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 <u>not</u> include ALL the drugs from the partial gap tier(s). In addition, drugs from fully covered tiers or tiers without additional gap coverage must not be submitted on the Partial Gap Coverage file.**	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 (;).