

CY 2014 Excluded Drugs 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 | 00000333800 |
| Tier | CHAR Always Required | 2 | Defines the Cost Share Tier Level Associated with the drug. Assumption is that the drug is assigned to only one tier value. These values are consistent with the selection of tier level options available to data entry users in the Plan Benefit Package software. | 1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6 |
| Quantity_Limit_YN | CHAR Always Required | 1 | Does the drug have a quantity limit restriction? | 0 = No Quantity Limits 1 = Quantity Limits Apply |
| Quantity_Limit_Amount | NUM Sometimes Required | 7 | If Quantity_Limit_YN = 1 (Limits Apply), enter the quantity limit unit amount 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. If the Quantity_Limit_YN = 0 (No Limits), leave this field blank. The maximum number of decimal points that will be accepted is 5., i.e., “9.99999”. The maximum number that will be accepted is “9999.99”. | 9 |
| Quantity_Limit_Days | NUM Sometimes Required | 3 | Enter the number of days associated with the quantity limit. If the Quantity_Limit_YN field is 0 (No), then leave this field blank. The maximum logical number that will be accepted is “999”. | 60 (e.g. 9 tablets every 60 days) (e.g. 9 mls every 60 days) |
| Capped_Benefit_YN | CHAR Always Required | 1 | Does the drug have a capped benefit limit? | 0 = No 1 = Yes |

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| Field Name | Field Type | Maximum Field Length | Field Description | Sample Field Value(s) |
|------------------------------|----------------------------|----------------------|--|---------------------------------------|
| Capped_Benefit_Quantity | NUM Sometimes Required | 7 | <p>If Capped_Benefit_YN field is 1 = Yes, enter the capped benefit limit unit amount for a given prescription or time period. The units for this amount may be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc.</p> <p>If the Capped_Benefit_YN field is 0 = No, then leave this field blank</p> <p>The maximum logical number that will be accepted is "9999.99".</p> | 365 |
| Capped_Benefit_Days | NUM Sometimes Required | 3 | <p>Enter the number of days associated with the capped benefit limit.</p> <p>If the Capped_Benefit_YN field is 0 = No, then leave this field blank</p> <p>The maximum logical number that will be accepted is "999".</p> | 365 (e.g. 365 tablets every 365 days) |
| Prior_Authorization_YN | CHAR Always Required | 1 | Is prior authorization required for the drug? | 1 = Yes 0 = No |
| Prior_Authorization_Criteria | CHAR Sometimes Required | 1500 | <p>The description of the drug's prior authorization criteria.</p> <p>If response to Prior_Authorization_YN = 0 (No), then leave this field blank.</p> | |
| Step_Therapy_YN | CHAR Always Required | 1 | Does step therapy apply to this drug? | 1 = Yes 0 = No |
| Step_Therapy_Criteria | CHAR Sometimes Required | 500 | <p>The description of step therapy protocol.</p> <p>If response to Step_Therapy_YN = 0 (No), then leave this field blank.</p> | |
| Gap_Coverage_YN | NUM Always Required | 1 | <p>Is this drug covered in the gap?</p> <p>Response should be 1 (Yes) regardless of whether this drug is on a tier that is fully or partially covered in the gap.</p> | 1 = Yes 0 = No |

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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 (<), and 3) semi-colon (;).