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| --- | --- |
| **Client (including HQ location)** |  |
| **Broker** |  |
| **Effective date** |  |
| **Incumbent(s) (Medical and Pharmacy)** |  |
| **Number of employees and members** |  |
| **Please include SPDs and SBCs with all requests** |  |
| **Current formulary name or description (with or without exclusions)** |  |
| **Retail 30 Network**   * Broad or limited? If limited, please provide description of limited network. |  |
| **Retail 90 Network**   * Does the client have a R90 Network in place today? If so, please describe network or provide the network name. |  |
| **Claims Repricing** | Yes or No |
| * Formulary * National Preferred Formulary (NPF) – we should lead with this whenever possible * Basic Formulary (no exclusions) |  |
| * Retail 90 Network * Smart90 WAG * Smart90 CVS * Key Anchors Smart90 (CVS & WAG) * Standard Maintenance (broadest Retail 90 Network) * N/A |  |
| * Retail 90 Option * Voluntary * Exclusive * N/A |  |
| **Formulary Disruption** | Yes or No |
| * Formulary * National Preferred Formulary (NPF) – we should lead with this whenever possible * Basic Formulary (no exclusions) |  |
| **RFP** | Yes or No |
| **Due Date**   * 7 business days for claims repricing * 7 business days for formulary disruption * At least 10 business days for RFP depending on complexity of the RFP |  |