

<b>2023 Prescription Drug Formulary Template v12.0</b>																
<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>																
HIOS Issuer ID*																
Issuer State*																
<b>Formulary ID*</b>	<b>Drug List ID*</b>	<b>Number of Tiers*</b>	<b>Drug Tier ID*</b>	<b>Drug Tier Type*</b>	<b>1 Month In Network Retail Pharmacy Copayment*</b>	<b>1 Month In Network Retail Pharmacy Coinsurance*</b>	<b>1 Month Out of Network Retail Pharmacy Benefit Offered?*</b>	<b>1 Month Out of Network Retail Pharmacy Copayment*</b>	<b>1 Month Out of Network Retail Pharmacy Coinsurance*</b>	<b>3 Month In Network Mail Order Pharmacy Benefit Offered?*</b>	<b>3 Month In Network Mail Order Pharmacy Copayment*</b>	<b>3 Month In Network Mail Order Pharmacy Coinsurance*</b>	<b>3 Month Out of Network Mail Order Pharmacy Benefit Offered?*</b>	<b>3 Month Out of Network Mail Order Pharmacy Copayment*</b>	<b>3 Month Out of Network Mail Order Pharmacy Coinsurance*</b>	
<b>Required:</b> Select the Formulary ID	<b>Required:</b> Select the Drug List ID (from Drug Lists sheet)	<b>Required:</b> Select the number of Tiers	<b>Required:</b> The template will populate a Drug Tier ID 1-7	<b>Required:</b> Select all the Drug Tier Types included in this tier	<b>Required:</b> Enter a copayment amount	<b>Required:</b> Enter a coinsurance amount	<b>Required:</b> Does this tier offer 1 Month Out of Network Retail Pharmacy Benefits?	<b>Required if Offered:</b> Enter a copayment amount	<b>Required if Offered:</b> Enter a coinsurance amount	<b>Required:</b> Does this tier offer 3 Month In Network Mail Order Pharmacy Benefits?	<b>Required if Offered:</b> Enter a copayment amount	<b>Required if Offered:</b> Enter a coinsurance amount	<b>Required:</b> Does this tier offer 3 Month Out of Network Mail Order Benefits?	<b>Required if Offered:</b> Enter a copayment amount	<b>Required if Offered:</b> Enter a coinsurance amount	

**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 0938-1187, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take up to 24.50 hours per issuer per year, including the time to review instructions, gather the information needed, and complete and review the information collection. 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 Nicole Levesque at [Nicole.Levesque@cms.hhs.gov](mailto:Nicole.Levesque@cms.hhs.gov).

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