Instructions for 2023 and 2024 FEHB Drug Formulary Information Completion and Submission

Please read and follow these instructions carefully before providing the requested information.

Formulary files will be processed automatically, and incorrect/incomplete files will be rejected.

2023 Formularies

All FFS and HMOs must provide a copy of the full 2023 formulary as well as document the relevant formulary tier definitions and cost share assigned using the formulary template included as an attachment "2023 FEHB Drug Formulary Template.xlsx" with the Technical Guidance Document.

Carriers should have SFTP connectivity set up with ROVR (formerly HIDW) and can submit the formulary files under the same assigned folder as they are submitting Monthly Enrollment files and Aggregate Pharmacy Cost and Utilization files. Carriers should use the PGP public key provided by ROVR for encrypting the files.

The completed templates should be submitted to Research and Oversight Repository (ROVR) by May 31, 2023.

If you have any questions regarding file submission, please reach out to OPMPharmacy@opm.gov and ROVRSupport@opm.gov.

Please follow the more detailed instructions in this document.

2024 Formularies

New FFS and HMOs must submit a 2024 Drug Formulary Template to OPM. **Returning FFS and HMOs** changing-formularies or moving to new formularies in 2024 must submit a 2024 Drug Formulary Template. Please follow the more detailed instructions in this document. The completed templates should be emailed to OPMPharmacy@opm.gov with a copy to your Health Insurance Specialist, by May 31, 2023.

Please follow the more detailed instructions in this document.

File Naming Convention

Please submit your Drug Formulary Template. Files should be named following the standard file naming convention provided below.

<ProgramID>_<SourceID>_<FileTypeID>_<YearID>_<FormularyID>_<TransferDt>.<FileExtension>

ProgramID: FEHB, etc.

SourceID: Source ID assigned by OPM. Typically, four characters in length.

FileTypeID: FRML for current year formularies in effect, PFRML for proposed next year formularies.

YearID: 2023, 2024, etc.

FormularyID: Unique identifier for the formulary. The three-character FEHB plan code and option for the first plan using the respective formulary (alphabetically) should be used as formulary identifier. For Carriers that have multiple plan options that share the same formulary, please include only one enrollment code in the file name and include all Self Only enrollment codes in cell B7 of the Formulary Tiers sheet(s) of the Excel template. Submit a separate file if you use a different formulary for FEHB members enrolled in a Medicare product. The file names for the main formulary and Medicare formulary for the applicable FEHB plan option(s) should be similar except that the FormularyID should have "_MCARE" included after the enrollment code for the Medicare formulary. Also, indicate a Medicare formulary by inputting Y in cell B11 of each Formulary Tiers sheets.

TransferDt: The transfer date in the file name should match the actual file submission/transfer date or at least be close to it. It should be in CCYYMMDD format.

FileExtension: File extension should be .xlsx.pgp when submitting files to ROVR because the files should be PGP encrypted. File extension should be .xlsx.zip when submitting files via email because the files should be password protected and the password should be sent in a separate email to OPMPharmacy@opm.gov and the Health Insurance specialist.

Sample File Names

Sample file names when the ProgramID is FEHB, the SourceID assigned is ATOZ and the Carrier is submitting current year formulary files encrypted through ROVR:

FEHB_ATOZ_FRML_2023_ZZ1_20230528.xlsx.pgp

FEHB_ATOZ_FRML_2023_ZZ1_MCARE_20230528.xlsx.pgp

Sample file names when the ProgramID is FEHB, the SourceID assigned is ATOZ and the Carrier is submitting proposed formulary files via email:

FEHB_ATOZ_PFRML_2024_ZZ1_20230528.xlsx.zip

FEHB_ATOZ_PFRML_2024_ZZ1_MCARE_20230528.xlsx.zip

The identifiers and the dates in the file name should be checked and updated while submitting the files.

File Resubmission

Even if all the identifiers remain the same while resubmitting the file, the TransferDt value in the file name should be updated for every file resubmission. Resubmitting files with the same transfer date in the file name is not recommended. Unique transfer date is required to be able to uniquely identify the file, store the file without replacing the earlier file, figure out which is the latest file, and not create issues with duplicates while processing the data in the files.

When resubmitting formularies, please put Y in cell B5 and the name of the file being replaced in cell B6 of the Drug List sheet.

General Instructions

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

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:R29.

However, if one plan option covers some drugs that are not covered in the other, if the same drug is covered in different tiers, or 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.

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 to the left or above those prepopulated by OPM such as table column/row headers (do not change in any way cells A1:A6 and those in rows 9 and 10 of the Drug List sheet, and those in cells A1:A29 and those in rows 16 through 18 of the Formulary Tiers sheet(s)).

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 the 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 the same drugs covered in the same tiers under the same rules regarding prior authorization, step therapy, quantity, 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 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".

If the formulary is for FEHB enrollees in a Medicare product, indicate by inputting Y in cell B11 of each Formulary Tier sheet.

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 are 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 copay/coinsurance fields. Instead, please make a detailed note in Specific Notes.

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

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 Dug List to indicate the Formulary Level, without words such as "Tier" or any other text. Tier 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.

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 the conditions that would apply.

Columns 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.

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 a separate row.