RESOLUTION NUMBER 7829

WHEREAS, on or about January 1, 2024, the City of Beatrice, Nebraska ("City") entered into an Administrative Services Agreement with RxBenefits, Inc., f/k/a Prescription Benefits Inc., for pharmacy benefit administrative and prescription drug pricing services; and

WHEREAS, Nebraska Legislative Bill 762 requires certain pharmacy benefit plans, including the City's plan, to provide coverage for the treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections ("PANDAS") and Pediatric Acute-Onset Neuropsychiatric Syndrome ("PANS") effective January 1, 2027, when recommended by a patient's licensed physician; and

WHEREAS, RxBenefits, Inc., and CVS Caremark have prepared a Clinical Plan Management Form to implement the required coverage under the City's pharmacy benefit plan; and

WHEREAS, the Mayor and City Council desire to execute said Clinical Plan Management Form to ensure the City's plan remains compliant with Nebraska law.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF BEATRICE, NEBRASKA:

SECTION 1. That the Mayor, City Clerk, and City Administrator be and hereby are authorized to execute the Clinical Plan Management Form with RxBenefits, Inc., and CVS Caremark to implement coverage for PANDAS and PANS pursuant to Nebraska Legislative Bill 762, effective January 1, 2027. A copy of said Amendment, marked as Exhibit "A", is attached hereto and incorporated herein by this reference.

SECTION 2. That all resolutions or parts of resolutions in conflict herewith are hereby repealed.

RESOLUTION PASSED AND ADOPTED this 17th day of August, 2026.

Attest:

Erin Saathoff, MMC, City Clerk

Robert Morgan, Mayor

Exhibit "A"

Clinical Plan Management

RxBenefits - City of Beatrice

Clinical Plan Management Form

The undersigned ("Client") and Caremark are parties to a Prescription Benefit Services Agreement ("Agreement"), as amended from time to time pursuant to which Client has retained Caremark to provide certain prescription benefit management and related services with respect to Client's health benefit plan(s). Initially capitalized terms used herein and not expressly defined herein shall have the meanings given to such terms in the Agreement.

Included in ("Clinical Services") that may be provided by Caremark under the Agreement include, but are not limited to clinical programs, products, and drug coverage. By executing and returning this Clinical Plan Management Form ("CPM"), Client confirms its election to have Caremark provide Clinical Services under the Agreement in accordance with this CPM.

This CPM is hereby incorporated by reference into the Agreement and shall form part of the Plan Design Document, defined by the Agreement and the prescription drug benefit under Client's applicable health benefit plan(s).

As applicable, Clinical Services shall be performed in accordance with the clinical utilization management guideline or criteria ("Criteria") developed for such Clinical Service. Unless Client elects to use custom Criteria for one or more Clinical Service by so indicating on this CPM form, Caremark will provide each Clinical Service in accordance with its standard Criteria or suite of standard Criteria pertaining to a specific drug, therapeutic class, or condition as in effect from time to time. Certain Clinical Services may only be used with standard Criteria. The use of standard Criteria is part of the terms and conditions under which Caremark agrees to provide certain Clinical Services. In processing utilization management criteria as part of the utilization review process, Caremark relies on the prescriber's attestation that their responses to criteria questions are accurate and truthful. Caremark does not assume responsibility for independently verifying the accuracy of the prescriber's responses. Client acknowledges that Caremark is under no obligation to take additional steps to validate the information provided. Subject to the confidentiality provisions of the Agreement, all forms of standard Criteria are proprietary and confidential information of Caremark; they are not part of Client's health plan or the Plan Design Document.

Caremark reserves the right to add, modify, or discontinue any standard Clinical Services under this CPM at any time and from time to time. Additions, modifications and discontinuations of standard Criteria, clinical program or product under this CPM may be implemented without prior notice to clients. Information on updates will be shared upon request.

To the extent that Client elects to use custom Criteria with respect to one or more Clinical Services, client shall provide Caremark with a copy of such custom Criteria in writing and Caremark will provide the related Clinical Services in accordance with such written custom Criteria. In support of custom Criteria derived from plan benefit design or other sources available to Client, Caremark shall work with Client, when requested, in a consultative manner to review clinically-based custom Criteria for consistency with current standards of care. Client shall maintain custom Criteria to ensure alignment with plan benefit design, recommendations from other sources, and standards of care. Clients shall submit custom Criteria to Caremark for review and implementation. Frequency and timing of custom Criteria submission will be at Client's discretion.

Client may elect to discontinue provision of any Clinical Service through written notice to Caremark.

By signing this CPM, Client hereby accepts and adopts as its own the Criteria, as administered by Caremark. In the event Client elects to implement its own Criteria, Client acknowledges Caremark will not evaluate and update such custom Criteria for safety or efficacy and Client shall be responsible to notify Caremark of any changes to such Criteria.

Client Approval Sign-Off

I have reviewed the attached documentation and conclude all information to be correct. (All signatures below are required)

Client Signature

Signatory Name

Tobias J. Tempelmeyer

Signatory Title

City Administrator

Client Company Name

City of Beatrice

Date

8/7/24

Email

ttempelmeyer@beatrice.ne.gov

Client Information

Company Name as it should appear on PA & Appeals letters and fax forms
RxBenefits - City of Beatrice

Client hierarchy for utilization management appropriateness and SGM programs. The Requested Benefit Effective Date indicates the requested start date for benefits. Actual effective date is contingent upon submission of required documentation and system processing.

Super Client	Carrier
RxBenefits, Inc.	RxBenefits, Inc. : 2169

Carrier Level ID	Account Level ID	Group Level ID	Plan Code
2169	2169CBEA	ALL	

Requested Benefit Effective Date	File Name
01/01/2027	RxBenefits - MOB CPM - City of Beatrice - NE L 762 - 1/1/2027

Summary and Special Instructions

Formulary	No change
Drug Exclusions	No change
Prior Authorization	Removed: ADHD/ANTINARCOLEPSY ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD) ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD), ANTINARCOLEPSY

Special Instructions

This section outlines client intent not otherwise stated within the Clinical Plan Management (CPM) form

Client intent to implement 3117-A Universal States Mandate PANDAS PANS and 6847-A Traditional States Mandate PANDAS PANS criteria as a result of Nebraska NE - L 762. 6847-A should only be applied to the target drugs of the non-specialty criteria listed to be removed (14-A, 876-A, and 481-A) Change is only to occur to the CAG specified on this CPM form..

Contact Information

Account Manager	Sales Account Executive
Veronica Dillard	Hannah Betman
Clinical Advisor	Implementation Manager
Perry Math / Peggy Welch	

Benefits Relationship Manager (BRM)
Emilisa Morales

Are you changing Customer Care Information?	No

Formulary

Are you changing formularies?	No

Formulary Description	Formulary ID
Standard Opt Out with ACSF	1550

Is there a change in drug coverage exclusions?	No

Utilization Management

Utilization Management (UM) auto-update Prior Authorization (PA) criteria selection— client will not receive auto-updated Criteria, but may request Criteria at any time.

Criteria to be Removed

Prior Authorization

Prior Authorization

Therapeutic Class	Criteria Name	Criteria ID
ADHD/ANTINARCOLEPSY	Methylphenidate PA 481-A	481-A
Target Drugs (All Products) - DEXMETHYLPHENIDATES: FOCALIN (dexmethylphenidate); METHYLPHENIDATES: APTENSIO, CONCERTA, COTEMPLA, DAYTRANA, JORNAY, METADATE, METHYLIN, QUILLICHEW, QUILLIVANT, RELEXXII, RITALIN, methylphenidate *PA required for age greater than or equal to age:* 19 *Duration of Approval* 36 Months		
ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD)	Strattera PA 876-A	876-A
Target Drugs STRATTERA (atomoxetine HCl) *PA required for age greater than or equal to age:* 19		

Duration of Approval
36 Months

ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD), ANTINARCOLEPSY	Amphetamines PA 14-A	14-A

Target Drugs
(All Products) - AMPHETAMINES: ADZENYS, DYANAVEL, EVEKEO, (amphetamine); AMPHETAMINE MIXTURES: ADDERALL, MYDAYIS, (amphetamine mixture); DEXTROAMPHETAMINES: DEXEDRINE, PROCENTRA, XELSTRYM , ZENZEDI, dextroamphetamine; LISDEXAMFETAMINES: ARYNTA, VYVANSE, (lisdexamfetamine); METHAMPHETAMINES: DESOXYN, (methamphetamine)

PA required for age greater than or equal to age:
19

Duration of Approval
36 Months

State-Specific Legislative Mandate Criteria - Standard UM Programs

Are you changing State-Specific Mandates?	Yes

Criteria to be Added

Compliant State	Bill Number	Criteria
Arkansas	SB 387 SB 639 SB 181 & Rule 127	
California	Bill 2105	
Colorado	HB 1382	
Delaware	HB 386	
Illinois	HB 2721 SB 101	Traditional States Mandate PANDAS
Indiana	HB 1372	PANS REG 6847-A
Louisiana	HB 408	Universal States Mandate PANDAS-
Maryland	HB 820 SB 475	PAN REG 3117-A (Immune Globulin)
Massachusetts	SB 2984	
Minnesota	SB 12a	
New Hampshire	HB 224	
Oregon	SB 628	
Rhode Island	H 7503	
Virginia	H 1641	
PANDAS-PANS Coverage Provides coverage for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections or pediatric acute onset neuropsychiatric syndrome		

Prescription Claim Appeals

Are you changing the Prescription Claim Appeals?	No

Prescription Claim Exceptions

Are you changing Prescription Claim Exceptions?	No