

### ***Chronic Conditions Template Instruction***

District of Columbia Department of Insurance, Securities, and Banking

Please note: A separate template will need to be completed for each formulary corresponding with the Formulary IDs listed on the Prescription Drug Template for Plan Year 2024

#### **Steps for Template Completion:**

1. Please ensure all company information is entered accurately. The Formulary ID entered should correspond to the Formulary ID used in the Prescription Drug Template
2. For every tab, please use the dropdown menu to identify tier placement and any restrictions employed for each covered drug listed for each condition
3. For every tab, please identify the range of copayments or coinsurance that apply for each drug. The range should represent the high and low dollar value of consumer copayments (or % of coinsurance, as applicable) across all metal levels and applicable networks for the identified formulary. E.g. \$5.00-\$15.00 ; 20%-30%

**Company Name:**

**NAIC Company Code:**

**NAIC Group Code:**

**HIOS Issuer ID:**

**Formulary ID:**

**Do any plans using this formulary require a separate Prescription Drug Deductible?**







**Chronic Condition Template for Plan Year 2025 Filings**

Name (Brand)	Restrictions	Restrictions Changed from Previous PY?	Copayment/ Coinsurance Range	Cost Change from Previous PY?	Preventative Coverage No Cost Sharing (Y/N)
<b>Apply All</b>					
Truvada					
Norvir					
Atripla					
Prezista					
Isentress					
Reyataz					
Complera					
Stribild					
Abacavir Sulfate/Lamivudine					
Epzicom					
Kaletra					
Tivicay					
Apretude					
Doxycycline (Doxy-PEP)					

**Chronic Condition Template for Plan Year 2025 Filings**

Name (Brand)	Restrictions	Restrictions Changed from Previous PY?	Copayment/ Coinsurance Range	Cost Change from Previous PY?	Preventive Coverage No Cost Sharing (Y/N)
<b>Injectable Treatments</b>					
<b>Apply All</b>					
Avonex					
Betaseron					
Copaxone					
Extavia					
Glatopa					
Plegridy					
Rebif					
<b>Oral Treatments</b>					
<b>Apply All</b>					
Aubagio					
Gilenya					
Tecfidera					
<b>Intravenous Infusion Treatment</b>					
<b>Apply All</b>					
Lemtrada					
Mitoxantrone					
Tysabri					

