

Prescription Drug Formulary Template

All fields with an asterisk (*) are required. To validate the template, press the Validate button or Ctrl + # Fields with an "#" indicate a field that would be moved or removed under this PRA package.

Click the Create Formulary IDs button (or Ctrl + Shift + C) to create Formulary IDs.

After creating Formulary IDs, select the ID from the drop down in Column A and 7 tiers will automatic

Select how many tiers a formulary uses from Number of Tiers and unused rows (tiers) will be greyed

Enter all RXCUIs on the Drug Lists sheet. To add more drug lists, click Add Drug List (Ctrl + Shift + A

HIOS Issuer ID*			
Issuer State*			
Formulary ID* Required: Select the Formulary ID	Formulary URL* Required: Enter the Formulary URL	Drug List ID* Required: Select the Drug List ID (from Drug Lists sheet)	Number of Tiers* Required: Select the number of Tiers

- Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.

ally be populated.

out.

) and to delete the last drug list added press Delete Drug Lists (or Ctrl + Shift + D).

Drug Tier ID* Required: The template will populate a Drug Tier ID 1-7	Drug Tier Type* Required: Select all the Drug Types included in this tier	1 Month In Network Retail Pharmacy Copayment** Required: Enter a copayment amount	1 Month In Network Retail Pharmacy Coinsurance** Required: Enter a coinsurance amount
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1 Month Out of Network Retail Pharmacy Benefit Offered?*

Required:
Does this tier offer 1 Month Out of Network Mail Order Pharmacy benefits?

1 Month Out of Network Retail Pharmacy Copayment**

Required if Offered: Enter a copayment amount

1 Month Out of Network Retail Pharmacy Coinsurance**

Required if Offered:
Enter a coinsurance amount

3 Month In Network Mail Order Pharmacy Benefit Offered?*

Required:
Does this tier offer 3 Month In Network Mail Order Pharmacy benefits?

3 Month In Network Mail Order Pharmacy Copayment**

Required if Offered:
Enter a copayment amount

3 Month In Network Mail Order Pharmacy Coinsurance*#
Required if Offered: Enter a coinsurance amount

3 Month Out of Network Mail Order Pharmacy Benefit Offered?*
Required: Does this tier offer 3 Month Out of Network Mail Order benefits?

3 Month Out of Network Mail Order Pharmacy Copayment*#
Required if Offered: Enter a copayment amount

3 Month Out of Network Mail Order Pharmacy Coinsurance*#
Required if Offered: Enter a coinsurance amount

Drug Lists

Fields with an "~" indicate a field that would be added under this PRA package.

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Drug List ID 1

RXCUI* Required: Enter the RXCUI	Tier Level* Required: Select the Tier this drug is in, or select NA if this drug is not a part of this Drug List	Prior Authorization Required Required if Tier Level is not NA: Select "Yes" if Prior Authorization is Required
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Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.

atically be populated.

yed out.

+ A) and to delete the last drug list added press Delete Drug Lists (or Ctrl + Shift + D).

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

Quantity Limits
Required if Tier Level is not
NA:~
Select "Yes" if Coverage
features Quantity Limits.

Fill Limits
Required if Tier Level is not
NA:~
Select "Yes" if Coverage
features Fill Limits.

Pharmacy Restrictions
Required if Tier Level is not
NA:~
Select "Yes" if Coverage
features Pharmacy Restrictions.

**Over-the Counter Step
Therapy Protocol
Required if Tier Level is not
NA:~**
Select "Yes" if Coverage
features OTC Step Therapy
Protocols.