

PRESCRIPTION DRUG PLAN FORMULARY AND PHARMACY NETWORK PUBLIC USE FILE METHODOLOGY

This monthly Public Use File (PUF) is comprised of 8 separate files. Each file is flat (ASCII) with pipe (|) delimiters and a header record that contains the field name. Sample files are included for the larger files so that users can examine the fields before processing.

The PUF is built from data included in the first new posting for a given month on the Medicare Plan Finder (MPF) tool available at <https://www.medicare.gov/>. Pharmacy network and drug pricing data are updated on the MPF tool every two weeks, thus the data in this PUF may not match exactly what currently appears on the MPF tool. Each PUF has a naming convention of YYYY.YYYYMMDD.zip. The first four digits of the zip file's name corresponds to the contract year (CY) of the data included in the PUF. The final eight digits correspond to the date posted to the CMS website.

Three types of Part D plans appear in the PUF. "Local Medicare Advantage" plans are identified by a CONTRACT_ID that begins with the letter H. "Regional Medicare Advantage" plans are identified by a CONTRACT_ID that begins with the letter R. Stand-alone "Prescription Drug Plans" are identified by a CONTRACT_ID that begins with the letter S. Each plan is uniquely identified by the combination of CONTRACT_ID, PLAN_ID, and SEGMENT_ID (note that SEGMENT_ID is always zero for R and S contracts). The following Plans are not included in this Public Use File:

- Non-Part D Plans
- National PACE Plans
- Employer Sponsored Plans
- Demonstration Plans (MMPs are included)

Plans whose data has been suppressed in the PUF reporting period due to plan request, data inaccuracy, or other issues identified by CMS appear in the Plan Information file with the PLAN_SUPPRESSED_YN field set to "Y". They do not appear in any other files.

The Inflation Reduction Act of 2022 (IRA) made changes to the Part D benefit. Starting in Coverage Year (CY) 2025, the benefit has three phases instead of four: the deductible phase, the initial coverage phase, and the catastrophic phase¹. Since the coverage gap benefit phase was eliminated, the Medicare Coverage Gap Discount Program (CGDP) sunset as of January 1, 2025, and was replaced with the Medicare Part D Manufacturer Discount Program (Discount Program), effective January 1, 2025². Under the Discount Program, participating manufacturers are required to provide discounts on their applicable drugs both in the initial and catastrophic coverage phases of the Part D benefit. These files do not reflect discounts applied to these drugs.

There are two Inflation Reduction Act (IRA) policies for 2026 that impact the Medicare Plan Finder (MPF) Public Use Files (PUFs):

¹ The following link will take you to final Part D redesign information: <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-part-d-improvements>.

² The following link will take you to Medicare Part D Manufacturer Discount Program information: <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-part-d-improvements>.

1. Medicare Drug Price Negotiation Program:³ CMS selected ten drugs covered under Medicare Part D for the first cycle of negotiations for initial price applicability year (IPAY) 2026. The newly added Selected Drug flag in the Basic Drugs Formulary file can be used to determine which dispensing fee in the Pharmacy Network file applies to the drug. The Pharmacy Network file has three new dispensing fee variables for Selected Drugs (for 30, 60, and 90 days supply). If a Part D sponsor reports a Selected Drug dispensing fee, MPF will apply the selected drug dispensing fee to selected drugs on the plan formulary. Where a selected drug dispensing fee is not reported by the Part D sponsor, MPF will apply the brand dispensing fee to selected drugs on the plan formulary.
2. Insulin Cost Sharing:⁴ The cost sharing for insulin was changed from a maximum copay of \$35 to the lesser amount of a copay cap and coinsurance. For 2026 and each subsequent year, the applicable beneficiary cost-sharing amount for Part D covered insulin products is the lesser of a) \$35 copay (or the Plan Benefit Package (PBP) submitted copay, if lower), b) an amount equal to 25% of the maximum fair price established for the covered insulin product under the Medicare Drug Price Negotiation Program,⁵ or c) an amount equal to 25% of the negotiated price, as defined in 42 CFR § 423.100⁶ (or the Plan Benefit Package (PBP) submitted coinsurance, if lower), of the covered insulin product. The Insulin Beneficiary Cost file has four new coinsurance variables reflecting the PBP submitted coinsurance percentages in item C.

The PUF contains the following files:

1. Plan Information File - Includes information for each plan (name, contract ID, plan ID, service area, etc.).
2. Geographic Locator File - Includes the Medicare Advantage (MA) and Prescription Drug Plan (PDP) Region codes and county codes.
3. Basic Drugs Formulary File - Includes formulary details for each plan including National Drug Codes (NDCs), tier level, and indicators for step therapy, quantity limits, prior authorization, and a newly added selected drug flag.
4. Excluded Drugs Formulary File - Enhanced alternative plans may elect to provide a supplemental benefit and cover excluded drugs. File includes formulary details for excluded drugs that are covered by the plan (for enhanced alternative plans only).
5. Beneficiary Cost File - Plan level cost sharing details for preferred and standard retail and mail-order network pharmacies.

³ Refer to Medicare Drug Price Negotiation Program information: <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program>

⁴ Refer to final Part D redesign information: <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-part-d-improvements>

⁵ Refer to lists of selected drugs and negotiated prices: <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices>

⁶ Refer to 42 CFR § 423.100: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-423/subpart-C/section-423.100>

6. Pharmacy Network File - National Provider Identifier (NPI) numbers for each retail and mail-order network pharmacy including preferred, retail, and mail-order indicators, and brand, generic, and selected drug dispensing fees for 30/60/90 days supply, respectively.
7. Indication Based Coverage Formulary File - Includes drugs covered based on FDA-approved indication for each plan.
8. Insulin Beneficiary Cost File - Plan level copay and coinsurance amounts for insulin at preferred and standard retail and mail-order network pharmacies.

Please refer to the Record Layout for file layouts and field values.