

CY 2015 Gap Coverage 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)
RxCUI	NUMBER Always Required	Maximum of 8 digits	RxCUI concept unique identifier from the active Formulary Reference File. Note: Partial Gap Coverage file must not include ALL the drugs from the partial gap tier(s).	210597

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 (;).