

2025 Prescription Drug Formulary Template v14.0				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 Drug List ID (column B) 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: 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				

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]. This information collection is for the Exchange to collect plan- and issuer-level data from issuers to facilitate the certification and recertification of QHPs, Exchange operations, other Federal operations, QHP oversight, and ongoing market analysis. All of this data is leveraged across multiple business areas in the Exchange to facilitate other operational tasks such as plan comparisons on the insurance portal and various payment activities, such as determination of the second lowest cost silver plan, APTCs, or risk adjustment. The time required to complete this information collection is estimated to take up to 57 hours per issuer per year, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required as the Exchange is responsible for ensuring that QHPs meet the minimum certification standards as described in the Exchange rule under 45 CFR 155 and 156, based on the PPACA, as well as other standards determined by the Exchange. 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850 and email Alexandra Gribbin at Alexandra.Gribbin@cms.hhs.gov, Attention: Information Collections Clearance Officer.

Drug Lists	All fields with an asterisk (<i>*</i>) 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