

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 |

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| Field Name | Field Type | Field Length | Field Description | Sample Field Value(s) |
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| 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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| 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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