



OMB Control Number: 0938-1174  
Expiration Date: XX/XX/20XX

If the State is selecting the option at 45 CFR 156.111(a)(3) to change its EHB-benchmark Plan, the State must submit to CMS a formulary drug list using this template when the State submits its EHB-benchmark plan. Please note that, pursuant to 45 CFR 156.122, if the EHB-benchmark plan does not include any coverage in a USP category and/or class, then the count is zero. EHB plans must cover at least one drug in that USP category and/or class.

**Instructions:** The State must submit the template provided by HHS for the formulary drug list as a list of RxNorm Concept Unique Identifiers (RXCUIs). A complete list of RXCUIs for all prescription drugs that are covered by the new State's EHB-benchmark Plan, regardless of tier placement and medical utilization management. If the State is creating its own benchmark plan, the States should use the most recent RxNorm information.

RXCUIs group chemically identical drugs into code numbers by ingredient, strength, dose form and brand name. For example:

- RXCUI 860975 = Metformin 500 MG Oral Tablet
- RXCUI 860977 = Metformin 500 MG Oral Tablet [Glucophage]
- RXCUI 860981 = Metformin 750 MG Oral Tablet

Enter only RXCUIs numerical values below.

[illegible]

**PRA DISCLOSURE:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1174, expiration date XX/XX/20XX. The time required to complete this information collection is estimated to average 47 hours per response for States. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Ken Buerger at Ken.Buerger@cms.hhs.gov.