Appendix C - CY 2010 Step Therapy Record Layout

Required File Format = ASCII File - Tab Delimited Do not include a header record Filename extension should be ".TXT"

Field Name	Field Type	<u>Field</u> <u>Length</u>	Field Description	Sample Field Value(s)
Step_Therapy_Group_Desc	CHAR Always Required	4000	Description of step therapy drug treatment group. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups in the Formulary File submission upload. Description of the step therapy group as it appears on the submitted formulary file. This field must exactly match the value entered in the Step_Therapy_Group_Desc field on the Formulary File. Note: For a given Rx CUI, each Group Description must be unique. Note: For each Step Therapy Group Description, there must be a Rx CUI with a Step Therapy Value equal to 1.	Step_Therapy_Group_Desc = "CHF Therapy" Step_Therapy_Group_Desc = "Angina Therapy" Step_Therapy_Group_Desc = "CVD Therapy"
Step_Therapy_Criteria	Always Required	4000	Description of the criteria of the step therapy drug.	

Please Note: Certain characters are restricted from HPMS. The submitted file will be rejected if any of the following characters are included in any field: 1) greater than sign (>), 2) less than sign (<), 3) semi-colon (;), and 4) ampersand (&).