

CY 2014 Additional Demonstration Drug (ADD) File Record Layout

Required File Format = ASCII File - Tab Delimited

Do not include a header record.

Filename extension is “.TXT”

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
FAD_FID	NUM Always Required	8	8-digit formulary ID (including leading zeros) associated with this Additional Demonstration Drug file.	00013999
FAD_NDC	CHAR Always Required	11	11-Digit National Drug Code When no NDC is available enter the applicable Uniform Product Code (UPC) or Health Related Item Code (HRI). Do not include any spaces, hyphens or other special characters.	00012533460
FAD_OTC_RX	CHAR Always Required	1	Is this an over-the-counter (OTC) or prescription (Rx) product?	0 = OTC 1 = Rx
FAD_Tier	CHAR Always Required	1	The cost share tier level associated with the drug (assumes that the drug is assigned to only one tier value). Tier values 1-6 are consistent with the selection of tier level options available to data entry users in the Plan Benefit Package software. A tier level value of 1-6 is required for all prescription drugs (FAD_OTC_RX = 1). If the FAD_OTC_RX = 0 and the cost-sharing for the drug is not reflected in the PBP submission on tiers 1-6 then select tier “0”.	1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6 0= Other OTC cost-sharing
FAD_OTC_CS	CHAR Sometimes Required	25	If the FAD_Tier is” 0” (meaning other OTC cost-sharing applies), enter the OTC cost-sharing amount (FAD_OTC_CS) for the drug based on a 1 month supply at a retail pharmacy.	\$0.50

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

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Unauthorized disclosure may result in prosecution to the full extent of the law.

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
FAD_QL_YN	CHAR Always Required	1	Does the drug have a quantity limit (FAD_QL_YN) restriction?	0 = No Quantity Limits 1 = Quantity Limits Apply
FAD_QL_Amt	NUM Sometimes Required	7	If the FAD_QL_YN is "1" (meaning limits apply), enter the quantity limit amount (FAD_QL_Amt) for a given prescription or time period. The units for this amount must be defined by a unit of measure e.g. number of tablets, milliliters, grams, etc. The maximum logical number that will be accepted is "9999.99". If the FAD_QL_YN field is "0" (No), then leave this field blank.	9 (e.g. 9 tablets)
FAD_QL_Days	NUM Sometimes Required	3	The number of days (FAD_QL_Days) associated with the quantity limit amount. The maximum logical number that will be accepted is "365". If the FAD_QL_YN field is "0" (No), then leave this field blank.	60 (e.g. 9 tablets every 60 days)
FAD_CapBen_YN	CHAR Always Required	1	Does the drug have a capped benefit (FAD_CapBen_YN) limit?	0 = No 1 = Yes
FAD_CapBen_Amt	NUM Sometimes Required	7	If the FAD_CapBen_YN field is "1" (meaning limits apply), enter the capped benefit limit amount (FAD_CapBen_Amt) for a given prescription or time period. The units for this amount must be defined by a unit of measure e.g. number of tablets, number of milliliters, number of grams, etc. The maximum logical number that will be accepted is "9999.99". The capped benefit amount must be greater than the quantity limit amount. If the FAD_CapBen_YN field is "0" (No), then leave this field blank.	180 (e.g. 180 tablets)

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
FAD_CapBen_Days	NUM Sometimes Required	3	The number of days (FAD_CapBen_Days) associated with the capped benefit limit. The maximum logical number that will be accepted is "365". If the FAD_CapBen_YN field is "0" (No), then leave this field blank.	365 (e.g. 180 tablets every 365 days)
FAD_PA_YN	CHAR Always Required	1	Is prior authorization (FAD_PA_YN) required for the drug?	0 = No 1 = Yes
FAD_PA_Criteria	CHAR Sometimes Required	3000	The description of the prior authorization criteria (FAD_PA_criteria) for this drug. If the FAD_PA_YN field is "0" (No), then leave this field blank.	
FAD_ST_YN	CHAR Always Required	1	Does step therapy (FAD_ST_YN) apply to this drug?	0 = No 1 = Yes
FAD_ST_Criteria	CHAR Sometimes Required	1000	The description of the step therapy protocol (FAD_ST_Criteria) for this drug. If the FAD_ST_YN field is "0" (No), then leave this field blank.	

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