2023 Prescription Drug Formulary Template v12.0

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*

Formulary ID*	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: Select the Drug List ID (from Drug Lists sheet)	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	

Drug Lists	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).

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