** Quality planning is integrated into the overall program planning process to ensure alignment with program goals and objectives.

Quality Assurance:

- **Objective:** Ensure that all deliverables and activities meet the specified quality standards.
- **Process:** Quality assurance focuses on preventing defects by implementing processes, standards, and guidelines to monitor and evaluate performance against predetermined criteria.
- **Integration:** Quality assurance procedures are implemented throughout the O&M phase to continuously monitor and improve the quality of deliverables and activities.

Quality Control:

- **Objective:** Monitor and control the quality of deliverables and activities to ensure compliance with SLAs, contractual requirements, and regulatory standards.
- **Process:** Performance and quality control involve measuring, analyzing, and verifying the quality of outputs against predefined criteria, identifying any deviations or non-conformities, and implementing corrective actions as necessary.
- **Integration:** Performance and quality control processes are integrated into day-to-day operations to detect and address quality issues in real-time, minimizing risks and ensuring adherence to quality standards.

MSQ15.5 Requirements Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Requirements Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Requirements Management Plan is to document the project team's approach to collecting, monitoring, and controlling change for each requirement. It is a reference document that details all approaches and procedures the team will use to execute the requirement management activities.

Overview

MedImpact understands the importance of requirements gathering and documentation in building the foundation for other DDI activities. Accurate, detailed, and complete requirements documented in a Requirements Trackability Matrix (RTM) are used to drive the activities of the Configuration phase to verify that the MedImpact Pharmacy Benefit Administration (PBA) solution aligns with the State of Georgia's defined requirements.

The RTM is used to provide tracing forward from requirements to test cases, documentation, demonstrations, or a combination of these validation types. Finally, the RTM is used to demonstrate to the State of Georgia that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact and have been fully tested and validated.

The requirements management process is broken out into four phases: requirements identification, requirements analysis, requirements documentation, and ongoing requirements management. A description of each phase is described below.

Requirements Identification: The MedImpact (MI) team collects and gathers the project requirements via various project documentations and/or meetings (i.e., RFP, requirements listings, etc.). The team uses the information from this phase as the primary input to all other requirements processes.

Requirements Analysis: The MI team will analyze requirements to determine where in the Work Breakdown Structure (WBS) the requirements will fall or what work activities correspond to certain requirements. The RTM will be created as part of this analysis and will be reviewed and approved by all applicable stakeholders.

Requirements Documentation: After requirements have been identified and analyzed, they will be assigned to accountable personnel. These requirements will be added to the WBS, as applicable, and the project team will determine what methodology the accountable personnel will use to track and report on the status of

each requirement. The requirements documentation compiled will be used to validate that requirements have been met as it relates to this implementation.

Ongoing Requirements Management: Throughout the project lifecycle, the project manager will ensure all team members are reporting requirement status and raising any issues or concerns with their assigned requirements as appropriate. As the project matures there may be situations in which requirements must change or be altered in some way. The project team will follow the agreed upon change control process to propose any changes to requirements and receive approval from the appropriate stakeholders and the change control board, as applicable.

MSQ15.6 Change Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Change Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Change Management Plan is to document MedImpact's approach and methods used for identifying, assessing, reviewing, and implementing (upon applicable stakeholders' approval) changes to the scope, timeline, requirements, or deliverables for the implementation.

Overview

MedImpact will follow a formal change control process, mutually defined, and agreed to with the State of Georgia, before implementing any change to the implementation. MedImpact will work together with the State of Georgia to establish the Change Control Board (CCB) to manage the change control process. MedImpact will document the approach to change control along with specific, executable change control protocols and procedures in the change management plan, which is a component of the Project Management Plan (PMP). The change management plan will define the processes and steps for identifying and logging a change request, performing change impact analysis, conducting change review with the State of Georgia's CCB, and executing approved changes accordingly.

Change Requests will be submitted to the Project Team for approval. The Project Team will evaluate the scope change and conduct an estimate and impact to schedule and effort. Upon official approval of scope changes, the related project documents will be updated. Change Requests are tracked and maintained in the mutually agreed upon location using the 'Change Request' identifier. Status of Change Requests will be reported via regular status reporting channels as agreed upon by all stakeholders.

MSQ15.7 Risk Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Risk Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Risk Management Plan is to describes MedImpact's (MI) strategy for identifying, assessing, controlling, monitoring, and mitigating risk throughout the State of Georgia Pharmacy Benefit Administration System (PBA) implementation. This document describes the processes by which implementation risks are recorded, communicated, and tracked throughout the project.

Overview

The goal of the MedImpact Risk Management Plan is to implement processes and tools to successfully prevent negative influences from threatening the success of the State of Georgia PBA implementation. It is MI's intent to proactively identify risk and allow the implementation team to execute avoidance and mitigation strategies to prevent risks from becoming issues. Should a risk become an issue, it will be handled through the communication escalation process described in the Communication Management Plan. This process allows for collaborative engagement to develop a remediation plan for resolving risks and issues.

The Risk Management Plan ensures procedures are in place to foster proactive risk mitigation and ensure the involvement of the State of Georgia through transparent communication. MI's communication practices ensure all stakeholders are consulted and involved with making risk mitigation decisions. These practices also ensure all stakeholders remain informed as risks evolve and are tracked by the Project Implementation team. The Risk Management Plan will include but is not limited to the following sections. A description is provided for each section:

- **Risk Identification:** An implementation risk can be defined as any threat to the success and satisfaction of the State of Georgia PBA implementation. MI relies on its subject matter experts to identify areas of concern and communicate those concerns to the MI implementation team. Risks that are identified will be entered into the agreed upon risk register (i.e. Project SharePoint site) to be reviewed during scheduled status meetings or ad-hoc meeting, if warranted. Upon entry of the risk, all applicable information is completed to accurately describe the noted risk.
- **Risk Assessment:** During agreed upon status meetings or ad-hoc meeting, if warranted, the risk(s) identified and logged will be reviewed with all applicable stakeholders to discuss description, a decision to accept or mitigate the risk, an initial acceptance or mitigation plan, a risk score, an assigned risk owner, an identification

date, and an initial risk status. This allows for collaborative risk assessment by all stakeholders.

- **Risk Recording and Monitoring:** Each implementation risk is assigned a risk owner, and it is the responsibility of the owner to act on the mitigation plan and keep the risk register up to date. The risk owner might be the project manager, the functional area subject matter expert, or anyone else who is most knowledgeable of the risk. Weekly reviews of the risk register ensure the most current information is obtained, the risk is being managed and the risk owner is making progress toward successfully mitigating the risk.
- **Risk Closure:** The main goal is to drive toward the successful closure of any identified risks. Risks may be closed due to successful remediation, due to a requirement change, thus removing the risk from scope, or due to a risk being deemed as not applicable after further research by applicable stakeholders. When it is agreed upon by all stakeholders that a risk can be closed, the risk register will be updated accordingly by the risk owner.

MSQ15.8 Communications Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Communications Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Communications Management Plan is to provide a process for managing and coordinating a wide variety of formal and informal communications for projects. The process guides projects in delivering timely, accurate, and consistent information to stakeholders throughout the project life cycle. The Communications Management Plan is to be used by Program/Project Managers and defines the program's structure and methods for collecting, screening, formatting, and distributing project information.

Overview

Organized and efficient communication among all relevant project stakeholders is a critical factor in successful implementation and operations. MedImpact develops and follows the communication plan throughout the project to coordinate communications with the State of Georgia, our solution interface partners, and all other applicable stakeholders.

Beginning in the project startup phase and continuing throughout all phases of the project, the MedImpact Team collaborates with all stakeholders for project governance and communication. MI includes all applicable stakeholders as appropriate within regular project status meetings and other formal and informal discussions for escalation of critical project changes, risks, or issues and joint problem solving.

The Communication Management Process involves an integrated approach to (bi-directionally) collect, generate, and disseminate relevant project information to all interested parties. Templates, matrices, and other associated artifacts will support the process outlined in the plan. Three phases occur in the Communication Management Process as outlined below:

- **Plan Communications –** This phase involves the development of an approach and plan for all program and project communication activities. Outputs of this phase are the stakeholder registry, the stakeholder assessment, and the communication matrix.
- **Manage Communications –** This phase involves ensuring timely and appropriate collection, creation, distribution, storage, retrieval, management, monitoring, and the ultimate dissemination of project information. One of the primary outputs of this phase is status reporting. Other artifacts from this phase include standardized templates, communication standards, guidelines, and tools used to manage communication.
- **Monitor Communications** – This phase involves the continual monitoring of the communication process to ensure that the information needs of the program, project, and applicable stakeholders are met. Additionally, this phase includes the practice of identifying lessons learned to further improve future communications.

MSQ15.9 Integration Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Integration Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) implementation.

Purpose

The purpose of the Integration Plan is to ensure appropriate data exchange across required channels in a way that optimizes interoperability and satisfies the state requirements, methods, and standards. This plan captures information and data sharing, functionality, and efficiency of the various systems by integrating into the FFS program. This integration aims to streamline operations, improve data accuracy, and facilitate informed decision-making for the FFS program.

Overview

The Integration Plan encompasses the following key components:

Assessment and Requirements Gathering: Assess existing systems and processes to identify integration requirements and dependencies. Gather stakeholder input to define specific integration goals and objectives.

Interface Identification and Prioritization: Identify the interfaces that need to be integrated with the FFS program. Prioritize modules based on their criticality and impact on business operations.

Data Mapping and Transformation: Develop data mapping and transformation strategies to ensure seamless integration of data between the client's data and the FFS system. Define data formats, standards, and protocols for data exchange.

ETL Process Design and Implementation: Design and implement Extract, Transform, and Load (ETL) processes to extract data from various sources, transform it according to business rules, and load it into the target system. Ensure data integrity, consistency, and security throughout the ETL process.

Testing and Validation: Conduct thorough testing of the integrated system to verify data accuracy, functionality, and performance. Validate the integration against predefined acceptance criteria and user requirements.

Deployment and Rollout: Plan and execute the deployment of the integrated system into production environment. Coordinate with stakeholders to ensure a smooth rollout with minimal disruption to business operations.

Monitoring and Optimization: Implement monitoring tools and processes to track the performance of the integrated system. Continuously optimize integration processes and address any issues or challenges that arise during operation.

MSQ15.10 Operations & Maintenance Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Operations and Maintenance Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) implementation.

Purpose

The purpose of the Operations and Maintenance Plan is to ensure the effective and efficient delivery of services for the Georgia FFS program. This plan aims to outline the strategies, procedures, and responsibilities necessary for sustaining high-quality service delivery and optimizing operational efficiency.

This plan is developed to establish clear guidelines and protocols for the ongoing operation and maintenance phase of the FFS program. By defining roles, responsibilities, and processes, this plan aims to minimize disruptions, identify, and mitigate risks, and ensure continuous high quality service delivery through the life of the contract. Additionally, it seeks to establish and foster collaboration among stakeholders, promote program transparency, and ensure compliance with regulatory standards.

Overview

The Operations and Maintenance Plan encompasses a comprehensive framework for managing the day-to-day operations and maintenance of the FFS program. The final plan includes the following key components:

Service Delivery Processes: Monitoring the end-to-end processes for the FFS program, including but not limited to claims processing, formulary management, member services, and provider relations.

Risk Management: Identifies potential risks and vulnerabilities in service delivery and outlines strategies for risk mitigation, contingency planning, and disaster recovery to minimize disruptions and ensure business continuity

Resource Management: Identifies the human, financial, and technological resources required to support service delivery and outlines strategies for resource allocation and optimization.

Stakeholder Communication and Engagement: Facilitates open communication channels with clients, partners, and stakeholders to address concerns, solicit feedback, and foster collaborative relationships in delivering value-added services.

Training and Development: Provides ongoing training and development programs for staff to enhance their skills, knowledge, and capabilities in delivering quality services and adapting to evolving market dynamics.

Compliance and Regulatory Requirements: Ensures compliance with regulatory standards, accreditation requirements, and industry best practices to uphold the highest standards of integrity, confidentiality, and security in service delivery.

Quality Assurance and Performance Monitoring: Establishes mechanisms for monitoring and evaluating service quality, performance metrics, and key performance indicators (KPIs) to ensure adherence to service level agreements (SLAs) and continuous improvement.

MSQ15.11 Training Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Training Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the training plan is to ensure all authorized State of Georgia personnel, and end users (pharmacies, billing agents, and prescribers) have the information they need to work effectively with MedImpact systems and processes.

Overview

The goal and objective of MedImpact's training is to help all stakeholders who work with our processes and systems understand the underlying concepts and principles and will be able to perform their work with a high level of proficiency. MedImpact will help ensure all training materials are accessible for all trainees in accordance with the Americans with Disabilities Act. The training plan includes the following topics:

- Audiences for Training: Identifies the primary audiences for training and their general informational needs.
- Schedule for Training: This information will come from the project Work Breakdown Structure (WBS).
- Scope of Training (Curriculum): Defines the set of training classes that MedImpact will produce and deliver during the coming year.
- Organization and Staffing: Defines the organization and staffing of the training group, which is responsible for production and delivery of the training materials.
- Training Modes: Description of the modes through which MedImpact will deliver training.
- Training Tools and Materials: Specifies the training tools MedImpact will use to create and manage training.
- Evaluation: Describes the tools and processes MedImpact will use to evaluate the effectiveness of training materials and training delivery.
- Tracking of Training: MedImpact uses the Events Registration Database to track available courses, schedule, mode, registrations, actual attendance, and evaluation results.

MSQ15.12 Cost Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Cost Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of this Cost Management Plan is to define the methodology by which costs associated with the Georgia FFS Implementation will be managed throughout the project lifecycle. To ensure the successful completion of the project within the allotted budget, this plan sets the format and standards by which the project costs are measured, reported and controlled. Several cost components are associated with this project. Metrics, cost variance considerations, and reporting activities will be outlined in this plan. To complete this project successfully, all key project members and stakeholders must adhere to and work within this Cost Management Plan and the overall project plan it supports.

Overview

This Cost Management Plan will:

- Outline the overall project cost management approach
- Outline how the project cost, budget and source of funding will be determined
- Identify who is responsible for managing costs, including who has the authority to approve changes to the project, its budget or sources of funding
- Identify the methods to be used for quantitatively measuring and reporting on cost performance
- Identify the reporting formats, frequency and to whom they are presented

MSQ15.13 Stakeholder Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Stakeholder Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Stakeholder Management Plan is to effectively identify, engage, and manage collaborative service delivery with stakeholders involved in the Georgia FFS implementation. This plan aims to establish proactive communication channels, cultivate positive relationships, and address stakeholder expectations to ensure project success and stakeholder satisfaction.

The plan outlines strategies and approaches for identifying, analyzing, and engaging stakeholders throughout the project lifecycle. By understanding their interests and potential impact on the project, this plan seeks to mitigate conflicts, leverage stakeholder support, and maximize project outcomes.

Overview

The Stakeholder Management Plan encompasses a structured approach for managing stakeholder relationships and ensuring their active involvement and support throughout the project. It includes the following key components:

Stakeholder Identification and Analysis: Identifies all internal and external stakeholders, including clients, partners, regulatory bodies, end-users, and affected communities. Assesses their interests, expectations, and potential influence on the project. Analyze stakeholders and create Responsible, Accountable, Consulted, and Informed (RACI) matrix.

Stakeholder Engagement Strategy: Defines strategies for engaging stakeholders throughout the project lifecycle, including communication methods, frequency, and level of engagement. Tailors' communication approaches to meet the needs and preferences of different stakeholder groups.

Communication Plan: Outlines a communication plan that includes regular updates, progress reports, and feedback mechanisms to keep stakeholders informed and engaged. Identifies key messages, communication channels, and responsible parties for delivering information to stakeholders.

Stakeholder Management: Develops strategies for managing stakeholder expectations, addressing concerns, and resolving conflicts to maintain positive relationships and stakeholder support. Anticipates potential challenges and proactively addresses them to minimize disruptions to the project.

Stakeholder Feedback and Evaluation: Establishes mechanisms for soliciting feedback from stakeholders and incorporating their input into project decision-making processes. Identify areas for improvement and refine stakeholder engagement strategies.

16.	**Bookmark Title: MSQ16 – Role Understanding** Narrative description is limited to five (5) pages. Describe your understanding of your role and responsibilities in the project, your relationship to the other resources and stakeholders involved, including the State's Project Management Office (PMO), or equivalent unit, Pharmacy Benefit Administrator (PBA) vendor, and Pharmacy Drug Rebate vendor. Describe how you will collaborate and provide leadership among the various resources and stakeholders and provide examples of past successes in a similar environment. Refer to Attachment C - Common Scope Requirements and Security Standards.

Supplier Response

MedImpact offers a customer-centric approach to service excellence and a commitment to operating as a performance-based organization, MedImpact is proposing a modern process-oriented PBM solution built on a unified information technology platform that enables MedImpact and DCH's Medicaid staff to perform job functions necessary to administer all aspects of the Medicaid FFS program. Our goal is to provide improved ways to address the current and future challenges in FFS Medicaid. This is accomplished by leveraging our existing processes and making sound investments in new technology to enhance automation, accountability, and transparency.

MedImpact's responses and staffing are formulated to specifically address DCH's requirements and bring value to the program. We value an innovative, flexible, and forward-thinking approach to the administration of pharmacy benefits. Our mission is to use our in-depth clinical expertise, high-touch account management, advanced technology, and a proactive holistic approach to engage and empower individuals to lead healthier lives.

MedImpact's objectives for DCH are to:

- Provide an integrated approach to managing Medicaid programs by closing gaps and inefficiencies seen in competitor FFS contractors' technology and processes.
- Deliver an improved approach to managing FFS populations in compliance with Georgia and federal regulations, the MECT (Medicaid Enterprise Certification Toolkit), and OBC (Outcomes-Based Certification).
- Improve the customer, member, prescriber, and pharmacy provider experience through automation, innovation, accountability, and access to exceptional care.

MedImpact is fully committed to meeting the performance and scope requirements detailed in the eRFP and stands ready to provide a comprehensive staffing plan composed of dedicated resources, hands-on support from executive leadership and the account team, and leading technology that continually advances as DCH modernizes its Medicaid enterprise system.

MedImpact offers Georgia a better way to manage their PBMS. We distinguish ourselves from our competitors through:

- A new perspective to PBM in the FFS market utilizing expert committed staff.
- The unique offering of a partner with the characteristics of a smaller corporation coupled with the resources and assets necessary to help ensure successful delivery of the pharmacy program.
- A conflict free, transparent business model. We are a PBM, not a health plan or other entity with a conflicting agenda or competing priorities.

DCH will be afforded increased flexibility regarding the ways in which our solution integrates with Georgia MEST, including:

- **High visibility within the MedImpact organization:** De'Lona Davis-Jones, Vice President of Government Programs, will be actively engaged in this program to help ensure we meet and exceed all expectations.
- **Proven FFS Medicaid leadership:** Dean Beuglass, Managing Principal, FFS Medicaid has proven implementation and operations experience and is highly familiar with Georgia Medicaid and is positioned as DCH's executive sponsor
- **Highly configurable, flexible POS capabilities:** We configure the PBM using tools such as our EFS tool which allows for configuration of the PDL and the ECS tool which allows for benefit configuration.
- **Automation:** MedImpact has heavily invested in areas that improve efficiencies through automation. These capabilities include an automated PA solution, ePA, IVR, and OCR, which provide automatic or self-services capabilities to providers, which streamlines the decisioning processes.
- **Service-oriented architecture:** Our interfaces utilize common communication standards enabling rapid incorporation into new applications without having to perform deep integration each time.
- **MITA-aligned:** We utilize national data standards, common business processes, componentized business applications, business rules engines, web-based services, alternate delivery models, and platform independence.

MedImpact will follow the plans and processes defined by the State and the DCH project management team when performing contract management activities. In addition to normal implementation activities, we understand there may be additional meetings, requirements, testing, and data integration activities required to support the successful alignment with DCH's vision for a successful project. Our FFS Medicaid team brings a wealth of knowledge and experience in implementing pharmacy solutions in advance of and concurrent to a multi-module MMIS deployment, as well as a deep understanding of the level of coordination and cooperation required to help ensure program success.

MedImpact will assume responsibility for the activities listed in this eRFP, as well as the eRFP attachments. We understand that failure to fulfill these responsibilities may result in financial penalties and/or the assessment of financial damages, as defined in eRFP Attachment E - Service Level Agreements.

MedImpact applies our knowledge of Pharmacy Benefit Administration Services, Pharmacy Clinical Management Services, Pharmacy Fraud Waste and Abuse Audit Services, and Pharmacy Drug Rebate Services along with the information provided in this eRFP to establish the roles and responsibilities necessary to provide an expert level of support for DCH. In alignment with MedImpact's executive support model, DCH will have access to our leadership team and executive support personnel that will execute their identified roles and responsibilities in their areas of expertise.