

CY 2026 PBP Data Entry System Screens

Rx Setup – Page 1

Rx Setup

[Rx Characteristics](#)

Select the type of drug benefit ⓘ *
Enhanced Alternative ▼

Select the component(s) of your pharmacy network: ⓘ

Retail *

Standard Retail

Standard/Preferred Retail

Mail-Order ⓘ *

No Mail-Order

Standard Mail-Order

Standard/Preferred Mail-Order

Long-Term Care *

Out-of-Network *

Unless sponsor's compliance 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 care (LTC) facilities. This section requires, among other things:

1. that certain drugs 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;
3. that information 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 unused brand and generic drugs dispensed to Part D enrollees in LTC facilities;
4. that the total cost 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
5. that the terms 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 but not used and returned to the pharmacy, including whether credit and reuse is authorized.

CY 2026 PBP Data Entry System Screens

Rx Setup – Page 2

Unless sponsor's compliance 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 care (LTC) facilities. This section requires, among other things:

1. that certain drugs 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;
3. that information 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 unused brand and generic drugs dispensed to Part D enrollees in LTC facilities;
4. that the total cost 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
5. that the terms 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 but not used and returned to the pharmacy, including whether credit and reuse is authorized.

Sponsor attests that it will comply with 42 CFR 423.154 *

Does this plan offer free first fill (i.e. \$0 copayment) for any drugs? If you select "Yes" you must upload a supplemental file through the Formulary Submission Module by Friday, June 9, 2023 at 11:59 am Eastern Time. ⓘ *

Yes No

Does this plan pay 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 Eastern Time. ⓘ *

Yes No

OTC Medication Attestation statement

- Per Chapter 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 covered under Part C are separate and distinct from OTC drugs covered under Part D. *

Tiering

Number of tiers in the Part D benefit *



CY 2026 PBP Data Entry System Screens

Rx Setup – Page 3

Tiering

Number of tiers in the Part D benefit * ▼
7

Does this plan offer a tier model with an optional tier (Tier 7)? *

Yes No

Select the optional drug tier (Tier 7) *

Select Tier *
Supplemental Drugs ▼

Select Formulary Tier Model

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier

What is your Formulary Exceptions Tier? ⓘ * ▼
Tier 4

Does this plan apply a second less expensive cost-sharing level for all generic drugs approved for formulary exceptions? *

CY 2026 PBP Data Entry System Screens

Rx Setup – Page 4

Select Formulary Tier Model

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier

What is your Formulary Exceptions Tier? *

Tier 4

Does this plan apply a second less expensive cost-sharing level for all generic drugs approved for formulary exceptions? *

Yes No

Identify the lower level cost-sharing Formulary Exceptions Tier

Identify the lower level cost-sharing Formulary Exceptions Tier *

Tier 2

CY 2026 PBP Data Entry System Screens

Rx Cost Share – Page 1

Rx Cost Share

[Rx Characteristics](#)

Does this plan offer reduced Part D cost sharing as part of your supplemental Part D benefit? *

Yes No

Indicate the area(s) throughout the Part D benefit where the increase in actuarial value of benefits is reflected (select all that apply):

- Reduced Deductible
- Reduced Initial Coverage Phase cost shares
- Deductible waived for at least one tier

With respect to reduced Initial Coverage Phase cost shares, describe how this plan fulfills the requirements to increase the actuarial value of benefits above the actuarial value of defined standard prescription drug coverage, consistent with 42 CFR 423.104(f)(ii)(B)(2):

Notes *

0/500 characters

Does this plan charge the Medicare-defined Part D deductible amount (Deductible does not apply for covered insulin drugs and adult vaccines)? *

Yes No, Enter Amount No Deductible

Enter Deductible Amount *

\$

Does the Deductible apply to all tiers? *

Yes No

CY 2026 PBP Data Entry System Screens

Rx Cost Share – Page 2

Does the Deductible apply to all tiers? *

Indicate each tier for which the deductible will NOT apply (select all that apply, please note that the deductible will not apply to any of the drugs on each tier selected):

- Tier 1 - Preferred Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Drug
- Tier 4 - Injectable Drugs
- Tier 5 - Preferred Specialty Tier
- Tier 6 - Specialty Tier
- Tier 7 - Supplemental Drugs

Is the cost sharing for drugs to which the deductible does not apply the same as the Initial Coverage Phase cost sharing? *

Indicate the type of cost-sharing structure for these drugs until the deductible is met

Select structure *

Indicate the Out-of-Network (OON) cost sharing structure for this plan (note: must comply with statutory requirements for covered insulins, ACIP-recommended adult vaccines, catastrophic claims, and selected drugs) ⓘ *

- 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

CY 2026 PBP Data Entry System Screens

Rx Cost Share – Page 3

Is the cost sharing for drugs to which the deductible does not apply the same as the Initial Coverage Phase cost sharing? *

Yes No

Indicate the type of cost-sharing structure for these drugs until the deductible is met:

Select structure *

Indicate the Out-of-Network (OON) cost sharing structure for this plan (note: must comply with statutory requirements for covered insulins, ACIP-recommended adult vaccines, catastrophic claims, and selected drugs). *

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 7, 2024 at 11:59 am Eastern Time.) *

Yes No

How does this plan apply cost sharing in the Initial Coverage Phase?

Select method *

Cost-Share Tiers

For excluded drugs only, how does this plan apply cost sharing beyond the Medicare Part D Annual Out-of-Pocket cost threshold? ⓘ

Select method *

- No cost sharing
- Cost-Share Tiers (Different cost sharing than the ICP)
- Cost-Share Tiers (Same cost sharing as the ICP)

CY 2026 PBP Data Entry System Screens

Tier Locations – Page 1

Tier Locations

Updated by STE TESTER on 9/7/2022 4:22:37 PM EDT

[Rx Characteristics](#)

Standard Retail

Select the 1-month location supply for all tiers offered:

Select days for the 1-month supply *

Do you offer 2-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Select the 2-month location supply for all tiers offered:

Select days for the 2-month supply *

CY 2026 PBP Data Entry System Screens

Tier Locations – Page 2

Do you offer 3-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Standard Mail-Order

Do you offer 1-Month supply? ⓘ *

Do you offer 2-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand

CY 2026 PBP Data Entry System Screens

Tier Locations – Page 3

Standard Mail-Order

Do you offer 1-Month supply? ⓘ *

Do you offer 2-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Do you offer 3-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand

CY 2026 PBP Data Entry System Screens

Tier Locations – Page 4

Do you offer 2-Month supply? ⓘ *

Yes No

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Do you offer 3-Month supply? ⓘ *

Yes No

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

CY 2026 PBP Data Entry System Screens

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

Tier 1 - Preferred Generic Rx Characteristics

Updated by STE TESTER on 9/8/2023 11:31:46 AM EDT

Formulary Tier Model

Preferred Generic, Generic, Preferred Brand, Injectable Drugs, Preferred Specialty Tier, Specialty Tier, Supplemental Drugs

Select Tier Drug Type(s)

Generic

Brand

Tier Includes *

Part D Drugs & Excluded Drugs

Standard/Preferred Retail

Select days for 1-month supply 30

Select days for 2-month supply 60

Select days for 3-month supply

Standard Mail-Order

Select days for 1-month supply

Select days for 2-month supply

Select days for 3-month supply

Long Term Care

Select days for long-term care supply 31

Out of Network

Select days for out of network 1-month supply 30

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

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

Tier 1 - Preferred Generic

Preferred Generic, Preferred Brand, Non-Preferred Drug, Injectable Drugs, Preferred Specialty Tier, Specialty Tier, Supplemental Drugs

Initial Coverage Phase

Cost-Share Structure *
Greater of Coinsurance and Copayment

Standard/Preferred Retail Cost Sharing

Standard Retail

1-Month Supply	2-Month Supply	3-Month Supply
Select days for 1-month supply 30	Select days for 2-month supply 61	Select days for 3-month supply 91
Coinurance 1-month supply *	Coinurance 2-month supply *	Coinurance 3-month supply *
Copayment 1-month supply * \$	Copayment 2-month supply * \$	Copayment 3-month supply * \$
Average Expected Cost-Sharing Amount * \$		
Daily Copayment 1-month * \$		

Preferred Retail

1-Month Supply	2-Month Supply	3-Month Supply
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The Daily Copayment 1-month* fields in each Tier screen will be auto-calculated and will not be able to be modified by the user.

Rx Characteristics

Softrams

CY2026 PBP – Section Rx
01/08/2025

Page 13 of 24

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2026 PBP Data Entry System Screens

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

Preferred Retail		
1-Month Supply	2-Month Supply	3-Month Supply
Select days for 1-month supply _____ 30	Select days for 2-month supply _____ 61	Select days for 3-month supply _____ 91
Coinsurance 1-month supply * _____	Coinsurance 2-month supply * _____	Coinsurance 3-month supply * _____
Copayment 1-month supply * _____ \$	Copayment 2-month supply * _____ \$	Copayment 3-month supply * _____ \$
Average Expected Cost-Sharing Amount * _____ \$		
Daily Copayment 1-month * _____ \$		
Are all of the drugs on your formulary for this tier available with an extended day supply? ⓘ *		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
Are any of the drugs available with an extended day supply for this tier limited to a 1-month supply for the first fill? *		
<input type="radio"/> Yes <input checked="" type="radio"/> No		

CY 2026 PBP Data Entry System Screens

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

Standard Mail Order Cost Sharing

1-Month Supply	2-Month Supply	3-Month Supply
Select days for 1-month supply 30	Select days for 2-month supply 61	Select days for 3-month supply 90
Coinsurance 1-month supply * 15%	Coinsurance 2-month supply * 15%	Coinsurance 3-month supply * 10%
Copayment 1-month supply * \$ 50.00	Copayment 2-month supply * \$ 20.00	Copayment 3-month supply * \$ 35.00
Daily Copayment 1-month * \$ 1.67		

Long Term Care

Select days for long-term care supply
31

Coinsurance 1-month supply *
10%

Copayment 1-month supply *
\$10.00

Daily Copayment 1-month *
\$ 0.32

Out of Network

Select days for out of network 1-month supply
30

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

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

Long Term Care

Select days for long-term care supply

Coinsurance 1-month supply *

Copayment 1-month supply *

Daily Copayment 1-month *

Out of Network

Select days for out of network 1-month supply

Coinsurance 1-month supply *

Copayment 1-month supply *

CY 2026 PBP Data Entry System Screens

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

Tier 1 - Preferred Generic

Preferred Generic, Generic, Preferred Brand, Injectable Drugs, Preferred Specialty Tier, Specialty Tier, Supplemental Drugs

Post OOP

How does this tier apply cost-sharing for excluded drugs beyond the Medicare Part D Annual Out-of-Pocket threshold?

Excluded Drugs Cost-sharing Method *
Alternate cost sharing

Cost-Share Structure *
Greater of Coinsurance and Copayment

Coinsurance *

Copayment *
\$ _____

Rx Characteristics

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

Medicare Rx Attestations

Medicare Rx Attestations

Rx Characteristics

Sponsors who utilize a coinsurance cost-share structure are required to enter the average expected cost-sharing amount. The average expected cost-sharing amount represents the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a one month supply of drugs.

Average Expected Cost-Sharing Attestation

I attest that the values entered have been reviewed by the plan's certifying actuary and are accurate. *

IRA Vaccination Attestation

I attest that there is no deductible and no cost sharing for an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP). There is no enrollee cost sharing on the ingredient cost of the vaccine submitted on the prescription drug event (PDE) record, or any associated sales tax, dispensing fee, or vaccine administration fee, regardless of tier placement or benefit phase. The applicable vaccines will be designated as such on the beneficiary-facing formulary model documents. *

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

Defined Standard – Locations and Location Supply

Defined Standard - Locations and Location Supply Rx Characteristics

Standard Retail

Select days for 1-month supply * Select days for 2-month supply Select days for 3-month supply

Standard Mail Order

Select days for 1-month supply Select days for 2-month supply Select days for 3-month supply

Long Term Care

Select days for long-term care supply *

Out of Network

Select days for out of network 1-month supply

Days for out of network other supply

Are all of the drugs on your formulary available with an extended day supply? ⓘ *

Yes No

Are any of the drugs available with an extended day supply limited to a 1-month supply for the first fill? *

Yes No

Medicare Rx Attestations

I attest that there is no deductible and no cost sharing for an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP). There is no enrollee cost sharing on the ingredient cost of the vaccine submitted on the prescription drug event (PDE) record, or any associated sales tax, dispensing fee, or vaccine administration fee, regardless of tier placement or benefit phase. The applicable vaccines will be designated as such on the beneficiary-facing formulary model documents. *

CY 2026 PBP Data Entry System Screens

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

CY 2026 PBP Data Entry System Screens

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 be included in the event a formulary exception is approved for an insulin product.

Indicate which tiers have insulin drugs (Select all that apply):

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Specialty Tier

I attest that: *

The enrollee cost sharing for each prescription fill up to a one-month supply for a covered insulin product, consistent with §§ 423.100 and 423.120(h), will not exceed the lesser of (1) \$35; (2) an amount equal to 25 percent of the maximum fair price established for the covered insulin product in accordance with part E of subchapter XI, or (3) an amount equal to 25 percent of the negotiated price, as defined in § 423.100, of the covered insulin product under the prescription drug plan or MA-PD plan. If submitted insulin cost sharing is less than either \$35 or 25%, I attest that enrollee cost sharing will not exceed the lesser of those cost sharing values.

CY 2026 PBP Data Entry System Screens

Rx Insulin Tier Screen (Sample for Tier 3 – Specialty Tier) – Page 1

Tier 3 - Specialty Tier Rx Characteristics

Generic, Preferred Brand, **Specialty Tier**

Rx Insulin

Standard/Preferred Retail

Standard Retail

1-Month Supply	2-Month Supply
Select days for 1-month supply 30	Select days for 2-month supply 62
Copayment 1-month supply * \$	Copayment 2-month supply * \$
Coinsurance 1-month supply *	Coinsurance 2-month supply *

Preferred Retail

1-Month Supply	2-Month Supply
Select days for 1-month supply 30	Select days for 2-month supply 62
Copayment 1-month supply * \$	Copayment 2-month supply * \$
Coinsurance 1-month supply *	Coinsurance 2-month supply *

Standard/Preferred Mail-Order

Standard Mail-Order

1-Month Supply
Select days for 1-month supply 31
Copayment 1-month supply * \$
Coinsurance 1-month supply *

Preferred Mail-Order

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

Rx Insulin Tier Screen (Sample for Tier 3 – Specialty Tier) – Page 2

Plan Characteristics - Completed	Standard/Preferred Mail-Order
Standard Bid - Completed	Standard Mail-Order
▼ Benefit Offerings - Completed	1-Month Supply
▼ Plan Level Cost Sharing - In Progress	Select days for 1-month supply 31
▼ Prior Authorization & Referral - In Progress	Copayment 1-month supply * \$
Visitor Travel - In Progress	Coinsurance 1-month supply *
▼ Cost Share Groups - In Progress	Preferred Mail-Order
▼ VBID, MA Uniformity, SSBCI - In Progress	1-Month Supply
▲ Rx - In Progress	Select days for 1-month supply 31
▲ Rx Setup - In Progress	Copayment 1-month supply * \$
Rx Cost Share - Completed	Coinsurance 1-month supply *
▼ Rx Tiers - Completed	Long-Term Care
Rx Notes - Completed	Select days for 1-month supply 32
▲ Rx Insulin - In Progress	Long-Term Care Copayment * ▼
▼ Tier 1 - Generic - Completed	Long-Term Care Coinsurance *
▲ Tier 2 - Preferred Brand - Completed	Out-of-Network
	Select days for other supply 14
	Out-of-Network Copayment * ▼
	Out-of-Network Coinsurance *

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2026 PBP Data Entry System Screens

DS Insulin Cost Share

DS Insulin Cost Share

[Rx Characteristics](#)

I attest that: *

The enrollee cost sharing for each prescription fill up to a one-month supply for a covered insulin product, consistent with § 423.100 and 423.120(h), will not exceed the lesser of (1) \$35; (2) an amount equal to 25 percent of the maximum fair price established for the covered insulin product in accordance with part E of subchapter X), or (3) an amount equal to 25 percent of the negotiated price, as defined in § 423.100, of the covered insulin product under the prescription drug plan or MA-PD plan. If submitted insulin cost sharing is less than either \$35 or 25%, I attest that enrollee cost sharing will not exceed the lesser of those cost sharing values.

Standard Retail

1-Month Supply Select days for 1-month supply 30 Enter 1-month copayment * \$ Coinsurance 1-month supply *	2-Month Supply Select days for 2-month supply 68 Enter 2-month copayment * \$ Coinsurance 2-month supply *	3-Month Supply Select days for 3-month supply 102 Enter 3-month copayment * \$ Coinsurance 3-month supply *
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Standard Mail-Order

1-Month Supply Select days for 1-month supply 30 Enter 1-month copayment * \$ Coinsurance 1-month supply *	2-Month Supply Select days for 2-month supply 68 Enter 2-month copayment * \$ Coinsurance 2-month supply *	3-Month Supply Select days for 3-month supply 102 Enter 3-month copayment * \$ Coinsurance 3-month supply *
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Long-Term Care

Select days for 1-month supply
34
Enter 1-month copayment *
\$
Long-Term Care Coinsurance *

Out-of-Network

Select days for 1-month supply
30
Out-of-network 1-month copayment *
\$
Out-of-Network Coinsurance *

[Close](#) [Save and Close](#) [Save and Next](#)