

## **Instructions for 2021 FEHB Formulary Information Completion and Submission**

Please read and follow these instructions carefully before providing the requested information. New changes for 2021 submission are further highlighted below.

Files will be processed automatically and incorrect/incomplete files will be rejected.

After completing the file(s) as explained below, please upload it (them) into Section II of the ADC tool in Benefits Plus by May 31, 2021.

If you have questions or concerns, please use the chat feature in the ADC tool.

### **General Instructions**

The Excel file serves as a template to be filled by carriers, if necessary with the help of their respective PBMs.

Please submit a Drug List and Formulary Tiers sheet for each plan option. Most commonly carriers would be submitting a separate file with one Drug List and one Formulary Tiers sheet for each plan option. However, because Drug List sheets can be large, if the Drug List sheets for two or more plan options are identical, carriers can submit multiple Formulary Tiers sheets together with the associated Drug List sheet in a single file. However, each file should have only one Drug List sheet. Carriers should not combine drug lists from different plans and options into the same Drug List sheet unless they are identical and the only differences in plan design are in the copay/coinsurance amounts which would be captured in the Formulary Tiers sheets. If you submit multiple Formulary Tiers sheets associated with the same Drug List sheet in one single file, please name the sheets Formulary Tiers 1, Formulary Tiers 2, Formulary Tiers 3 etc. and fill cells B4-B12 to capture the different plans and options on each Formulary Tiers sheet.

For example, if a carrier offers two plan options, High and Standard, whose prescription drug benefit design differs only in the copay / coinsurance amounts, the carrier can submit a single file with one Drug List sheet and two Formulary Tiers sheets. Cells B7 and B8 would capture the plan code(s) and option(s) in each Formulary Tiers sheet while plan design differences such as different copays/coinsurance amounts would be captured in cells A1:N25. However, if one plan option covers some drugs that aren't covered in the other, if the same drug is covered in different tiers, or different

restrictions (prior authorization, step therapy, quantity/day limits...) apply, then the carrier would have to submit two different files each with one Formulary Tiers and one Drug List sheet.

Each file should be named <**Formulary2021\_ZZZ**> where ZZZ represents the three digit FEHB plan code and option for the first plan using the respective formulary (alphabetically), the self only option (please do not include the Self + 1 and Family plan codes and option in the file name and in cell B7 of the Formulary Tiers sheets).

If you are resubmitting a file, please add a letter in alphabetical order at the end of the file name, that is <**Formulary2021\_ZZZ\_a**>, <**Formulary2021\_ZZZ\_b**>,... For successive resubmissions.

Do not add additional worksheets (hidden or otherwise) except additional formulary tier worksheets if they share the exact same drug list and only the copay/coinsurance information differs.

Please do not insert rows, columns, or move cells in the Drug List and Formulary Tiers sheets. Simply input or copy-paste information in the row and column space provided. Do not edit, format, or move cells in gray and table column/row headers.

Please fill only the requested fields with the appropriate type of information.

Instructions for filling each field are in the table column/row header or available as placeholder text in the cell.

All text fields should be left-aligned and without leading or trailing blanks.

All numeric fields should be right-aligned.

Please include general notes/comments/clarifications in the General Notes sheet, and notes/comments/clarifications specific to certain drugs or tiers in the Specific Notes columns from the Drug List and Formulary Tiers sheets. Do not include them in any other columns of the Drug List or Formulary Tiers sheet.

## **Instructions for the Contact Information Sheet**

In the Contact Information sheet, please provide the contact information, title and role of carrier and PBM employees involved in fulfilling this information request.

## **Instructions for Formulary Tiers Sheets**

All Formulary Tiers sheets in a file should have the exact same drug list with exactly the same drugs covered in the same tiers under the same rules regarding prior authorization, step therapy, quantity and day limits etc.

Additional instructions appear in row/column headers.

Please put ACA preventive zero cost share drugs, **vaccines and any other drugs that have a zero cost share** in the 0 tier.

Please use increasing numbers to denote less preferred tiers that have higher copays/coinsurance. Specialty tiers would thus have the highest numbers.

Please make sure that all tier levels that appear in the Drug List also appear and are described in the Formulary Tiers sheet(s).

Do not combine information from different plans and options into a single cell e.g. by writing \$5 copay for High / \$10 for Standard. Instead submit separate formulary tier sheets.

Please add the number of formulary tiers in cell <B9> of the Formulary Tiers sheets. It will be used to verify that we have read all the tier information you are providing during our automated file processing. Please provide a number not a word, e.g. 4 not "four".

If multiple plans use the same drug list with exactly the same tiering information and only the copay/coinsurance information differs, please fill in separate formulary tier sheets named Formulary Tiers 1, Formulary Tiers 2, etc.

If there are other differences, please create a copy of the template and submit a separate Excel file. There should only be one Drug List Sheet in each file. There can be multiple Formulary Tier sheets that use exactly the same drug list, distinguished by adding a space and numbers 1,2,3... after "Formulary Tiers".

All information in cells B4-B12 is mandatory. Information in cells B13-B14 is mandatory if applicable, that is if your plan has a separate pharmacy deductible or maximum out of pocket.

For every formulary tier, all fields are mandatory if applicable except for Specific Notes.

If you would like to add notes, please do so in the Specific Notes column (column R). It is provided so you can add freeform text there instead of other columns so the appropriate format and length of other fields is preserved. For example, if your plan design is more complex and does not fit into the provided copay/coinsurance fields, please do not enter text into the copays/coinsurance fields. Instead, please make a detailed note in Specific Notes.

## **Instructions for the Drug List sheet**

Additional instructions appear in row/column headers.

Add the number of the last row in which you entered a drug in the drug list in cell B3 of the Drug List sheet. It will be used to verify that we have read the entire drug list you submit during our automated file processing.

Only include the integer tier number in column E of the Drug List to indicate the Formulary Level, without words such as "Tier" or any other text. Numbers should correspond to those in column A of the Formulary Tier sheet(s). There should not be any values in column E of the Drug List that do not exactly match the values in column A of the Formulary Tiers sheet(s).

Put 0 in column E to denote ACA preventive zero cost share drugs, **vaccines and any other drugs that have a zero cost share.**

Information in cells B3:B6 is mandatory.

For every prescription drug, all fields are mandatory if applicable except for Specific Notes.

If you would like to add notes, please do so in the Specific Notes column (column K). It is provided so you can add freeform text there instead of other columns so the appropriate format and length of other fields is preserved. For example, if your plan design is more complex and does not fit into the provided fields, such as variations in how a drug may be processed our template does not capture, please make a detailed note in Specific Notes.

## **Instructions for General Notes**

Please add any general notes about your submission that aren't specific to a tier or to a drug in the General Notes sheet in separate rows.

## **Updated Instructions for 2021 Submissions**

### **Formulary Tiers Worksheet**

Clarified instructions in cell B9 of the formulary tiers worksheet - Number of formulary tiers should exclude tier zero

Clarified instructions in cell B13 of the Formulary worksheet - When a plan has separate pharmacy deductible for self-only and family coverage, both values should be entered in cell B13, separated by a comma and space.

Clarified instructions in cell B14 of the Formulary worksheet - When a plan has separate pharmacy catastrophic limit for self-only and family coverage, both values should be entered in cell B14, separated by a comma and space.

If columns of the Formulary Tiers worksheet do not apply, leave the cells empty. Do not use values such as n/a, none etc.

### **Drug List Worksheet**

NDCs should only be listed once on the drug list. For drugs that may be utilized on multiple tiers, the drug should be reflected in the tier that has the greatest utilization. A comment should be placed in column K indicating that the drug is available on a different tier, the tier where the drug may appear and conditions that would apply.

Column I and J of the drug list should only be populated with numerals. The largest quantity that can be dispensed for a particular NDC should be entered in Column I. Drug units should not be included in column I. In column J, enter the days supply associated with the quantity entered in column I. Drug units and other notes can be placed in column K if necessary.

### **General Instructions**

Updated file naming convention to match instructions in the technical guidance document.

## **Instructions for 2022 FEHB Formulary Information Completion and Submission**

Please read and follow these instructions carefully before providing the requested information. Changes for 2022 submission are further highlighted below.

Files will be processed automatically and incorrect/incomplete files will be rejected.

After completing the file(s) as explained below, please e-mail it (them) to [OPMPharmacy@opm.gov](mailto:OPMPharmacy@opm.gov) with a copy to your Health Insurance Specialist, by May 31, 2021.

If you have questions or concerns, please use the chat feature in the ADC tool.

### **General Instructions**

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Please submit a Drug List and Formulary Tiers sheet for each plan option. Most commonly carriers would be submitting a separate file with one Drug List and one Formulary Tiers sheet for each plan option. However, because Drug List sheets can be large, if the Drug List sheets for two or more plan options are identical, carriers can submit multiple Formulary Tiers sheets together with the associated Drug List sheet in a single file. However, each file should have only one Drug List sheet. Carriers should not combine drug lists from different plans and options into the same Drug List sheet unless they are identical and the only differences in plan design are in the copay/coinsurance amounts which would be captured in the Formulary Tiers sheets. If you submit multiple Formulary Tiers sheets associated with the same Drug List sheet in one single file, please name the sheets Formulary Tiers 1, Formulary Tiers 2, Formulary Tiers 3 etc. and fill cells B4-B12 to capture the different plans and options on each Formulary Tiers sheet.

For example, if a carrier offers two plan options, High and Standard, whose prescription drug benefit design differs only in the copay / coinsurance amounts, the carrier can submit a single file with one Drug List sheet and two Formulary Tiers sheets. Cells B7 and B8 would capture the plan code(s) and option(s) in each Formulary Tiers sheet while plan design differences such as different copays/coinsurance amounts would be captured in cells A1:N25. However, if one plan option covers some drugs that aren't covered

in the other, if the same drug is covered in different tiers, or different restrictions (prior authorization, step therapy, quantity/day limits...) apply, then the carrier would have to submit two different files each with one Formulary Tiers and one Drug List sheet.

Each file should be named <**Formulary2022\_ZZZ**> where ZZZ represents the three digit FEHB plan code and option for the first plan using the respective formulary (alphabetically), the self only option (please do not include the Self + 1 and Family plan codes and option in the file name and in cell B7 of the Formulary Tiers sheets).

If you are resubmitting a file, please add a letter in alphabetical order at the end of the file name, that is <**Formulary2022\_ZZZ\_a**>, <**Formulary2022\_ZZZ\_b**>,... For successive resubmissions.

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Additional instructions appear in row/column headers.

Please put ACA preventive zero cost share drugs, **vaccines and any other drugs that have a zero cost share** in the 0 tier.

Please use increasing numbers to denote less preferred tiers that have higher copays/coinsurance. Specialty tiers would thus have the highest numbers.

Please make sure that all tier levels that appear in the Drug List also appear and are described in the Formulary Tiers sheet(s).

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Put 0 in column E to denote ACA preventive zero cost share drugs, **vaccines and any other drugs that have a zero cost share.**

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Column I and J of the drug list should only be populated with numerals. The largest quantity that can be dispensed for a particular NDC should be entered in Column I. Drug units should not be included in column I. In column J, enter the days supply associated with the quantity entered in column I. Drug units and other notes can be placed in column K if necessary.

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