

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”

| <u>Field Name</u> | <u>Field Type</u> | <u>Field Length</u> | <u>Field Description</u> | <u>Sample Field Value(s)</u> |
|-------------------------|-------------------------|---------------------|---|---|
| Step_Therapy_Group_Desc | CHAR Always Required | 100 | <p>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.</p> <p>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.</p> <p>Note: For a given Rx CUI, each Group Description must be unique.</p> <p>Note: For each Step Therapy Group Description, there must be a Rx CUI with a Step Therapy Value equal to 1.</p> | <p>Step_Therapy_Group_Desc = “CHF Therapy”</p> <p>Step_Therapy_Group_Desc = “Angina Therapy”</p> <p>Step_Therapy_Group_Desc = “CVD Therapy”</p> |
| Step_Therapy_Criteria | CHAR 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 (&).