



Greater Tompkins County Municipal Health Insurance Consortium

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"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."

AGENDA **Operations Committee** **April 25, 2022 – 1:00 P.M.**

Remote by Zoom

Contact consortium@tompkins-co.org for link to join meeting

1. Call to Order
2. Changes to the Agenda:
3. Approval of January 24, 2022 Minutes
4. Executive Director Report E. Dowd
 - a. Executive Committee Update
 - b. Staffing Update
 - c. Review/Approve amended Personnel Policies
 - d. Discussion of Open Meetings Law
 - e. Newsletter Distribution
 - f. Prescription Benefit Management Contract Review
5. Resolution: Adoption of Amended Application Process (*available prior to meeting*)
6. Resolution: Adoption of Amended Online Enrollment Policy and Commercial Group Health Insurance Application/Change Form
7. Resolution: Adoption of Policy Regarding Reinstatement or Termination of Members
8. Resolution: Amendment of Resolution No. 011-2020 – Authorization by the Board of Directors to Remove Benefit Plans from the Consortium's Menu of Benefit Plan Offerings and Restricting Plan Enrollment
9. Resolution: Adoption of Business Continuity and Disaster Response Plan – 2022 T. Apalovich
10. Future Discussion Topics: MCA Review
10. Adjournment

Next Meeting: July 25, 2022 – 1 p.m.

**Operations Committee
Minutes – DRAFT
November 22, 2021 – 1:00 p.m.
Zoom Conference Call**

Present: Lisa Homes, Mark Emerson, Laura Granger, Luann King, Ed Fairbrother (arrived at 1:08 p.m.), Sunday Earle, Janine Bond
Excused: Schelley Michell Nunn, Nancy Webster
Staff/Guests: Elin Dowd, Executive Director; Michelle Cocco, Clerk of the Board; Teri Apalovich, Finance Manager; Andrew Braman, Tompkins County Finance

Call to Order

Ms. Holmes, Chair, called the meeting to order at 1:01 p.m. and all present introduced themselves.

Changes to the Agenda

There were no changes to the agenda.

Approval of November 22, 2022 Minutes

It was MOVED by Ms. King, seconded by Ms. Earle, and unanimously adopted by voice vote by members present with Mr. Emerson abstaining, to approve the November 22, 2022 minutes as submitted. MINUTES APPROVED.

RESOLUTION NO. - 2022 – AUTHORIZING EXTENSION OF OFFICE SPACE LEASE AGREEMENT WITH THE TOWN OF ITHACA

It was MOVED by Ms. Earle, seconded by Mr. Emerson, and unanimously adopted by voice vote by members present, to approve the following resolution and submit to the Executive Committee for final approval. In response to Ms. Earle, Ms. Drake said the approximate square footage is 800 sq. ft.

WHEREAS, in 2019 the Executive Committee negotiated a lease agreement with The Town of Ithaca for office space, and

WHEREAS, the Consortium's legal counsel reviewed and approved the language contained in the lease agreement, and

WHEREAS, the lease agreement includes additional space to accommodate the Consortium's additional personnel needs, and

WHEREAS, the term of the lease is for one year with the ability to extend annually with all utilities being the responsibility of the landlord, now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee authorizes the Executive Director to sign said lease agreement dated ____ 2022 with the Town of Ithaca for office space for the period April 1, 2022 thru March 31, 2023.

* * * * *

Mr. Fairbrother arrived at this time.

RESOLUTION NO. - ADOPTION OF CYBER SECURITY AUDIT – 2022

Ms. Holmes said the responsibility to see that the audit has been conducted has been delegated to the Operations Committee and work is being done in conjunction with the Tompkins County Information Technology Services (ITS) Department. This resolution would accept the report and allow for it to be filed with the New York State Department of Financial Services. Ms. Dowd explained this work has been part of the Consortium's regular and ongoing work. Last year there were seven focus areas that the Tompkins County Information Technology Services was working on; one of those was the adoption of a cyber security assessment policy and procedure framework that involves several New York State and Federal cyber security requirements. She said the Consortium has benefitted from being able to go through this ongoing process with Tompkins County. With regard to what the Consortium has to do, she said the Consortium has put the necessary things in place; the assessment will be ongoing. She said Mr. Potter, Director of Tompkins County ITS, will report to the Committee when changes occur or a need arises.

It was MOVED by Mr. Fairbrother, seconded by Ms. Bond, and unanimously adopted to approve the following resolution.

WHEREAS, the Board of Directors adopted a Cyber Security Policy to adhere with NYS Department of Financial Services rules and Regulations requiring Article 47 Municipal Cooperative Health Benefits to comply with Part 500 of Title 23 of the Official Compilation of Codes, Rules, and Regulations (NYCRR) of the State of New York, and

WHEREAS, the Executive Committee has delegated responsibility for accepting the Audit to the Operations Committee, now therefore be it

RESOLVED, That the Operations Committee authorizes the Executive Director and the Tompkins County Department of Information Technology Services, through its contract with the Consortium, to continue to assess the Cyber Security Program, including its Policy and Procedures and to report any substantive changes to the Operations Committee,

RESOLVED, further, That the Operations Committee directs the Executive Director to file a Certificate of Compliance with the New York State Department of Financial Services by February 15, 2022.

* * * * *

Executive Director Report

Ms. Dowd reported the Consortium has seen a lot of movement of members into different plans with a lot of people are moving away from the Classic Blue Plan as well as into the Medicare Supplement. She said there may be ramifications due to this and suggested the Committee review and amend the resolution that was adopted in 2020 so that when members leave the Classic Blue plan that they cannot come back as this will avoid having some adverse selection. This would also go to the Joint Committee on Plan Structure and Design and the Audit and Finance Committee as there will also need to be a look taken at financial ramifications.

Ms. Dowd said the Executive Committee is spending a lot of time on long-term business planning that includes looking at the Consortium's growth. She reviewed the list of topics the Committee will be discussing in greater detail at future meetings. She added that those discussions will include the topic of diversity and inclusion. One of the goals was to see that the Consortium's partners were also thinking about diversity, inclusion, and equity and noted that Excellus' diversity and inclusion policy was included in the agenda packet to inform members that these are also important values of Excellus.

Ms. Dowd reported on problems that have occurred with ProAct where claims were not being paid accurately. The Consortium has also been taking a lot of questions regarding plan payment and activity and most questions have been answered at this time. She said it has been a busy time for the Consortium and noted that Ms. Apalovich will be working on the annual JURAT and the financial audit for the first time. Ms. Dowd also reported she has been contacted by four potential new members from the Consortium's expanded territory.

Included in the packet was a lot of open enrollment information. Ms. Dowd said staff is looking for feedback from the Committee on the information as the Consortium wants to make sure members are informed and educated about the open enrollment process and deadlines that are in place. The open enrollment period is the time of the year when members can add dependents to a plan, change plans and make other changes without having a qualifying event. She said these materials have been prepared to help effectively communicate to members and asked the Committee to provide feedback on the documents provided.

Ms. Drake suggested on page 15 to add the effective date of January 1st. Ms. Earle suggested considering the addition of language stating there could be an after-tax if a domestic partner is added to a policy.

Ms. Dowd reported Don Barber has retired and Kylie Rodrigues will be taking over the Newsletter going forward. She is looking for feedback on how the Newsletter is organized.

The following suggestions were offered:

- Ms. Earle said TC3 would be willing to receive fewer paper copies. She also suggested the Newsletter include information on opportunities for members to save money. She provided an example of the addition of hearing aids to the Medicare Supplement.
- Ms. King suggested a Q&A be included in the Newsletter that includes frequent questions asked by members.
- Mr. Fairbrother suggested including information on ways to find in- and out-of-network providers.
- Ms. Holmes suggested a section be included on participation on Consortium Committees.
- Ms. Earle said although she understands there is a huge push for wellness she would like to see less information and suggested a single article. Mr. Braman and Ms. King agreed. Ms. Dowd said the Consortium recently launched a Facebook page; wellness information will also be posted so that members who want that information can easily find it there as well. Efforts are also being made to identify wellness champions at worksites.
- Ms. Dowd said efforts are continuing to reduce the number of paper copies that are printed and distributed.

Ms. Dowd reported the Joint Committee on Plan Structure and Design continues to work on increasing participation and an article on that will be included in the next newsletter.

Next Meeting Agenda Items

The next meeting will be April 25. The Committee will consider the following item at that meeting: Resolution: Adoption of Business Continuity and Disaster Response Plan Update.

Adjournment

The meeting adjourned at 1:45 p.m.

Executive Director Report April 2022

Executive Director Update

When the Consortium started, we were fortunate to garner the support of Michelle Cocco as our Clerk of the Board. Michelle's role has changed over the years, but her commitment to advancing our mission has always remained steadfast. Although I am thrilled that Michelle is now at a stage in life where she can celebrate retirement both from the County as well as the Consortium, I am saddened that she has put in her final notice for late spring. Recruitment for this position will commence soon.

The Consortium team has been working hard at making our new member application process more comprehensive as far as information gathered, but also more streamlined in the way we advance new members through the process. Ongoing work is happening on new forms, updates to our website, and other support material. Potential new members are scheduling meetings with the team to look at what benefits the Consortium can offer their municipalities.

As discussed at the beginning of the year, there were a few challenges with ProAct's new system and the disruption it caused to properly adjudicating claims. The Consortium, Locey & Cahill, Excellus, and ProAct have been working together to articulate the necessary system codes to make sure all claims are properly identified for payment according to the benefit summary. Updates to all systems were confirmed in mid-March and it is our hope that there will be minimal disruption going forward.

Teri Apalovich has just celebrated her one-year anniversary with the Consortium and is working hard as she takes leadership in completing our annual JURAT report and works with our outside auditors to finalize our annual report. Although we are still waiting on answers from the NYS Department of Financial Services, I think we are at a place where the quarterly and annual reports are becoming much more manageable.

We are now scheduling regular Benefit Clerk Updates via Zoom. The first update was March 29th with 35 Benefit Clerks in attendance and our next meeting is scheduled for May 3rd. Benefit Clerks will be asked to perform a dependent audit between now and May, information with instructions will be sent out soon and the audit should be completed by mid-May.

Executive Committee

As the Executive Committee continues to work on strategic planning issues, they will be spending time reviewing major risks associated with the organization, especially risks to our rate stability. The migration of members to metal level plans, retirees from expensive indemnity or PPO plans to Medicare Supplement plans, and those pulling retirees to other Medicare Advantage plans is a perfect example as to why we need to look at how this movement affects the overall performance of the plan and any additional expenses it creates.

I'll be working with Locey & Cahill on various scenarios that would put our plan at risk for premium increases or use of reserves and other resources. Review of these scenarios and other examples of risk will continue to be at the top of the list for our strategic planning discussions.

Audit and Finance Committee

An updated Catastrophic Claims Reserve resolution was approved at the March meeting establishing the Catastrophic Claims Insurance Pool to be used to cover large claims over \$500K and less than our current \$1M specific stop loss deductible. Conversations will continue on the best way to fund and utilize this pool.

An amended budget has also been reviewed and approved. The amended 2022 budget includes premium changes due to plan changes and new members happening in the last quarter of 2021. The amended budget

also includes any changes to expenses that are confirmed in the last quarter of the year, such as changes to TPA (Third Party Administrator) fees and other insurance coverage.

The new sub-committee working on the Investment Management RFP (Request for Proposals) has had discussions with the Audit and Finance Committee on our current Investment Policy Statement and our appetite for any additional risk we may wish to include in our policy going forward. Work will continue on this review.

Operations Committee

The Operations Committee met in January to review the annual Cyber Security audit, new information on Open Enrollment, and to discuss ideas for the Newsletter. The next scheduled meeting is April 25th.

Congratulations to the Chair of the Operations Committee on her new appointment as the Tompkins County Administrator.

Nominations and Engagement Committee

The Nominations and Engagement Committee met in January to secure candidates to fill vacancies created due to resignations. The new slate was presented to the Executive Committee in January and approved. We are still recruiting for one seat on the Nominations and Engagement Committee. The Committee meets again soon to discuss keeping Board members engaged throughout the year.

Claims and Appeals Committee

The Executive Director along with Locey and Cahill met with BMI to review the Executive Summary for our Prescription Drug Audit. Once answers to questions regarding the audit have been answered and more information is shared, the Committee will schedule a meeting to review the details and determine an appropriate response.

The Joint Committee on Plan Structure and Design

At the beginning of May the Committee will meet to review both Excellus and ProAct utilization reports. At the recommendation of the Committee, the Consortium Facebook page has now been launched and we are pleased with the initial response as seen in the graphs below.

The Committee will vote on some updates to their bylaws and has confirmed Jim Bower as the 2022 Chair. Extensive research has been done by the Clerk of the Board to identify all labor units for each member and voting seats at the Committee level. Jim Bower will continue to work at making sure representatives get more involved in the operations of the Consortium.

Attached please find examples of material related to our Wellness Program. We are tracking with subscribers interested in advancing their own healthy behaviors. Each month notices go out with the theme for the month and then usually every other month there is an opportunity to participate with a healthy behavior's challenge. Also attached is a flyer for our webinar being held in April on advanced care planning. Reservations are coming in regarding this event and we are thrilled with the level of interest.

Executive Director Report
March 2022

Facebook Insights



[Link to Facebook page](#)

The most recent Consortium Newsletter can be found here [March 2022 Newsletter](#)

Respectfully submitted by Elin R. Dowd, Executive Director, March 30, 2022.

MEETING OF THE ITHACA TOWN BOARD
Monday, March 14, 2022

RESOLUTION NO. 2022- xx – Adoption of Revised Personnel Policies

Whereas, the Employee Relations Committee, Personnel & Organization Committee and Teamsters Shop Stewards have reviewed the revised Health Insurance Policy, Retiree Health Insurance Policy and Personal Appearance and Personal Protective Equipment Policy; and

WHEREAS, the Personnel & Organization Committee recommends adopting the revised Health Insurance Policy, Retiree Health Insurance Policy and Personal Appearance and Personal Protective Equipment Policy to replace the current policies in the Personnel Manual; now, therefore, be it

Resolved, that the Town Board of the Town of Ithaca hereby approves the revised Health Insurance Policy, Retiree Health Insurance Policy and Personal Appearance and Personal Protective Equipment Policy to replace the current policies in the Personnel Manual; and be it further

Resolved, the Human Resources Manager is directed to update the policies in the Personnel Manual and Safety Manual.

Moved:

Seconded:

Vote:

15) HEALTH AND DENTAL INSURANCE

[draft revisions for TB 3.2022](#)

The Town/Commission/Consortium offers the employees and elected officials group health and dental insurance. New employees are given an opportunity to enroll with coverage within 30 days from date of hire. Employees will also have the opportunity to add, delete or change coverage during the open enrollment period in November for January 1st coverage. The Employer will not pay any benefits directly; only benefits paid by the insurance carrier are available to employees. The Employer reserves the right to change the insurance carrier and, in conjunction with such change, to alter the level of benefits that may be provided.

A. HEALTH INSURANCE:

Health insurance coverage is offered to employees working 20 hours per week or more, long-term full-time temporary employees (hired to work 6 months or more), and some elected officials. Coverage begins upon the first day of the month following the date of hire when all eligibility requirements are met. Coverage terminates on the last day of the month following retirement/termination date. Coverage changes due to a qualifying event will occur on the first of the month following the event, except for births, which will be effective on the date of birth. Domestic partnership coverage is available; for more information contact the Human Resources Manager.

➤ Health Insurance Employee Contribution and Coverage:

Employee contributions toward the monthly premium will be based on an amount for individual or family coverage as determined by the union contract or Town/Commission/Consortium resolution. Contributions are deducted the month preceding coverage (July deductions pay for August coverage), but the rate change for January coverage will start with January pays. Therefore, employees contribute the same amount January through December. [Appendix 5: Health/Dental Insurance Contribution Rates for Town non-union employees hired prior to January 1, 2017.](#)

Town non-union employees hired prior to January 1, 2016, will be given the option to select which health insurance plan they want to enroll in; either the existing PPO plan or the Platinum Plan*. Employees who switch plans may opt back to the previous plan after two years of consecutive coverage. Employees hired after January 1, 2016, will be allowed to enroll only in the Platinum Plan.

Town non-union employees hired on or after January 1, 2017 and Commission employees hired on or after January 1, 2021, are eligible to enroll in the Platinum Plan only with an employee cost share of 15% of the monthly premium

Consortium employees are eligible to enroll in the Platinum Plan only with an employee cost share of 20% of the monthly premium.

*The Greater Tompkins County Municipal Health Insurance Consortium (Consortium) Standard Platinum Plan will have an Actuarial Value (AV) as defined by the Patient Protection and Affordable Care Act (ACA) equal to an overall plan benefit for the average participant of 90%. The Consortium will annually calculate the AV using the AV Calculator

developed by the Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO), which was implemented in accordance with the Patient Protection and Affordable Care Act. If such calculator is no longer available or in use, the Consortium will have an independent Actuary develop the AV of the health insurance plan on an annual basis. The AV will be equal to 90% for the Platinum Plan within an acceptable deviation of + or – 2%. Any changes to the underlying plan benefits of the Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan to maintain the plan's AV will occur no more frequently than once a year with said changes being effective on January 1st each year.

➤ Health Insurance Buyback:

Employees who elect not to enroll with health insurance through the employer, shall be eligible for the Health Insurance Buyback program provided that the employee provides proof that the employee is covered by a spouse/partner or parent on another comparable health insurance plan. Employee must complete the Affidavit of Intent during their new hire orientation and/or annual open enrollment period to participate in this program.

Employees hired prior to January 1, 2016, would be eligible for an amount equal to 50% of the PPO's individual monthly premium. Employees hired on or after January 1, 2016, in a non-union position would be eligible for a health insurance buy back based on 50% of the Platinum Plan's individual monthly premium. Unionized staff should refer to their union contract for plan and percentage amounts.

Health Insurance Buy Back is paid out in ~~Employees will receive~~ two equal payments in the first and second paycheck of the month for ~~every each~~ month they participate. This is a taxable benefit; therefore, it will be included in gross wages for that pay period. However, union dues will not be assessed on the benefit, and it is not includable income for the retirement system.

[Exhibit H: Affidavit of Intent to Participate in the Health Insurance Buyback](#)

➤ Declination of Health Insurance Waiver:

The goal is to ensure that employees have health insurance coverage through the employer, as a dependent under another plan or through external options. The Town/Commission/Consortium does require that employees have proof of health insurance coverage. If an employee declines employer coverage because they are enrolled in an external plan as the subscriber, then a declination of health insurance waiver must be completed, and proof of coverage must be provided. If an employee's external plan is terminated, they will be eligible to enroll in employer coverage at that time. The Health Insurance Buy Back program does not qualify under this declination waiver.

[Exhibit ? Waiver of Employee Health Insurance Coverage](#)

A. HEALTH1). Eligibility:

To be eligible for health insurance with a cost share for premiums, the retiree must have been eligible for health insurance as an active employee, retired from the Town/Commission/Consortium with a minimum of 10 years of service with Town/Commission/Consortium and be receiving retirement benefits from the NYS& Local Retirement System. **If the retiree does not fulfill the previous qualifications, but wishes health insurance coverage through the group, they may do so by paying 100% of the premium.** If a retiring employee or retiree chooses not to maintain the employer's group health insurance, they will not be eligible to re-enroll at a later time and must sign a waiver of coverage form. Union employees should refer to their contract.

Medicare Eligible Retirees:

- Retirees and/or dependents reaching Medicare eligibility must enroll in Medicare Part A & B. All Medicare A & B premium costs are the responsibility of the retiree.
- Effective 1/1/2016 all eligible Retirees and dependents must convert to the Medicare Supplement health plan offered by the Town the month of Medicare eligibility.
- When a Retiree on a family plan converts to a Medicare Supplement health plan, they will convert to two individual plans. Monthly premium costs will be determined by adding the two individual plan premiums together then multiplying by the cost share percentage that would have been applied to the family plan.

For all Town non-unionized employees hired on or after July 1, 2016:

Employees meeting the eligibility outlined above will be able to enroll in Retiree Health Insurance from the date of retirement through the first of the month following the month they reach Medicare eligibility. Once the Retiree reaches Medicare eligibility, the employer contributions toward the health insurance premiums will cease on the first of the month following the qualifying eligibility. The Retiree will have the option to continue coverage with an individual or family plan, however, paying 100% of the monthly premium, after all sick time is depleted. Those eligible are encouraged to enroll in the Medicare Supplement plan, if offered and practicable for their situation.

2). Use of Sick Time

If a retiree has an accrued sick time balance, (up to 960 hours), and wishes to continue health insurance coverage, they may do so utilizing their sick time balance. The sick time balance will be exchanged for months of continued retiree health insurance coverage (individual or family coverage) until the sick time is depleted. For each month of provided

retiree health coverage the sick bank will be reduced by an established number of hours until the sick balance is depleted. [This benefit of spending down sick hours for retiree insurance is available even to those retirees that do not meet the minimum years of service eligibility described above.](#)

Established Hours:

16 hours per month -when Retiree and /or Dependents are enrolled in a Non-Medicare Supplement plan for family or individual coverage

8 hours per month – when Retiree and dependents (if applicable) are enrolled in a Medicare Supplement plan(s) for family or individual coverage

When the sick time balance is depleted the retiree can continue with the retiree health coverage by submitting payment to the Town for their applicable share of the premiums. At no time would any unused sick time be paid out.

1). Death of Retiree:

Upon the death of a retiree with a sick time balance, a dependent may deplete this balance by utilizing it to pay 100% of the premium for continued coverage. Upon depletion of the sick time balance, the dependent may continue coverage by paying 100% of the monthly premium to the Town. If they opt out of the health insurance coverage there will not be a payment for the remaining sick time balance.

2). Payment of Premiums:

Payment of the retiree's share of the premium must be made to the Town by the 20th of the month preceding the coverage month. (Example: April 20th for May 1st coverage.)

B. DENTAL

Retirees may wish to have dental coverage upon retirement from the Town/Commission/Consortium. However, the premium will be paid 100% by the retiree. This premium shall not be paid with any unused "sick time" balance. If the retiree wishes dental coverage (individual or family), they shall pay the appropriate premium to the Town by the 20th of the month preceding the coverage month, i.e. April 20th for May 1st coverage. Retiree may also have the option to move to a direct pay option with the dental carrier.

The Employer reserves the right to cancel any retiree's insurance coverage for accounts 60 days or more past due.

C. RETIREE'S INSURANCE PERCENTAGES

1). **FOR EMPLOYEES:** (hired prior to 1/1/2010)

<u>YEARS OF SERVICE AT RETIREMENT</u>	<u>RETIREE'S PORTION OF PREMIUMS</u>	<u>EMPLOYER'S PORTION OF PREMIUMS</u>
30 AND OVER	25%	75%
25 –29	50%	50%
15-24	65%	35%
5-14	80%	20%
LESS THAN 5	100%	0%

Town's unionized employees hired on or after **January 1, 2010** and all Town/Commission/Consortium non-unionized employees hired on or after August 1, 2010 will be eligible for retiree health insurance at a prorated amount based on years of service with the Town/Commission/Consortium once they have at least 10 years of service. Policy for all non-unionized Town employees is to match the Teamsters union contracts in the future and for non-unionized Commission employees the policy is to match the UAW union contracts in the future.

10-24 years of service	retiree pays 80% of monthly premium
25-29 years of service	retiree pays 65% of monthly premium
30 or more years of service	retiree pays 50% of monthly premium

All Commission employees effective January 1, 2021: Once the sick bank is depleted the retiree may continue coverage under the applicable Premium Percentage.

<u>YEARS OF SERVICE AT RETIREMENT</u>	<u>RETIREE'S PORTION OF PREMIUMS</u>	<u>SCLIWC'S PORTION OF PREMIUMS</u>
25 AND OVER	50%	50%
10-24	65%	35%

2). **FOR ELECTED OFFICIALS:**

<u>YEARS OF SERVICE AT RETIREMENT</u>	<u>RETIREE'S PORTION OF PREMIUMS</u>	<u>EMPLOYER'S PORTION OF PREMIUMS</u>
30 AND OVER	65%	35%
25 -29	75%	25%
15-24	85%	15%
5-14	95%	5%
LESS THAN 5	100%	0%

Effective 1/1/15 – newly elected officials will not be eligible for retiree health insurance.

Refer to the Elected / Appointed Manual for more information.

Town's Current Policies: 12.2021

10) PERSONAL PROTECTIVE EQUIPMENT POLICY

Employees are provided with personal protective equipment (PPE), such as hard hats, rain gear, safety goggles, gloves, and earplugs, appropriate for the tasks assigned. The Town/Commission also provides allowances or share in the costs for the following PPE. Employees not abiding by the safety policies below will be subject to discipline.

a) SAFETY TOED SHOES:

All Commission Production and Distribution employees and Town Public Works employees are required to wear safety-toed shoes (no sneakers) while on duty. Town Code Enforcement and Engineering staff are required to wear safety-toed shoes when in the field. To assist with compliance of this policy a reimbursement for the purchase of shoes is provided. For more information refer to the appropriate union contract. Town non-union staff required to wear safety toed shoes are eligible for reimbursement every even year at the rate established in the Town's union contract.

b) SAFETY GLASSES:

All Commission Production and Distribution employees and Town Public Works employees are required to wear safety glasses/goggles while performing certain safety sensitive duties. As cost assistance for those employees who wear prescription glasses, the Town/Commission provides a prescription safety glass program. For information refer to the appropriate union contract for program details.

c) UNIFORMS

Commission:

Distribution and Production employees are required to wear uniform style clothing during all working hours. Uniforms include shirts and outerwear (sweatshirts and jackets) and must display an employee's first name and the Commission logo. Commission will absorb the cost of the name and logo embroidery. Thread color of the name and logo must be a different color than the clothing color and easily visible. Solid color clothing is preferred, but plaid shirts are allowed providing the employees name and Commission logo are easily visible. The Commission will provide reimbursement for uniforms and safety-toed shoes; refer to the union contract for specific amounts.

Town:

Town shall provide Public Works Department employees, except clerical, and the Highway Superintendent, an annual lump sum clothing allowance in an amount established by the union contract for all the department's staff. New hires will receive an amount based on date of hire. Allowance payments will be issued through a separate payroll check during the first month of the year. The clothing allowance is a taxable benefit. Coveralls through a uniform service will be provided for the mechanics.

Town encourages Engineering and Code Enforcement staff to wear uniform style shirts and jackets that clearly identifies their name and the Town logo. Town will provide an annual reimbursement budget to Highway Superintendent, Engineering and Code Enforcement staff for the purchase of uniform shirts and jackets and will cover the cost of embroidery of name and Town logo. Thread color of the name and logo must be a different color than the clothing color and easily visible; solid colored clothing is preferred. All staff may purchase shirts or coats and the Town will pay for the embroidery of name and Town logo, if budgeted for.

Current:

1) APPEARANCE POLICY

All employees are required to dress in a manner that is appropriate to their type of work in order to create a good impression on the people served. If attire is considered inappropriate by the employee's Department manager, then the following will occur:

First Offense: The employee is sent home to change **without** loss of pay. An oral coaching shall be given and documented on the coaching form and added to the employee's Personnel File.

Second Offense: The employee is sent home to change **with** loss of pay. The written coaching form is completed and signed by the Department manager and the employee and shall be filed in the employee's Personnel File.

Third Offense: Employee is subject to the [Disciplinary Policy](#).

DRAFT REVISED POLICY 2.2022

APPEARANCE and PERSONAL PROTECTION EQUIPMENT POLICY

This policy provides guidance on appropriate work attire and addresses personal protective equipment (PPE). This policy will be used in conjunction with job safety analyses (JSA's), and PPE hazard assessments for specific activities available in the Safety Manual.

PERSONAL APPEARANCE REQUIREMENTS:

General Appearance: Employees represent the Town when on duty or when participating or representing the Town at work-related functions. Using the "reasonable person" standard, the following guidelines, and requirements for appropriate work attire are:

Office Only Employees should wear:

- Business casual clothing that presents a professional and well-groomed appearance. Skirts, dresses, and shorts should be close to knee length; jeans should not be excessively faded or have visible rips, tears, holes, or fraying, whether by design or wear; sweatpants and warm-up suits are not appropriate; leggings or similar should be worn with a top that reaches past the buttocks.
- Clothing should not be overly tight, revealing, or sheer; clothing must not display any image or text that is inappropriate, offensive or distracts from the professional image of the Town. Brand names and athletic team logos are generally acceptable, political commentary or symbols or profane

language or symbols are not acceptable.

In addition to above, staff working in the field or in potentially hazardous situations/positions should wear:

- Shirts provided annually with employer logo as are strongly encouraged to be worn to aid in identification.
- A shirt must be worn regardless of donning safety vests or jackets
- Tank tops, large arm opening sleeveless shirts, and shirts with ripped-off sleeves are not allowed. Sleeveless shirts with modest arm holes that are hemmed and covers the shoulder are allowed.
- Regardless of ambient temperature, long-sleeves should be worn during work activities involving increased risk of cuts, scrapes, or exposure to infectious or caustic material to arms. (e.g.: brush work, weed eating)
- Long pants reaching the ankles must always be worn in the field to enhance safety and protection and must be solid and neutral in color. They should be made of durable fabrics whenever possible to provide the most protection (e.g.: blue jeans, Carhartt, Dickies, cargo pants). Leggings or similar are not permitted in the field.
- All pants must be free of noticeable holes, ragged/ripped hems, or excessive fading, whether by design or wear. Minor holes may be patched or sewn shut.
- Shorts are not permitted in the field or in potentially hazardous situations/positions.

Seasonal Weather Work Attire: Employees are responsible for dressing appropriately for the weather. It is the responsibility of the employees to be prepared with appropriate clothing on hand for snow, rain, extreme heat, or cold. Employees should be mindful of direct sun exposure and protective clothing and sunscreen is strongly encouraged.

Jewelry: Jewelry must not be worn in the field or when around or using any equipment that may pose a risk of choking, crushing, or snagging such as long necklaces, dangling earrings or rings other than wedding/commitment rings.

PERSONAL PROTECTIVE EQUIPMENT:

Personal Protective Equipment (PPE) as defined by PESH are used to reduce or eliminate exposure to harmful and/or hazardous work conditions. Employer will provide PPE as required for specific assigned tasks. Supplied PPE include safety vests, safety glasses, gloves, brush/face shields, hard hats, hearing protection, welding helmets, coveralls, safety toed chore boots, face masks and respiratory protection. Specific PPE requirements are defined in the Job Safety Analysis or as determined by a PPE hazard assessment.

a) SAFETY TOED SHOES:

All Commission Production and Distribution employees and Town Public Works employees are required to wear safety-toed shoes (no sneakers) while on duty. Town Code Enforcement and Engineering staff are required to wear safety-toed shoes when in the field. To assist with compliance of this policy a reimbursement for the purchase of shoes is provided. For more information refer to the appropriate union

contract. Town non-union staff required to wear safety toed shoes are eligible for reimbursement every even year at the rate established in the Town's union contract.

b) SAFETY GLASSES:

All Commission Production and Distribution employees and Town Public Works employees are required to wear safety glasses/goggles while performing certain safety sensitive duties. As cost assistance for those employees who wear prescription glasses, the Town/Commission provides a prescription safety glass program. For information refer to the appropriate union contract for program details.

c) UNIFORMS

Commission:

Distribution and Production employees are required to wear uniform style clothing during all working hours. Uniforms include shirts and outerwear (sweatshirts and jackets) and must display an employee's first name and the Commission logo. Commission will absorb the cost of the name and logo embroidery. Thread color of the name and logo must be a different color than the clothing color and easily visible. Solid color clothing is preferred, but plaid shirts are allowed providing the employees name and Commission logo are easily visible. The Commission will provide reimbursement for uniforms and safety-toed shoes; refer to the union contract for specific amounts.

Town:

Town shall provide Public Works Department employees, except clerical, and the Highway Superintendent, an annual lump sum clothing allowance in an amount established by the union contract for all the department's staff. New hires will receive an amount based on date of hire. Allowance payments will be issued through a separate payroll check during the first month of the year. The clothing allowance is a taxable benefit. Coveralls through a uniform service will be provided for the mechanics.

Town encourages staff to wear business casual style shirts and jackets that clearly identifies their name and the Town logo. Town will provide an annual reimbursement budget to Highway Superintendent, Engineering and Code Enforcement staff for the purchase of uniform shirts and jackets and will cover the cost of embroidery of name and Town logo. Thread color of the name and logo must be a different color than the clothing color and easily visible; solid colored clothing is preferred. Any employee may purchase shirts or coats and the Town will pay for the embroidery of their name and Town logo, if department budget allows.

Employees are responsible for complying with the above expectations and guidelines. Contact your supervisor or Human Resources if you have questions regarding acceptable work attire or personal protection equipment. Exceptions to this may be approved on a case-by-case basis by department management and Human Resources. If attire is considered inappropriate by the employee's department manager than they may be asked to change.

Section 1. Subdivision (c) of section 103 of the public officers law, as added by chapter 289 of the laws of 2000, is amended to read as follows:

(c) A public body ~~[that uses videoconferencing to conduct its meetings]~~ shall provide an opportunity for the public to attend, listen and observe ~~[at any site]~~ meetings in at least one physical location at which a member participates.

§ 2. The public officers law is amended by adding a new section 103-a to read as follows:

§ 103-a. Videoconferencing by public bodies. 1. For the purposes of this section, "local public body" shall mean a public corporation as defined in section sixty-six of the general construction law, a political subdivision as defined in section one hundred of the general municipal law or a committee or subcommittee or other similar body of such entity, or any entity for which a quorum is required in order to conduct public business and which consists of two or more members, performing a governmental function for an entity limited in the execution of its official functions to a portion only of the state, or a political subdivision of the state, or for an agency or department thereof. For the purposes of this section, a public body shall be as defined in subdivision two of section one hundred two of this article.

2. A public body may, in its discretion, use videoconferencing to conduct its meetings pursuant to the requirements of this article provided that a minimum number of members are present to fulfill the public body's quorum requirement in the same physical location or locations where the public can attend and the following criteria are met:

(a) the governing board of a county, city, town or village has adopted a local law, or a public body has adopted a resolution, or the senate and assembly have adopted a joint resolution, following a public hearing, authorizing the use of videoconferencing:

(i) for itself and its committees or subcommittees; or,
(ii) specifying that each committee or subcommittee may make its own determination;
(iii) provided however, each community board in a city with a population of one million or more shall make its own determination;

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(b) the public body has established written procedures governing member and public attendance consistent with this section, and such written procedures shall be conspicuously posted on the public website of the public body;

(c) members of the public body shall be physically present at any such meeting unless such member is unable to be physically present at any such meeting location due to extraordinary circumstances, as set forth in the resolution and written procedures adopted pursuant to paragraphs (a) and (b) of this subdivision, including disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting;

(d) except in the case of executive sessions conducted pursuant to section one hundred five of this article, the public body shall ensure that members of the public body can be heard, seen and identified, while the meeting is being conducted, including but not limited to any motions, proposals, resolutions, and any other matter formally discussed or voted upon;

(e) the minutes of the meetings involving videoconferencing shall include which, if any, members participated remotely and shall be available to the public pursuant to section one hundred six of this article;

(f) if videoconferencing is used to conduct a meeting, the public notice for the meeting shall inform the public that videoconferencing will be used, where the public can view and/or participate in such meet-

ing, where required documents and records will be posted or available, and identify the physical location for the meeting where the public can attend;

(g) the public body shall provide that each meeting conducted using videoconferencing shall be recorded and such recordings posted or linked on the public website of the public body within five business days following the meeting, and shall remain so available for a minimum of five years thereafter. Such recordings shall be transcribed upon request;

(h) if videoconferencing is used to conduct a meeting, the public body shall provide the opportunity for members of the public to view such meeting via video, and to participate in proceedings via videoconference in real time where public comment or participation is authorized and shall ensure that videoconferencing authorizes the same public participation or testimony as in person participation or testimony; and

(i) a local public body electing to utilize videoconferencing to conduct its meetings must maintain an official website.

3. The in person participation requirements of paragraph (c) of subdivision two of this section shall not apply during a state disaster emergency declared by the governor pursuant to section twenty-eight of the executive law, or a local state of emergency proclaimed by the chief executive of a county, city, village or town pursuant to section twenty-four of the executive law, if the public body determines that the circumstances necessitating the emergency declaration would affect or impair the ability of the public body to hold an in person meeting.

4. No later than January first, two thousand twenty-four, the committee on open government, created by paragraph (a) of subdivision one of section eighty-nine of this chapter, shall issue a report to the governor, the temporary president of the senate, the speaker of the assembly, the chair of the senate standing committee on local government, the chair of the senate standing committee on investigations and government operations, the chair of the assembly standing committee on local governments, and the chair of the assembly standing committee on govern-

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mental operations concerning the application and implementation of such law and any further recommendations governing the use of videoconferencing by public bodies to conduct meetings pursuant to this section.

5. Open meetings of any public body that are broadcast or that use videoconferencing shall utilize technology to permit access by members of the public with disabilities consistent with the 1990 Americans with Disabilities Act (ADA), as amended, and corresponding guidelines. For the purposes of this section, "disability" shall have the meaning defined in section two hundred ninety-two of the executive law.

§ 3. Notwithstanding the provisions of article 7 of the public officers law to the contrary, for sixty days after the effective date of this act any public body shall be authorized to meet and take such action authorized by law without permitting in public-in-person access to meetings and authorize such meetings to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed.

§ 4. This act shall take effect immediately and shall expire and be deemed repealed July 1, 2024.

Section 1. Subdivision (c) of section 103 of the public officers law, as added by chapter 289 of the laws of 2000, is amended to read as follows:

(c) A public body ~~[that uses videoconferencing to conduct its meetings]~~ shall provide an opportunity for the public to attend, listen and observe ~~[at any site]~~ meetings in at least one physical location at which a member participates.

§ 2. The public officers law is amended by adding a new section 103-a to read as follows:

§ 103-a. Videoconferencing by public bodies. 1. For the purposes of this section, "local public body" shall mean a public corporation as defined in section sixty-six of the general construction law, a political subdivision as defined in section one hundred of the general municipal law or a committee or subcommittee or other similar body of such entity, or any entity for which a quorum is required in order to conduct public business and which consists of two or more members, performing a governmental function for an entity limited in the execution of its official functions to a portion only of the state, or a political subdivision of the state, or for an agency or department thereof. For the purposes of this section, a public body shall be as defined in subdivision two of section one hundred two of this article.

2. A public body may, in its discretion, use videoconferencing to conduct its meetings pursuant to the requirements of this article provided that a minimum number of members are present to fulfill the public body's quorum requirement in the same physical location or locations where the public can attend and the following criteria are met:

(a) the governing board of a county, city, town or village has adopted a local law, or a public body has adopted a resolution, or the senate and assembly have adopted a joint resolution, following a public hearing, authorizing the use of videoconferencing:

(i) for itself and its committees or subcommittees; or,
(ii) specifying that each committee or subcommittee may make its own determination;
(iii) provided however, each community board in a city with a population of one million or more shall make its own determination;

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(b) the public body has established written procedures governing member and public attendance consistent with this section, and such written procedures shall be conspicuously posted on the public website of the public body;

(c) members of the public body shall be physically present at any such meeting unless such member is unable to be physically present at any such meeting location due to extraordinary circumstances, as set forth in the resolution and written procedures adopted pursuant to paragraphs (a) and (b) of this subdivision, including disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting;

(d) except in the case of executive sessions conducted pursuant to section one hundred five of this article, the public body shall ensure that members of the public body can be heard, seen and identified, while the meeting is being conducted, including but not limited to any motions, proposals, resolutions, and any other matter formally discussed or voted upon;

(e) the minutes of the meetings involving videoconferencing shall include which, if any, members participated remotely and shall be available to the public pursuant to section one hundred six of this article;

(f) if videoconferencing is used to conduct a meeting, the public notice for the meeting shall inform the public that videoconferencing will be used, where the public can view and/or participate in such meet-

ing, where required documents and records will be posted or available, and identify the physical location for the meeting where the public can attend;

(g) the public body shall provide that each meeting conducted using videoconferencing shall be recorded and such recordings posted or linked on the public website of the public body within five business days following the meeting, and shall remain so available for a minimum of five years thereafter. Such recordings shall be transcribed upon request;

(h) if videoconferencing is used to conduct a meeting, the public body shall provide the opportunity for members of the public to view such meeting via video, and to participate in proceedings via videoconference in real time where public comment or participation is authorized and shall ensure that videoconferencing authorizes the same public participation or testimony as in person participation or testimony; and

(i) a local public body electing to utilize videoconferencing to conduct its meetings must maintain an official website.

3. The in person participation requirements of paragraph (c) of subdivision two of this section shall not apply during a state disaster emergency declared by the governor pursuant to section twenty-eight of the executive law, or a local state of emergency proclaimed by the chief executive of a county, city, village or town pursuant to section twenty-four of the executive law, if the public body determines that the circumstances necessitating the emergency declaration would affect or impair the ability of the public body to hold an in person meeting.

4. No later than January first, two thousand twenty-four, the committee on open government, created by paragraph (a) of subdivision one of section eighty-nine of this chapter, shall issue a report to the governor, the temporary president of the senate, the speaker of the assembly, the chair of the senate standing committee on local government, the chair of the senate standing committee on investigations and government operations, the chair of the assembly standing committee on local governments, and the chair of the assembly standing committee on govern-

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mental operations concerning the application and implementation of such law and any further recommendations governing the use of videoconferencing by public bodies to conduct meetings pursuant to this section.

5. Open meetings of any public body that are broadcast or that use videoconferencing shall utilize technology to permit access by members of the public with disabilities consistent with the 1990 Americans with Disabilities Act (ADA), as amended, and corresponding guidelines. For the purposes of this section, "disability" shall have the meaning defined in section two hundred ninety-two of the executive law.

§ 3. Notwithstanding the provisions of article 7 of the public officers law to the contrary, for sixty days after the effective date of this act any public body shall be authorized to meet and take such action authorized by law without permitting in public-in-person access to meetings and authorize such meetings to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed.

§ 4. This act shall take effect immediately and shall expire and be deemed repealed July 1, 2024.

NEW YORK STATE COMMITTEE ON OPEN GOVERNMENT

QUESTIONS AND ANSWERS CHAPTER 56 OF THE LAWS OF 2022

On April 9, 2022, Governor Hochul signed Chapter 56 of the Laws of 2022 relating to the New York State budget for the 2022-2023 state fiscal year. Included in the bill is an amendment to the Open Meetings Law (OML) to make permanent (until July 1, 2024) the expanded use of videoconferencing by public bodies to conduct open meetings, *under extraordinary circumstances*, regardless of a declaration of emergency.

As a threshold matter, it is our understanding that the new law is not meant to change or curtail what has always been required of public bodies complying with the Open Meetings Law. Public bodies may continue to operate now as they did *before* the onset of the pandemic in early 2020 when the “in person” aspects of the Open Meetings Law were first suspended. In other words, we believe that if a public body was permitted to do it before the pandemic, this law does not change that. As noted above, this law is intended to expand, in extraordinary circumstances only, the ability of public bodies to meet using remote access technology.

Below we have identified areas of the law that may require clarification.

Q. Are public bodies required to comply with the new videoconferencing requirements right away?

A. No. For sixty days after the effective date of Chapter 56 (April 9, 2022; accordingly through June 8, 2022), public bodies are authorized to meet and take such action authorized by law without permitting in public-in-person access to meetings and authorize such meetings to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed. This language closely models the language of Chapter 417 of the Laws of 2021 and [Chapter 1 of the Laws of 2022](#), the requirements of which have been in effect since September 2021.

Q. What is considered an “extraordinary circumstance” under which a public body may permit a member to participate remotely by videoconference from a location not open to the public?

A. Each public body that wishes to allow for remote attendance by its members at locations that do not allow for in-person physical attendance by the public is required to adopt a local law (governing bodies of counties, cities, towns and villages), adopt a joint resolution (New York State Senate and Assembly), or adopt a resolution (any other public body) authorizing such remote attendance, and must establish written procedures that set forth what they determine to be “extraordinary circumstances.” The Law includes a non-exhaustive list of examples of such circumstances, “including disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member’s physical attendance at such meeting.”

Q. Are there any required steps that a public body or local public body must complete before it can permit its members to participate in an open meeting from a private location, citing “extraordinary circumstances” as described in the new § 103-a of the OML?

A. Yes. In all cases, we understand that the new Law requires that every public body must conduct a hearing before taking advantage of the “extraordinary circumstances” described therein. The Law provides, among the other listed prerequisites, that a “public body may, in its discretion, use videoconferencing to conduct its meetings pursuant to the requirements of this article . . . where . . . the

governing board of a county, city, town or village has adopted a local law, or a public body has adopted a resolution, or the senate and assembly have adopted a joint resolution, *following a public hearing*, authorizing the use of videoconferencing.” While the required hearing is most likely also a meeting subject to the other requirements of the OML, it is possible that additional legal requirements imposed by different statutes will also apply to any such hearing.

Q. Are public bodies permitted to conduct its meetings at multiple physical locations from which members of the body may participate if those locations are open to in-person public attendance, regardless of extraordinary circumstances?

A. Yes. We understand that the intent of the amendments to the OML was to *expand* the authority of a public body to allow its members to participate in a meeting using videoconferencing under limited circumstances when the member’s location is not open to in-person public attendance. Before the onset of the pandemic in 2020, public bodies routinely held proper open meetings by videoconference from multiple physical locations identified in the meeting notice that were open to the public, connected virtually together by videoconference. This remains proper. It was not the intent to limit the existing authority to virtually connect multiple public locations from which members and the public may attend through the use of videoconferencing technology.

Q. Which members of the public body may count toward a quorum?

A. Any member who participates at a physical location that is open to in-person physical attendance by the public (and which location has been included in the meeting notice) may count toward a quorum and may fully participate and vote in the meeting. If there is a quorum of members at a physical location open to the public, the public body may properly convene a meeting; a member who is participating from a remote location that is *not* open to in-person physical attendance by the public may not be counted toward a quorum of the public body (but may participate and vote if there is a quorum of members at a physical location open to the public).

Q. Can members of a public body participate remotely in a meeting, for any reason, without convening at least a quorum of members at a physical location (or locations) open to the public?

A. No. Chapter 56 states that members of the public body “shall be physically present at any such meeting unless such member is unable to be physically present at any such meeting location due to extraordinary circumstances.”

Q. Are public bodies *required* to allow their members to participate remotely, under extraordinary circumstances, at locations that do not allow for in-person physical attendance by the public?

A. No. Chapter 56 states that a public body “may, in its discretion” allow its members to participate remotely, under extraordinary circumstances and so long as there is a quorum of members gathered at a physical location or locations open to the public, at locations that do not allow for in-person physical attendance by the public.

Q. If a public body allows its members to participate remotely, under extraordinary circumstances, at locations that do not allow for in-person physical attendance by the public, must it afford members of the public the opportunity to view the meeting by videoconference as well?

A. Yes. If a public body uses videoconferencing to conduct a meeting, the public notice for the meeting must inform the public that videoconferencing will be used and must include directions for how the public can view and/or participate (if participation is permitted) in such meeting. The public body must provide the opportunity for members of the public to view the meeting, using remote technology or in person, in real time.

Q. If a public body allows for public comment or public participation by members of the public who attend its meetings in-person, must it allow the same for members who attend remotely?

A. Yes. The law requires public bodies to allow members of the public to participate in proceedings by videoconference in real time where public comment or participation is authorized and shall ensure that videoconferencing authorizes the same public participation or testimony as in person participation or testimony.

Q. Is participation by a member of a public body by teleconferencing (audio only) authorized by Chapter 56?

A. No. The Law requires that except in the case of executive sessions, a “public body shall ensure that members of the public body can be heard, seen and identified, while the meeting is being conducted, including but not limited to any motions, proposals, resolutions, and any other matter formally discussed or voted upon.” (Note that an executive session may only be properly convened after a successful motion made during an open session, and that but for the requirement to permit the public to attend and view the session, all other requirements of the Law continue to apply to executive sessions.)

Q. Must the meeting minutes reflect which members of the public body participated remotely?

A. Yes. The Law requires that “minutes of the meetings involving videoconferencing shall include which, if any, members participated remotely.”

Q. Are public bodies required to record and/or transcribe open meetings conducted using videoconferencing?

A. Yes. The Law requires that “each meeting conducted using videoconferencing shall be recorded and such recordings posted or linked on the public website of the public body within five business days following the meeting and shall remain so available for a minimum of five years thereafter. Such recordings shall be transcribed upon request.”

Q. Are public bodies required to record and/or transcribe the executive session portions of meetings conducted using videoconferencing?

A. No. In our view the obligation to record and transcribe upon request only applies to the open portions of the meeting that the public is entitled to attend.

Q. What if a local public body does not maintain an official website for purposes of posting the recording of its meetings?

A. Any local public body electing to utilize the “extraordinary circumstances” videoconferencing described in the Law to conduct its meetings *must* maintain an official website.

Q. Does the Law address the ability of a public body to hold fully remote meetings during a state of emergency?

A. Yes. The Law states that the “in person” participation requirements of the Law shall not apply during a state disaster emergency declared by the governor pursuant to section twenty-eight of the executive law, or a local state of emergency proclaimed by the chief executive of a county, city, village or town pursuant to section twenty-four of the executive law, if the public body determines that the circumstances necessitating the emergency declaration would affect or impair the ability of the public body to hold an in person meeting.

Prescription Benefit Manager (PBM) ProAct Report 2022

Effective January 1, 2022, ProAct implemented a move to a new software platform which brought to light several plan design issues. In January the Consortium worked with ProAct to resolve issues for members as they related to being charged prescription deductibles that were incorrect, applying prior authorization or step therapy requirements that were not meant to be part of certain group's coverage review. Through these corrections and discussion, it was discovered that several of the Consortium's groups were being mapped to the incorrect prescription benefits.

This issue does not reside completely on ProAct but also with communication errors. Excellus had to work to update enrollment code errors that were designating coverage to the incorrect prescription benefit when sent to ProAct. ProAct plan design features did not match the prescription plan designs created by Locey and Cahill and therefore needed to be corrected and updated. The Consortium created a ProAct-Excellus Key to insure proper mapping from Excellus enrollment to ProAct plan designs through multiple meetings with our ProAct, Excellus, and Locey & Cahill teams. This completed key was sent to ProAct on March 16, 2022, to update their complete plan design and to eliminate future issues for our members. Currently, the Consortium continues to work through mapping issues with ProAct.

This mapping issue predates the move to the new platform and appears to have been resolved in the past, member by member instead as an overall plan design update. Moving forward the Consortium will continue to update the key as needed and provide updates to ProAct and Excellus to solidify accuracy of benefits. The establishment of a medical/prescription benefit key is serving as a useful tool as the Consortium moves forward with Excellus to reduce the overall group structure and clean up unused subgroups/classes. By reducing the Excellus structure we will also be reducing the ProAct plan design structure.

The move to the new platform resulted in an increase in manufacturer reimbursements from ProAct to the Consortium. The platform update, also resulted in a change to our formulary, which included the most tier changes we have seen in the past several years. We have included a list of changes, which was sent to all Benefit Clerks in early of fall of 2021. Most notable of tier changes is a move of all short acting insulins such as Novolog, Novolin, Lispro (generic to Humalog) to Tier 3. Leaving the only option in Tier 2, Humalog.

ProAct continues to monitor any accumulator issues due to past issues of medication/medical co-pays not accumulating accurately towards meeting the maximum out of pocket (MOOP). In the last quarter of 2021, all our Bronze plan members did have another accumulator issue that resulted in reimbursement checks being sent from ProAct for overpaid prescription co-pays.

In the last four months, The Consortium has received over sixty phone calls regarding issues with ProAct coverage out of our 6,500 covered lives. Most of these issues were solved with in one to two phone calls between the Consortium, ProAct and the member's pharmacy. Our most largely affected municipal members are Tompkins County, City of Ithaca (majority IPFFA group), and the Town of Ithaca. The Consortium's Benefits Specialist has worked with these members and groups to find resolutions, correctly explain benefits, and work as a liaison between ProAct and the pharmacy to insure proper coverage for our enrollees. ProAct customer service and our account manager have been outstanding and quick to find resolutions. ProAct has allowed the Consortium access to the RxAgile system for the

Consortium Benefits Specialist which allows for a faster review of claims, co-pay rates, and issue resolution.

One last remaining unresolved problem that ProAct continues to pursue is a remedy for is the ProAct personal accounts. The Consortium continues to receive various complaints about the “Drug Cost” tool not working properly, the online mail order process not working, claims data being inaccurate, and more. ProAct continues to work with their IT team to repair the webpage.

Medications experiencing a change are listed below in alphabetical order. The "Possible Alternatives" section provides medications that may be options should you decide to work with your provider on an alternative medication. This list is not all-inclusive as some medications experiencing a tier change may not be listed.

* Some NDC's may have generic alternative made by another manufacturer that is not experiencing a tier change.

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
71993030030	ACETAMIN-CAF-DIHYDROCODEIN 325*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
42195084010	ACETAMN-CAF-DIHYDROCODEIN 320.5*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
00536105875	ACNE MEDICATION 10% LOTION*	1 to 3	THERAPY FOR ACNE	
00536105775	ACNE MEDICATION 5% LOTION*	1 to 3	THERAPY FOR ACNE	
303000100040	ACTHAR	2 to 3	ADRENAL HORMONES	
900510150040	ACZONE	2 to 3	THERAPY FOR ACNE	DAPSONE
61703030436	ADRIAMYCIN 10 MG VIAL*	1 to 2	ANTIMETABOLITES	
00409018301	ADRIAMYCIN 50 MG VIAL*	1 to 2	ANTIMETABOLITES	
442099027080	ADVAIR DISKUS	2 to 3	MISCELLANEOUS PULMONARY AGENTS	FLUTICASONE-SALMETEROL NON HFA
00378412401	ALBUTEROL SULFATE ER 4 MG TAB*	1 to 2	MISCELLANEOUS PULMONARY AGENTS	
00378412201	ALBUTEROL SULFATE ER 8 MG TAB*	1 to 2	MISCELLANEOUS PULMONARY AGENTS	
866020201020	ALPHAGAN P	2 to 3	SYMPATHOMIMETICS	BRIMONIDINE TARTRATE
00054306844	ALPRAZOLAM INTENSOL 1 MG/ML*	1 to 2	ANXIOLYTICS	
00168027815	AMCINONIDE 0.1% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	
00168027830	AMCINONIDE 0.1% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	
00168027860	AMCINONIDE 0.1% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
00168028060	AMCINONIDE 0.1% LOTION*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	
00591571501	AMOXAPINE 100 MG TABLET*	1 to 2	TRICYCLICS	
00591571630	AMOXAPINE 150 MG TABLET*	1 to 2	TRICYCLICS	
00591571301	AMOXAPINE 25 MG TABLET*	1 to 2	TRICYCLICS	
00591571401	AMOXAPINE 50 MG TABLET*	1 to 2	TRICYCLICS	
00781194339	AMOX-CLAV 200-28.5 MG TAB CHEW*	1 to 2	PENICILLINS	
00093405953	AMOX-CLAV 400-57 MG TAB CHEW*	1 to 2	FIRST GENERATION CEPHALOSPORINS	
00093223801	AMOX-CLAV ER 1,000-62.5 MG Tab*	1 to 2	FIRST GENERATION CEPHALOSPORINS	
00338350841	AMOX-CLAV ER 1,000-62.5 MG Tab*	1 to 3	FIRST GENERATION CEPHALOSPORINS	
00781214501	AMOXICILLIN 125 MG TAB CHEW*	1 to 2	PENICILLINS	
00093227034	AMOXICILLIN 250 MG TAB CHEW*	1 to 2	PENICILLINS	
65862031130	AMPHOTERICIN B 50 MG VIAL*	1 to 2	HIV/AIDS THERAPY	
00781194382	AMPICILLIN 500 MG CAPSULE*	1 to 2	PENICILLINS	
00093227234	AMPICILLIN 500 MG CAPSULE*	1 to 2	PENICILLINS	
525000300070	APRISO	2 to 3	MISCELLANEOUS GASTROINTESTINAL AGENTS	MESALAMINE ER
213518450013	ARZERRA	2 to 3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	IMBRUVICA
00409963005	ATROPINE 0.05 MG/ML SYRINGE*	1 to 2	COMBINATION ANTICHOLINERGICS	
16729052508	ATROPINE 0.4 MG/ML VIAL*	1 to 3	COMBINATION ANTICHOLINERGICS	
16729052563	ATROPINE 0.4 MG/ML VIAL*	1 to 3	COMBINATION ANTICHOLINERGICS	
00517040125	ATROPINE 0.4 MG/ML VIAL*	1 to 2	COMBINATION ANTICHOLINERGICS	
00409491011	ATROPINE 0.5 MG/5 ML ABBOJECT*	1 to 2	COMBINATION ANTICHOLINERGICS	
00409491034	ATROPINE 0.5 MG/5 ML ABBOJECT*	1 to 2	COMBINATION ANTICHOLINERGICS	
00409491111	ATROPINE 1 MG/10 ML ABBOJECT*	1 to 2	COMBINATION ANTICHOLINERGICS	
00409491134	ATROPINE 1 MG/10 ML ABBOJECT*	1 to 2	COMBINATION ANTICHOLINERGICS	
00409163010	ATROPINE 1 MG/10 ML SYRINGE*	1 to 2	COMBINATION ANTICHOLINERGICS	
00409163015	ATROPINE 1 MG/10 ML SYRINGE*	1 to 2	COMBINATION ANTICHOLINERGICS	
16729052608	ATROPINE 1 MG/ML VIAL*	1 to 3	COMBINATION ANTICHOLINERGICS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
16729052663	ATROPINE 1 MG/ML VIAL*	1 to 3	COMBINATION ANTICHOLINERGICS	
00517101025	ATROPINE 1 MG/ML VIAL*	1 to 2	ANTISPASMODICS	
17478021502	ATROPINE 1% EYE DROPS*	1 to 2	CYCLOPLEGIC MYDRIATICS	
17478021505	ATROPINE 1% EYE DROPS*	1 to 2	CYCLOPLEGIC MYDRIATICS	
17478021515	ATROPINE 1% EYE DROPS*	1 to 2	CYCLOPLEGIC MYDRIATICS	
63323058003	ATROPINE 8 MG/20 ML VIAL*	1 to 2	COMBINATION ANTICHOLINERGICS	
63323058020	ATROPINE 8 MG/20 ML VIAL*	1 to 2	COMBINATION ANTICHOLINERGICS	
13811056545	AVO CREAM TOPICAL EMULSION*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
13811056590	AVO CREAM TOPICAL EMULSION*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
525050401321	AVSOLA	2 to 3	MISCELLANEOUS GASTROINTESTINAL AGENTS	INFLECTRA
00143956601	AZATHIOPRINE SOD 100 MG VIAL*	1 to 2	IMMUNOSUPPRESSANT DRUGS	
00781602352	AZITHROMYCIN 1 GM PWD PACKET*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
00781602246	AZITHROMYCIN 1 GM PWD PACKET*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
00781602252	AZITHROMYCIN 1 GM PWD PACKET*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
00574402235	BACITRACIN 500 UNIT/GM OPTH*	1 to 2	ANTIBIOTICS	
25021068171	BACLOFEN 0.05 MG/ML SYRINGE*	1 to 2	MUSCLE RELAXANTS & ANTISPASMODIC AGENTS	
00574704504	BELLADONNA-OPIUM 16.2-30 SUPP*	1 to 2	ANTIDIARRHEALS	
00574704512	BELLADONNA-OPIUM 16.2-30 SUPP*	1 to 2	ANTIDIARRHEALS	
00574704012	BELLADONNA-OPIUM 16.2-60 SUPP*	1 to 2	ANTIDIARRHEALS	
00378008401	BENAZEPRIL-HCTZ 5-6.25 MG TAB*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
51927156800	BENZALKONIUM CL 50% SOLUTION*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
75834010001	BENZPHETAMINE HCL 25 MG TABLET*	1 to 2	ANOREXIANTS	
51672130901	BETAMETHASONE DP AUG 0.05% GEL*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	
51672130903	BETAMETHASONE DP AUG 0.05% GEL*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	
42192010316	BP CLEANSING WASH*	1 to 2	THERAPY FOR ACNE	
59923071705	BUPIVACAINE 0.25% (2.5 MG/ML)*	1 to 2	TOPICAL ANESTHETICS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
59923071910	BUPIVACAINE 0.25% (2.5 MG/ML)*	1 to 2	TOPICAL ANESTHETICS	
59923071805	BUPIVACAINE 0.5% (5 MG/ML) AMP*	1 to 2	TOPICAL ANESTHETICS	
59923072010	BUPIVACAINE 0.5% (5 MG/ML) AMP*	1 to 2	TOPICAL ANESTHETICS	
42543009801	BUTALB-ASPIRIN-CAFFE 50-325-40*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
71993030110	BUTALBITAL-ACETAMINOPHN 25-325*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
71993030130	BUTALBITAL-ACETAMINOPHN 25-325*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
00409162301	BUTORPHANOL 1 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANALGESICS	
00409162321	BUTORPHANOL 1 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANALGESICS	
00409162601	BUTORPHANOL 2 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANALGESICS	
00409162621	BUTORPHANOL 2 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANALGESICS	
00409162602	BUTORPHANOL 4 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANALGESICS	
00409162642	BUTORPHANOL 4 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANALGESICS	
332000401003	BYSTOLIC	2 to 3	BETA BLOCKERS	NEBIVOLOL
00054373063	CALCITRIOL 1 MCG/ML AMPUL*	1 to 2	BETA BLOCKERS	
45802060801	CALCITRIOL 3 MCG/G OINTMENT*	1 to 2	ANTIPSORIATIC/ANTISEBORRHEIC	
10481101202	CALICYLIC CREME*	1 to 2	KERATOLYTICS	
58605031516	CAPCOF LIQUID*	1 to 2	EXPECTORANT COMBINATIONS	
00378008601	CAPTOPRIL-HCTZ 25-15 MG TABLET*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
00378044501	CAPTOPRIL-HCTZ 25-25 MG TABLET*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
00378073101	CAPTOPRIL-HCTZ 50-15 MG TABLET*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
00378034701	CAPTOPRIL-HCTZ 50-25 MG TABLET*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
726000200069	CARBATROL	2 to 3	ANTICONSULSANTS	CARBAMAZEPINE ER
47335018688	CARBIDOPA-LEVO 10-100 MG ODT*	1 to 2	ANTIPARKINSONISM AGENTS	
47335018788	CARBIDOPA-LEVO 25-100 MG ODT*	1 to 2	ANTIPARKINSONISM AGENTS	
47335018888	CARBIDOPA-LEVO 25-250 MG ODT*	1 to 2	ANTIPARKINSONISM AGENTS	
00378830201	CARBIDOPA-LEVODOPA 100 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00781563701	CARBIDOPA-LEVODOPA 100 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
47335000388	CARBIDOPA-LEVODOPA 100 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
64679078404	CARBIDOPA-LEVODOPA 100 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00378830301	CARBIDOPA-LEVODOPA 125 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00781564101	CARBIDOPA-LEVODOPA 125 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
47335000488	CARBIDOPA-LEVODOPA 125 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
64679078504	CARBIDOPA-LEVODOPA 125 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00378830401	CARBIDOPA-LEVODOPA 150 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00781565401	CARBIDOPA-LEVODOPA 150 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
47335000588	CARBIDOPA-LEVODOPA 150 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
64679078604	CARBIDOPA-LEVODOPA 150 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00378830501	CARBIDOPA-LEVODOPA 200 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00781566901	CARBIDOPA-LEVODOPA 200 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
47335000688	CARBIDOPA-LEVODOPA 200 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
64679078704	CARBIDOPA-LEVODOPA 200 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00378830001	CARBIDOPA-LEVODOPA 50 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00781561301	CARBIDOPA-LEVODOPA 50 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
47335000188	CARBIDOPA-LEVODOPA 50 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
64679078204	CARBIDOPA-LEVODOPA 50 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00378830101	CARBIDOPA-LEVODOPA 75 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00781562501	CARBIDOPA-LEVODOPA 75 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
47335000288	CARBIDOPA-LEVODOPA 75 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
64679078304	CARBIDOPA-LEVODOPA 75 MG-ENTA*	1 to 2	ANTIPARKINSONISM AGENTS	
00713013212	CARBINOXAMINE 4 MG/5 ML LIQUID*	1 to 2	ANTIHISTAMINES	
00093030801	CARBINOXAMINE MALEATE 6 MG TAB*	1 to 2	ANTIHISTAMINES	
970510501463	CAREFINE PEN NEEDLE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	BD INSULIN PEN NEEDLE UF MINI
970510309063	CARETOUCH INSULIN SYRINGE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	B-D INSULIN SYRINGE
970510501463	CARETOUCH PEN NEEDLE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	BD INSULIN PEN NEEDLE UF MINI

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
23155014501	CARISOPRODL-ASPIRIN 200-325 MG*	1 to 3	MUSCLE RELAXANTS & ANTISPASMODIC AGENTS	METAXALONE
50742025601	CARISOPRODOL-ASPIRIN-CODEIN TB*	1 to 3	MUSCLE RELAXANTS & ANTISPASMODIC AGENTS	METAXALONE
61314023805	CARTEOLOL HCL 1% EYE DROPS*	1 to 2	BETA-BLOCKERS	
61314023810	CARTEOLOL HCL 1% EYE DROPS*	1 to 2	BETA-BLOCKERS	
61314023815	CARTEOLOL HCL 1% EYE DROPS*	1 to 2	BETA-BLOCKERS	
51927154300	CASCARA SAGRADA FLUID EXTRACT*	1 to 3	MISCELLANEOUS GASTROINTESTINAL AGENTS	
65862031330	CASPOFUNGIN ACETATE 70 MG VIAL*	1 to 2	HIV/AIDS THERAPY	
65862031230	CASPOFUNGIN ACETATE 70 MG VIAL*	1 to 2	HIV/AIDS THERAPY	
00093108701	CEFACLOR 125 MG/5 ML SUSP*	1 to 2	SECOND GENERATION CEPHALOSPORINS	
23594025001	CEFACLOR 250 MG CAPSULE*	1 to 2	SECOND GENERATION CEPHALOSPORINS	
44009080120	CEFACLOR 250 MG/5 ML SUSP*	1 to 2	THIRD GENERATION CEPHALOSPORINS	
44009080220	CEFACLOR 375 MG/5 ML SUSPEN*	1 to 2	THIRD GENERATION CEPHALOSPORINS	
23594037501	CEFACLOR 500 MG CAPSULE*	1 to 2	SECOND GENERATION CEPHALOSPORINS	
00409509216	CEFACLOR ER 500 MG TABLET*	1 to 2	THIRD GENERATION CEPHALOSPORINS	
00093224001	CEFADROXIL 1 GM TABLET*	1 to 2	FIRST GENERATION CEPHALOSPORINS	
61442017130	CEFAZOLIN 2 G/100 ML-DEXTROSE*	1 to 2	SECOND GENERATION CEPHALOSPORINS	
00409509211	CEFDITOREN PIVOXIL 200 MG TAB*	1 to 2	THIRD GENERATION CEPHALOSPORINS	
00409509314	CEFDITOREN PIVOXIL 400 MG TAB*	1 to 2	THIRD GENERATION CEPHALOSPORINS	
61442017230	CEPHALEXIN 250 MG TABLET*	1 to 2	SECOND GENERATION CEPHALOSPORINS	
23594012501	CEPHALEXIN 500 MG TABLET*	1 to 2	SECOND GENERATION CEPHALOSPORINS	
00525055590	CEREFOLIN NAC CAPLET*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	
70594005301	CHLORAMPHEN NA SUCC 1 GM VL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
00378021101	CHLORDIAZEPO-AMITRIPTYL 5-12.5*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378021105	CHLORDIAZEPO-AMITRIPTYL 5-12.5*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378027701	CHLORDIAZEPOX-AMITRIPTYL 10-25*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378027705	CHLORDIAZEPOX-AMITRIPTYL 10-25*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
63323034993	CHLOROQUINE PH 500 MG TABLET*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
24338041024	CHLORPROMAZINE 100 MG/ML CONC*	1 to 2	PHENOTHIAZINES	
00641139831	CHLORPROMAZINE 25 MG/ML AMP*	1 to 2	PHENOTHIAZINES	
00641139835	CHLORPROMAZINE 25 MG/ML AMP*	1 to 2	PHENOTHIAZINES	
24338040312	CHLORPROMAZINE 30 MG/ML CONC*	1 to 2	PHENOTHIAZINES	
55150031901	CHLORPROMAZINE 50 MG/2 ML AMP*	1 to 2	PHENOTHIAZINES	
55150031925	CHLORPROMAZINE 50 MG/2 ML AMP*	1 to 2	PHENOTHIAZINES	
46672086046	CHLORZOXAZONE 250 MG TABLET*	1 to 2	MUSCLE RELAXANTS & ANTISPASMODIC AGENTS	
69499033060	CHLORZOXAZONE 250 MG TABLET*	1 to 2	MUSCLE RELAXANTS & ANTISPASMODIC AGENTS	
49884070155	CHORIONIC GONAD 10,000 UNIT	1 to 2	OVULATORY STIMULANTS	
42192071401	CICLOPIROX 8% TREATMENT KIT*	1 to 2	TOPICAL ANTIFUNGALS	
50383005008	CIMETIDINE 300 MG/5 ML SOLN*	1 to 2	H2 ANTAGONISTS	
525050201064	CIMZIA	2 to 3	MISCELLANEOUS GASTROINTESTINAL AGENTS	HUMIRA, ENBREL
42195055014	CIPROFLOXACIN 0.2% OTIC SOLN*	1 to 2	MISCELLANEOUS OTIC PREPARATIONS	
75834020001	CIPROFLOXACIN HCL 100 MG TAB*	1 to 2	FLUOROQUINOLONES	
00054038325	CISPLATIN 200 MG/200 ML VIAL*	1 to 2	ALKYLATING AGENTS	
00054038225	CISPLATIN 200 MG/200 ML VIAL*	1 to 2	ALKYLATING AGENTS	
785120710063	CITRANATAL B-CALM	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
785120510003	CITRANATAL RX	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
70121164707	CLARITHROMYCIN 125 MG/5 ML SUS*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
00781602346	CLARITHROMYCIN 125 MG/5 ML SUS*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
63323096010	CLARITHROMYCIN 250 MG/5 ML SUS*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
70121164701	CLARITHROMYCIN 250 MG/5 ML SUS*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
00536406301	CLASSIC PRENATAL TABLET*	1 to 2	VITAMINS & HEMATINICS	
55111036031	CLEMASTINE 0.5 MG/5 ML SYRUP*	1 to 2	ANTIHISTAMINES	
00713013206	CLEMASTINE FUM 2.68 MG TAB*	1 to 2	ANTIHISTAMINES	
551000181052	CLEOCIN PHOSPHATE	2 to 3	VAGINAL CLEANSER/ANTIINFECTIVES	CLINDAMYCIN PHOSPHATE
249930025888	CLIMARA PRO	2 to 3	ESTROGEN COMBINATIONS	COMBIPATCH

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
66993094779	CLOCORTOLONE 0.1% CREAM PUMP*	1 to 3	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	BETAMETHASONE VALERATE
66993094748	CLOCORTOLONE PIVALATE 0.1% CRM*	1 to 3	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	BETAMETHASONE VALERATE
66993094793	CLOCORTOLONE PIVALATE 0.1% CRM*	1 to 3	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	BETAMETHASONE VALERATE
00054372763	CLOMIPHENE CITRATE 50 MG TAB*	1 to 2	BETA BLOCKERS	
00054005746	CLOMIPHENE CITRATE 50 MG TAB*	1 to 2	CARDIAC GLYCOSIDES	
00093541601	CLOZAPINE ODT 12.5 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
00093308601	CLOZAPINE ODT 150 MG TABLET*	1 to 3	MISCELLANEOUS ANTIPSYCHOTICS	CLOZAPINE
00093537601	CLOZAPINE ODT 150 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
00093308701	CLOZAPINE ODT 200 MG TABLET*	1 to 3	MISCELLANEOUS ANTIPSYCHOTICS	CLOZAPINE
00093537701	CLOZAPINE ODT 200 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
00054024324	CODEINE SULFATE 15 MG TABLET*	1 to 2	NARCOTICS	
00054024425	CODEINE SULFATE 30 MG TABLET*	1 to 2	NARCOTICS	
00054024525	CODEINE SULFATE 60 MG TABLET*	1 to 2	NARCOTICS	
69543025304	CODITUSSIN AC LIQUID*	1 to 2	ANTITUSSIVE COMBINATIONS	
862599021520	COMBIGAN	2 to 3	OTHER GLAUCOMA DRUGS	BRIMONIDINE TARTRATE
970510501463	COMFORT TOUCH PEN NEEDLE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	BD INSULIN PEN NEEDLE UF MINI
121099034003	COMPLERA	2 to 3	HIV/AIDS THERAPY	ODEFSEY
785120580001	CONCEPT OB	2 to 3	VITAMINS & HEMATINICS	FOLIVANE-OB
972020100062	CONTOUR	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	FREESTYLE, ONE TOUCH
972020100064	CONTOUR NEXT LINK	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	FREESTYLE, ONE TOUCH
972020100064	CONTOUR NEXT ONE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	FREESTYLE, ONE TOUCH
6240003010E5	COPAXONE	2 to 3	MISCELLANEOUS NEUROLOGICAL THERAPY	GLATIRAMER ACETATE
00054317644	CORTISONE 25 MG TABLET*	1 to 2	ADRENAL HORMONES	
68025006030	CORVITE FE TABLET*	1 to 3	VITAMINS & HEMATINICS	HEMATOGEN

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
832000302003	COUMADIN	2 to 3	ANTICOAGULANTS	WARFARIN SODIUM
00682005110	CROTAN 10% LOTION*	1 to 2	TOPICAL SCABICIDES/PEDICULICIDES	
00682005120	CROTAN 10% LOTION*	1 to 2	TOPICAL SCABICIDES/PEDICULICIDES	
00682005130	CROTAN 10% LOTION*	1 to 2	TOPICAL SCABICIDES/PEDICULICIDES	
211010200003	CYCLOPHOSPHAMIDE	2 to 3	ALKYLATING AGENTS	CYCLOPHOSPHAMIDE
10019092602	CYCLOPHOSPHAMIDE 25 MG CAPSULE*	1 to 2	ALKYLATING AGENTS	
00143955110	CYCLOPHOSPHAMIDE 50 MG CAPSULE*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
39822105505	CYCLOSERINE 250 MG CAPSULE*	1 to 2	ANTIFUNGAL AGENTS	
50600054777	CYSTINE POWDER*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
00409018125	CYTARABINE 20 MG/ML VIAL*	1 to 2	ANTIMETABOLITES	
60258000501	CYTRA-K CRYSTALS PACKET*	1 to 2	MISCELLANEOUS UROLOGICALS	
00054418125	DACARBAZINE 100 MG VIAL*	1 to 2	ADRENAL HORMONES	
53809030702	DAFLONEX-XL 1,300 MG CAPSULE*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	
70594004101	DAPTOMYCIN 350 MG VIAL*	1 to 3	VANCOMYCIN	
70594004103	DAPTOMYCIN 350 MG VIAL*	1 to 3	VANCOMYCIN	
00409012201	DAPTOMYCIN 350 MG VIAL*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
00409012001	DAPTOMYCIN 350 MG VIAL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
00409593301	DAPTOMYCIN 350 MG VIAL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
25021017915	DAPTOMYCIN 350 MG VIAL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
25021017916	DAPTOMYCIN 350 MG VIAL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
25021017966	DAPTOMYCIN 350 MG VIAL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
25021017967	DAPTOMYCIN 350 MG VIAL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
70594005603	DAPTOMYCIN 500 MG VIAL*	1 to 3	VANCOMYCIN	
00143909201	DAUNORUBICIN 20 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00143927501	DAUNORUBICIN 20 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00143927701	DAUNORUBICIN 50 MG/10 ML VIAL*	1 to 3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
725000101006	DEPAKOTE	2 to 3	ANTICONVULSANTS	DIVALPROEX SODIUM

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
725000101075	DEPAKOTE ER	2 to 3	ANTICONVULSANTS	DIVALPROEX SODIUM ER
7250001010H1	DEPAKOTE SPRINKLE	2 to 3	ANTICONVULSANTS	DIVALPROEX SODIUM
992000300003	DEPEN	2 to 3	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	PENICILLAMINE
50991072316	DESLORATADINE 5 MG ODT*	1 to 3	ANTITUSSIVE COMBINATIONS	
00485008001	DESLORATADINE 5 MG ODT*	1 to 2	DECONGESTANT/ANTIHISTAMINES	
24208072002	DEXAMETHASONE 0.1% EYE DROP*	1 to 2	STEROIDS	
50383004248	DEXAMETHASONE 0.5 MG/5 ML LIQ*	1 to 2	ADRENAL HORMONES	
63323050601	DEXAMETHASONE 0.5 MG/5 ML LIQ*	1 to 2	ADRENAL HORMONES	
00054317763	DEXAMETHASONE 1 MG TABLET*	1 to 2	ADRENAL HORMONES	
68047070235	DEXAMETHASONE 10 DAY 1.5 MG TB*	1 to 2	ADRENAL HORMONES	
76045010910	DEXAMETHASONE 10 MG/ML SYRING*	1 to 3	ADRENAL HORMONES	
44523018208	DEXAMETHASONE 10 MG/ML VIAL*	1 to 2	ADRENAL HORMONES	
50383004224	DEXAMETHASONE 10 MG/ML VIAL*	1 to 2	ADRENAL HORMONES	
68047070251	DEXAMETHASONE 13 DAY 1.5 MG TB*	1 to 2	ADRENAL HORMONES	
00054317757	DEXAMETHASONE 2 MG TABLET*	1 to 2	ADRENAL HORMONES	
63323050616	DEXAMETHASONE INTENSOL 1 MG/ML*	1 to 2	ADRENAL HORMONES	
69067024020	DEXCHLORPHENIRAMINE 2 MG/5 ML*	1 to 2	ANTIHISTAMINES	
492700200065	DEXILANT	2 to 3	PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM
68682065220	DIAZEPAM 10 MG RECTAL GEL SYST*	1 to 2	ANTICONVULSANTS	
68682065020	DIAZEPAM 2.5 MG RECTAL GEL SYS*	1 to 2	ANTICONVULSANTS	
68682065520	DIAZEPAM 20 MG RECTAL GEL SYST*	1 to 2	ANTICONVULSANTS	
31722051560	DIDANOSINE DR 200 MG CAPSULE*	1 to 2	HIV/AIDS THERAPY	
31722051660	DIDANOSINE DR 250 MG CAPSULE*	1 to 2	HIV/AIDS THERAPY	
31722051760	DIDANOSINE DR 400 MG CAPSULE*	1 to 2	HIV/AIDS THERAPY	
00527147701	DIETHYLPROPION ER 75 MG TABLET*	1 to 2	ANOREXIANTS	
51672129601	DIFLORASONE 0.05% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	
51672129602	DIFLORASONE 0.05% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
51672129603	DIFLORASONE 0.05% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS HIGH POTENCY	
00378022101	DIGOXIN 0.05 MG/ML SOLUTION*	1 to 2	BETA BLOCKERS	
722000302001	DILANTIN	2 to 3	ANTICONVULSANTS	PHENYTOIN SODIUM
00054319446	DIPHENOXYLAT-ATROP 2.5-0.025/5*	1 to 2	ANTIDIARRHEALS	
00703321701	DOCETAXEL 160 MG/16 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
72205006201	DOCETAXEL 160 MG/16 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00378326694	DOCETAXEL 160 MG/16 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409020120	DOCETAXEL 160 MG/16 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
66758005001	DOCETAXEL 160 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
66758095002	DOCETAXEL 160 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
39822220001	DOCETAXEL 160 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409036501	DOCETAXEL 160 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409036801	DOCETAXEL 160 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
43066000601	DOCETAXEL 20 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
66758005002	DOCETAXEL 20 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
66758095003	DOCETAXEL 20 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409020102	DOCETAXEL 20 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
16729026764	DOCETAXEL 20 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
45963076552	DOCETAXEL 20 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
47335089540	DOCETAXEL 20 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409036601	DOCETAXEL 20 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409423501	DOCETAXEL 20 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
43066000101	DOCETAXEL 200 MG/10 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
16729026765	DOCETAXEL 80 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
45963079056	DOCETAXEL 80 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
47335093940	DOCETAXEL 80 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409036701	DOCETAXEL 80 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409506801	DOCETAXEL 80 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
43066001001	DOCETAXEL 80 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
66758005003	DOCETAXEL 80 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
66758095004	DOCETAXEL 80 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409020110	DOCETAXEL 80 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00409787001	DOCETAXEL 80 MG/8 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
49884022201	DOXEPIN 150 MG CAPSULE*	1 to 2	TRICYCLICS	
49884022203	DOXEPIN 150 MG CAPSULE*	1 to 2	TRICYCLICS	
49884022205	DOXEPIN 150 MG CAPSULE*	1 to 2	TRICYCLICS	
00378811745	DOXEPIN 5% CREAM*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
00409018325	DOXORUBICIN 10 MG VIAL*	1 to 2	ANTIMETABOLITES	
66993081530	DOXYCYCLINE IR-DR 40 MG CAP*	1 to 3	TETRACYCLINES	DOXYCYCLINE HYCLATE

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7580007010E4	DUROLANE	2 to 3	MISCELLANEOUS ANALGESICS	EUFLEXXA
429955021518	DYMISTA	2 to 3	INTRANASAL STEROIDS	AZELASTINE-FLUTICASONE
12830071716	ED BRON GP LIQUID*	1 to 2	ANTITUSSIVE COMBINATIONS	
443000400010	ELIXOPHYLLIN	2 to 3	XANTHINES	THEOPHYLLINE ANHYDROUS
00087134541	ENFAMIL WATER NURSETTE LIQUID*	1 to 2	MISCELLANEOUS AGENTS	
68134060230	EPHEDRINE 50 MG/ML AMPUL*	1 to 2	LIPID/CHOLESTEROL LOWERING AGENTS	
72834010515	EPHEDRINE 50 MG/ML AMPUL*	1 to 2	LIPID/CHOLESTEROL LOWERING AGENTS	
17478041501	EPHEDRINE 50 MG/ML AMPUL*	1 to 3	MISCELLANEOUS CARDIOVASCULAR AGENTS	
68134060130	EPHEDRINE SULFATE 50 MG/ML VL*	1 to 2	LIPID/CHOLESTEROL LOWERING AGENTS	
17478041510	EPHEDRINE SULFATE 50 MG/ML VL*	1 to 3	MISCELLANEOUS CARDIOVASCULAR AGENTS	
17478051701	EPHEDRINE SULFATE 50 MG/ML VL*	1 to 2	MISCELLANEOUS CARDIOVASCULAR AGENTS	
17478095510	EPHEDRINE SULFATE 50 MG/ML VL*	1 to 3	MISCELLANEOUS CARDIOVASCULAR AGENTS	
42023021601	EPHEDRINE SULFATE 50 MG/ML VL*	1 to 2	MISCELLANEOUS CARDIOVASCULAR AGENTS	
00115169549	EPINEPHRINE 0.15 MG AUTO-INJECT*	1 to 3	ADRENERGICS	EPINEPHRINE (MYLAN)
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT*	1 to 3	ADRENERGICS	EPINEPHRINE (MYLAN)
42291042502	EPINEPHRINE 0.3 MG AUTO-INJECT*	1 to 3	ADRENERGICS	EPINEPHRINE (MYLAN)
53489028101	ERGOLOID MESYLATES 1 MG TAB*	1 to 2	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	
45802096272	ERY 2% PADS*	1 to 2	THERAPY FOR ACNE	
59762305105	ERYTHROMYCIN DR 250 MG CAP*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
59762305101	ERYTHROMYCIN ES 400 MG TAB*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
59762305102	ERYTHROMYCIN ES 400 MG TAB*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
00386000102	ETHYL CHLORIDE SPRAY*	1 to 2	TOPICAL ANESTHETICS	
00386000103	ETHYL CHLORIDE SPRAY*	1 to 2	TOPICAL ANESTHETICS	
00386000104	ETHYL CHLORIDE SPRAY*	1 to 2	TOPICAL ANESTHETICS	
00386000111	ETHYL CHLORIDE SPRAY*	1 to 2	TOPICAL ANESTHETICS	

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00386000113	ETHYL CHLORIDE SPRAY*	1 to 2	TOPICAL ANESTHETICS	
44567050701	ETOPOSIDE 50 MG CAPSULE*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
902300250042	EUCRISA	2 to 3	MISCELLANEOUS DERMATOLOGICALS	PIMECROLIMUS
121099022203	EVOTAZ	2 to 3	HIV/AIDS THERAPY	ATAZANAVIR SULFATE
51293060601	FENOFIBRATE 150 MG CAPSULE*	1 to 2	SPECIALIZED OB/GYN DRUGS	
71740020110	FENOFIBRATE 50 MG CAPSULE*	1 to 3	LIPID/CHOLESTEROL LOWERING AGENTS	NIACIN ER
71741004790	FENOFIBRIC ACID 105 MG TABLET*	1 to 2	LIPID/CHOLESTEROL LOWERING AGENTS	
62559046190	FENOFIBRIC ACID 105 MG TABLET*	1 to 3	LIPID/CHOLESTEROL LOWERING AGENTS	FENOFIBRATE
62559046090	FENOFIBRIC ACID 35 MG TABLET*	1 to 3	LIPID/CHOLESTEROL LOWERING AGENTS	FENOFIBRATE
54288013110	FENOPROFEN 200 MG CAPSULE*	1 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	ETODOLAC
62250069102	FENOPROFEN 200 MG CAPSULE*	1 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	ETODOLAC
69336012410	FENOPROFEN 200 MG CAPSULE*	1 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	ETODOLAC
15014040060	FENOPROFEN 400 MG CAPSULE*	1 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	ETODOLAC
15014040090	FENOPROFEN 400 MG CAPSULE*	1 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	ETODOLAC
42195010090	FENOPROFEN 400 MG CAPSULE*	1 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	ETODOLAC
69336011310	FENORTHO 200 MG CAPSULE*	1 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	ETODOLAC
17478003002	FENTANYL 100 MCG/2 ML AMPUL*	1 to 2	NARCOTICS	
17478003025	FENTANYL 100 MCG/2 ML AMPUL*	1 to 2	NARCOTICS	
00409127603	FENTANYL 100 MCG/2 ML CARPUJCT*	1 to 3	NARCOTICS	
00409127632	FENTANYL 100 MCG/2 ML CARPUJCT*	1 to 2	NARCOTICS	
17478003005	FENTANYL 250 MCG/5 ML AMPUL*	1 to 2	NARCOTICS	
17478003055	FENTANYL 250 MCG/5 ML AMPUL*	1 to 2	NARCOTICS	
00641624701	FENTANYL 50 MCG/ML VIAL*	1 to 2	NARCOTICS	
00641624725	FENTANYL 50 MCG/ML VIAL*	1 to 2	NARCOTICS	

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00409909417	FENTANYL 500 MCG/10 ML VIAL*	1 to 2	NARCOTICS	
00409909428	FENTANYL 500 MCG/10 ML VIAL*	1 to 2	NARCOTICS	
13811001290	FERRAPLUS 90 TABLET*	1 to 2	VITAMINS & HEMATINICS	
00813001206	FERRETTS 325 MG TABLET*	1 to 2	VITAMINS & HEMATINICS	
00813200408	FERRETTS IPS LIQUID*	1 to 2	VITAMINS & HEMATINICS	
00574050801	FERROUS GLUCONATE 324 MG TAB*	1 to 2	VITAMINS & HEMATINICS	
00574050810	FERROUS GLUCONATE 324 MG TAB*	1 to 2	VITAMINS & HEMATINICS	
00574050811	FERROUS GLUCONATE 324 MG TAB*	1 to 2	VITAMINS & HEMATINICS	
69367016504	FERROUS GLUCONATE 324 MG TAB*	1 to 2	VITAMINS & HEMATINICS	
69367016507	FERROUS GLUCONATE 324 MG TAB*	1 to 2	VITAMINS & HEMATINICS	
00574060801	FERROUS SULF EC 324 MG TABLET*	1 to 2	VITAMINS & HEMATINICS	
00574060810	FERROUS SULF EC 324 MG TABLET*	1 to 2	VITAMINS & HEMATINICS	
00574060811	FERROUS SULF EC 324 MG TABLET*	1 to 2	VITAMINS & HEMATINICS	
69375000310	FERROUS SULF EC 324 MG TABLET*	1 to 2	VITAMINS & HEMATINICS	
851000350021	FIBRYGA	2 to 3	MISCELLANEOUS COAGULATION AGENTS	
58605030316	FLUNISOLIDE 0.025% SPRAY*	1 to 3	ANTITUSSIVE COMBINATIONS	
793000200020	FLUORABON	2 to 3	VITAMINS & HEMATINICS	SODIUM FLUORIDE
903720300037	FLUOROURACIL	2 to 3	MISCELLANEOUS DERMATOLOGICALS	DICLOFENAC SODIUM
51672406201	FLUOROURACIL 2% TOPICAL SOLN*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
51672406301	FLUOROURACIL 5% TOPICAL SOLN*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
55111028448	FLUOXETINE DR 90 MG CAPSULE*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668044301	FLUOXETINE HCL 10 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668044310	FLUOXETINE HCL 10 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668044330	FLUOXETINE HCL 10 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668044370	FLUOXETINE HCL 10 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
13668044391	FLUOXETINE HCL 10 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668047301	FLUOXETINE HCL 20 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668047310	FLUOXETINE HCL 20 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668047330	FLUOXETINE HCL 20 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668047370	FLUOXETINE HCL 20 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
13668047391	FLUOXETINE HCL 20 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
47781060030	FLUOXETINE HCL 60 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
52427057630	FLUOXETINE HCL 60 MG TABLET*	1 to 2	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
00121065402	FLUPHENAZINE 2.5 MG/5 ML ELIX*	1 to 2	PHENOTHIAZINES	
00121065416	FLUPHENAZINE 2.5 MG/5 ML ELIX*	1 to 2	PHENOTHIAZINES	
63323028110	FLUPHENAZINE 2.5 MG/ML VIAL*	1 to 2	PHENOTHIAZINES	
00121065304	FLUPHENAZINE 5 MG/ML CONC*	1 to 2	PHENOTHIAZINES	
793000200020	FLURA-DROPS	2 to 3	VITAMINS & HEMATINICS	SODIUM FLUORIDE
00378441501	FLURAZEPAM 15 MG CAPSULE*	1 to 2	HYPNOTIC AGENTS	
00378443001	FLURAZEPAM 30 MG CAPSULE*	1 to 2	HYPNOTIC AGENTS	
69292072225	FLURBIPROFEN 0.03% EYE DROP*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
00591501911	FLUTAMIDE 125 MG CAPSULE*	1 to 2	ANTIESTROGENS	
442099027080	FLUTICASONE-SALMETEROL	1 to 3	MISCELLANEOUS PULMONARY AGENTS	FLUTICASONE-SALMETEROL
863000200042	FML S.O.P.	2 to 3	STEROIDS	DEXAMETHASONE SODIUM PHOSPHATE
300620301020	FOLLISTIM AQ	2 to 3	OVULATORY STIMULANTS	GONAL-F
51991081390	FOLTANX TABLET*	1 to 2	VITAMINS & HEMATINICS	
51552042706	FORMALDEHYDE 10% SOLUTION*	1 to 2	MISCELLANEOUS AGENTS	
51552042709	FORMALDEHYDE 10% SOLUTION*	1 to 2	MISCELLANEOUS AGENTS	

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00591438579	FOSAPREPITANT 150 MG VIAL*	1 to 2	ANTIVERTIGO & ANTIEMETIC AGENTS	
45963073454	FULVESTRANT 250 MG/5 ML SYRING*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
47335032340	FULVESTRANT 250 MG/5 ML SYRING*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
67457088605	FULVESTRANT 250 MG/5 ML SYRING*	1 to 2	PROGESTINS	
00591501902	FULVESTRANT 250 MG/5 ML SYRING*	1 to 2	ANTIESTROGENS	
42023021683	FUROSEMIDE 40 MG/5 ML SOLN*	1 to 2	MISCELLANEOUS CARDIOVASCULAR AGENTS	
00054013749	GALANTAMINE 4 MG/ML ORAL SOLN*	1 to 2	MISCELLANEOUS NEUROLOGICAL THERAPY	
00052030151	GANIRELIX ACET 250 MCG/0.5 ML*	1 to 3	GONADOTROPIN & RELATED AGENTS	GANIRELIX ACETATE GENERIC
43386006019	GAVILYTE-C SOLUTION*	1 to 2	BOWEL EVACUANTS	
7580007010E5	GELSYN-3	2 to 3	MISCELLANEOUS ANALGESICS	EUFLEXXA
68001034234	GEMCITABINE 1 GRAM/26.3 ML VL*	1 to 3	ANTIMETABOLITES	
00409018201	GEMCITABINE 1 GRAM/26.3 ML VL*	1 to 2	ANTIMETABOLITES	
68001034836	GEMCITABINE 2 GRAM/52.6 ML VL*	1 to 3	ANTIMETABOLITES	
16729039130	GEMCITABINE 2 GRAM/52.6 ML VL*	1 to 3	ANTIMETABOLITES	
00409018225	GEMCITABINE 200 MG/5.26 ML VL*	1 to 2	ANTIMETABOLITES	
00409018101	GEMCITABINE 200 MG/5.26 ML VL*	1 to 2	ANTIMETABOLITES	
16729042605	GEMCITABINE HCL 1 GRAM/10 ML*	1 to 3	ANTIMETABOLITES	
68001035937	GEMCITABINE HCL 1 GRAM/10 ML*	1 to 3	ANTIMETABOLITES	
63323012310	GEMCITABINE HCL 1.5 GRAM/15 ML*	1 to 2	ANTIMETABOLITES	
63323071505	GEMCITABINE HCL 2 GRAM/20 ML*	1 to 2	ANTIESTROGENS	
49884075313	GEMCITABINE HCL 2 GRAM/20 ML*	1 to 2	ANTIANDROGENS	
16729042333	GEMCITABINE HCL 200 MG/2 ML VL*	1 to 3	ANTIMETABOLITES	
16729041903	GEMCITABINE HCL 200 MG/2 ML VL*	1 to 3	ANTIMETABOLITES	
17478028435	GENTAK 0.3 % EYE OINTMENT*	1 to 2	ANTIBIOTICS	
49348091501	GLUCOSE 4 GRAM TABLET CHEW*	1 to 2	MISCELLANEOUS AGENTS	
49348091609	GLUCOSE 4 GRAM TABLET CHEW*	1 to 2	MISCELLANEOUS AGENTS	

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50428235152	GLUCOSE 4 GRAM TABLET CHEW*	1 to 2	MISCELLANEOUS AGENTS	
76045020301	GLYCOPYRROLATE 0.2 MG/ML SYRNG*	1 to 3	ANTISPASMODICS	
76045020310	GLYCOPYRROLATE 0.2 MG/ML SYRNG*	1 to 3	ANTISPASMODICS	
76045020302	GLYCOPYRROLATE 0.4 MG/2 ML SYR*	1 to 2	ANTISPASMODICS	
76045020320	GLYCOPYRROLATE 0.4 MG/2 ML SYR*	1 to 2	ANTISPASMODICS	
63323011801	HEPARIN SOD 5,000 UNIT/0.5 ML*	1 to 3	HEPARIN	
63323011805	HEPARIN SOD 5,000 UNIT/0.5 ML*	1 to 3	HEPARIN	
00641619901	HEPARIN SOD 5,000 UNIT/ML SYRG*	1 to 3	HEPARIN	
00641619910	HEPARIN SOD 5,000 UNIT/ML SYRG*	1 to 3	HEPARIN	
59390019205	HOMATROPAIRE 5% EYE DROPS*	1 to 2	CYCLOPLEGIC MYDRIATICS	
47781040960	HYDROCODONE ER 10 MG CAPSULE*	1 to 2	NARCOTICS	
47781041060	HYDROCODONE ER 15 MG CAPSULE*	1 to 2	NARCOTICS	
47781041160	HYDROCODONE ER 20 MG CAPSULE*	1 to 2	NARCOTICS	
47781041260	HYDROCODONE ER 30 MG CAPSULE*	1 to 2	NARCOTICS	
47781041360	HYDROCODONE ER 40 MG CAPSULE*	1 to 2	NARCOTICS	
47781041460	HYDROCODONE ER 50 MG CAPSULE*	1 to 2	NARCOTICS	
53746014601	HYDROCODONE-IBUPROFEN 5-200 MG*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
70000048901	HYDROCORTISONE 1% OINTMENT*	1 to 2	TOPICAL CORTICOSTEROIDS LOW POTENCY	
51672407401	HYDROCORTISONE BUTY 0.1% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
51672407406	HYDROCORTISONE BUTY 0.1% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
51672406102	HYDROCORTISONE BUTYR 0.1% SOLN*	1 to 2	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
51672406104	HYDROCORTISONE BUTYR 0.1% SOLN*	1 to 2	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
38779229803	HYDROGEL*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
38779229805	HYDROGEL*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
38779229808	HYDROGEL*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
00574722406	HYDROMORPHONE 3 MG SUPPOS*	1 to 2	NARCOTICS	

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16729026763	HYDROXYPROGESTERONE 1.25 G/5ML*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00555032402	HYDROXYZINE PAM 100 MG CAP*	1 to 2	ANTIHISTAMINES	
00781615394	ICAR-C PLUS TABLET*	1 to 2	PENICILLINS	
00143955001	IFOSFAMIDE 3 GM VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00143955101	IFOSFAMIDE 3 GM VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
72572010001	IMIPENEM-CILASTATIN 250 MG VL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
00409488301	IMIPENEM-CILASTATIN 250 MG VL*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
63323001115	IMIPENEM-CILASTATIN 250 MG VL*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
553500200099	IMVEXXY	2 to 3	ESTROGENS	ESTRADIOL
271040050020	INSULIN LISPRO	2 to 3	INSULIN THERAPY	HUMALOG
2710400500D2	INSULIN LISPRO JUNIOR KWIKPEN	2 to 3	INSULIN THERAPY	HUMALOG JUNIOR KWIKPEN
2710400500D2	INSULIN LISPRO KWIKPEN U-100	2 to 3	INSULIN THERAPY	HUMALOG
2710408000D3	INSULIN LISPRO PROTAMINE MIX	2 to 3	INSULIN THERAPY	HUMALOG MIX 75-25
970510309063	INSULIN- SYRINGE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	
00409030201	IRINOTECAN HCL 500 MG/25 ML VL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
50600054302	ISOLEUCINE PACKET*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
63323035810	ISONIAZID 100 MG TABLET*	1 to 2	ANTIFUNGAL AGENTS	
63323035801	ISONIAZID 50 MG/5 ML SOLUTION*	1 to 2	ANTIFUNGAL AGENTS	
00536125859	ISOXSUPRINE 10 MG TABLET*	1 to 3	ANTIHISTAMINES	
51672421108	IVERMECTIN 0.5% LOTION*	1 to 2	TOPICAL SCABICIDES/PEDICULICIDES	
66993094848	IVERMECTIN 1% CREAM*	1 to 2	THERAPY FOR ACNE	
00338069504	KCL 40 MEQ-NS 1,000 ML IV SOLN	1 to 2	OTHER ELECTROLYTES	
00990711609	KCL 40 MEQ-NS 1,000 ML IV SOLN*	1 to 2	OTHER ELECTROLYTES	
726000430003	KEPPRA	2 to 3	ANTICONVULSANTS	LEVETIRACETAM
726000430075	KEPPRA XR	2 to 3	ANTICONVULSANTS	LEVETIRACETAM

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
69336012710	KETOPROFEN 25 MG CAPSULE*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
23155002101	KETOPROFEN 50 MG CAPSULE*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
23155002201	KETOPROFEN 75 MG CAPSULE*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
00378820001	KETOPROFEN ER 200 MG CAPSULE*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
851000100021	KOATE	2 to 3	MISCELLANEOUS COAGULATION AGENTS	ALPHANATE
42937071530	KOSHER PRENATAL PLUS IRON TAB*	1 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
42937071560	KOSHER PRENATAL PLUS IRON TAB*	1 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
53191009401	LACTO-PECTIN CAPSULE*	1 to 3	ANTIDIARRHEALS	
69067001015	LACTULOSE 10 GM PACKET*	1 to 2	MISCELLANEOUS GASTROINTESTINAL AGENTS	
726000400003	LAMICTAL	2 to 3	ANTICONVULSANTS	LAMOTRIGINE
726000400072	LAMICTAL ODT	2 to 3	ANTICONVULSANTS	LAMOTRIGINE ODT
726000400075	LAMICTAL XR	2 to 3	ANTICONVULSANTS	LAMOTRIGINE
312000100003	LANOXIN	2 to 3	CARDIAC GLYCOSIDES	DIGOXIN
00395700156	LAVARE WOUND WASH GEL BASE*	1 to 3	MISCELLANEOUS DERMATOLOGICALS	
00395700159	LAVARE WOUND WASH GEL BASE*	1 to 3	MISCELLANEOUS DERMATOLOGICALS	
38779094700	LECITHIN GRANULES*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
38779094701	LECITHIN GRANULES*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
38779094703	LECITHIN GRANULES*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
38779094708	LECITHIN GRANULES*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
38779094709	LECITHIN GRANULES*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
50600054920	LEUCINE POWDER PACKET*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
00054418325	LEUCOVORIN CAL 100 MG/10 ML VL*	1 to 2	ADRENAL HORMONES	
24208050505	LEVOBUNOLOL 0.5% EYE DROPS*	1 to 2	BETA-BLOCKERS	
76439040290	LEVOMEFOL-NAC-MECOBAL-ALGAL TB*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	
17478071110	LIDOCAINE HCL 2% JELLY*	1 to 2	TOPICAL ANESTHETICS	

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17478071130	LIDOCAINE HCL 2% JELLY*	1 to 2	TOPICAL ANESTHETICS	
17478071131	LIDOCAINE HCL 2% JELLY*	1 to 2	TOPICAL ANESTHETICS	
00409428301	LIDOCAINE HCL 4% AMPUL*	1 to 2	TOPICAL ANESTHETICS	
00409428311	LIDOCAINE HCL 4% AMPUL*	1 to 2	TOPICAL ANESTHETICS	
76329630005	LIDOCAINE HCL 4% SOLUTION*	1 to 2	TOPICAL ANESTHETICS	
59088077120	LIDOCAINE-HC 3-1% CREAM KIT*	1 to 2	MISCELLANEOUS GASTROINTESTINAL AGENTS	
60432083460	LINDANE 1% SHAMPOO*	1 to 2	TOPICAL SCABICIDES/PEDICULICIDES	
63323058515	LINEZOLID 600MG/300ML-0.9%NACL*	1 to 3	MISCELLANEOUS ANTIINFECTIVES	
68436013090	LIPOCHOL CAPSULE*	1 to 2	MISCELLANEOUS AGENTS	
68436014090	LIPOCHOL PLUS TABLET*	1 to 3	MISCELLANEOUS AGENTS	LIPOCHOL
00054352763	LITHIUM 8 MEQ/5 ML SOLUTION*	1 to 2	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	
00054252625	LITHIUM CARBONATE 150 MG CAP*	1 to 2	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	
00054252725	LITHIUM CARBONATE 300 MG CAP*	1 to 2	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	
00054252731	LITHIUM CARBONATE 300 MG CAP*	1 to 2	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	
00054253125	LITHIUM CARBONATE 600 MG CAP*	1 to 2	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	
71849020090	L-METHYLFOL-ALGAL-NAC-ME-CBL*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	
76439036190	L-METHYL-MC NAC TABLET*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
8665506000E5	LUCENTIS	2 to 3	MISCELLANEOUS OPHTHALMOLOGICS	EYLEA
863300150020	LUMIGAN	2 to 3	OTHER GLAUCOMA DRUGS	BIMATOPROST
214050101564	LUPRON DEPOT	2 to 3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	ELIGARD
260000101017	MAKENA	2 to 3	PROGESTINS	HYDROXYPROGESTERONE CAPROATE
00378006001	MAPROTILINE 25 MG TABLET*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378008701	MAPROTILINE 50 MG TABLET*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378009201	MAPROTILINE 75 MG TABLET*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
123599023503	MAVYRET	2 to 3	MISCELLANEOUS ANTIVIRALS	EPCLUSA
970510309063	MAXICOMFORT INSULIN SYRINGE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	B-D INSULIN SYRINGE
970510501463	MAXICOMFORT SAFETY PEN NEEDLE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	BD INSULIN PEN NEEDLE UF MINI
58407030204	MAXI-TUSS CD LIQUID*	1 to 3	DECONGESTANT/ANTIHISTAMINES	
70147031316	MAXI-TUSS PE MAX LIQUID*	1 to 3	ANTITUSSIVE COMBINATIONS	G TUSSIN AC
00378412201	M-CLEAR WC LIQUID*	1 to 2	BETA AGONISTS ORAL	
00378300001	MECLOFENAMATE 100 MG CAPSULE*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
00378215001	MECLOFENAMATE 50 MG CAPSULE*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
221000300003	MEDROL	2 to 3	ADRENAL HORMONES	METHYLPREDNISOLONE
240000300003	MENEST	2 to 3	ESTROGENS	ESTRADIOL
42806005030	MEPERIDINE 50 MG TABLET*	1 to 3	NARCOTICS	CODEINE SULFATE
00054354563	MEPERIDINE 50 MG/5 ML SOLUTION*	1 to 3	NARCOTICS	HYDROMORPHONE HCL
51991081190	METAFOLBIC PLUS CAPLET*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
00054355663	METHADONE 10 MG/5 ML SOLUTION*	1 to 2	NARCOTICS	
00054355563	METHADONE 5 MG/5 ML SOLUTION*	1 to 2	NARCOTICS	
67457021720	METHADONE HCL 10 MG/ML VIAL*	1 to 2	NARCOTICS	
00406052710	METHADOSE 10 MG/ML ORAL CONC*	1 to 2	NARCOTICS	
00406872510	METHADOSE 10 MG/ML ORAL CONC*	1 to 2	NARCOTICS	
63323071501	METHOTREXATE 250 MG/10 ML VIAL*	1 to 2	ANTIESTROGENS	
68462029401	METHYLDOPA 250 MG TABLET*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
16729003101	METHYLDOPA 250 MG TABLET*	1 to 2	ADRENERGIC ANTAGONISTS & RELATED DRUGS	
68462032901	METHYLDOPA 500 MG TABLET*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
68462029501	METHYLDOPA 500 MG TABLET*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
50428457517	METHYLDOPA-HCTZ 250-15 MG TAB*	1 to 3	THIAZIDE & RELATED DIURETICS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
42023021689	METHYLDOPA-HCTZ 250-25 MG TAB*	1 to 2	MISCELLANEOUS CARDIOVASCULAR AGENTS	
62175031037	METHYLPHENIDATE ER 18 MG TAB*	1 to 2	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	
13811071010	METHYLPHENIDATE ER 72 MG TAB*	1 to 3	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	DEXMETHYLPHENIDATE HCL ER
13811071030	METHYLPHENIDATE ER 72 MG TAB*	1 to 3	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	DEXMETHYLPHENIDATE HCL ER
00832112035	METHYLTESTOSTERONE 10 MG CAP*	1 to 3	ANDROGENS	TESTOSTERONE INJ
43386058031	METOCLOPRAMIDE HCL 10 MG ODT*	1 to 2	MISCELLANEOUS GASTROINTESTINAL AGENTS	
43386058131	METOCLOPRAMIDE HCL 5 MG ODT*	1 to 2	MISCELLANEOUS GASTROINTESTINAL AGENTS	
00378050701	METOPROLOL-HCTZ 100-50 MG TAB*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
1910005000E5	MICRHOGAM PLUS	2 to 3	VACCINES & MISCELLANEOUS IMMUNOLOGICALS	HYPERRHO S-D
970510501463	MICRODOT INSULIN PEN NEEDLE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	BD INSULIN PEN NEEDLE UF MINI
42806033701	MOLINDONE HCL 10 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
42806033801	MOLINDONE HCL 25 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
42806033601	MOLINDONE HCL 5 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
10481011202	MONSEL'S FERRIC SUBSULFATE SOL*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
00409189301	MORPHINE 10 MG/ML CARPUJECT*	1 to 2	NARCOTICS	
00409189303	MORPHINE 10 MG/ML CARPUJECT*	1 to 2	NARCOTICS	
00409189313	MORPHINE 10 MG/ML SYRINGE*	1 to 3	NARCOTICS	
00409189323	MORPHINE 10 MG/ML SYRINGE*	1 to 3	NARCOTICS	
00409189001	MORPHINE 2 MG/ML CARPUJECT*	1 to 2	NARCOTICS	
00409189003	MORPHINE 2 MG/ML CARPUJECT*	1 to 2	NARCOTICS	
00409189013	MORPHINE 2 MG/ML SYRINGE*	1 to 2	NARCOTICS	
00409189023	MORPHINE 2 MG/ML SYRINGE*	1 to 2	NARCOTICS	
76045000401	MORPHINE 2 MG/ML SYRINGE*	1 to 3	NARCOTICS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
76045000410	MORPHINE 2 MG/ML SYRINGE*	1 to 2	NARCOTICS	
76045000411	MORPHINE 2 MG/ML SYRINGE*	1 to 3	NARCOTICS	
76329191101	MORPHINE 30 MG/30 ML SYRINGE*	1 to 2	NARCOTICS	
00409189101	MORPHINE 4 MG/ML CARPUJECT*	1 to 2	NARCOTICS	
00409189103	MORPHINE 4 MG/ML CARPUJECT*	1 to 2	NARCOTICS	
00409189113	MORPHINE 4 MG/ML SYRINGE*	1 to 2	NARCOTICS	
00409189123	MORPHINE 4 MG/ML SYRINGE*	1 to 2	NARCOTICS	
76045000501	MORPHINE 4 MG/ML SYRINGE*	1 to 2	NARCOTICS	
76045000510	MORPHINE 4 MG/ML SYRINGE*	1 to 2	NARCOTICS	
76045000511	MORPHINE 4 MG/ML SYRINGE*	1 to 2	NARCOTICS	
76045000610	MORPHINE 5 MG/ML SYRINGE*	1 to 2	NARCOTICS	
00409189201	MORPHINE 8 MG/ML CARPUJECT*	1 to 3	NARCOTICS	
00409189203	MORPHINE 8 MG/ML CARPUJECT*	1 to 3	NARCOTICS	
00574711212	MORPHINE SULF 10 MG SUPPOS*	1 to 2	NARCOTICS	
00574711412	MORPHINE SULF 20 MG SUPPOS*	1 to 2	NARCOTICS	
00574711612	MORPHINE SULF 30 MG SUPPOS*	1 to 2	NARCOTICS	
00574711012	MORPHINE SULF 5 MG SUPPOS*	1 to 2	NARCOTICS	
63323045100	MORPHINE SULFATE 10 MG/ML VIAL*	1 to 3	NARCOTICS	
63323045101	MORPHINE SULFATE 10 MG/ML VIAL*	1 to 3	NARCOTICS	
63323045200	MORPHINE SULFATE 2 MG/ML VIAL*	1 to 3	NARCOTICS	
63323045201	MORPHINE SULFATE 2 MG/ML VIAL*	1 to 3	NARCOTICS	
63323045400	MORPHINE SULFATE 4 MG/ML VIAL*	1 to 3	NARCOTICS	
63323045401	MORPHINE SULFATE 4 MG/ML VIAL*	1 to 3	NARCOTICS	
63323045500	MORPHINE SULFATE 5 MG/ML VIAL*	1 to 3	NARCOTICS	
63323045501	MORPHINE SULFATE 5 MG/ML VIAL*	1 to 3	NARCOTICS	
00409113403	MORPHINE SULFATE 50 MG/ML VIAL*	1 to 2	NARCOTICS	
00409113405	MORPHINE SULFATE 50 MG/ML VIAL*	1 to 2	NARCOTICS	
63323045800	MORPHINE SULFATE 8 MG/ML VIAL*	1 to 2	NARCOTICS	
63323045801	MORPHINE SULFATE 8 MG/ML VIAL*	1 to 2	NARCOTICS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
00228309311	MORPHINE SULFATE ER 120 MG CAP*	1 to 2	NARCOTICS	
00228309011	MORPHINE SULFATE ER 30 MG CAP*	1 to 2	NARCOTICS	
00115147901	MORPHINE SULFATE ER 40 MG CAP*	1 to 2	NARCOTICS	
00228311611	MORPHINE SULFATE ER 45 MG CAP*	1 to 2	NARCOTICS	
00228309111	MORPHINE SULFATE ER 60 MG CAP*	1 to 2	NARCOTICS	
00228311711	MORPHINE SULFATE ER 75 MG CAP*	1 to 2	NARCOTICS	
00228309211	MORPHINE SULFATE ER 90 MG CAP*	1 to 2	NARCOTICS	
00054023524	MORPHINE SULFATE IR 15 MG TAB*	1 to 2	NARCOTICS	
00054023525	MORPHINE SULFATE IR 15 MG TAB*	1 to 2	NARCOTICS	
00054023625	MORPHINE SULFATE IR 30 MG TAB*	1 to 2	NARCOTICS	
861010381020	MOXEZA	2 to 3	ANTIBIOTICS	MOXIFLOXACIN HCL
75834011950	MOXIFLOXACIN 400 MG/250 ML BAG*	1 to 2	FLUOROQUINOLONES	
824050450003	MULPLETA	2 to 3	HEMOSTATICS	DOPTelet
58657016301	MULTIVIT-FLUOR 0.25 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
58657016390	MULTIVIT-FLUOR 0.25 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
59088010759	MULTIVIT-FLUOR 0.25 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
61269015101	MULTIVIT-FLUOR 0.25 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
58657016401	MULTIVIT-FLUOR 0.5 MG TAB CHEW*	1 to 2	VITAMINS & HEMATINICS	
58657016490	MULTIVIT-FLUOR 0.5 MG TAB CHEW*	1 to 2	VITAMINS & HEMATINICS	
59088010859	MULTIVIT-FLUOR 0.5 MG TAB CHEW*	1 to 2	VITAMINS & HEMATINICS	
61269015201	MULTIVIT-FLUOR 0.5 MG TAB CHEW*	1 to 2	VITAMINS & HEMATINICS	
58657016501	MULTIVIT-FLUORIDE 1 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
58657016590	MULTIVIT-FLUORIDE 1 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
59088010959	MULTIVIT-FLUORIDE 1 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
61269015301	MULTIVIT-FLUORIDE 1 MG TAB CHW*	1 to 2	VITAMINS & HEMATINICS	
213350202020	MVASI	2 to 3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	ZIRABEV
51672136203	NAFTIFINE HCL 1% CREAM*	1 to 2	TOPICAL ANTIFUNGALS	
51672136208	NAFTIFINE HCL 1% CREAM*	1 to 2	TOPICAL ANTIFUNGALS	
40085020345	NAFTIFINE HCL 2% CREAM*	1 to 2	TOPICAL ANTIFUNGALS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
40085020360	NAFTIFINE HCL 2% CREAM*	1 to 2	TOPICAL ANTIFUNGALS	
00409178203	NALOXONE 0.4 MG/ML CARPUJECT*	1 to 2	NARCOTIC ANTAGONISTS	
00409178269	NALOXONE 0.4 MG/ML CARPUJECT*	1 to 2	NARCOTIC ANTAGONISTS	
422000451018	NASONEX	2 to 3	INTRANASAL STEROIDS	MOMETASONE FUROATE
259924024003	NATAZIA	2 to 3	MONOPHASIC/BIPHASIC/ TRIPHASIC AGENTS	DROSPIRENONE-ETHINYL ESTRADIOL
00093102406	NEFAZODONE HCL 100 MG TABLET*	1 to 3	MISCELLANEOUS ANTIDEPRESSANTS	BUPROPION HCL
00093711306	NEFAZODONE HCL 150 MG TABLET*	1 to 3	MISCELLANEOUS ANTIDEPRESSANTS	BUPROPION HCL
00093102506	NEFAZODONE HCL 200 MG TABLET*	1 to 3	MISCELLANEOUS ANTIDEPRESSANTS	BUPROPION HCL
00093102606	NEFAZODONE HCL 250 MG TABLET*	1 to 3	MISCELLANEOUS ANTIDEPRESSANTS	BUPROPION HCL
00093717801	NEFAZODONE HCL 50 MG TABLET*	1 to 3	MISCELLANEOUS ANTIDEPRESSANTS	BUPROPION HCL
61314064175	NEOMYCIN-POLY-HC EYE DROPS*	1 to 2	STEROID-ANTIBIOTIC COMBINATIONS	
24208079062	NEOMYC-POLYM-GRAMICID EYE DROP*	1 to 2	ANTIBIOTICS	
39822120102	NEOMY-POLYMYXIN B 40 MG/ML AMP*	1 to 2	IRRIGATING SOLUTIONS	
39822120105	NEOMY-POLYMYXIN B 40 MG/ML AMP*	1 to 2	IRRIGATING SOLUTIONS	
39822122001	NEOMY-POLYMYXIN B 40 MG/ML VL*	1 to 2	IRRIGATING SOLUTIONS	
994020203001	NEORAL	2 to 3	IMMUNOSUPPRESSANT DRUGS	CYCLOSPORINE
785120660003	NESTABS	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
00024159601	NEVIRAPINE ER 100 MG TABLET*	1 to 2	ANTIMALARIALS	
69067010204	NIACIN 500 MG TABLET*	1 to 2	ANTIHISTAMINES	
00536703801	NIACIN ER 1,000 MG TABLET*	1 to 2	LIPID/CHOLESTEROL LOWERING AGENTS	
69367018650	NIACOR 500 MG TABLET*	1 to 3	ANTIHISTAMINES	
00378222401	NISOLDIPINE ER 20 MG TABLET*	1 to 2	CALCIUM CHANNEL BLOCKERS/ DIHYDROPYRIDINES	
62175048537	NISOLDIPINE ER 25.5 MG TABLET*	1 to 2	CALCIUM CHANNEL BLOCKERS/ NON-DIHYDROPYRIDINES	
62175048637	NISOLDIPINE ER 30 MG TABLET*	1 to 2	CALCIUM CHANNEL BLOCKERS/ NON-DIHYDROPYRIDINES	
62175048737	NISOLDIPINE ER 40 MG TABLET*	1 to 2	CALCIUM CHANNEL BLOCKERS/ NON-DIHYDROPYRIDINES	
60846030115	NIZATIDINE 15 MG/ML SOLUTION*	1 to 2	H2 ANTAGONISTS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
00591313760	NIZATIDINE 150 MG CAPSULE*	1 to 2	H2 ANTAGONISTS	
00591313830	NIZATIDINE 300 MG CAPSULE*	1 to 2	H2 ANTAGONISTS	
351000101069	NORPACE CR	2 to 3	ANTIARRHYTHMIC AGENTS	AMIODARONE HCL
00121067816	NORTRIPTYLINE 10 MG/5 ML SOLN*	1 to 2	TRICYCLICS	
49884070154	NOVAREL 10,000 UNITS VIAL*	1 to 2	OVULATORY STIMULANTS	
271040900018	NOVOLIN 70-30	2 to 3	INSULIN THERAPY	HUMULIN 70-30
2710409000D3	NOVOLIN 70-30 FLEXPEN	2 to 3	INSULIN THERAPY	HUMULIN 70/30 KWIKPEN
271040200018	NOVOLIN N	2 to 3	INSULIN THERAPY	HUMULIN N
2710402000D3	NOVOLIN N FLEXPEN	2 to 3	INSULIN THERAPY	HUMULIN N KWIKPEN
271040100020	NOVOLIN R	2 to 3	INSULIN THERAPY	HUMULIN R
2710401000D2	NOVOLIN R FLEXPEN	2 to 3	INSULIN THERAPY	HUMULIN R
2.7104002E+2	NOVOLOG	2 to 3	INSULIN THERAPY	HUMALOG
2710400200D2	NOVOLOG FLEXPEN	2 to 3	INSULIN THERAPY	HUMALOG
2710407000D3	NOVOLOG MIX 70-30	2 to 3	INSULIN THERAPY	HUMALOG MIX 75-25
851000262021	NOVOSEVEN RT	2 to 3	HEMOSTATICS	SEVENFACT
677010607072	NURTEC ODT	2 to 3	HEADACHE THERAPY	ALMOTRIPTAN MALATE
3010002000D2	NUTROPIN AQ NUSPIN	2 to 3	GROWTH HORMONES	GENOTROPIN
851000102221	NUWIQ	2 to 3	MISCELLANEOUS COAGULATION AGENTS	ADVATE
785120100003	OB COMPLETE	2 to 3	VITAMINS & HEMATINICS	PNV-DHA
785120130001	OB COMPLETE DHA	2 to 3	VITAMINS & HEMATINICS	PNV-DHA
785120650003	OBSTETRIX EC	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
785120150003	O-CAL PRENATAL	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
3017007010E5	OCTREOTIDE ACETATE	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
13845120202	OFLOXACIN 300 MG TABLET*	1 to 3	ANTIMYCOBACTERIALS	
00185075701	OFLOXACIN 300 MG TABLET*	1 to 2	SULFA'S & RELATED AGENTS	
39822070602	OFLOXACIN 300 MG TABLET*	1 to 2	ANTIMYCOBACTERIALS	
75834011901	OFLOXACIN 300 MG TABLET*	1 to 2	FLUOROQUINOLONES	
50428037205	OGESTREL TABLET*	1 to 2	MISCELLANEOUS AGENTS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
499930032563	OMECLAMOX-PAK	2 to 3	OTHER ULCER THERAPY	LANSOPRAZOL-AMOXICIL- CLARITHRO
55111015611	ONDANSETRON HCL 24 MG TABLET*	1 to 2	ANTIVERTIGO & ANTIEMETIC AGENTS	
71993099960	ORPHENAD-ASA-CAFF 50-770-60 MG*	1 to 2	MUSCLE RELAXANTS & ANTISPASMODIC AGENTS	
10019092616	OXALIPLATIN 200 MG/40 ML VIAL*	1 to 2	ALKYLATING AGENTS	
68308084501	OXYCODONE-ASPIRIN 4.8355-325*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
00228402911	OXYCODONE-IBUPROFEN 5-400 TAB*	1 to 2	COMBINATION NARCOTIC/ANALGESICS	
64896069701	OXYMORPHONE HCL ER 10 MG TAB*	1 to 2	NARCOTICS	
64896069713	OXYMORPHONE HCL ER 10 MG TAB*	1 to 2	NARCOTICS	
64896069801	OXYMORPHONE HCL ER 15 MG TAB*	1 to 2	NARCOTICS	
64896069813	OXYMORPHONE HCL ER 15 MG TAB*	1 to 2	NARCOTICS	
64896069901	OXYMORPHONE HCL ER 20 MG TAB*	1 to 2	NARCOTICS	
64896069913	OXYMORPHONE HCL ER 20 MG TAB*	1 to 2	NARCOTICS	
64896070001	OXYMORPHONE HCL ER 30 MG TAB*	1 to 2	NARCOTICS	
64896070013	OXYMORPHONE HCL ER 30 MG TAB*	1 to 2	NARCOTICS	
64896070101	OXYMORPHONE HCL ER 40 MG TAB*	1 to 2	NARCOTICS	
64896070113	OXYMORPHONE HCL ER 40 MG TAB*	1 to 2	NARCOTICS	
64896069501	OXYMORPHONE HCL ER 5 MG TABLET*	1 to 2	NARCOTICS	
64896069513	OXYMORPHONE HCL ER 5 MG TABLET*	1 to 2	NARCOTICS	
64896069601	OXYMORPHONE HCL ER 7.5 MG TAB*	1 to 2	NARCOTICS	
64896069613	OXYMORPHONE HCL ER 7.5 MG TAB*	1 to 2	NARCOTICS	
61703030926	PACLITAXEL 100 MG/16.7 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
61703030925	PACLITAXEL 150 MG/25 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
00143951301	PALONOSETRON 0.25 MG/2 ML VIAL*	1 to 3	ANTIVERTIGO & ANTIEMETIC AGENTS	
70860021051	PAMIDRONATE 60 MG/10 ML VIAL*	1 to 2	MISCELLANEOUS AGENTS	
25021082682	PAMIDRONATE DISOD 30 MG VIAL*	1 to 3	MISCELLANEOUS AGENTS	
25021082667	PAMIDRONATE DISOD 90 MG VIAL*	1 to 3	MISCELLANEOUS AGENTS	
60505613208	PARAPLATIN 1,000 MG/100 ML VL*	1 to 2	ALKYLATING AGENTS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
69166090901	PEG-PREP KIT*	1 to 2	BOWEL EVACUANTS	
00093412574	PEN G 1.2 MILLION UNIT/2 ML*	1 to 2	PENICILLINS	
60793013001	PEN G 1.2 MILLION UNIT/2 ML*	1 to 2	PENICILLINS	
970510501463	PEN- NEEDLE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	BD INSULIN PEN NEEDLE UF MINI
00093412774	PENICILLIN G 600,000 UNIT/1 ML*	1 to 2	PENICILLINS	
00093412573	PENICILLIN G 600,000 UNIT/1 ML*	1 to 2	PENICILLINS	
60793013010	PENICILLIN G NA 5 MILLION UNIT*	1 to 2	PENICILLINS	
60793013101	PENICILLIN G NA 5 MILLION UNIT*	1 to 2	PENICILLINS	
00093226701	PENICILLIN VK 125 MG/5 ML SOLN*	1 to 2	PENICILLINS	
00093412773	PENICILLIN VK 125 MG/5 ML SOLN*	1 to 2	PENICILLINS	
00781214505	PENICILLIN VK 250 MG/5 ML SOLN*	1 to 2	PENICILLINS	
00093226801	PENICILLIN VK 250 MG/5 ML SOLN*	1 to 2	PENICILLINS	
00378033001	PERPHEN-AMITRIP 2 MG-10 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378033005	PERPHEN-AMITRIP 2 MG-10 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378044201	PERPHEN-AMITRIP 2 MG-25 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378044205	PERPHEN-AMITRIP 2 MG-25 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378004201	PERPHEN-AMITRIP 4 MG-10 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378057401	PERPHEN-AMITRIP 4 MG-25 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378057405	PERPHEN-AMITRIP 4 MG-25 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
00378007301	PERPHEN-AMITRIP 4 MG-50 MG TAB*	1 to 2	MISCELLANEOUS ANTIDEPRESSANTS	
69543040910	PHENDIMETRAZINE ER 105 MG CAP*	1 to 2	ANOREXIANTS	
69543040930	PHENDIMETRAZINE ER 105 MG CAP*	1 to 2	ANOREXIANTS	
50600054944	PHENYLALANINE POWDER PACKET*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	
722000302001	PHENYTEK	2 to 3	ANTICONVULSANTS	PHENYTOIN SODIUM
219900035520	PHESGO	2 to 3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	PERJETA
49884034701	PIMOZIDE 1 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
49884034801	PIMOZIDE 2 MG TABLET*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
50600051806	PKU TRIO POWDER*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
50600051813	PKU TRIO POWDER*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	
69543026790	PNV 29-1 TABLET*	1 to 2	VITAMINS & HEMATINICS	
42192032330	PNV-DHA + DOCUSATE SOFTGEL*	1 to 2	VITAMINS & HEMATINICS	
42192032130	PNV-DHA SOFTGEL*	1 to 2	VITAMINS & HEMATINICS	
42192033230	PNV-OMEGA SOFTGEL*	1 to 2	VITAMINS & HEMATINICS	
42192032090	PNV-SELECT TABLET*	1 to 2	VITAMINS & HEMATINICS	
00574060115	PODOCON-25 LIQUID*	1 to 3	KERATOLYTICS	PODOFILOX
23359002316	POLY-TUSSIN AC LIQUID*	1 to 2	ANTITUSSIVE COMBINATIONS	
784500000018	POLY-VI-FLOR W/IRON	2 to 3	VITAMINS & HEMATINICS	
784100000020	POLY-VI-SOL	2 to 3	VITAMINS & HEMATINICS	
00338070434	POTASSIUM CL 20 MEQ-0.45% NACL*	1 to 2	POTASSIUM	
68382077601	POTASSIUM CL ER 8 MEQ TABLET*	1 to 2	POTASSIUM	
68382077610	POTASSIUM CL ER 8 MEQ TABLET*	1 to 2	POTASSIUM	
833370302001	PRADAXA	2 to 3	ANTICOAGULANTS	ELIQUIS
3935001000D5	PRALUENT PEN	2 to 3	LIPID/CHOLESTEROL LOWERING AGENTS	REPATHA SURECLICK
54766071603	PRAMOSONE 1%-1% CREAM*	1 to 3	ANTIPSORIATIC/ANTISEBORRHEIC	HC PRAMOXINE
54766071604	PRAMOSONE 1%-1% CREAM*	1 to 3	ANTIPSORIATIC/ANTISEBORRHEIC	HC PRAMOXINE
68682088060	PREDNICARBATE 0.1% CREAM*	1 to 2	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
00168041015	PREDNICARBATE 0.1% OINTMENT*	1 to 2	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
00168041060	PREDNICARBATE 0.1% OINTMENT*	1 to 2	TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	
66993084462	PREDNISOLONE 15 MG/5 ML SOLN*	1 to 2	ADRENAL HORMONES	
00178058208	PREDNISOLONE 15 MG/5 ML SOLN*	1 to 2	ADRENAL HORMONES	
60758011905	PREDNISOLONE AC 1% EYE DROP*	1 to 2	STEROIDS	
60758011910	PREDNISOLONE AC 1% EYE DROP*	1 to 2	STEROIDS	
60758011915	PREDNISOLONE AC 1% EYE DROP*	1 to 2	STEROIDS	
61314063705	PREDNISOLONE AC 1% EYE DROP*	1 to 2	STEROIDS	
61314063710	PREDNISOLONE AC 1% EYE DROP*	1 to 2	STEROIDS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
61314063715	PREDNISOLONE AC 1% EYE DROP*	1 to 2	STEROIDS	
71384050105	PREDNISOLONE ACET 1% EYE DROP*	1 to 3	STEROIDS	
66993084535	PREDNISOLONE ODT 10 MG TABLET*	1 to 2	ADRENAL HORMONES	
66993084551	PREDNISOLONE ODT 10 MG TABLET*	1 to 2	ADRENAL HORMONES	
66993084562	PREDNISOLONE ODT 10 MG TABLET*	1 to 2	ADRENAL HORMONES	
66993084635	PREDNISOLONE ODT 15 MG TABLET*	1 to 2	ADRENAL HORMONES	
66993084651	PREDNISOLONE ODT 15 MG TABLET*	1 to 2	ADRENAL HORMONES	
66993084662	PREDNISOLONE ODT 15 MG TABLET*	1 to 2	ADRENAL HORMONES	
00054372250	PREDNISOLONE ODT 30 MG TABLET*	1 to 2	ADRENAL HORMONES	
00054372263	PREDNISOLONE ODT 30 MG TABLET*	1 to 2	ADRENAL HORMONES	
00054372144	PREDNISOLONE ODT 30 MG TABLET*	1 to 2	ADRENAL HORMONES	
24208071510	PREDNISOLONE SOD 1% EYE DROP*	1 to 2	STEROIDS	
66993084435	PREDNISOLONE SOD PH 25 MG/5 ML*	1 to 2	ADRENAL HORMONES	
66993084451	PREDNISOLONE SOD PH 25 MG/5 ML*	1 to 2	ADRENAL HORMONES	
00832112065	PREDNISON 5 MG/5 ML SOLUTION*	1 to 2	ANDROGENS	
00832112089	PREDNISON 5 MG/5 ML SOLUTION*	1 to 3	MISCELLANEOUS	
00115140801	PREDNISON INTENSOL 5 MG/ML*	1 to 2	ANDROGENS	
17478093101	PREGNYL 10,000 UNITS VIAL	1 to 2	MISCELLANEOUS AGENTS	
42937070710	PRENATAL 19 CHEWABLE TABLET*	1 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
60258019701	PRENATAL 19 CHEWABLE TABLET*	1 to 2	VITAMINS & HEMATINICS	
42937070610	PRENATAL 19 TABLET*	1 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
60258019601	PRENATAL 19 TABLET*	1 to 2	VITAMINS & HEMATINICS	
54629899260	PRENATAL FORMULA-DHA SOFTGEL*	1 to 3	VITAMINS & HEMATINICS	
00179806490	PRENATAL MULTIVITAMIN TABLET*	1 to 3	VITAMINS & HEMATINICS	
54629005201	PRENATAL MULTIVITAMIN TABLET*	1 to 2	VITAMINS & HEMATINICS	
785120150003	PRENATAL PLUS	2 to 3	VITAMINS & HEMATINICS	
42937070510	PRENATAL PLUS IRON TABLET*	1 to 2	VITAMINS & HEMATINICS	
42937070518	PRENATAL PLUS IRON TABLET*	1 to 2	VITAMINS & HEMATINICS	
51645083701	PRENATAL TABLET*	1 to 2	VITAMINS & HEMATINICS	

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57896057501	PRENATAL TABLET*	1 to 2	VITAMINS & HEMATINICS	
62107006301	PRENATAL TABLET*	1 to 2	VITAMINS & HEMATINICS	
77333071510	PRENATAL TABLET*	1 to 2	VITAMINS & HEMATINICS	
77333071525	PRENATAL TABLET*	1 to 2	VITAMINS & HEMATINICS	
39328010610	PRENATAL VITAMIN PLUS LOW IRON*	1 to 2	VITAMINS & HEMATINICS	
63044015001	PRENATAL VITAMIN PLUS LOW IRON*	1 to 2	VITAMINS & HEMATINICS	
63044015005	PRENATAL VITAMIN PLUS LOW IRON*	1 to 2	VITAMINS & HEMATINICS	
48433011201	PRENATAL VITAMIN TABLET*	1 to 2	VITAMINS & HEMATINICS	
00904531346	PRENATAL VITAMIN TABLET*	1 to 2	VITAMINS & HEMATINICS	
00904531360	PRENATAL VITAMIN TABLET*	1 to 2	VITAMINS & HEMATINICS	
51645084001	PRENATAL VITAMIN TABLET*	1 to 3	VITAMINS & HEMATINICS	
51645084003	PRENATAL VITAMIN TABLET*	1 to 3	VITAMINS & HEMATINICS	
00536408501	PRENATAL VITAMINS TABLET*	1 to 2	VITAMINS & HEMATINICS	
46122009878	PRENATAL VITAMINS TABLET*	1 to 2	VITAMINS & HEMATINICS	
785100350003	PRENATE AM	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
69543025810	PREPLUS CA-Fe 27 MG-FA 1 MG TB*	1 to 2	VITAMINS & HEMATINICS	
69543025850	PREPLUS CA-Fe 27 MG-FA 1 MG TB*	1 to 2	VITAMINS & HEMATINICS	
00126003316	PREVIDENT 0.2% RINSE*	2 to 3	MISCELLANEOUS AGENTS	DENTAGEL
60793013110	PREVIDENT 0.2% RINSE*	1 to 2	PENICILLINS	
121099022703	PREZCOBIX	2 to 3	HIV/AIDS THERAPY	ATAZANAVIR SULFATE
63323034925	PRIMAQUINE 26.3 MG TABLET*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
00781615395	PROAIR HFA 90 MCG INHALER*	1 to 2	PENICILLINS	
59310057922	PROAIR HFA 90 MCG INHALER*	2 to 3	BETA AGONISTS INHALERS	ALBUTEROL SULFATE HFA (TEVA)
442010101080	PROAIR RESPICLICK	2 to 3	BETA AGONISTS INHALERS	ALBUTEROL SULFATE HFA (TEVA)
899910023139	PROCTOFOAM-HC	2 to 3	MISCELLANEOUS GASTROINTESTINAL AGENTS	HC PRAMOXINE
851000300021	PROFILNINE	2 to 3	MISCELLANEOUS COAGULATION AGENTS	

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868050051020	PROLENSA	2 to 3	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	BROMFENAC SODIUM
3004453000E5	PROLIA	2 to 3	OSTEOPOROSIS THERAPY	ALENDRONATE SODIUM
24208034425	PROMETHEGAN 50 MG SUPPOSITORY*	1 to 2	INTRANASAL STEROIDS	
55111036006	PROMETHEGAN 50 MG SUPPOSITORY*	1 to 2	ANTIHISTAMINES	
00054472125	PROPANTHELINE 15 MG TABLET*	1 to 3	ANTISPASMODICS	DICYCLOMINE HCL
00378222201	PROPRANOLOL 20 MG/5 ML SOLN*	1 to 2	CALCIUM CHANNEL BLOCKERS/ DIHYDROPYRIDINES	
00378209801	PROPRANOLOL 40 MG/5 ML SOLN*	1 to 2	CALCIUM CHANNEL BLOCKERS/ DIHYDROPYRIDINES	
00378071101	PROPRANOLOL-HCTZ 40-25 MG TAB*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
00054329863	PROPRANOLOL-HCTZ 80-25 MG TAB*	1 to 2	THIAZIDE & RELATED DIURETICS	
785120580001	PROVIDA OB	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
499920031501	PYLERA	2 to 3	OTHER ULCER THERAPY	LANSOPRAZOL-AMOXICIL- CLARITHRO
58657081010	PYRIDOSTIGMINE BR 30 MG TABLET*	1 to 3	MYASTHENIA GRAVIS	PYRIDOSTIGMINE BROMIDE
58657081021	PYRIDOSTIGMINE BR 30 MG TABLET*	1 to 3	MYASTHENIA GRAVIS	PYRIDOSTIGMINE BROMIDE
63323018000	PYRIDOXINE 100 MG/ML VIAL*	1 to 2	VITAMINS & HEMATINICS	
63323018001	PYRIDOXINE 100 MG/ML VIAL*	1 to 2	VITAMINS & HEMATINICS	
71993026510	QUAZEPAM 15 MG TABLET*	1 to 3	HYPNOTIC AGENTS	ESTAZOLAM
71993026530	QUAZEPAM 15 MG TABLET*	1 to 3	HYPNOTIC AGENTS	ESTAZOLAM
16729003001	QUINIDINE SULFATE 200 MG TAB*	1 to 2	ADRENERGIC ANTAGONISTS & RELATED DRUGS	
16729003116	QUINIDINE SULFATE 300 MG TAB*	1 to 2	ADRENERGIC ANTAGONISTS & RELATED DRUGS	
851000102021	RECOMBINATE	2 to 3	MISCELLANEOUS COAGULATION AGENTS	ADVATE
68025008410	RELEXXII ER 72 MG TABLET*	1 to 3	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	DEXMETHYLPHENIDATE HCL ER
68025008430	RELEXXII ER 72 MG TABLET*	1 to 3	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	DEXMETHYLPHENIDATE HCL ER
824010200420	RETACRIT	2 to 3	ERYTHROID STIMULANTS	ARANESP

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
900500302040	RETIN-A MICRO PUMP	2 to 3	THERAPY FOR ACNE	TRETINOIN MICROSPHERE
1910005000E5	RHOGAM PLUS	2 to 3	VACCINES & MISCELLANEOUS IMMUNOLOGICALS	HYPERRHO S-D
1910005000E5	RHOPHYLAC	2 to 3	VACCINES & MISCELLANEOUS IMMUNOLOGICALS	HYPERRHO S-D
63323034994	RIMANTADINE HCL 100 MG TABLET*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
49884021252	RISPERIDONE 0.25 MG ODT*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
49884021255	RISPERIDONE 0.25 MG ODT*	1 to 2	MISCELLANEOUS ANTIPSYCHOTICS	
121023304074	RUKOBIA	2 to 3	HIV/AIDS THERAPY	
00485020816	RYDEX LIQUID*	1 to 2	EXPECTORANT COMBINATIONS	
29978042016	RYMED TABLET*	1 to 3	ANTITUSSIVE COMBINATIONS	PROMETHAZINE VC W/ CODEINE
73308035812	RYVENT 6 MG TABLET*	1 to 2	ANTIHISTAMINES	
994020200001	SANDIMMUNE	2 to 3	IMMUNOSUPPRESSANT DRUGS	CYCLOSPORINE
785120300005	SELECT-OB	2 to 3	VITAMINS & HEMATINICS	PRENATAL PLUS
60505343803	SELEGILINE HCL 5 MG TABLET*	1 to 2	ANTIPARKINSONISM AGENTS	
60505343808	SELEGILINE HCL 5 MG TABLET*	1 to 2	ANTIPARKINSONISM AGENTS	
68462044626	SEVELAMER HCL 400 MG TABLET*	1 to 2	MISCELLANEOUS AGENTS	
525000300051	SFROWASA	2 to 3	MISCELLANEOUS GASTROINTESTINAL AGENTS	MESALAMINE
00093961413	SILVER NITRATE 0.5% SOLN*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
10481105101	SILVER NITRATE 10% SOLUTION*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
10481105201	SILVER NITRATE 25% SOLUTION*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
10481105301	SILVER NITRATE 50% SOLUTION*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
866099022018	SIMBRINZA	2 to 3	OTHER GLAUCOMA DRUGS	BRIMONIDINE TARTRATE
6627004000D5	SIMPONI	2 to 3	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	HUMIRA, ENBREL
662700400020	SIMPONI ARIA	2 to 3	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	ENBREL
44523060201	SOD SULFACETAMIDE-SULFUR LOTN*	1 to 2	THERAPY FOR ACNE	
44523060701	SOD SULFACETAMIDE-SULFUR LOTN*	1 to 2	THERAPY FOR ACNE	

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44523060702	SOD SULFACETAMIDE-SULFUR LOTN*	1 to 2	THERAPY FOR ACNE	
44523060401	SOD SULFACETAMIDE-SULFUR SUSP*	1 to 2	THERAPY FOR ACNE	
52187055260	SOD SULFACET-SULFR 9.8-4.8%PAD*	1 to 2	THERAPY FOR ACNE	
00409491614	SODIUM BICARB 7.5% ABBOJECT*	1 to 2	OTHER ELECTROLYTES	
00409491624	SODIUM BICARB 7.5% ABBOJECT*	1 to 2	OTHER ELECTROLYTES	
00409491634	SODIUM BICARB 7.5% ABBOJECT*	1 to 2	OTHER ELECTROLYTES	
13925016112	SODIUM SULF-SULFUR CLEANSER*	1 to 2	THERAPY FOR ACNE	
28595057004	SPINOSAD 0.9% TOPICAL SUSP*	1 to 2	TOPICAL SCABICIDES/PEDICULICIDES	
46287000601	SPS 15 GM/60 ML SUSPENSION*	1 to 2	MISCELLANEOUS AGENTS	
46287000660	SPS 15 GM/60 ML SUSPENSION*	1 to 2	MISCELLANEOUS AGENTS	
46287000604	SPS 30 GM/120 ML ENEMA SUSP*	1 to 2	MISCELLANEOUS AGENTS	
42192014301	SSS 10-5 FOAM*	1 to 2	THERAPY FOR ACNE	
42192014360	SSS 10-5 FOAM*	1 to 2	THERAPY FOR ACNE	
31722051860	STAVUDINE 15 MG CAPSULE*	1 to 2	HIV/AIDS THERAPY	
65862093290	STAVUDINE 20 MG CAPSULE*	1 to 2	HIV/AIDS THERAPY	
00115191101	STAVUDINE 30 MG CAPSULE*	1 to 2	MISCELLANEOUS ANTIVIRALS	
64980017802	STAVUDINE 40 MG CAPSULE*	1 to 2	ANTIMALARIALS	
525040700020	STELARA	2 to 3	ANTIPSORIATIC/ANTISEBORRHEIC	HUMIRA
00555006602	STREPTOMYCIN SULF 1 GM VIAL*	1 to 2	ANTIMYCOBACTERIALS	
00574419035	SULFACETAMIDE 10% EYE OINTMENT*	1 to 2	SULFONAMIDES	
46287000901	SULFADIAZINE 500 MG TABLET*	1 to 2	ANTIMYCOBACTERIALS	
24208031705	SULF-PRED 10-0.23% EYE DROPS*	1 to 2	STEROID-SULFONAMIDE COMBINATIONS	
67457087900	SUMATRIPTAN 6 MG/0.5 ML SYRNG*	1 to 2	HEADACHE THERAPY	
67457087905	SUMATRIPTAN 6 MG/0.5 ML SYRNG*	1 to 2	HEADACHE THERAPY	
300800451064	SUPPRELIN LA	2 to 3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	LUPRON DEPOT-PED
281000101003	SYNTHROID	2 to 3	THYROID HORMONES	LEVOTHYROXINE SODIUM
00802392016	SYRPALTA SYRUP*	1 to 2	MISCELLANEOUS AGENTS	
00802392716	SYRPALTA SYRUP*	1 to 2	MISCELLANEOUS AGENTS	
213000600003	TABLOID	2 to 3	ANTIMETABOLITES	

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68308025010	TAZICEF 1 GM ADD-VANTAGE VIAL*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
00409509311	TAZICEF 1 GM ADD-VANTAGE VIAL*	1 to 2	THIRD GENERATION CEPHALOSPORINS	
24338011003	TAZICEF 2 GM ADD-VANTAGE VIAL*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
24338011013	TAZICEF 2 GM ADD-VANTAGE VIAL*	1 to 2	ERYTHROMYCINS & OTHER MACROLIDES	
726000200018	TEGRETOL	2 to 3	ANTICONVULSANTS	CARBAMAZEPINE
726000200074	TEGRETOL XR	2 to 3	ANTICONVULSANTS	CARBAMAZEPINE ER
361700101003	TEKTURNA	2 to 3	ANGIOTENSIN II RECEPTOR BLOCKERS & RENIN INHIBITOR	ALISKIREN
61703030916	TENIPOSIDE 50 MG/5 ML AMPULE*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
3004407000D2	TERIPARATIDE	2 to 3	OSTEOPOROSIS THERAPY	FORTEO
00378021501	TESTOSTERON ENAN 1,000 MG/5 ML*	1 to 2	NON-INSULIN HYPOGLYCEMIC AGENTS	
52544084828	TESTOSTERONE 12.5 MG/1.25 GRAM*	1 to 2	MONOPHASIC/BIPHASIC/TRIPHASIC AGENTS	
00642747101	TESTOSTERONE 12.5 MG/1.25 GRAM*	1 to 3	MONOPHASIC/BIPHASIC/TRIPHASIC AGENTS	ALTAVERA
00143975001	TESTOSTERONE 50 MG/5 GRAM GEL*	1 to 2	ANDROGENS	
00832112142	TESTOSTERONE 50 MG/5 GRAM GEL*	1 to 3	ANDROGENS	TESTOSTERONE INJ
00832112140	TESTOSTERONE 50 MG/5 GRAM PKT*	1 to 3	ANDROGENS	TESTOSTERONE INJ
00832112005	TESTOSTERONE 50 MG/5 GRAM PKT*	1 to 2	ANDROGENS	
62332002531	THEOPHYLLINE ER 300 MG TAB*	1 to 2	XANTHINES	
68462072101	THEOPHYLLINE ER 300 MG TAB*	1 to 2	XANTHINES	
62332002631	THEOPHYLLINE ER 450 MG TAB*	1 to 2	XANTHINES	
68462072201	THEOPHYLLINE ER 450 MG TAB*	1 to 2	XANTHINES	
75834020050	TIGECYCLINE 50 MG VIAL*	1 to 2	FLUOROQUINOLONES	
67457032325	TIGECYCLINE 50 MG VIAL*	1 to 2	FLUOROQUINOLONES	
55111012506	TIGECYCLINE 50 MG VIAL*	1 to 2	FLUOROQUINOLONES	
16729036403	TIGECYCLINE 50 MG VIAL*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
16729036468	TIGECYCLINE 50 MG VIAL*	1 to 2	MISCELLANEOUS ANTIINFECTIVES	
24208081825	TIMOLOL 0.25% GEL-SOLUTION*	1 to 2	BETA-BLOCKERS	
24208081905	TIMOLOL 0.5% GEL-SOLUTION*	1 to 2	BETA-BLOCKERS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
00378222301	TIMOLOL MALEATE 10 MG TABLET*	1 to 2	CALCIUM CHANNEL BLOCKERS/ DIHYDROPYRIDINES	
50428033753	TOLBUTAMIDE 500 MG TABLET*	1 to 2	MISCELLANEOUS AGENTS	
00378520001	TOLMETIN SODIUM 400 MG CAP*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
00378031301	TOLMETIN SODIUM 600 MG TAB*	1 to 2	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
726000750003	TOPAMAX	2 to 3	ANTICONVULSANTS	TOPIRAMATE
00143970001	TOPOTECAN HCL 4 MG/4 ML VIAL*	1 to 2	ADRENAL HORMONES	
63323063110	TOPOTECAN HCL 4 MG/4 ML VIAL*	1 to 2	ADJUNCTIVE AGENTS	
63323012710	TOPOTECAN HCL 4 MG/4 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
52817019610	TRAMADOL HCL 100 MG TABLET*	1 to 3	MISCELLANEOUS ANALGESICS	TRAMADOL HCL (OTHER STRENGTHS)
69420515001	TRAMADOL HCL ER 150 MG CAPSULE*	1 to 3	MISCELLANEOUS ANALGESICS	TRAMADOL HCL ER
69467100101	TRAMADOL HCL ER 150 MG CAPSULE*	1 to 3	MISCELLANEOUS ANALGESICS	TRAMADOL HCL ER
00185023601	TRANDOLAPR-VERAPAM ER 1-240 MG*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
00378008101	TRANDOLAPR-VERAPAM ER 2-180 MG*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
00378008301	TRANDOLAPR-VERAPAM ER 4-240 MG*	1 to 2	OTHER ANTIHYPERTENSIVE COMBINATIONS	
42851001140	TRETINOIN 0.05% EMOLLIENT CRM*	1 to 2	THERAPY FOR ACNE	
61314004475	TRIFLURIDINE 1% EYE DROPS*	1 to 2	ANTIVIRALS	
726000460003	TRILEPTAL	2 to 3	ANTICONVULSANTS	OXCARBAZEPINE
15370013010	TRIPROLIDINE 0.313 MG/ML DROP*	1 to 3	ANTIHISTAMINES	CARBINOXAMINE
51991033404	TRIPROLIDINE 2.5 MG/5 ML LIQ*	1 to 2	ANTIHISTAMINES	
970510309063	TRUEPLUS INSULIN SYRINGE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	
970510501463	TRUEPLUS PEN NEEDLE	2 to 3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	BD INSULIN PEN NEEDLE UF MINI
50428054363	TYBLUME 0.1-0.02 MG CHEW TAB*	1 to 2	MISCELLANEOUS AGENTS	
121095300003	TYBOST	2 to 3	HIV/AIDS THERAPY	RITONAVIR

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
677010800003	UBRELVY	2 to 3	HEADACHE THERAPY	ALMOTRIPTAN MALATE
54629035000	ULTRA ENERGY TABLET*	1 to 3	MISCELLANEOUS NUTRITION PRODUCTS	
42192011515	UREA 35% FOAM*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
42808020209	UREA 45% CREAM*	1 to 2	MISCELLANEOUS DERMATOLOGICALS	
50600054333	VALINE PACKET*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
44567051101	VANCOMYCIN 1 G/200ML-0.9% NACL*	1 to 2	ALKYLATING AGENTS	
70594004302	VANCOMYCIN 1 GRAM/200 ML BAG*	1 to 3	VANCOMYCIN	
70594005701	VANCOMYCIN 1 GRAM/200 ML BAG*	1 to 3	VANCOMYCIN	
70594005802	VANCOMYCIN 1.25 GM/250 ML BAG*	1 to 3	VANCOMYCIN	
70594004301	VANCOMYCIN 1.25 GM/250 ML BAG*	1 to 3	VANCOMYCIN	
70594004402	VANCOMYCIN 1.5 GRAM/300 ML BAG*	1 to 3	VANCOMYCIN	
70594005801	VANCOMYCIN 1.5 GRAM/300 ML BAG*	1 to 3	VANCOMYCIN	
62559083080	VANCOMYCIN 1.75 GM/350 ML BAG*	1 to 2	VANCOMYCIN	
70594004401	VANCOMYCIN 1.75 GM/350 ML BAG*	1 to 3	VANCOMYCIN	
62559083003	VANCOMYCIN 2 GRAM/400 ML BAG*	1 to 2	VANCOMYCIN	
62559083055	VANCOMYCIN 2 GRAM/400 ML BAG*	1 to 2	VANCOMYCIN	
63323010364	VANCOMYCIN 250 MG/5 ML SOLN*	1 to 2	ALKYLATING AGENTS	
69448000538	VANCOMYCIN 250 MG/5 ML SOLN*	1 to 2	ALKYLATING AGENTS	
00338358301	VANCOMYCIN 250 MG/5 ML SOLN*	1 to 2	VANCOMYCIN	
70594004203	VANCOMYCIN 500 MG/100 ML BAG*	1 to 3	VANCOMYCIN	
70594005601	VANCOMYCIN 500 MG/100 ML BAG*	1 to 3	VANCOMYCIN	
70594005702	VANCOMYCIN 750 MG/150 ML BAG*	1 to 3	VANCOMYCIN	
70594004201	VANCOMYCIN 750 MG/150 ML BAG*	1 to 3	VANCOMYCIN	
52083033690	VASOFLEX FORTE CAPSULE*	1 to 2	MISCELLANEOUS NUTRITION PRODUCTS	
52925051210	VCF CONTRACEPTIVE GEL*	1 to 2	DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES	
52083090090	VENALIV CAPLET*	1 to 3	VITAMINS & HEMATINICS	
16729003016	VERAPAMIL 360 MG CAP PELLET*	1 to 2	ADRENERGIC ANTAGONISTS & RELATED DRUGS	

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
00591288601	VERAPAMIL ER PM 100 MG CAPSULE*	1 to 2	CALCIUM CHANNEL BLOCKERS/ NON-DIHYDROPYRIDINES	
00185434601	VERAPAMIL ER PM 200 MG CAPSULE*	1 to 2	ANTIARRHYTHMIC AGENTS	
00185104701	VERAPAMIL ER PM 300 MG CAPSULE*	1 to 2	ANTIARRHYTHMIC AGENTS	
00703471401	VINBLASTINE 1 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
25021023604	VINCRISTINE 1 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
61703030906	VINCRISTINE 1 MG/ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
61703034936	VINCRISTINE 2 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
63323027810	VINCRISTINE 2 MG/2 ML VIAL*	1 to 2	MISCELLANEOUS ANTINEOPLASTIC DRUGS	
785120910001	VIRT-C DHA	2 to 3	VITAMINS & HEMATINICS	TARON-C DHA
76439033130	VIRT-C DHA SOFTGEL*	1 to 2	VITAMINS & HEMATINICS	
69543037030	VIRT-NATE DHA SOFTGEL*	1 to 2	VITAMINS & HEMATINICS	
69543034030	VIRT-PN DHA SOFTGEL*	1 to 2	VITAMINS & HEMATINICS	
69543024330	VIRT-PN PLUS SOFTGEL*	1 to 2	VITAMINS & HEMATINICS	
00378412401	VIRTUSSIN DAC LIQUID*	1 to 2	BETA AGONISTS ORAL	
10432009101	VITAMIN B-12 50 MCG LOZENGE*	1 to 3	VITAMINS & HEMATINICS	
69543022330	VP-PNV-DHA SOFTGEL*	1 to 3	VITAMINS & HEMATINICS	PNV-DHA
69367022409	WESTAB MAX TABLET*	1 to 2	VITAMINS & HEMATINICS	
191000500020	WINRHO SDF	2 to 3	VACCINES & MISCELLANEOUS IMMUNOLOGICALS	HYPERRHO S-D
6510007500A3	XTAMPZA ER	2 to 3	NARCOTICS	HYDROMORPHONE ER
851000102664	XYNTHA	2 to 3	MISCELLANEOUS COAGULATION AGENTS	ADVATE
851000102664	XYNTHA SOLOFUSE	2 to 3	MISCELLANEOUS COAGULATION AGENTS	ADVATE
70134040308	Y-TUSS LIQUID*	1 to 2	ANTITUSSIVE COMBINATIONS	
724000100001	ZARONTIN	2 to 3	ANTICONVULSANTS	ETHOSUXIMIDE

PRODUCT ID	DRUG NAME	TIER CHANGE	CATEGORY DESCRIPTION	POSSIBLE ALTERNATIVE
00052031510	ZOLEDRONIC ACID 4 MG/100 ML*	1 to 3	GONADOTROPIN & RELATED AGENTS	NOVAREL
55566150101	ZOLEDRONIC ACID 4 MG/100 ML*	1 to 2	GONADOTROPIN & RELATED AGENTS	
63323003011	ZOLEDRONIC ACID 4 MG/100 ML*	1 to 3	GONADOTROPIN & RELATED AGENTS	NOVAREL
00409422901	ZOLEDRONIC ACID 4 MG/100 ML*	1 to 3	MISCELLANEOUS AGENTS	



Greater Tompkins County Municipal Health Insurance Consortium

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RESOLUTION NO - 2022 - ADOPTION OF AMENDED ONLINE ENROLLMENT POLICY AND COMMERCIAL GROUP HEALTH INSURANCE APPLICATION/CHANGE FORM

WHEREAS, non-online subscriber enrollment has many opportunities for things to slip through the cracks and can result in delays due to the length of time between when a subscriber submits their enrollment change and when it is in the "system", and

WHEREAS, the Consortium's vision statement includes: *"The Consortium administers operations by collaborating with claims administrators, providers, and employee representatives in an effort to manage its costs, efficiencies, and success,"* and

WHEREAS, adopting a policy whereby all enrollment changes being submitted online complies with the Vision Statement and works in concert with the Excellus software system to optimize delivery of service, and

WHEREAS, Excellus has committed to process timelines for online enrollment, now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Board of Directors adopts the amended "Online Enrollment Policy" ensure all enrollment changes as soon as practicable will be done "online".

* * * * *

**COMMERCIAL GROUP HEALTH INSURANCE APPLICATION/CHANGE FORM
FOR THE
GREATER TOMPKINS COUNTY MUNICIPAL INSURANCE CONSORTIUM**

Article I
Purpose and Objectives

A. Purpose

The Greater Tompkins Municipal Health Insurance Consortium adopts the Online Enrollment Policy to ensure that hence forth all new enrollment, additions, deletions, and changes will be done online.

B. Objectives

The Consortium adopts this policy for two reasons:

1. It is important to our subscribers and their employer that each knows that enrollment changes are in the Excellus software system. Only the online process allows this notification to happen in a timely manner.
2. It is important that the municipal partners have a record of enrollment changes: for accurate invoicing by the Consortium and for communication between the municipal benefit managers/clerks and the subscribers in their group(s).

Article II
Consortium Staffing

The Consortium recognizes that many of our partners would not have the occasion to use the online system on a frequent enough basis to feel comfortable accepting this mandated policy of only making online enrollment changes. Therefore, the Consortium will provide staff to conduct online enrollment for those municipal partners wishing that service with no fee.

Article III
Municipality Responsibility

A. To be clear, the Consortium is strictly providing a data entry function, NOT a human resource function. Municipal partners remain the direct contact with the subscriber. Therefore, the municipal partner is responsible for gathering all required information on the Excellus Commercial Group Health Insurance Application/Change Form “herein after Excellus Enrollment/Change Form” ensuring its accuracy and completeness and ensuring both the subscriber and the municipality have signed the Excellus Enrollment/Change Form. This *form* is the information to be communicated to the Consortium and will be entered online.

B. For all new family plan enrollments, the municipal employer is responsible for verifying the eligibility of dependents via the *Consortium’s Dependent Certification Process*.

C. Municipal partners are free to conduct their own online enrollment. Process expectations are outlined in the *Excellus 2017 Memorandum of Understanding* (MOU). These same employers are also responsible for dependent verification of any newly added dependents to the plan.

For any municipal partners using the Consortium’s online enrollment data entry service, communicate the completed Excellus Enrollment/Change Form to the Consortium through the Consortium’s online web portal or encrypted email to consortium@tompkins-co.org. A third and last option can be to fax: 607-273-5854.

- D. These applications will be handled with HIPAA compliance through the Consortium online enrollment portal. Records will be digitized and retained for a period no less than required by the NYS Records and Retention Schedule.

Article IV

Confirming Municipal Online Enrollment Process

Confirmation of *enrollment options will be included in the application and approval process.*

Article V

Confirmation

Once the enrollment application is received by the Consortium, the enrollment data will be submitted online within three (3) business days. Confirmation of enrollment will be sent back by the Consortium within 3 days of observing the change in the Excellus enrollment software.

Article VI

Contact

All questions and information should be communicated to Consortium Enrollment. Phone (607) 274-5590 or consortium@tompkins-co.org.



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RESOLUTION NO. - 2022 – ADOPTION OF POLICY REGARDING REINSTATEMENT OR TERMINATION OF SUBSCRIBERS

WHEREAS, as a self-funded plan, the Consortium has **120 days** from the receipt date to make additions, changes, reinstatements and terminations with the Plan Administrator, and

WHEREAS, any change past 60 days requires a "Retro Activity Exception Form", and

WHEREAS, additions and changes should not be allowed after the 60-day period unless there is qualifying event and a retro exception request submitted with supporting documentation, and

WHEREAS, this policy has been created to help administer any retroactive requests post 60 days of the qualifying event to add or delete a subscriber and is intended to:

- Prevent adverse selection.
- Ensure subscriber and group satisfaction.
- Ensure timely and accurate reimbursement to providers for services rendered to members.
- Meet limitations regarding the ability to retract claims.
- Reduce administrative and provider costs when claims are adjusted or retracted.
- Comply with Federal and NYS requirements

now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, hereby adopts the following policy to govern the length of time transactions must be submitted.

* * * * *

REINSTATEMENT OR TERMINATION OF SUBSCRIBERS POLICY

(Adopted _____)

Purpose:

To help administer any retroactive requests post 60 days of the qualifying event to add or delete a subscriber. It is intended to:

- Prevent adverse selection.
- Ensure subscriber and group satisfaction.
- Ensure timely and accurate reimbursement to providers for services rendered to members.
- Meet limitations regarding the ability to retract claims.
- Reduce administrative and provider costs when claims are adjusted or retracted.
- Comply with Federal and NYS requirements.

Policy:

- As a self-funded plan, the Consortium has **120 days** from the receipt date to make additions, changes, reinstatements and terminations with the Plan Administrator.
- Any change past 60 days requires a "Retro Activity Exception Form."
- Additions and changes should not be allowed after the 60-day period unless there is qualifying event and a retro exception request submitted with supporting documentation. Documentation includes proof of prior submission, proof of new coverage, proof COBRA was offered to the member, or proof of termination signed by the member and municipality.

This Policy governs the length of time transactions may be submitted to the Consortium or its Plan Administrator. Typically, all additions, changes, reinstatements, and terminations must be received by the Consortium or its Plan Administrator within 10 (ten) days of the qualifying event to ensure a subscriber is in the system accurately and there is no disruption in service and coverage, and the change has become effective immediately after an effective date.

If for some reason a request is not made timely there is only a **120-day window** from the qualified event to make additions, changes, reinstatements, and terminations with the Plan Administrator. However, any late change requests made after the first 60 days of a qualifying event will be subject to additional information or documentation. Documentation includes proof of prior submission, proof of new coverage, or proof COBRA was offered to the member.

Changes requested after the 120-day window will typically be denied unless prior documentation of submission to the Plan Administrator is provided. Any other exceptions to this policy may be subject to review at the Committee level for approval.



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RESOLUTION NO. - 2022 – AMENDMENT TO RESOLUTION NO. 011-2020 “AUTHORIZATION BY THE BOARD OF DIRECTORS TO REMOVE BENEFIT PLANS FROM THE CONSORTIUM’S MENU OF BENEFIT PLAN OFFERINGS” BY RESTRICTING PLAN ENROLLMENT

WHEREAS, to achieve administrative efficiencies the Consortium removed from the Consortium’s Menu of Benefit Plan Offerings effective January 1, 2021 the following benefit plans:

1. Indemnity Plan MM3

Plan Description:

MM3 – Basic Benefits with “Major Medical” \$100/\$200 Deductible & \$750/\$2,250 Out-of-Pocket Maximum

2. Medicare Supplement Plans MS1. MS2. MS5, and MS6

Plan Descriptions:

MS1 - Medicare Supplement Plans with No Prescription Drug Coverage

MS2 - Medicare Supplement Plans with \$5/\$15/\$30 Rx Copay Plan

MS5 - Medicare Supplement Plans with 20%/20%/40% Rx Copay Plan

MS6 - Medicare Supplement Plans with 20%/30%/50% Rx Copay Plan

, and

WHEREAS, to achieve further administrative efficiencies the Consortium wishes to continue consolidation and streamlining its menu of benefit plan offerings, and

WHEREAS, although included in the menu of benefit plan offerings, there are medical and prescription drug plans that are not being utilized by Consortium Participants and have no one enrolled or less than five Participants, and

WHEREAS, the removal of these plans from the Consortium’s menu of benefit plans has been recommended by the Consortium’s Consultants, now therefore be it

RESOLVED, on recommendation of the Operations Committee and the Joint Committee on Plan Structure and Design, That the Executive Committee, on behalf of the Board of Directors, hereby Amends Resolution No. 011-2020 “Authorization by the Board of Directors to Remove Benefit Plans from the Consortium’s Menu of Benefit Plan Offerings” to include the following benefit plans be removed from the Consortium’s Menu of Benefit Plan Offerings, and any new or existing members be restricted from enrolling or re-enrolling in the following plans:

1. Classic Blue Indemnity Plans

Plan Descriptions:

MM1- Classic Blue \$50/\$100 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

MM2- Classic Blue \$100/\$200 Deductible & \$200/\$400 Out-of-Pocket Maximum

MM5- Classic Blue \$100/\$300 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

MM3- Classic Blue MM RX (No ProAct Prescription coverage) \$50/\$150 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

RESOLUTION NO. - 2022 – AMENDMENT TO RESOLUTION NO. 011-2020 “AUTHORIZATION BY THE BOARD OF DIRECTORS TO REMOVE BENEFIT PLANS FROM THE CONSORTIUM’S MENU OF BENEFIT PLAN OFFERINGS” BY RESTRICTING PLAN ENROLLMENT

2. PPO Plans

PPO1- PPO \$10/\$35 with \$1,000/\$3,000 Out-of-Pocket Maximum and \$250/\$750 Out-of-Network Deductible
PPO2- PPO \$15/\$35 with \$1,500/\$4,500 Out-of-Pocket Maximum and \$500/\$1,500 Out-of-Network Deductible
PPO3- PPO \$20/\$35 with \$2,000/\$6,000 Out-of-Pocket Maximum and \$750/\$2,250 Out-of-Network Deductible
PPOT- PPO \$10/\$100 with \$1,000/\$3,000 Out-of-Pocket Maximum and \$250/\$750 Out-of-Network Deductible

3. Comprehensive Value Plan

MM6- Comprehensive Plan with \$500/\$1,500 Deductible & \$2,500/\$7,500 Out-of-Pocket Maximum

4. 2-Tier Rx Plans 2T1, 2T2, and 2T3 (No Prior Authorization, Quantity Limit, or Step Therapy)

2T1 – 2-Tier Rx Plan with \$1/\$1 generic/brand retail copays and \$1/\$1 generic/brand mail-order copays
2T2 – 2-Tier Rx Plan with \$2/\$5 generic/brand retail copays and \$2/\$5 generic/brand mail-order copays
2T3 – 2-Tier Rx Plan with \$2/\$10 generic/brand retail copays and \$2/\$10 generic/brand mail-order copays

5. 3-Tier Rx Plans 3T3, 3T5a, 3T6, 3T7, 3T9, 3T10, 3T11, and 3T13

3T3 – 3-Tier Rx Plan with \$5/\$10/\$25 Tier 1/2/3 retail copays and mail-order copays at 2x retail
3T5a – 3-Tier Rx Plan with \$5/\$15/\$30 Tier 1/2/3 retail copays and mail-order copays at 1x retail
3T6 – 3-Tier Rx Plan with \$5/\$15/\$30 Tier 1/2/3 retail copays and mail-order copays at 2x retail
3T7 – 3-Tier Rx Plan with \$5/\$20/\$35 Tier 1/2/3 retail copays and mail-order copays at 2x retail
3T9 – 3-Tier Rx Plan with \$10/\$25/\$40 Tier 1/2/3 retail copays and mail-order copays at 2x retail
3T10 – 3-Tier Rx Plan with \$15/\$30/\$45 Tier 1/2/3 retail copays and mail-order copays at 2x retail
3T11 – 3-Tier Rx Plan with 20%/20%/40% Tier 1/2/3 retail and 15%/15%/40% mail-order copays
3T13 – 3-Tier Rx Plan with 20%/30%/50% Tier 1/2/3 retail and 20%/30%/50% mail-order copays

RESOLVED, further, That the Board of Directors shall take action to consider eliminating any of these plans from its menu of offerings once the membership drops to below five (5) enrollment and the plan is no longer being offered to active employees or retirees. In addition, this would eliminate MM6 Comprehensive Plan on December 31, 2023 and MM3 Classic Blue MM RX with an end date of December 31, 2022 due to low enrollment.

* * * * *



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RESOLUTION NO. - 2022 – ADOPTION OF BUSINESS CONTINUITY AND DISASTER RESPONSE PLAN - 2022

WHEREAS, the Department of Financial Services has advised in Insurance Circular Letter No. 7 (2021) that the Consortium must develop a Business Continuity and Disaster Response Plan (BCPDRP) each year, and

WHEREAS, the purpose of a Business Continuity and Disaster Response Plan is to ensure the organization's system of procedures to restore critical business functions in the event of unplanned disaster, and

WHEREAS, Consortium staff has worked in cooperation with the Tompkins County Information Technology Services Department in creating the Consortium's first approved Business Continuity and Disaster Response Plan that was originally adopted September 1, 2021, and

WHEREAS, upon approval, the Plan will be maintained by the Executive Director of the Consortium and shall be made available to all Consortium Participants, Consortium employees, and the Tompkins County Information Technology Services Department, and

WHEREAS, the Business Continuity and Disaster Response Plan shall be updated and approved annually, now therefore be it

RESOLVED, on recommendation of the Operations Committee, that the Executive Committee, on behalf of the Board of Directors, hereby approves the Business Continuity and Disaster Response Plan dated _____, 2022.

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE
CONSORTIUM (N9182)

Business Continuity and Disaster Response Plans

BY: TERI APALOVICH

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Overview

This plan has been revised in response to Insurance Circular Letter No. 7 (2021). The Greater Tompkins County Municipal Health Insurance Consortium (“Consortium”), is a self-insured, self-funded, insurance company authorized and certified under Article 47 of NYS Insurance law in October 2010 and jointly owned by its municipal partners. The Consortium’s mission is to be an efficient inter-municipal cooperative that provides high-quality, cost-stable health insurance for members, their employees, families, and retirees.

Consortium membership is available to municipalities in Broome, Cayuga, Chemung, Chenango, Cortland, Madison, Onondaga, Ontario, Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates Counties. The Board of Directors is made up of directors from all municipal members and six labor representatives.

Objectives

To continue providing quality health care to the members, employees, families, and retirees of the Consortium by maintaining close coordination and planning links with our critical partners on an ongoing basis.

Scope

A key component of the Consortium’s Business Continuity and Disaster Response Plan is to ensure our critical partners have their own plans in place. The Consortium plan contracts with the below critical partners:

- Tompkins County Information Technology Services – Network & Phone Administrator.
- Excellus Blue Cross Blue Shield (BCBS) – third party administrator for health care claims adjudication and utilization of BCBS Provider network.
- Proact – Pharmacy Benefit Manager.
- Town of Ithaca – Landlord/Employer of Record
- Other Consultants, Legal Advisors, Actuaries and Auditors as necessary.

Physical Location

The Consortium offices are physically located at 215 North Tioga Street, Ithaca, New York. Document servers are located within Tompkins County and maintained by such as part of our Third party contract with Tompkins County Information Technology Services.

Training

New Employees of the Consortium will be provided this Plan as part of the on-boarding requirement to read and understand in the case of a disaster. In addition, each employee will participate in, or be made aware of, the annual business impact analysis and future testing of the Business Continuity and Disaster Response Plan.

Responsible Parties

The following are the Consortium's primary and secondary crisis managers and will serve as the company contacts.

Title	Name	Phone Number	Email Address
Executive Director	Elin Dowd	607-274-5590	edowd@tompkins-co.org
Chair of the Board	Judith Drake	607-273-1722 ext 115	Jdrake@town.ithaca.ny.us

It will be the responsibility of the Executive Director (or Chair of the Board) to declare a situation a disaster and activate the Business Continuity and Disaster Plan.

Third-Party Business Partners

Title	Company	Name	Phone Number	Email Address
Director of ITS	Tompkins County	Greg Potter	607-274-5417	gpotter@tompkins-co.org
Account Manager - Medical	Excellus BCBS	Brandon Holt	315-404-0108	Brandon.Holt@excellus.org
Account Manager - PBM	Proact	Morgan Randazzo	315-413-7780 ext 3697	morganrandazzo@proactrx.com
HR Manager	Town of Ithaca	Judith Drake	607-273-1722 ext 115	Jdrake@town.ithaca.ny.us

Critical Partners

1)Tompkins County Information Technology Services (ITS)

Tompkins County is in the process of adopting a revised Comprehensive Emergency Management Plan (CEMP). This is a formal, all-hazards plan that describes how Tompkins County will organize and respond to emergencies and disasters throughout the County. The County views emergency management planning as a continuous process that is linked closely with training and exercises to establish a comprehensive preparedness agenda and organizational culture that prioritizes increased disaster resiliency. The Tompkins County Department of Emergency Response will maintain the CEMP through a program of continuous improvement, including ongoing involvement of County departments and of agencies and individuals with responsibilities and interests in this plan and its supporting documents. ITS works very closely with the Department of Emergency Response and is a critical partner to local emergency response services and programs. As a result, ITS is directly involved in efforts towards the continuous improvement of the Tompkins County CEMP and the incorporation and advancement of resiliency of technology. The Greater Tompkins County Municipal Health Insurance Consortium IT and data requirements are managed using the same model and practices used for all other County Departments. As a third-party business partner to the Consortium, ITS is able to provide the County standards, critical requirements, and recovery strategies of IT continuity planning and services since they have been incorporated into the County operations and infrastructure. ITS will consider the Consortium's IT continuity needs each time the CEMP is revised and tested.

2) Excellus BCBS

Business Resilience Program and Pandemic Planning Summary in place through The Lifetime Healthcare Companies to maintain claims functions, data processing, network services, security, and remote access.

3) Proact

Contingency Operations Policy in place through KPH Healthcare Services, Inc to maintain claims functions, data processing, network services, security, and remote access.

4) Town of Ithaca

Public Employer Health Emergency Plan in place to maintain the usefulness of the Consortium office space.

Financial Stability

The Consortium continues to remain a financially strong organization with a robust unencumbered fund balance and the below four additional reserves,

1) Specific Stop-Loss Insurance and Catastrophic Claims Pool

Catastrophic Claims Pool is calculated per the Catastrophic Claims Pool Resolution: prior year ending balance, plus the difference between the \$1M Stop Loss Insurance Premium and the \$600K Stop Loss Insurance Premium, plus the annual interest earned, less claims between \$500K and \$1M (not including any lasered individuals) This is an area which is reviewed by the Executive Committee on behalf of the Board of Directors on an annual basis to ensure a balance is achieved between risk and the cost of stop-loss insurance.

2) Rate Stabilization Reserve

The Consortium's goal is to maintain reasonable, prudent, and modest premium increases for the foreseeable future. The rate set for the reserve is 7.5% of the paid claims for the year.

3) Incurred but Not Reported (IBNR) Claims Liability Reserve

The Consortium continues to see a decrease in the IBNR calculation as determined by the Consortium's Actuaries, Armory Associates, LLC. The IBNR Calculation for 2020 was 5.48%. While this does not directly impact the mandated 12% of paid claims reserve required by the NYS Department of Financial Services, it does provide creditable data demonstrating the IBNR Reserve at 12% is very conservative and amply protects the Consortium for its claims' liability.

4) Surplus Account Reserve

This statutory account is maintained at 5% of the annual premium in compliance with Article 4706(a)(5) of the New York State Insurance Law.

Identifying a Disaster

A disaster may be classified as a fire, tornado, power outage, explosion, bomb threat, hazardous spill or any other situation that would warrant evacuation of the community to protect the lives and safety of the residents and staff.

Disasters could also include pandemics and epidemics. This disaster plan would be implemented if the Town of Ithaca, Tompkins County, New York State, or the United States were to declare a disaster.

Remote Work

All employees of the Consortium can work remotely using laptops and the ITS managed Virtual Private Network (VPN), assuming network and Internet services remain constant. ITS maintains two Internet Service Providers (ISP) connecting the Consortium to the Internet. This connection to the Internet is critical and ITS is continuously evaluating configurations and technology to improve resiliency and performance. The two ISP are configured to be load balanced and redundant. If one fails the other will automatically route all traffic. In addition, ITS encrypts all Consortium devices and will be implementing Multi-Factor Authentication (MFA) to improve security for remote access in 2021. ITS has also deployed software which provides the ability for technical assistance and remote management of all devices for end users.

Communication Channels

Communication with Third-Party Critical Partners will be maintained via Email or Telephone as necessary during Disasters. (Contact names and numbers provided in the previous Third-Party Business Partners table)

Claims Handling Procedures

All claims handling is done by our Third-Party Business Partners – Excellus Blue Cross Blue Shield (Medical claims) and Proact (Prescription Claims). It will be Excellus and Proacts responsibility to ensure they have adequate personnel and information technology systems to maintain Claims processing if this Disaster Response plan is activated.

Restoration Priority

Third-Party Business Partners – Claims Processing

Tompkins County ITS – Network, Computer Programs, Data

Tompkins County ITS – Telecommunication

Critical Computer Programs, Operating Systems and Data Files

1. Office 365 – Email, Teams, Calendaring, group data exchange, file repository and all other Office 365 modules related to the five accounts as managed by ITS under the Tompkins County Microsoft tenant.
2. Microsoft Active Directory – Access control, identity management, role-based rights for access to the Tompkins County network and managed devices.
3. Unstructured Data – Digital file storage is connected to the Tompkins County Storage Area Network (SAN) with specific permissions to Consortium employees. The general management of data and records under this category is by the Consortium with assistance provided by ITS. The SAN product implemented and supported by Tompkins County is based on NetApp technology, with complete backups and redundancy between two County owned data centers.
4. Quickbooks – Desktop version maintained/backed up on Tompkins County's network.
5. Zoom & YouTube Channel (virtual meetings) – A new YouTube Channel and Zoom have been configured and implemented at the start of the COVID-19 pandemic response. ITS has provided and continues to assist with the virtual meeting use under general cyber security practices.
6. VPN Client - Remote access Virtual Private Network accounts have been created with client configurations on laptops. The VPN use allows for a secure connection to internal IT resources hosted in the Tompkins County data centers.
7. Laserfiche Electronic Document Management System (EDMS) – Form creation, electronic processes, records management, and storage.
8. Web Site – Hosted by a vendor (Discover-eGov) with the site developed and managed by Consortium.
9. Excellus – Management of Health Insurance accounts and details.
10. ProAct – Pharmacy benefit management.
11. Hardware/Network Inventory –
 - 4 Dell Latitude Windows 10 laptops
 - RICOH MP C307 copier
 - Cisco 3650 data switch
 - 4 Mitel/Shoretel Voice Over Internet 230G Phones (VOIP)
 - Network Connection – Dark fiber connection from the Consortium office to the County network is jointly managed by the Town of Ithaca and ITS with FirstLight providing this leased service.

Contingency Plans

In the event one of our Third-Party Business partners experiences a business interruption, we will utilize the Contingency plans that those partners have in effect. (i.e. Excellus can no longer process electronic claims, faxed claims could be an alternative plan).

Plan Testing

This plan will be reviewed for effectiveness on an annual basis by sitting and reviewing the process with our Third-Party Business Partners to see if all process/procedures in this plan will work in the case of a disaster. If any deficiencies are found while doing this testing, a revised Plan will be given to the Consortium's Executive Committee for approval.

Periodic Review

This plan will be updated as Third-Party Business Partners change and will be reviewed and approved on an annual basis, at a minimum, by the Executive Committee

Storage of Plan

Business Continuity and Disaster Response Plan will be distributed to all Consortium employees. The master copy of the Business Continuity and Disaster Response Plan will be maintained by the Executive Director of the Consortium. A copy of the Business Continuity and Disaster Response Plan will be stored within the Tompkins County Information Technology Services department and in a format that allows access if the servers are down and will allow for printing on demand.