

## 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;
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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? \*

Close

Save and Close

Save and Next

## 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

Close Save and Close Save and Next

# 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

Close

Save and Close

Save and Next

## 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? \*

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.)\*\*\* \*

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 \*  
30

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)

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

Select days for the 2-month supply \*  
60

Close

Save and Close

Save and Next

## CY 2026 PBP Data Entry System Screens

### Tier Locations – Page 2

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)

**Standard Mail-Order**

Do you offer 1-Month supply? ⓘ \*

☒ Yes ☐ No

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

## CY 2026 PBP Data Entry System Screens

### Tier Locations – Page 3

**Standard Mail-Order**

Do you offer 1-Month supply? ⓘ \*

Yes

No

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

Close

Save and Close

Save and Next

## 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**

Rx Characteristics

**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

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.

**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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## 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="button" value="Yes"/> <input type="button" value="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="button" value="Yes"/> <input checked="" type="button" value="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
Coinurance 1-month supply * 15%	Coinurance 2-month supply * 15%	Coinurance 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

Coinurance 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  
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  
Coinsurance 1-month supply \*  
10%  
Copayment 1-month supply \*  
\$10.00

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

## CY 2026 PBP Data Entry System Screens

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

Tier 1 - Preferred Generic

Rx Characteristics

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

Coinurance \*

Copayment \*  
\$

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 \*

30

Select days for 2-month supply

68

Select days for 3-month supply

102

**Standard Mail Order**

Select days for 1-month supply

30

Select days for 2-month supply

68

Select days for 3-month supply

102

**Long Term Care**

Select days for long-term care supply \*

34

**Out of Network**

Select days for out of network 1-month supply

30

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. \*

Close

Save and Close

Save and Next

## 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.

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 1

**Tier 3 - Specialty Tier**

Rx Characteristics

Generic, Preferred Brand, **Specialty Tier**

**Rx Insulin**

**Standard/Preferred Retail**

**Standard Retail**

**1-Month Supply**

Select days for 1-month supply  
30

Copayment 1-month supply \*  
\$

Coinsurance 1-month supply \*

**2-Month Supply**

Select days for 2-month supply  
62

Copayment 2-month supply \*  
\$

Coinsurance 2-month supply \*

**Preferred Retail**

**1-Month Supply**

Select days for 1-month supply  
30

Copayment 1-month supply \*  
\$

Coinsurance 1-month supply \*

**2-Month Supply**

Select days for 2-month supply  
62

Copayment 2-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**

CloseSave and CloseSave 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 Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - In Progress

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

^ Rx - In Progress

^ Rx Setup - In Progress

Rx Cost Share - Completed

Rx Tiers - Completed

Rx Notes - Completed

^ Rx Insulin - In Progress

Tier 1 - Generic - Completed

^ Tier 2 - Preferred Brand - Completed

Standard/Preferred Mail-Order

Standard Mail-Order

1-Month Supply

Select days for 1-month supply

31

Copayment 1-month supply \*

\$

Coinurance 1-month supply \*

Preferred Mail-Order

1-Month Supply

Select days for 1-month supply

31

Copayment 1-month supply \*

\$

Coinurance 1-month supply \*

Long-Term Care

Select days for 1-month supply

32

Long-Term Care Copayment \*

Long-Term Care Coinurance \*

Out-of-Network

Select days for other supply

14

Out-of-Network Copayment \*

Out-of-Network Coinurance \*

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 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.

**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 \*

**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 \*

**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