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| | | | All fields with an asterisk (*) are required. To validate the template, press the Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F. | | | | | | | | | | | | | |
| | | | 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 automatically be populated. | | | | | | | | | | | | | |
| | | | Select how many tiers a formulary uses from Number of Tiers and unused rows (tiers) will be greyed out. | | | | | | | | | | | | | |
| | | | Enter all RXCUIs on the Drug Lists sheet. To add more drug lists, click Add Drug List (Ctrl + Shift + A) and to delete the last drug list added press Delete Drug Lists (or Ctrl + Shift + D). | | | | | | | | | | | | | |
| HIOS Issuer ID | | | | | | | | | | | | | | | | |
| Issuer State | | | | | | | | | | | | | | | | |
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| Formulary ID* | Formulary URL* | Drug List ID* | Number of Tiers* | Drug Tier ID* | Drug Tier Type* | 1 Month In Network Retail Pharmacy Copayment* | 1 Month In Network Retail Pharmacy Coinsurance* | 1 Month Out of Network Retail Pharmacy Benefit Offered?* | 1 Month Out of Network Retail Pharmacy Copayment* | 1 Month Out of Network Retail Pharmacy Coinsurance* | 3 Month In Network Mail Order Pharmacy Benefit Offered?* | 3 Month In Network Mail Order Pharmacy Copayment* | 3 Month In Network Mail Order Pharmacy Coinsurance* | 3 Month Out of Network Mail Order Pharmacy Benefit Offered?* | 3 Month Out of Network Mail Order Pharmacy Copayment* | 3 Month Out of Network Mail Order Pharmacy Coinsurance* |
| Required: Select the Formulary ID | Required: Enter the Formulary URL | Required: Select the Drug List ID (from Drug Lists sheet) | Required: Select the number of Tiers | Required: The template will populate a Drug Tier ID 1-7 | Required: Select all the Drug Tier Types included in this tier | Required: Enter a copayment amount | Required: Enter a coinsurance amount | Required: Does this tier offer 1 Month Out of Network Retail Pharmacy Benefits? | Required if Offered: Enter a copayment amount | Required if Offered: Enter a coinsurance amount | Required: Does this tier offer 3 Month In Network Mail Order Pharmacy Benefits? | Required if Offered: Enter a copayment amount | Required if Offered: Enter a coinsurance amount | Required: Does this tier offer 3 Month Out of Network Mail Order Benefits? | Required if Offered: Enter a copayment amount | Required if Offered: Enter a coinsurance amount |

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|-------------------------------------|---|---|--|
| Drug Lists | <i>All fields with an asterisk (*) are required. To validate the template, press the Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i> | | |
| | <i>Click the Create Formulary IDs button (or Ctrl + Shift + C) to create Formulary IDs.</i> | | |
| | <i>After creating Formulary IDs, select the ID from the drop down in Column A and 7 tiers will automatically be populated.</i> | | |
| | <i>Select how many tiers a formulary uses from Number of Tiers and unused rows (tiers) will be greyed out.</i> | | |
| | <i>Enter all RXCUIs on the Drug Lists sheet. To add more drug lists, click Add Drug List (Ctrl + Shift + A) and to delete the last drug list added press Delete Drug Lists (or Ctrl + Shift + D).</i> | | |
| | Drug List ID 1 | | |
| RXCUI* | Tier Level* | Prior Authorization Required | Step Therapy Required |
| Required: Enter the RXCUI | Required: Select the Tier this drug is in, or select NA if this drug is not a part of this Drug List | Required if Tier Level is not NA: Select "Yes" if Prior Authorization is Required | Required if Tier Level is not NA: Select "Yes" if Step Therapy is Required |