Formulary Review Suite Instructions

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Introduction and Background

The **Formulary Review Suite** (FRS) is a review tool used for qualified health plan (QHP) applications that contains two independent formulary reviews:

- *The Non-Discrimination Formulary Outlier Review*
- *The Non-Discrimination Clinical Appropriateness Review*

The FRS is available to the public as well as state regulators, issuers, and the Centers for Medicare & Medicaid Services (CMS). The FRS is capable of running all reviews simultaneously or individually depending on the selections you make. **This set of instructions applies to the Plan Year (PY) 2025 Formulary Review Suite.**

Issuers who have questions about any review may request technical assistance by submitting a help desk ticket at CMS_FEPS@cms.hhs.gov. Issuers and state regulators who experience issues using the FRS, difficulty interpreting results, or wants to submit feedback should contact the help desk.

Use of FRS by State Regulators

States may use the FRS or any parts of the FRS they believe will assist in their review process. The FRS is a method for reviewing for compliance with specific standards. Any alternative state review methods must be consistent with federal standards, but need not be identical to the approach methods via the FRS.

Use of FRS by Issuers

Issuers are encouraged to use the FRS proactively before submitting their QHP applications. In particular, by using the FRS' Clinical Appropriateness review, an issuer can determine the extent to which its drug lists meet the coverage thresholds applied as part of the Clinical Appropriateness review. And while the Formulary Outlier review results do not identify whether an issuer's plan is an outlier (due to the lack of state and national outlier threshold values), issuers are encouraged to run the formulary outlier tool prior to submitting their QHP application and use the 'Formulary Outlier Details' tab to have a detailed look at their formularies to better identify categories, classes, and drugs with or without Prior Authorization and/or Step Therapy restrictions. This information can assist issuers in addressing potential formulary outlier deficiency notices. Note that issuers must respond to any deficiencies identified even if an identified issue is different than the results obtained using the FRS.

Use of FRS by CMS and States

CMS plans to use the FRS in Federally-Facilitated Exchanges (FFEs) for those standards that are specific to certification of QHPs. This includes certification standards for Federally-Facilitated

Small Business Health Options Program (FF-SHOP). For more information on the FFE certification process and related standards, please see the "2025 Letter to Issuers in the Federally-facilitated Exchanges" available on the CCIIO website.

Issuers in states performing plan management functions may contact their state regulator to determine if the FRS will be part of their review processes. CMS will review and confirm the state's QHP certification recommendations and make final QHP certification decisions. CMS will work closely with states that are performing plan management functions to coordinate this process.

Formulary Review Suite Setup

Access to the FRS

Make sure that you are using the most updated version of the FRS. The FRS and all other QHP review tools can be downloaded from the CMS website. In addition to the FRS, access to the Data Consolidation Tool may be necessary; for more complete and accurate review results. Instructions on how to use the Data Consolidation Tool are located within the Data Consolidation Tool itself. This FRS document details the dependencies between the Data Consolidation Tool and the FRS.

Input Files for the FRS

At a minimum, the FRS requires the use of **Prescription Drug** (RX) templates. For full functionality and more complete results, the FRS requires the **Plans & Benefits** (P&B) templates. You can find all of the QHP application templates on the CMS website. Instructions on how to complete the QHP application templates are also located at the same website.

Saving the Input Templates

The RX and P&B templates, considered for review, should be saved, in their original Excel (.xls, .xlsx, .xlsm) format, in folders in easily accessible locations. Figure 1 shows an example folder layout that can be used. The tool will later request the folder location of the templates when the time comes to perform reviews.

It is recommended to save the RX templates, P&B templates, and Data Consolidation Tool in separate folders to avoid producing errors within the FRS. Keep in mind that Microsoft Excel has a limit to the number of characters that can be in the file path name.[1]

> **Hint**: *Save the RX and P&B templates along with the FRS and Data Consolidation Tool on your desktop.*

[1] A file path includes the folder location plus the file name. For example, "C:\Users\jsmith\Desktop\FRS Templates\Formulary Review Suite.xlsm" is a path. Microsoft Excel might produce an error when templates have very long paths.

Figure 1 Sample Folder Layout for FRS Files

Issuers should save all RX templates, P&B templates, and Data Consolidation Tool that they wish to perform reviews on in separate folders. The FRS will attempt to use all information in any RX templates and Data Consolidation Tools stored in the folders that are selected.

States should save all issuer RX templates for the entire state that they wish to perform reviews on in a single folder. The FRS will attempt to use all information in any RX templates and Data Consolidation Tools stored in the folders that are selected.

States that Collect Templates in SERFF

In states that collect templates using the System for Electronic Rate and Form Filing (SERFF), issuers may submit separate sets of templates for Individual and SHOP QHP application plans. In this case, an issuer can submit two drug lists with the same identification (ID) – one for the Individual marketplace and one for the SHOP marketplace. In order for the FRS to distinguish between these two drug lists, you will need to indicate that you have separate Individual and SHOP RX templates in the FRS as depicted in Figure 2.

Figure 2 FRS SERFF Collection Indication

The FRS will only issue one prompt for the location of RX templates regardless of the selection in the FRS so it is not required to have separate folders for Individual and SHOP templates. **All RX templates must be saved with either "INDTemp" or "SHOPTemp" in the file name for**

the FRS to function properly if the selection in Step (2) is "Yes." Figure 3 shows an example of good file naming conventions.

Figure 3 Sample File Names for SERFF Users

Finalize FRS Setup for Reviews

Choose the State for the Review

The state selection step is necessary for the Formulary Outlier review. This review includes a state's benchmark value in the applied threshold results. Using the drop-down menu, select the state's benchmark that apply to the templates for review as seen in Figure 4. The FRS is able to review templates from multiple states simultaneously and the state selections in the templates need not match the state selected in the state drop-down menu of the FRS. However, if the FRS performs the Formulary Outlier review and calculates state outlier thresholds, then the tool requires that all template data originates from a single state.

Figure 4 FRS State Selection

Hint: *If applicable, save all files for different states in different folders.*

Optional: Import P&B and RX Data from Data Consolidation Tool

The FRS allows the option to import P&B and RX data from a Data Consolidation Tool using the drop-down menu and button in the FRS shown in Figure 5. The FRS will import data relating to plans offered both on and off the exchange and plans that will only be offered off the exchange. Importing P&B and RX data will allow the display of summary level results for each review at the plan level. If P&B and RX data is not imported from a Data Consolidation Tool, the results presented will be limited to the issuer and formulary level and may contain data related to unused drug lists.

After selecting the import button in Figure 5, the FRS will require the selection of the Data Consolidation Tool file that contains P&B and RX data. At this point, P&B and RX data should already be imported into a Data Consolidation Tool.

Figure 5 Import P&B Data Button

The RX templates provide information at the Formulary ID level. The P&B templates provide information at the plan variant level. P&B data will allow the display of summary level results at the plan level because the FRS can link the Formulary ID from the RX template back to the particular standard variant plan in the P&B template.

Hint: *The Formulary Outlier Review state outlier threshold calculations require P&B data to run.*

In addition, some drug lists exist in the RX template but do not link to a plan in the P&B template. The P&B data allows the FRS to identify and remove these unused drug lists.

Option to Run Multiple Reviews

The FRS is able to run multiple formulary reviews at once or run each review separately as seen in Figure 6. If "Yes" is selected, then the FRS performs both reviews. If "No" is selected, then select the review(s) the FRS will perform.

Figure 6 Individual or Multiple Reviews

Hint: *You can always run the FRS for each of the reviews individually at any time if you do not want the results for all reviews at once. To do this, choose "No" during the step in Figure 6.*

By selecting "No," the FRS requires the review(s) to be performed with a user form.[2] The first user form appears depending on the selection in Figure 6. If "Yes" is selected, then there will be no user form at this point. If "No" is selected, then the option to select the review(s) will appear as seen in Figure 7.

Figure 7 Individual Review Selection

[2] User forms for the FRS capture additional user input data. They will appear in the form of a popup box on your screen when using the FRS.

Select the review(s) that to run by clicking on the checkbox next to the review name. When the review(s) have been selected, click “Done. The next few sections of information provide background and detail for the reviews that are contained in the FRS.

Run the Formulary Review Suite

At this point the FRS setup is complete and reviews can be run. After verifying that all user selections to this point are correct, then run the FRS using the button shown in Figure 8.

Figure 8 Run Formulary Review Suite Button

After initiating the FRS using the button in Figure 8, the FRS displays a series of user forms for the remaining inputs that each individual review needs. There will be a different set of forms for each combination of inputs up until this point.

Selecting the Input Templates

The FRS requires the selection of the folder that contain RX templates (see Figure 9) after completing all of the necessary user inputs and user forms in the FRS – additional details for the remaining user forms for each of the FRS reviews can be found in subsequent sections. This will be the last step to complete before the FRS processes all of the review information previously provided.

Figure 9 Sample Folder Layout for Import

The FRS will process the information in the selected folder. The FRS will run until completion unless it reaches an error. During this time, the FRS displays a status bar with the status of the tool's progress. Figure 10 shows an example of the status bar. The FRS provides a notification when the review is complete.

Figure 10 FRS Status Bar

Issuer Level Summary Information

The FRS produces summary information at the issuer level every time it processes information. The "**Issuer Summary**" worksheet produces the executive summary review results for each formulary ID that the FRS processes. This worksheet identifies the Formulary IDs that do not meet the intended review(s) requirements. Figure 11 shows an example of the issuer summary output.

Figure 11 FRS Issuer Summary Sample

			Executive Summary:	0 Issuers Failed	0 Issuers Failed
Issuer Data		Formulary Data		Formulary Outlier Review	Clinical Appropriateness Revies
Issuer ID	Market Coverage	Formulary ID	Drug List ID	Met	Met
12345	Individual	AZF001	1	Met	Met

Here are the definitions for the columns in this worksheet:

- **Issuer ID**: The five-digit identification number used to distinguish insurers taken from the template information.
- **Market Coverage**: Determination of whether a plan is offered on the individual or SHOP marketplace. This field can be used to distinguish marketplace specific drug lists submitted by issuers and/or states that submit through SERFF.
- **Formulary ID**: The six-character identification code used to distinguish formularies and their cost-sharing from the template information. Each formulary ID links to one standard component ID and one drug list ID.
- **Drug List ID**: The drug list identification number used to identify the RXCUIs offered by a plan.
- **Formulary Outlier Result**: The result of the particular drug list for the Formulary Outlier Review.
    - **Met**: A drug list is "Met" if all categories and classes pass the review.
    - **Not Met**: A drug list is "Not Met" if at least one category and class fails the review.
- **Clinical Appropriateness Results**: The result of the particular drug list for the Clinical Appropriate Review.
    - **Met**: A drug list is "Met" if all conditions and classes pass the review.

- **<u>Not Met</u>**: A drug list is "Not Met" if at least one condition and class fails the review.

The "**Issuer Summary**" sheet may produce different results depending on if P&B data was imported. When P&B data is imported, only those formulary IDs in the RX templates that correspond to a plan in the P&B templates appear in the summary. However, if P&B data is missing, every formulary ID in the RX template will appear in the summary since it is not dependent on the link back to the P&B template data.

The "**Issuer Summary**" worksheet provides the initial insight into the formulary reviews. The subsequent review summary and detail worksheets all contain the drug list information. This feature provides the ability to easily identify issuer drug lists across multiple formulary reviews. This facilitates closer observation of each drug lists' details to identify the reason(s) for a deficiency.

Plan Level Summary Information

The FRS produces summary information at the plan level only when P&B and RX data from a Data Consolidation Tool has been imported. The "**Plan Summary**" worksheet produces the executive summary review results for each plan the FRS reviews. This worksheet identifies the standard component IDs that do not pass the intended review(s). Figure 12 shows an example of the plan summary output.

Figure 12 FRS Plan Summary Sample

									Executive Summary:	0 Plans Failed	5 Plans Failed
Issuer Data						Formulary Data				Formulary Outlier Review	Clinical Appropriateness Review
State	Issuer ID	Market Coverage	Standard Component ID	Plan Marketing Name	Metal Level	Formulary ID	Number of Drug Tiers	Drug List ID		Formulary Outlier Result	Clinical Appropriateness Result
VA	11111	Individual	11111VA0010001	Fake 106	Gold	VAF001	5	1		Met	Not Met
VA	11111	Individual	11111VA0010002	Fake 107	Silver	VAF002	5	1		Met	Not Met
VA	11111	Individual	11111VA0010003	Fake 108	Expanded Bronze	VAF003	5	1		Met	Not Met
VA	11111	Individual	11111VA0020001	Fake 109	Silver	VAF004	5	1		Met	Not Met
VA	54321	SHOP (Small Group)	54321VA0170062	Fake 87	Bronze	VAF013	4	1		Met	Met
VA	54321	SHOP (Small Group)	54321VA0170116	Fake 98	Bronze	VAF014	4	1		Met	Met
VA	54321	SHOP (Small Group)	54321VA0170117	Fake 99	Bronze	VAF014	4	1		Met	Met

Here are the definitions for the columns in this worksheet:

- **<u>Issuer ID</u>**: The five-digit identification number used to distinguish insurers taken from the template information.
- **<u>Market Coverage</u>**: Determination of whether a plan is offered on the individual or SHOP marketplace. This field can be used to distinguish marketplace specific drug lists submitted by issuers and/or states that submit through SERFF.
- **<u>Standard Component ID</u>**: The fourteen-character identification code used to distinguish unique plan designs taken from the template information.

- **Plan Marketing Name**: Trade name of a standard component ID used by an insurer and consumers to more formally identify plans.
- **Metal Level**: General level of coverage description for each Plan ID based on how a consumer and insurance plan split costs. Values include Catastrophic, Expanded Bronze, Bronze, Silver, Gold, and Platinum.
- **Formulary ID**: The six-character identification code used to distinguish formularies and their cost-sharing from the template information. Each formulary ID links to one standard component ID and one drug list ID.
- **Number of Drug Tiers**: Lists the number of available drugs tiers an RXCUI can be covered on.
- **Drug List ID**: The drug list identification number used to identify the RXCUIs offered by a plan.
- **Formulary Outlier Result**: The result of the particular drug list for the Formulary Outlier Review.
    - **Met**: A drug list is "Met" if all categories and classes pass the review.
    - **Not Met**: A drug list is "Not Met" if at least one category and class fails the review.
- **Clinical Appropriateness Result**: The result of the particular drug list for the Clinical Appropriate Review.
    - **Met**: A drug list is "Met" if all conditions and classes pass the review.
    - **Not Met**: A drug list is "Not Met" if at least one condition and class fails the review.

The "**Plan Summary**" worksheet provides additional insight into the formulary reviews. The subsequent review summary and detail worksheets all contain the drug list information. This feature provides the ability to easily identify issuer drug lists across multiple formulary reviews. Figure 12 shows an example of the plan summary output.

Plan level detailed information can be obtained via the "**Plan Details**" tab. The FRS produces detailed results at the plan level only when P&B and RX data from a Data Consolidation Tool has been imported and if any plan reviewed does not meet the requirements of the review(s) performed. The "**Plan Details**" worksheet displays detailed deficiency results for any plan that does not meet a formulary reviews requirements. This worksheet identifies the standard component IDs that do not pass the intended review and the category and class (formulary outlier) or condition and class (clinical appropriateness) the plan specifically did not meet a reviews' requirements.

The definitions for the columns in the "**Plan Details"** worksheet are:

- **Issuer ID**: The five-digit identification number used to distinguish insurers taken from the template information.
- **Market Coverage**: Determination of whether a plan is offered on the individual or SHOP marketplace. This field can be used to distinguish marketplace specific drug lists submitted by issuers and/or states that submit through SERFF.
- **Standard Component ID**: The fourteen-character identification code used to distinguish unique plan designs taken from the template information.
- **Plan Marketing Name**: Trade name of a standard component ID used by an insurer and consumers to more formally identify plans.
- **Metal Level**: General level of coverage description for each Plan ID based on how a consumer and insurance plan split costs. Values include Catastrophic, Expanded Bronze, Bronze, Silver, Gold, and Platinum.
- **Formulary ID**: The six-character identification code used to distinguish formularies and their cost-sharing from the template information. Each formulary ID links to one standard component ID and one drug list ID.
- **Number of Drug Tiers**: Lists the number of available drugs tiers an RXCUI can be covered on.
- **Drug List ID**: The drug list identification number used to identify the RXCUIs offered by a plan.
- **Review Flagged**: Identifies which review a deficiency has been identified for a plan.
- **Category; Class or Condition; Class**: Provides the category and class (formulary outlier) or condition and class (clinical appropriateness) a deficiency was identified. The review identification number is also provided in parentheses which can be filtered for on the appropriate review summary tab.
- **Coverage Requirement**: Identifies if a review requirement is based on coverage without restriction or simple coverage.
- **Drug Count & Threshold**: Provides information regarding the number of chemically distinct drugs covered on a plan's formulary and the threshold used to determine adequate coverage. Values are presented in "[X] out of [Y]" format, where [X] represents the plans drug coverage and [Y] represents the threshold.
- **Deficiency Message**: Detailed deficiency or error message that provides clarification on the plan's deficiency as well as corrective steps that can be taken to resolve the error.

Non-Discrimination Formulary Outlier Review

The Formulary Outlier Review identifies plans that have unusually low numbers of unrestricted drugs for various United States Pharmacopeia (USP) classes. The FRS compares the unrestricted drug counts against state benchmarks, state outlier thresholds, and national outlier thresholds for each class of drugs.

- **Unrestricted Drug**: *A covered drug that is not subject to prior authorization and/or step therapy requirements.*

The "**Formulary Outlier Summary**" and "**Formulary Outlier Details**" worksheets within the FRS show the output for each drug list the FRS reviews. Each drug list that is reviewed is identified according to the issuer ID, market coverage (if applicable), and drug list ID. The individual results for each issuer ID and drug list ID will reside on both of these worksheets if the user chooses to run this review.

CMS uses state and national outlier thresholds to perform the Formulary Outlier Review. Calculations of state and national outlier thresholds happen once per year after receiving all initial QHP application data. Distribution of thresholds does not occur until after the first round of QHP application reviews. **The FRS can calculate state thresholds, but not national thresholds.**

States who wish to obtain meaningful results should calculate state thresholds and utilize the CMS provided national thresholds. Before calculating state thresholds, it is important to collect all template data from all issuers operating in a state to yield an accurate threshold calculation. Afterwards, the state threshold can be used in conjunction with both the national threshold and state benchmark to obtain meaningful review results. States and issuers should use the "**Formulary Outlier Details**" worksheet in the FRS for informational purposes until CMS releases national thresholds.

Formulary Outlier User Forms

The Formulary Outlier Review user forms begin if all reviews are selected to run together or the Formulary Outlier Review is the only review selected. Figure 13 shows the first user form for the Formulary Outlier Review inputs.

First, finalize the inputs for state threshold calculations. Selecting "Yes" will clear any saved thresholds currently in the FRS; the default thresholds in the FRS are "NR-DL." Selecting "No" will cause the FRS to prompt the user to manually enter state thresholds or continue to use the state thresholds saved in the FRS.

Figure 13 Formulary Outlier Review State Threshold Selections

If state thresholds are not being calculated and there are blank state thresholds on the "Formulary Outlier Summary" worksheet, then the FRS will redirect you to the "Formulary Outlier Summary" worksheet after you select "No" in Figure 13. After entering the state thresholds, then you need to start back at Step 5 as seen in Figure 8 to restart the FRS processes.

Next, enter the outlier multiplier desired, as seen in Figure 14. This user form will only appear if state thresholds will be calculated. The default and recommended outlier multiplier value is 1.5. A higher multiplier will result in a more lenient review, while a lower value will result in a more stringent review. The outlier multiplier should be between 1.0 and 2.0. Please refer to the Data Consolidation Tool for a detailed description of the outlier methodology.

Figure 14 Formulary Outlier Review Outlier Multiplier

When calculating outliers, if the benchmark count is zero, the benchmark count used by the FRS defaults to a value of 1 due to the EHB requirement that drug lists cover the greater of 1 or the

number of chemically distinct drugs in the benchmark for each class. Outlier thresholds calculations round up to the next integer because it is impossible to cover a fractional number of drugs. In addition, calculated thresholds can be negative depending on the outlier multiplier used; this result will display as "NR – NT" in the FRS. Note that an outlier calculation will not occur if there are less than five drug lists; this result will display as "NR – DL" in the FRS.

Figure 15 shows the next Formulary Outlier user form requesting input for the use of national thresholds. Selecting "Yes" will incorporate the national outlier thresholds that are currently stored in the FRS. Selecting "No" will ignore any saved thresholds in the FRS.

Figure 15 Formulary Outlier Review National Threshold Selections

If there are blank national threshold values and national thresholds will be used, then the FRS redirects the user to the "**Formulary Outlier Summary.**"

At this point, the FRS either requests the location of the saved RX templates (see the Selecting the Input Templates section) or it continues to provide more user forms for any additional review(s) selected.

Formulary Outlier Summary Worksheet

The "**Formulary Outlier Summary**" worksheet produces the unrestricted drug counts for all categories and classes in the Formulary Outlier Review for each drug list that the FRS reviews. This worksheet also identifies the drug lists that do not meet or exceed the applied threshold values for any category and class. The cell associated with a formulary outlier will be bold with red font when an unrestricted drug count is lower than the applied outlier threshold as seen in Figure 16.

Figure 16 Formulary Outlier Summary Worksheet Sample

						Formulary Outlier Result:	1 List Not Met	1 Outlier
Category Class ID	Category	Class	Benchmark Count	National Outlier Thresholds	State Outlier Thresholds	Applied Thresholds	45786 Drug Lists	List 1 Unrestricted Count	List 1 Outlier Status
1	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	2	2	1	2		3	Met
2	Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	0	1	1	1		1	Met
3	Anticonvulsants	Anticonvulsants, Other	3	1	1	1		2	Met
4	Anticonvulsants	Calcium Channel Modifying Agents	4	2	2	2		3	Met
5	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	4	3	4	4		5	Met
6	Anticonvulsants	Glutamate Reducing Agents	3	2	2	2		3	Met
7	Anticonvulsants	Sodium Channel Agents	7	3	2	3		5	Met
8	Antidepressants	Antidepressants, Other	8	2	6	6		5	Not Met

Here are the definitions for the columns in this worksheet:

- **Category Class ID**: This is an arbitrary number assigned to the USP category and class for ease of identifying a category and class pairing.
- **Category**: The broadest classification of the USP guidelines that provides a high level formulary structure designed to include all potential therapeutic agents for conditions.
- **Class**: A more granular classification for a USP category that provides therapeutic or pharmacologic groupings of FDA approved medications.
- **Benchmark Count**: The state EHB benchmark chemically distinct drug count.
- **National Outlier Thresholds**: The calculated lower chemically distinct drug limit based on all drug lists in the nation.
- **State Outlier Thresholds**: The calculated lower chemically distinct drug limit based on all drug lists in a given state.
- **Applied Thresholds**: The combination of state benchmark, national outlier, and state outlier used as the actual lower chemically distinct drug limit for each category and class.
- **List [#] Unrestricted Count**: The chemically distinct drug unrestricted count for a particular drug list.
- **List [#] Outlier Status**: An indication whether the category and class has met the applied threshold.
    - **Met**: The drug count meets the applied threshold. No further review is required.
    - **Not Met**: The drug count does not meet the applied threshold. A further review is required.
    - **NA**: The drug count cannot be reviewed since there are not enough drug lists in a state to calculate a threshold.

After expanding all of the drug lists that the FRS reviewed, we can look at all of the results that the FRS produces as seen in Figure 17. The numbers in Figure 17 correspond to the list of items below.

Hint: *Go to Appendix A: Manipulating Groupings in Excel to learn more about expanding and contracting the groups of drug lists for any worksheet in the FRS.*

Figure 17 Formulary Outlier Summary Worksheet Output

	D	H	K		M		O		Q
2		Marketplace Type:	Individual				SHOP (Small Group)		
3		Formulary Outlier Result:	2 Lists Not Met	2 Outliers	2 Outliers		1 List Not Met	2 Outliers	
4	Class	Applied Thresholds	12345 Drug Lists	List 1 Unrestricted Count	List 1 Outlier Status	List 2 Unrestricted Count	List 2 Outlier Status	12345 Drug Lists	List 1 Unrestricted Count	List 1 Outlier Status
5	Opioid Dependence Treatments	3		2	Outlier	2	Outlier		2	Outlier
6	Opioid Reversal Agents	1		1	Okay	1	Okay		1	Okay
7	Anticonvulsants, Other	2		3	Okay	3	Okay		3	Okay
8	Calcium Channel Modifying Agents	2		4	Okay	4	Okay		4	Okay
9	Gamma-aminobutyric Acid (GABA) Augmenting Agents	2		3	Okay	3	Okay		3	Okay

1. Marketplace Type differentiates between market coverages **if and only if** separate Individual and SHOP templates. Otherwise, this row will not appear.
2. These cells will appear for every combination of issuer and market coverage (if applicable). It describes the overall performance of the issuer's drug lists in that market (if applicable). A drug list is an "Outlier" if at least one category and class that does not meet the applied threshold.
3. These cells tally the number of categories and classes that did not meet the applied threshold. Applies to the drug list listed directly below them.
4. These cells indicate the drug list under review. Notice, one issuer under review with three total drug lists – two from the individual market and one from the SHOP market.

Hint: *The cells directly beneath the issuer, "12345 Drug Lists" for example, are meant to be blank.*

Formulary Outlier Details Worksheet

The "**Formulary Outlier Details**" worksheet provides the results of the review for each chemically distinct drug in the categories and classes reviewed. This worksheet provides the count of covered drugs and unrestricted drugs to give the issuer or state reviewer an indication of where a drug list is deficient. This worksheet also identifies how a chemically distinct drug is covered on a particular drug list. The cell associated with a deficient drug count will be bold with red font when covered with restrictions as seen in Figure 18.

Figure 18 Formulary Outlier Details Worksheet Sample

	Marketplace Type:	Individual			SHOP (Small Group)	
Category; Class	Chemically Distinct Drug	12345 Drug Lists	List 1 Coverage	List 2 Coverage	12345 Drug Lists	List 1 Coverage
Anti-Addiction/ Substance Abuse Treatment Agents; Opioid Dependence Treatments	Buprenorphine		PA	Unrestricted		PA
	Buprenorphine; Naloxone		Unrestricted	Unrestricted		Unrestricted
	Methadone		Unrestricted	Unrestricted		Unrestricted
	Naltrexone		Unrestricted	Unrestricted		Unrestricted
	Covered Count		4	4		4
	Unrestricted Count		3	4		3

Here are the definitions for the columns in this worksheet:

- **Category; Class**: The category is the broadest classification of the USP guidelines that provides a high-level formulary structure designed to include all potential therapeutic agents for conditions. The class is a more granular classification for a USP category that provides therapeutic or pharmacologic groupings of FDA approved medications.
- **Chemically Distinct Drug**: Two drugs are chemically distinct if they have different active ingredients. Combination drugs are chemically distinct from their component drugs.

For each drug list, each chemically distinct drug is either:

a) **Uncovered**: The drug list does not contain any RXCUIs associated with the chemically distinct drug.
b) **Unrestricted**: The drug list contains at least one RXCUI associated with the chemically distinct drug without prior authorization or step therapy.
c) **Restricted with Prior Authorization (PA)**: All of the RXCUIs on the drug list associated with the chemically distinct drug have only a prior authorization requirement.
d) **Restricted with Step Therapy (ST)**: All of the RXCUIs on the drug list associated with the chemically drug have only a step therapy requirement.
e) **Restricted with both Prior Authorization and Step Therapy (PA, ST)**: All of the RXCUIs on the drug list associated with the chemically distinct drug have either prior authorization or step therapy requirements. Some RXCUIs may have both requirements.

After expanding all of the drug lists that the FRS reviewed, we can look at all of the results that the FRS produces as seen in Figure 19. The numbers in Figure 19 correspond to the list of items below.

> **Hint**: *Go to Appendix A: Manipulating Groupings in Excel to learn more about expanding and contracting the groups of drug lists for any worksheet in the FRS.*

Figure 19 Formulary Outlier Details Worksheet Output

	C	D	E	F	G	H
2	Marketplace Type:	Individual			SHOP (Small Group)	
3	Chemically Distinct Drug	12345 Drug Lists	List 1 Coverage	List 2 Coverage	12345 Drug Lists	List 1 Coverage
4	Buprenorphine		PA	Unrestricted		PA
5	Buprenorphine; Naloxone		Unrestricted	Unrestricted		Unrestricted
6	Methadone		Unrestricted	Unrestricted		Unrestricted
7	Naltrexone		Unrestricted	Unrestricted		Unrestricted
8	Covered Count		4	4		4
9	Unrestricted Count		3	4		3

1. Marketplace Type differentiates between market coverages **if and only if** separate Individual and SHOP templates. Otherwise, this row will not appear.
2. The covered count and unrestricted count are listed for each category and class. These values are the sum of chemically distinct drugs within a category and class that are either covered or unrestricted as defined previously.
3. These cells indicate the drug list under review. Notice that one issuer is under review with three total drug lists – two from the individual market and one from the SHOP market.

Hint: *The cells directly beneath the issuer, "12345 Drug Lists" for example, are meant to be blank.*

Both Formulary Outlier Review worksheets provide the category and class. This feature provides the ability to identify all of the chemically distinct drugs that affect a particular category and class. The "**Formulary Outlier Summary**" worksheet indicates if a category and class is an outlier. The "**Formulary Outlier Details**" worksheet displays how the chemically distinct drugs are covered. Only unrestricted drugs apply towards meeting an applied threshold for the Formulary Outlier Review. Adding appropriate RXCUIs without restriction to a formulary will assist to meet the threshold count and satisfy the review.

Non-Discrimination Clinical Appropriateness Review

The Clinical Appropriateness Review identifies plans that do not meet the recommended clinical guidelines for several medical conditions. The FRS compares either the drug count or the unrestricted drug count against the recommended clinically appropriate threshold.

The "**Clinical Summary**" and the "**Clinical Details**" worksheets within the FRS show the output for each drug list the FRS reviews. Each drug list that is reviewed is identified according to the issuer ID, issuer state, market coverage (if applicable), and drug list ID. The individual results for each issuer ID and drug list ID will reside on both of these worksheets if the user chooses to run this review.

CMS uses clinically appropriate thresholds to perform the Clinical Appropriateness Review. The thresholds are static, meaning these values do not change over the course of the review, and are not calculated. The FRS contains pre-populated, recommended thresholds to start. However, the FRS will allow adjustments to these values. Changing threshold values affects the final outcome of the review: a higher value will result in a more stringent review, while a lower value will result in a more lenient review. Note that the threshold values are limited to values between zero and the maximum number of chemically distinct drugs for a particular test, also called the maximum threshold.

Clinical Appropriateness User Forms

The Clinical Appropriateness Review user forms begin if all reviews are selected together or if the Clinical Appropriateness Review is only selected. Figure 20 shows the first user form for the Clinical Appropriateness Review inputs.

Figure 20 Clinical Appropriateness Review Thresholds

First, choose to either adjust the thresholds or use the default thresholds. The default thresholds are the recommended thresholds that CMS deemed clinically appropriate. If the default thresholds option is chosen, then the FRS will prompt for the location of the RX templates (see the Selecting the Input Templates section). Otherwise, by choosing to adjust thresholds, the FRS displays the review conditions where new thresholds can be entered, as shown in Figure 21.

> **Hint**: *You are able to choose the default thresholds even if you continue with the adjust thresholds path.*

Figure 21 Clinical Appropriateness Review Conditions

The initial condition thresholds seen are those for the Bipolar Disorder review. The numbers in Figure 21 correspond to the list of items below.

1. These are the different conditions reviewed for clinical appropriateness. Either click on each condition tab to set the thresholds or click on the "Next" button to move to additional conditions.
2. This is the name of the condition thresholds are currently being set.

3. The test description provides a brief explanation for each review that the FRS performs for the particular condition. All tests are at the class level. The coverage can be unrestricted or regular coverage.
4. The threshold input box that allows the use of a threshold value other than the default threshold. If the default thresholds are desired, see number 6 below. A numeric value can be entered into the boxes next to the test descriptions. Each test will need a threshold. The threshold can be between 0 and the maximum possible value.
5. This is the maximum possible threshold that the test can be. This represents the total number of clinically distinct drugs that make up the particular test description.
6. The default thresholds button populates the default thresholds into the boxes next to the test descriptions. Clicking this button will overwrite any previous entered.

Hint: *Click the "Default Thresholds" button first to identify the recommended thresholds before changing them.*

Once all thresholds have been entered for each review conditions, the FRS will require the location of the RX templates (see the Selecting the Input Templates section). The Clinical Appropriateness Review is the last review that the FRS runs, so there are no more user forms at this point.

Clinical Summary Worksheet

The "**Clinical Summary**" worksheet displays the overall results of the Clinical Appropriateness Review. This worksheet produces the drug count results for each condition and class that the FRS processes. This worksheet also identifies the review tests that do not meet or exceed the applied threshold values. The cell associated with a review test that is not clinically appropriate will be bold with red font when the drug count value is lower than the applied thresholds as seen in Figure 22.

Figure 22 Clinical Appropriateness Summary Worksheet Sample

			Marketplace Type:	Individual					SHOP (Small Group)		
			Clinical Appropriateness Result:	*2 Lists Not Met*	*4 Tests Not Met*		*4 Tests Not Met*		*1 List Not Met*	*1 Test Not Met*	
Condition	Test Description	Condition Test ID	Threshold Selected	12345 Drug Lists	List 1 Test Count	List 1 Result	List 2 Test Count	List 4 Result	12345 Drug Lists	List 1 Test Count	List 1 Result
Bipolar Disorder	Coverage of drugs in the Antidepressants class.	1	**4**		4	Met	4	Met		4	Met
	Coverage of drugs in the Mood Stabilizers class.	2	**4**		4	Met	4	Met		4	Met
	Coverage of drugs in the Second Generation Antipsychotics class.	3	**7**		7	Met	7	Met		7	Met

Here are the definitions for the columns in this worksheet:

- **Condition**: The medical condition under review.

- **<u>Test Description</u>**: The specific test under review for the given condition. Generally, the test lists the drug class under review. Certain conditions require multiple tests for a single drug class.
- **<u>Condition Test ID</u>**: This is an arbitrary number assigned to the tests for ease of identifying a condition and test pairing.
- **<u>Threshold Selected</u>**: The threshold selected by the user through the user forms. These are either the default thresholds or the user selected thresholds.
- **<u>List [#] Test Count</u>**: The number of clinically distinct drugs that satisfy the test description.
- **<u>List [#] Result</u>**: An indication whether the test description has met the selected threshold.
    - **<u>Met</u>**: The drug count meets the selected threshold. No further review is required.
    - **<u>Not Met</u>**: The drug count does not meet the selected threshold. A further review is required.

After expanding all of the drug lists that the FRS reviewed, we can look at all of the results that the FRS produces as seen in Figure 23. The numbers in Figure 23 correspond to the list of items below.

> **<u>Hint</u>**: *Go to Appendix A: Manipulating Groupings in Excel to learn more about expanding and contracting the groups of drug lists for any worksheet in the FRS.*

Figure 23 Clinical Appropriateness Summary Worksheet Output

	Test Description	Condition Test ID	Threshold Selected	12345 Drug Lists	List 1 Test Count	List 1 Result	List 2 Test Count	List 4 Result	12345 Drug Lists	List 1 Test Count	List 1 Result
2			Marketplace Type:	Individual					SHOP (Small Group)		
3			Clinical Appropriateness Result:	2 Lists Not Met	4 Tests Not Met		4 Tests Not Met		1 List Not Met	1 Test Not Met	
5	Coverage of drugs in the Antidepressants class.	1	4		4	Met	4	Met		4	Met
6	Coverage of drugs in the Mood Stabilizers class.	2	4		4	Met	4	Met		4	Met
7	Coverage of drugs in the Second Generation Antipsychotics class.	3	7		7	Met	7	Met		7	Met

1. Marketplace Type differentiates between market coverages **if and only if** you have separate Individual and SHOP templates. Otherwise, this row will not appear.
2. These cells will appear for every combination of issuer and market coverage (if applicable). It describes the overall performance of the issuer's drug list(s) in that market (if applicable). A drug list is "Not Met" if it has at least one test that does not meet the selected threshold.
3. These cells tally the number of tests that did not meet the selected threshold. They apply to the drug list listed directly below them.

4. These cells indicate the drug list under review. Notice that one issuer under review with three total drug lists – two from the individual market and one from the SHOP market.

   Hint: *The cells directly beneath the issuer, "12345 Drug Lists" for example, are meant to be blank.*

Clinical Details Worksheet

The "**Clinical Details**" worksheet displays the results of the review for each drug in the conditions and classes under review. This worksheet provides the count of covered drugs and unrestricted drugs to give the issuer or reviewer an indication of where a drug list is deficient. This worksheet also identifies how a clinically distinct drug is covered on a particular drug list. The cell associated with a deficient drug count will be bold with red font when not covered without restrictions as seen in Figure 24.

Figure 24 Clinically Appropriate Details Worksheet Sample

		Marketplace Type:	Individual			SHOP (Small Group)	
Condition	Class	Drug Name	12345 Drug Lists	List 1 Coverage	List 2 Coverage	12345 Drug Lists	List 1 Coverage
Bipolar Disorder	Antidepressants	Bupropion		Unrestricted	Unrestricted		Unrestricted
		Fluoxetine		Unrestricted	Unrestricted		Unrestricted
		Paroxetine		Unrestricted	Unrestricted		Unrestricted
		Tranylcypromine		Unrestricted	Unrestricted		Unrestricted
		Covered Count		4	4		4
		Unrestricted Count		4	4		4
	Mood Stabilizers	Carbamazepine		Unrestricted	Unrestricted		Unrestricted
		Lamotrigine		Unrestricted	Unrestricted		Unrestricted
		Lithium		Unrestricted	Unrestricted		Unrestricted
		Valproate		Unrestricted	Unrestricted		Unrestricted
		Covered Count		4	4		4
		Unrestricted Count		4	4		4

Here are the definition for the columns in this worksheet:

- **Condition**: The medical condition under review.
- **Class**: The class of drugs under review that relates to the given medical condition.
- **Drug Name**: The individual drugs that create each class for the given medical condition.

For each drug list, each drug is either:

a) **Uncovered**: The drug list does not contain any RXCUIs associated with the specified drug or the drug is placed on a "NA" tier.
b) **Unrestricted**: The drug list contains at least one RXCUI associated with the specified drug without prior authorization or step therapy.
c) **Restricted with Prior Authorization (PA)**: All of the RXCUIs on the drug list associated with the specified drug have only a prior authorization requirement.

d) **<u>Restricted with Step Therapy (ST)</u>**: All of the RXCUIs on the drug list associated with the drug have only a step therapy requirement.

e) **<u>Restricted with both Prior Authorization and Step Therapy (PA, ST)</u>**: All of the RXCUIs on the drug list associated with the drug have either prior authorization or step therapy requirements. Some RXCUIs may have both requirements.

After expanding all of the drug lists that the FRS reviewed, we can look at all of the results that the FRS produces as seen in Figure 25. The numbers in Figure 25 correspond to the list of items below.

> **<u>Hint</u>**: *Go to Appendix A: Manipulating Groupings in Excel to learn more about expanding and contracting the groups of drug lists for any worksheet in the FRS.*

Figure 25 Formulary Outlier Summary Worksheet Output

	C	D	E	F	G	H	I
2		Marketplace Type:		Individual		SHOP (Small Group)	
3	Class	Drug Name	12345 Drug Lists	List 1 Coverage	List 2 Coverage	12345 Drug Lists	List 1 Coverage
4	Antidepressants	Bupropion		Unrestricted	Unrestricted		Unrestricted
5		Fluoxetine		Unrestricted	Unrestricted		Unrestricted
6		Paroxetine		Unrestricted	Unrestricted		Unrestricted
7		Tranylcypromine		Unrestricted	Unrestricted		Unrestricted
8		Covered Count		4	4		4
9		Unrestricted Count		4	4		4

1. Marketplace Type differentiates between market coverages **if and only if** you have separate Individual and SHOP templates. Otherwise, this row will not appear.
2. The covered count and unrestricted count are listed for each condition and class. This is the sum of clinically distinct drugs within a condition and class that are either covered or unrestricted as defined previously.
3. These cells indicate the drug list under review. Notice there is one issuer under review with three total drug lists – two from the individual market and one from the SHOP market.

> **<u>Hint</u>**: *The cells directly beneath the issuer, "12345 Drug Lists" for example, are meant to be blank.*

Both Clinical Appropriateness Review worksheets provide the condition and class. This feature provides the ability to identify all of the clinically distinct drugs that affect that particular condition and class. The "**Clinical Summary**" worksheet identifies if a test for a condition is deficient. The "**Clinical Details**" worksheet identifies coverage details for each the clinically distinct drug. RXCUIs for chemically distinct drugs needed on a drug list can be looked up in

RxNorm. Adding appropriate RXCUIs to a formulary assist in meeting the threshold requirements and satisfying the review.

RXCUI Submission Report

The FRS contains a feature that allows you to produce a detailed report of all RXCUIs submitted for review. The purpose is so that you can review the specific drug list details submitted for the reviews

The "**All RXCUIs Submitted**" worksheet produces a list of each RXCUI included in both the Formulary Outlier and Clinical Appropriateness reviews submitted in all of the RX templates reviewed. This worksheet provides detailed information for each RXCUI included in the reviews conducted by the FRS. Figure 26 shows an example of the RXCUI details.

Figure 26 All RXCUIs Submitted Worksheet Sample

							Marketplace Type:
RXCUI	Retired?	Review Impacted	RxNorm Description	Chemically Distinct Drug	Brand Name (if Applicable)	Dose Form	Category/Condition & Class Impacted
213460	No	Clinical Appropriateness	abacavir 300 MG Oral Tablet [Ziagen]	Abacavir	Ziagen	Oral Tablet	32
213460	No	Formulary Outlier	abacavir 300 MG Oral Tablet [Ziagen]	Abacavir	Ziagen	Oral Tablet	18
213461	No	Clinical Appropriateness	abacavir 20 MG/ML Oral Solution [Ziagen]	Abacavir	Ziagen	Oral Solution	32
213461	No	Formulary Outlier	abacavir 20 MG/ML Oral Solution [Ziagen]	Abacavir	Ziagen	Oral Solution	18
242679	No	Clinical Appropriateness	abacavir 300 MG Oral Tablet	Abacavir		Oral Tablet	32

Here are the definitions for the columns in this worksheet:

- **RXCUI**: An identification for a group of synonymous drug data specified by ingredient, strength, dose form, and brand name, where applicable.
- **Retired?**: An indication whether the RXCUI is considered retired or not in the RxNorm database.
- **Review Impacted**: An indication that the RXCUI counts for either the Formulary Outlier Review or the Clinical Appropriateness Review.
- **RxNorm Description:** Detailed description of an RXCUI that includes chemically distinct drug name, strength, dose form, and brand name (if applicable).
- **Chemically Distinct Drug**: Two drugs are chemically distinct if they have different active ingredients. Combination drugs are chemically distinct from their component drugs.
- **Brand Name (If Applicable)**: Proprietary name for a family of products containing a specific active ingredient. Does not apply to generic products.
- **Dose Form**: Route of administration for a product.
- **Category/Condition & Class Impacted**: The category-class or condition-test ID that the RXCUI belongs to.

After expanding all of the drug lists that the FRS reviewed, all of the results that the FRS produces, as seen in Figure 27, can be viewed. The numbers in Figure 27 correspond to the list of items below.

Hint: *Go to Appendix A: Manipulating Groupings in Excel to learn more about expanding and contracting the groups of drug lists for any worksheet in the FRS.*

Figure 27 All RXCUIs Submitted Worksheet Output

							Marketplace Type:	Individual		In
RXCUI	Retired?	Review Impacted	RxNorm Description	Chemically Distinct Drug	Brand Name (if Applicable)	Dose Form	Category/Condition & Class Impacted	11111 Drug Lists	List 1 Coverage	12345 Drug Lists
213460	No	Clinical Appropriateness	abacavir 300 MG Oral Tablet [Ziagen]	Abacavir	Ziagen	Oral Tablet	32		Not Covered	
213460	No	Formulary Outlier	abacavir 300 MG Oral Tablet [Ziagen]	Abacavir	Ziagen	Oral Tablet	18		Not Covered	
213461	No	Clinical Appropriateness	abacavir 20 MG/ML Oral Solution [Ziagen]	Abacavir	Ziagen	Oral Solution	32		Tier 2 - Unrestricted	
213461	No	Formulary Outlier	abacavir 20 MG/ML Oral Solution [Ziagen]	Abacavir	Ziagen	Oral Solution	18		Tier 2 - Unrestricted	
242679	No	Clinical Appropriateness	abacavir 300 MG Oral Tablet	Abacavir		Oral Tablet	32		Tier 1 - Unrestricted	
242679	No	Formulary Outlier	abacavir 300 MG Oral Tablet	Abacavir		Oral Tablet	18		Tier 1 - Unrestricted	
616018	No	Clinical Appropriateness	abatacept 250 MG Injection [Orencia]	Abatacept	Orencia	Injection	55		Not Covered	
1145932	No	Clinical Appropriateness	1 ML abatacept 125 MG/ML Prefilled Syringe [Orencia]	Abatacept	Orencia	Prefilled Syringe	55		Not Covered	
1145932	No	Formulary Outlier	1 ML abatacept 125 MG/ML Prefilled Syringe [Orencia]	Abatacept	Orencia	Prefilled Syringe	26; 27		Not Covered	
1799230	No	Formulary Outlier	1 ML abatacept 125 MG/ML Auto-Injector [Orencia]	Abatacept	Orencia	Auto-Injector	26; 27		Not Covered	
1925255	No	Formulary Outlier	0.4 ML abatacept 125 MG/ML Prefilled Syringe [Orencia]	Abatacept	Orencia	Prefilled Syringe	26; 27		Not Covered	
1925257	No	Formulary Outlier	0.7 ML abatacept 125 MG/ML Prefilled Syringe [Orencia]	Abatacept	Orencia	Prefilled Syringe	26; 27		Not Covered	
1100079	No	Clinical Appropriateness	abiraterone acetate 250 MG Oral Tablet [Zytiga]	Abiraterone	Zytiga	Oral Tablet	51		Tier 4 - PA	
199149	No	Clinical Appropriateness	Acarbose 50 MG Oral Tablet	Acarbose		Oral Tablet	13		Tier 1 - Unrestricted	
199149	No	Formulary Outlier	Acarbose 50 MG Oral Tablet	Acarbose		Oral Tablet	24		Tier 1 - Unrestricted	
199150	No	Clinical Appropriateness	Acarbose 100 MG Oral Tablet	Acarbose		Oral Tablet	13		Tier 1 - Unrestricted	
199150	No	Formulary Outlier	Acarbose 100 MG Oral Tablet	Acarbose		Oral Tablet	24		Tier 1 - Unrestricted	
200132	No	Clinical Appropriateness	Acarbose 25 MG Oral Tablet	Acarbose		Oral Tablet	13		Tier 1 - Unrestricted	

1. Marketplace Type differentiates between market coverages **if and only if** you have separate Individual and SHOP templates. Otherwise, this row will not appear.
2. These cells indicate the drug list under review. Notice that we have one issuer under review with three total drug lists – two from the individual market and one from the SHOP market.
3. Each RXCUI can take on a value of Tier [X] – [Restriction], Not Covered, or Not in Drug List. Tier [X] – [Restriction] represents RXCUIs covered on an issuer's drug list where the X represents the drug tier assigned and the restriction represents whether the RXCUI is unrestricted, subject to prior authorization, subject to step therapy, or subject to both prior authorization and step therapy. Not Covered represents RXCUIs located on the RX template but not on an issuer's formulary for that drug list. Not in Drug List represents RXCUIs not in the issuer's RX template; this will appear only if multiple issuers are reviewed at the same time.

Hint: *The cells directly beneath the issuer, "12345 Drug Lists" for example, are meant to be blank.*

Exporting FRS Results

The FRS contains an export feature that allows review results to be stored in a separate Excel file. This step is optional, and the purpose is to allow the storage of individual review results for retrieval at a later time. This step can only be completed after the FRS has produced results. To export review results, select "Yes" using the drop-down menu as depicted in Figure 28.

Figure 28 Export Results Indication

After selecting "Yes," an export button becomes visible. Use the Export Formulary Review Results button to export the results of the FRS as seen in Figure 29. The FRS will provide an alert when the export finishes and provide a link to the exported file.

Figure 29 Export Results Location

The location of the exported file relates to the saved location of FRS. The FRS creates a new folder located within the same file path of the saved FRS called "Formulary Review Tool Output." The FRS saves the exported results in this newly created folder. Clicking on the blue highlighted "Formulary Review Tool Output" link will open a new Excel file containing the same results as the FRS.

Appendix A: Manipulating Groupings in Excel

The FRS presents the output results in a way that is unique to all of the other QHP Application Review Tools. The two methods below describe the possible ways to view the results for the majority of the output worksheets.

Every output worksheet in the FRS can collapse the results and make the worksheet look blank or empty. The results are part of "groupings" where the actual information can be hidden or unhidden based on personal preference. Each drug list reviewed by the FRS is part of a grouping. Figure 30 shows an example of an output worksheet taken directly after the FRS completes processing.

Figure 30 Initial Output Worksheet Example

<u>Method 1</u>: In the left-hand corner of the output worksheets, there are two squares with numbers inside. The top square has a value of "1" and the bottom square has a value of "2." Clicking these numbers manipulate the groupings in different ways. Clicking on the "2" will expand all groupings. This means that Column G and Column L in Figure 30 will unhide the columns that are part of their groupings. Clicking on the "1" does the opposite and collapses all groupings.

<u>Method 2</u>: At the top of the output worksheets, there are squares with pluses ("+") inside. Clicking on a single "+" will expand the individual grouping. Notice that the "+" becomes a minus ("–") after the group is expanded. Clicking on a single "–" will collapse the individual grouping. After clicking the "–" the box becomes a "+" once again. Also, notice that the "+"and "–" are offset from the grouping that they control dictated by the arrows in Figure 30.

Using either of the methods described allows different views of drug list results produced by the FRS. Additional technical information about these features can be found on the Microsoft support websites.[3]

[3] https://support.office.com/en-us/article/Outline-group-data-in-a-worksheet-08ce98c4-0063-4d42-8ac7-8278c49e9aff

Appendix B: Acronyms

Acronym	Phrase
CMS	Centers for Medicare & Medicaid Services
EHB	Essential Health Benefit
FFE	Federally-Facilitated Exchanges
FF-SHOP	Federally-Facilitated Small Business Health Options Program
FRS	Formulary Review Suite
HIV	Human Immunodeficiency Virus
ID	Identification
MSP	Multi-State Plan
P&B	Plans & Benefits
QHP	Qualified Health Plan
RX	Prescription Drug
RXCUI	RxNorm Concept Unique Identifiers
USP	United States Pharmacopeia