CY 2011 Over the Counter File Record Layout

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

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
NDC	CHAR Always Required	11	11-Digit National Drug Code	00258977120
UM_Type	CHAR Always Required	1	Indicate whether the NDC will be included as part of general drug utilization management program (0) or a formal step therapy protocol (1). The same NDC cannot be included in both a general drug utilization management program and a formal step therapy protocol.	1
Step_Therapy_Total_Groups	NUM Sometimes Required	2	Enter the total number of step therapy drug treatment groups or protocols in which the drug is included. If the response to UM_Type = 0 (No), then leave this field blank. The maximum logical number of groups is "25".	2
The remaining two fields described below should be repeated as a group or unit in the file. **For example, for a given drug used in multiple Step Therapy programs, the values for Step_Therapy_Group_Desc = "CHF Therapy" and Step_Therapy_Step_Value = 4 should be included in adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "Angina Therapy" and Step_Therapy_Step_Value = 1 should be included in additional adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "CVD Therapy" and Step_Therapy_Step_Value = 5 should be included in additional adjacent columns in the file.**				

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Step_Therapy_Group_Desc	CHAR Sometimes Required	100	Description of step therapy drug treatment groups or protocol. This step therapy group description must match a description found in your formulary text file. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups. If the response to UM_Type = 0 (No), then leave this field blank. Note: For a given NDC each step therapy group description must be unique.	Step_Therapy_Group_Desc = "CHF Therapy" Step_Therapy_Group_Desc = "Angina Therapy" Step_Therapy_Group_Desc = "CVD Therapy"
Step_Therapy_Step_Value	NUM Sometimes Required	1	Identifies the step number or level within the sequence for the Step Therapy Group. Field should be repeated in the record based upon the number of groups declared in Step_Therapy_Total_Groups AND in the same order as Step_Therapy_Group_Desc. If the response to UM_Type = 0 (No), then leave this field blank. If the response to UM_Type = 1 (Yes), then the only allowable value is 1.	Step_Therapy_Step_Value = 4 (e.g. Step 4 of 6) Step_Therapy_Step_Value = 1 (e.g. Step 1 of 3) Step_Therapy_Step_Value = 5 (e.g. Step 5 of 5)

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) and semi-colon (;).