



## **Mid-Year Formulary Change Template Instructions**

Please read and follow these instructions carefully before providing the requested information. 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) and copy your contract specialist.

If you have questions or concerns, please email [OPMPharmacy@OPM.gov](mailto:OPMPharmacy@OPM.gov).

### **General Instructions**

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

Please submit a list of Mid-Year formulary Changes to OPM each time changes are made to the formulary during the plan year.

If a carrier offers two plan options, High and Standard, that share the same formulary with the same drug changes then the same sheet can be used for both options however, if one plan option covers some drugs that aren't covered in the other, or different restrictions (prior authorization, step therapy, quantity/day limits...) apply, then the carrier would have to submit two different OPM Formulary Change Notice sheets.

Each file should be named <MMYYFormularychange\_ZZZ> where MMYY represents the month and year the change is being made and 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 C6 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 <MMYYFormulary\_ZZZ\_a>, <MMYYFormulary\_ZZZ\_b>, for successive resubmissions.

Do not add additional worksheets (hidden or otherwise) except if using additional OPM formulary change notice worksheets.

Please do not insert rows, columns, or move cells in the OPM formulary change notice 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.

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

All numeric fields should be right-aligned.

Please include notes/comments/clarifications specific to certain drugs in the Specific Notes column on the OPM formulary change notice sheets. Do not include them in any other columns of the workbook.

## **Instructions for the OPM Formulary Change Notice Sheet**

Additional instructions appear in row/column headers.

Please use the drop-down arrow in F9 to select the reason for the mid-year formulary change. An asterisk (\*) denotes formulary change reasons that require member notification unless the member is grandfathered until the end of the Contract Year.

Information in cells A6:D6 is mandatory.

For every prescription drug entry, 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 J). 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.