# CY 2014 Prior Authorization File Record Layout

Required File Format = ASCII File - Tab Delimited

Do not include a header record

Filename extension should be ".TXT"

**During the initial formulary submission period the file must include all Prior Authorization Group Descriptions. All records must have ADD for the Change_Type.**

**After the initial formulary submission period the file must include only changes.**

| Field Name | Field Type | Maximum Field Length | Field Description |
|---|---|---|---|
| **PA_Change_Type** | **CHAR**<br>**Always Required** | **3** | **Defines the type of change that is being made to the Prior Authorization File.**<br><br>**During the initial formulary submission period, all rows must be "ADD."**<br><br>**ADD = Add Group Description to file**<br>**UPD = Change fields for an existing Group Description** |
| Prior_Authorization_Group_Desc | CHAR<br>Always Required | 100 | Description of the prior authorization group as it appears on the submitted formulary file. **This field must exactly match the value entered in the Prior_Authorization_Group_Desc field on the Formulary File.** |
| PA_Criteria_Change_Indicator | CHAR<br>Always Required | 1 | If the PA criteria content did not change for this group description compared to CY 2011, please place a "0" in this field. If this group description is new, or the criteria content changed in any way (e.g. additional restrictions), please place a "1" in this field". |
| Covered_Uses | CHAR<br>Always Required | 3000 | Enter both the FDA-approved and off-label indications for which the drug(s) will be covered.<br><br>At a minimum, you must enter the following in this field: "All FDA-approved indications not otherwise excluded from Part D."<br><br>You may enter the statement "All medically accepted indications not otherwise excluded from Part D" if the PA will be approved for all non-excluded off-label uses in addition to the labeled indications.<br><br>If only certain off-label uses will be approved by prior authorization, you should list the specific uses following the "All FDA-approved indications not otherwise excluded from Part D" statement. |
| Exclusion_Criteria | CHAR<br>If applicable | 2000 | Describe any criteria (e.g. comorbid diseases, laboratory data, etc.) that would result in the exclusion of coverage for an enrollee. |

# CY 2014 Prior Authorization File Record Layout

| Field Name | Field Type | Maximum Field Length | Field Description |
|---|---|---|---|
| Required_Medical_Information | CHAR<br>If applicable | 2000 | Enter laboratory, diagnostic, or other medical information required for initiation or continuation of the drug(s). |
| Age_Restrictions | CHAR<br>If applicable | 500 | Enter age limitations or restrictions required for prior authorization approval. |
| Prescriber_Restrictions | CHAR<br>If applicable | 500 | Description of prescriber attribute necessary for PA to be considered, e.g. specialist in a field or registered under a certain program. |
| Coverage_Duration | CHAR<br>Always Required | 100 | Enter the duration for which the prior authorization will be approved. |
| Other_Criteria | CHAR<br>If applicable | 3000 | Enter any other relevant criteria. |

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 (;).