

# Prescription Drug Formulary Template

All fields with an asterisk (\*) .  
Click the Create Formulary II  
After creating Formulary IDs,  
Select how many tiers a form  
Enter all RXCUIs on the Drug

<b>HIOS Issuer ID*</b>
<b>Issuer State*</b>

<b>Formulary ID*</b>	<b>Formulary URL*</b>	<b>Drug List ID*</b>	<b>Number of Tiers*</b>
<b>Required:</b> Select the Formulary ID	<b>Required:</b> Enter the Formulary URL	<b>Required:</b> Select the Drug List ID (from Drug Lists sheet)	<b>Required:</b> Select the number of Tiers



are required. To validate the template, press the Validate button or Ctrl + Shift + V. To finalize, press Finalize button (or Ctrl + Shift + C) to create Formulary IDs. , select the ID from the drop down in Column A and 7 tiers will automatically be populated. Formulary uses from Number of Tiers and unused rows (tiers) will be greyed out. Drug Lists sheet. To add more drug lists, click Add Drug List (Ctrl + Shift + A) and to delete the last drug list added pre

Drug Tier ID*	Drug Tier Type*	1 Month In Network Retail Pharmacy Cost Sharing Type*
Required: The template will populate a Drug Tier ID 1-10	Required: Select all the Drug Types included in this tier	Required: Select the Cost Sharing Type

All brands, All preferred brands, All  
non-preferred brands

All brands, All preferred brands, All  
non-preferred brands





n or Ctrl + Shift + F.

ss Delete Drug Lists (or Ctrl + Shift + D).

<b>Copayment*</b> (Please enter a dollar amount)	<b>Coinsurance*</b>	<b>1 Month Out of Network Retail Pharmacy Benefit Offered?*</b>	<b>1 Month Out of Network Retail Pharmacy Cost Sharing Type</b>
<b>Required:</b> Enter the Copayment for 1 Month In Network Retail Pharmacy	<b>Required:</b> Enter the Coinsurance for 1 Month In Network Retail Pharmacy	<b>Required:</b> Does this tier offer 1 Month Out of Network Retail Pharmacy benefits?	<b>Required if Offered:</b> Select the Cost Sharing Type



<b>Copayment*</b> (Please enter a dollar amount)	<b>Coinsurance</b>	<b>3 Month In Network Mail Order Pharmacy Benefit Offered?*</b>	<b>3 Month In Network Mail Order Pharmacy Cost Sharing Type</b>
<b>Required if Offered:</b> Enter the Copayment for 1 Month Out of Network Retail Pharmacy	<b>Required if Offered:</b> Enter the Coinsurance for 1 Month Out of Network Retail Pharmacy	<b>Required:</b> Does this tier offer 3 Month In Network Mail Order Pharmacy benefits?	<b>Required if Offered:</b> Select the Cost Sharing Type

<b>Copayment</b> (Please enter a dollar amount)	<b>Coinsurance</b>	<b>3 Month Out of Network Mail Order Pharmacy Benefit Offered?*</b>	<b>3 Month Out of Network Mail Order Pharmacy Cost Sharing Type</b>
<b>Required if Offered:</b> Enter the Copayment for 3 Month In Network Mail Order	<b>Required if Offered:</b> Enter the Coinsurance for 3 Month In Network Mail Order	<b>Required:</b> Does this tier offer 3 Month Out of Network Mail Order benefits?	<b>Required if Offered:</b> Select the Cost Sharing Type

**Copayment**  
(Please enter a  
dollar amount)

**Coinsurance**

**Required if Offered:**  
Enter the Copayment  
for 3 Month Out of  
Network Mail Order

**Required if Offered:**  
Enter the  
Coinsurance for 3  
Month Out of  
Network Mail Order

# Drug Lists

	Drug List ID 1	
<p><b>RXCUI*</b></p> <p><b>Required:</b> Enter the RXCUI</p>	<p><b>Tier Level*</b></p> <p><b>Required:</b> Select the Tier this drug is in, or select NA if this drug is not a part of this Drug List</p>	<p><b>Prior Authorization Required</b></p> <p><b>Required if Tier Level is not NA:</b> Select "Yes" if Prior Authorization is Required</p>



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**Step Therapy Required**

**Required if Tier Level is not  
NA:**  
Select "Yes" if Step Therapy is  
Required

