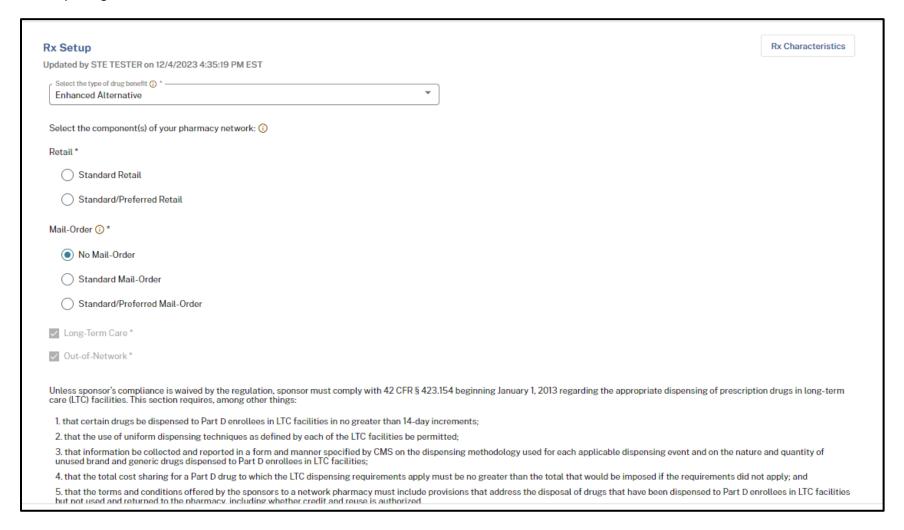
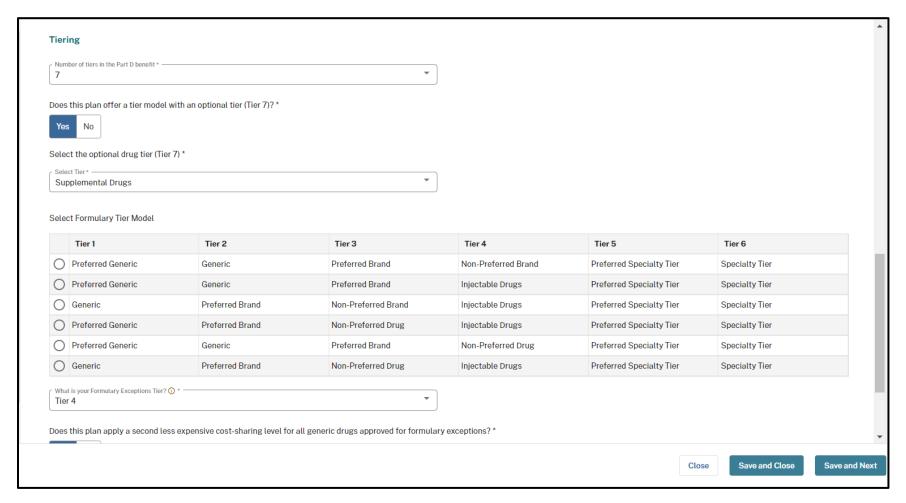
#### Rx Setup - Page 1



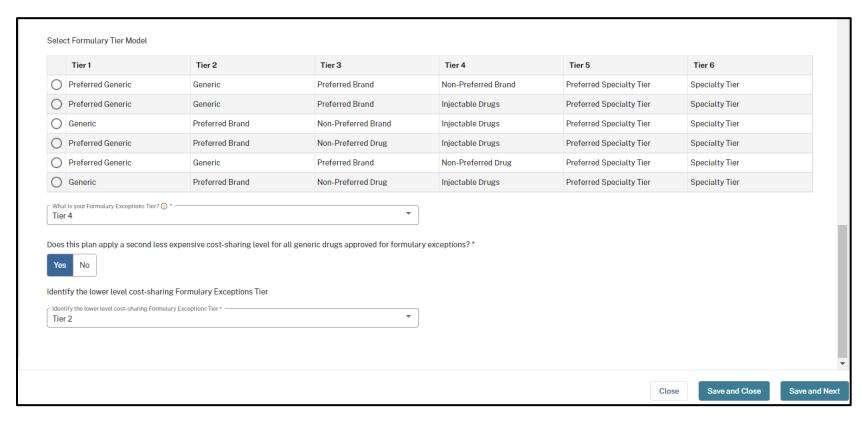
#### Rx Setup – Page 2

	ompliance is waived by the regulation, sponsor must comply with 42 CFR § 423.154 beginning January 1, 2013 regarding the appropriate dispensing of prescription drugs in long-term s. This section requires, among other things:
1. that certain dru	igs be dispensed to Part D enrollees in LTC facilities in no greater than 14-day increments;
2. that the use of	uniform dispensing techniques as defined by each of the LTC facilities be permitted;
	on be collected and reported in a form and manner specified by CMS on the dispensing methodology used for each applicable dispensing event and on the nature and quantity of d generic drugs dispensed to Part D enrollees in LTC facilities;
4. that the total o	ost sharing for a Part D drug to which the LTC dispensing requirements apply must be no greater than the total that would be imposed if the requirements did not apply; and
	and conditions offered by the sponsors to a network pharmacy must include provisions that address the disposal of drugs that have been dispensed to Part D enrollees in LTC facilities returned to the pharmacy, including whether credit and reuse is authorized.
Sponsor attests	s that it will comply with 42 CFR 423.154 *
Yes No	for over-the-counter-medications (OTCs) under the utilization management program? If you select "Yes" you must upload a supplemental file through the Formulary Submission Module by Friday, June 9, 2023 at 11:59 am
Module by Friday, J	on Attestation statement
Per Chapte covered un	er 4 of the Medicare Managed Care Manual, an MAO cannot offer the same OTC drug under both its Part C supplemental benefit and its Part D benefit. I attest any OTC drugs that are nder Part C are separate and distinct from OTC drugs covered under Part D.*
Tiering	Part D benefit *

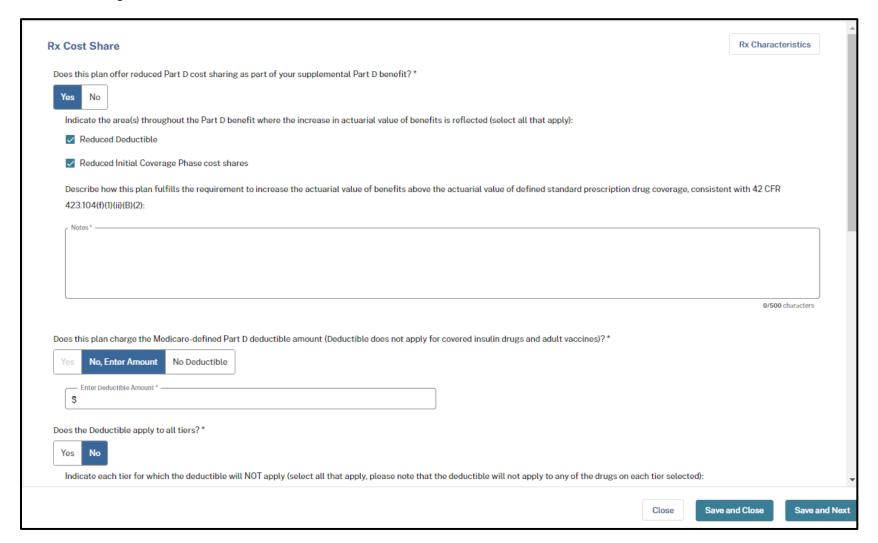
#### Rx Setup - Page 3



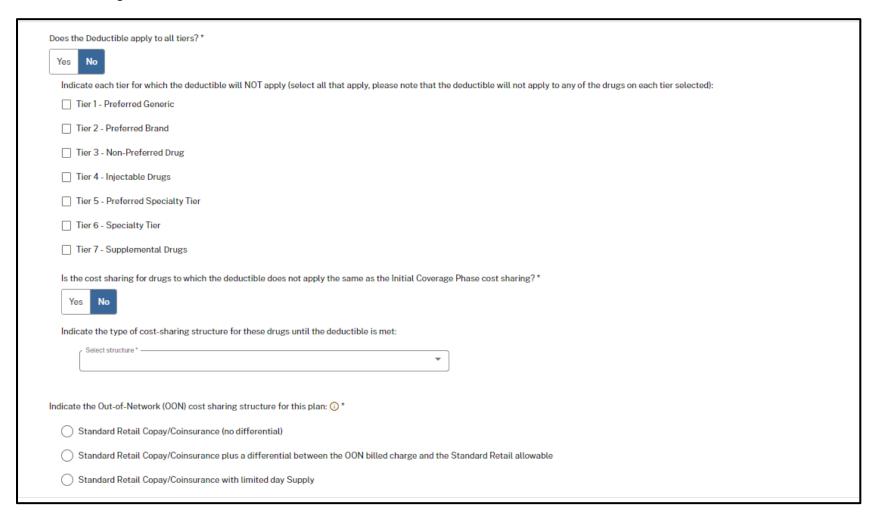
#### Rx Setup - Page 4



#### Rx Cost Share - Page 1



#### Rx Cost Share - Page 2



### Rx Cost Share – Page 3

Indicate the Out-of-Network (OON) cost sharing structure for this plan: ① *
Standard Retail Copay/Coinsurance (no differential)
Standard Retail Copay/Coinsurance plus a differential between the OON billed charge and the Standard Retail allowable
Standard Retail Copay/Coinsurance with limited day Supply
The plan's network cost sharing plus the differential between the OON billed charge and network allowable, with a limited days supply
Does this plan cover excluded drugs as part of supplemental coverage (e.g., drugs used to treat erectile dysfunction)? (If you select "Yes" to "Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 9, 2023 at 11:59 am Eastern Time.) *  Yes No
How does this plan apply cost sharing before the Medicare Part D Annual Out-of-Pocket cost threshold?
Setect method *
For excluded drugs only, how does this plan apply cost sharing beyond the Medicare Part D Annual Out-of-Pocket cost threshold?
Select method * —

#### Tier Locations – Page 1



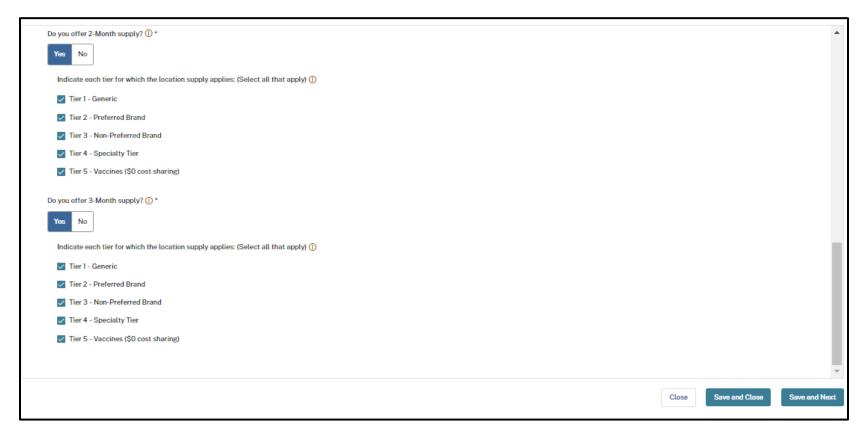
#### Tier Locations – Page 2



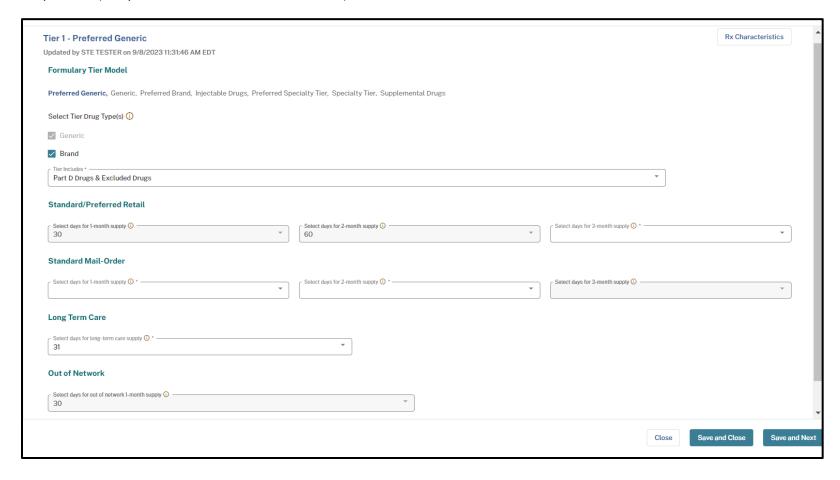
#### Tier Locations – Page 3



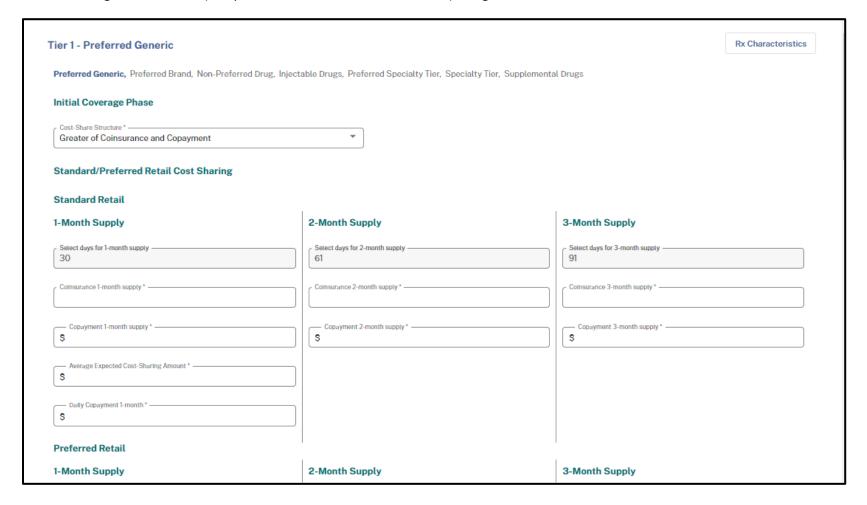
#### Tier Locations - Page 4



Tier Setup Screen (Sample for Tier 1 with Preferred Generic)



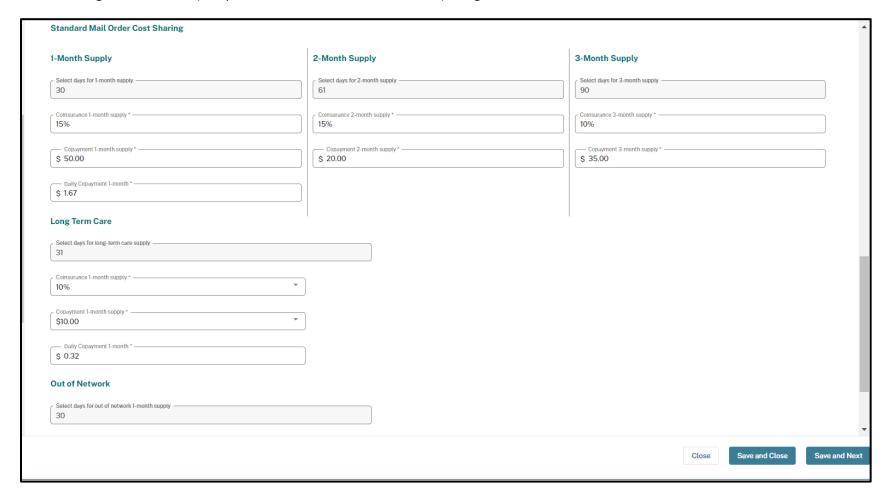
Initial Coverage Phase Screen (Sample for Tier 1 with Preferred Generic) – Page 1



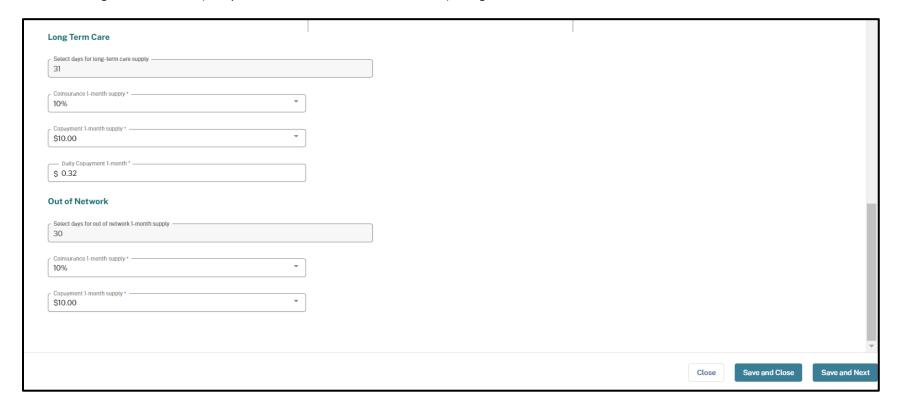
Initial Coverage Phase Screen (Sample for Tier 1 with Preferred Generic) – Page 2

Select days for 3-month supply 91  Colnsurance 3-month supply *  Copayment 3-month supply *
Copayment 3-month supply *

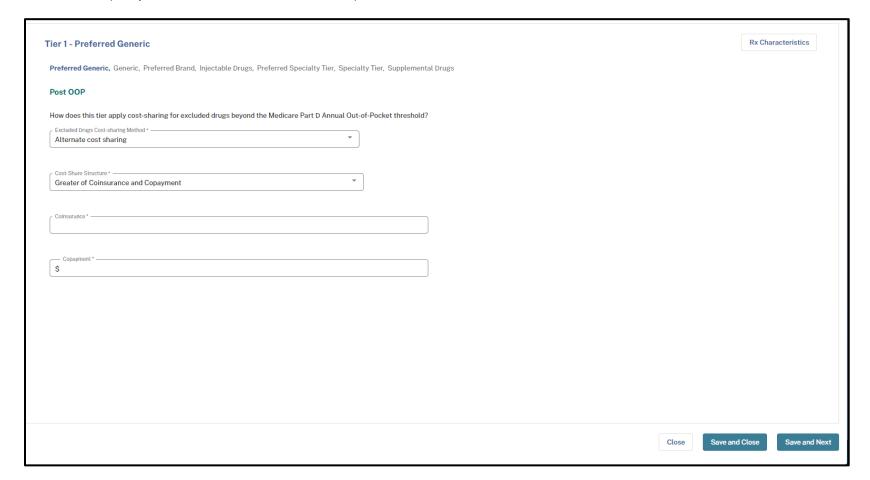
Initial Coverage Phase Screen (Sample for Tier 1 with Preferred Generic) – Page 3



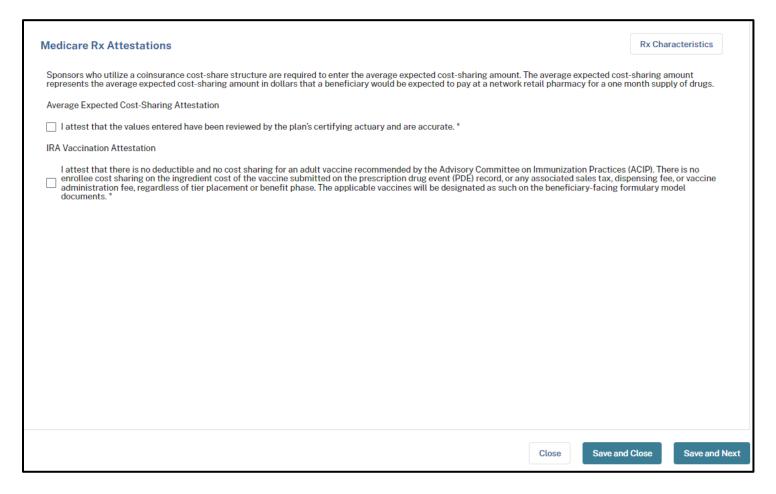
Initial Coverage Phase Screen (Sample for Tier 1 with Preferred Generic) - Page 4



#### Post OOP Screen (Sample for Tier 1 with Preferred Generic)



#### Medicare Rx Attestations



#### **Rx Notes**

Rx Notes	Rx Characteristics
NOTE: The Medicare Rx notes field should ONLY be used when required to clarify information that cannot otherwise be	
entered into the PBP. Generally, there should be little or no need to enter any information in the notes field and therefore this	
field should only be completed for unusual circumstances. For more information refer to the on-screen label on the Medicare	
Rx notes screen. This field is limited to 225 characters.	
The following should not be included in the Medicare Rx Notes field:	
1) Statements that may reduce any Part D benefits;	
2) Redundant information that is either contained elsewhere in the PBP or in a Part D requirement;	
3) Information concerning excluded drugs or OTC items (these must be submitted in the Excluded Drugs or OTC Supplemental files);	
4) Statements concerning Out-of-Network coverage and cost sharing; or	
5) Information that is not related to Part D benefits.	
It is the Part D sponsor's responsibility, both before and after bid approval, to ensure that the information included in the	
Medicare Rx notes section complies with the requirements above. Once bids are approved, additions to the notes field during	
the plan corrections period will not be allowed.	
Rx Notes —	

#### Rx Insulin

Rx Insulin	Rx Characteristics
Select all tiers that currently contain an insulin product and any tiers where an insulin product may be added midyear. The exception tier is required to event a formulary exception is approved for an insulin product.	o be included in the
Indicate which tiers have insulin drugs (Select all that apply):	
☐ Tier 1 - Preferred Generic	
✓ Tier 2 - Generic	
✓ Tier 3 - Preferred Brand	
Tier 4 - Non-Preferred Drug	

Rx Insulin Tier Screen (Sample for Tier 1 – Preferred Generic) – Page 1



Rx Insulin Tier Screen (Sample for Tier 1 – Preferred Generic) – Page 2

