

# ADDITIONAL DEMONSTRATION DRUG FILE RECORD LAYOUT

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**Required File Format = ASCII File - Tab Delimited**  
**Do not include a header record.**  
**Filename extension is “.TXT”**

The additional demonstration drug (ADD) file must be submitted during the submission window for the Part D supplemental files. This will be a comprehensive file that includes all non-Part D products (whether prescription or over-the-counter (OTC)) that a Part D sponsor intends to cover consistent with Part D rules (e.g. drugs that fall under Part D excluded drug categories) or that a State requires to be covered under its Medicaid program. Therefore, this file will include drugs that could otherwise be submitted on the supplemental excluded drug and/or supplemental OTC files for non-demonstration applicants.

**Please note that consistent with the Part D supplemental file submissions, there must be a one-to-one relationship between additional demonstration drug and formulary files. This means that only one formulary may be associated with each submitted ADD file.**

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

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
MMP_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. Tier values of 1 or 2 can only be selected for 2-tier formulary designs.	1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6
MMP_QL_YN	CHAR Always Required	1	Does the drug have a <b>quantity limit</b> (MMP_QL_YN) restriction?	0 = No Quantity Limits 1 = Quantity Limits Apply
MMP_QL_Amt	NUM Sometimes Required	7	If the MMP_QL_YN is "1" (meaning limits apply), enter the <b>quantity limit amount</b> (MMP_QL_Amt) for a given prescription or time period (typically 1 month). 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 MMP_QL_YN field is "0" (No), then leave this field blank.	9 (e.g. 9 tablets)
MMP_QL_Days	NUM Sometimes Required	3	The <b>number of days</b> (MMP_QL_Days) associated with the quantity limit amount. The maximum logical number that will be accepted is "365".  If the MMP_QL_YN field is "0" (No), then leave this field blank.	30 (e.g. 9 tablets every 30 days)
MMP_CapBen_YN	CHAR Always Required	1	Does the drug have a <b>capped benefit</b> (MMP_CapBen_YN) limit?	0 = No 1 = Yes

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Unauthorized disclosure may result in prosecution to the full extent of the law.

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
MMP_CapBen_Amt	NUM Sometimes Required	7	<p>If the MMP_CapBen_YN field is “1” (meaning limits apply), enter the <b>capped benefit limit amount</b> (MMP_CapBen_Amt) for a given prescription or time period. Plans may elect to have a capped benefit amount without a quantity limit. However if a quantity limit applies as well, the capped benefit amount must be greater than the quantity limit amount. The units for this amount must be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc. The maximum logical number that will be accepted is “9999.99”.</p> <p>The capped benefit amount <b>must</b> be greater than the quantity limit amount.</p> <p>If the MMP_CapBen_YN field is “0” (No), then leave this field blank.</p>	180 (e.g. 180 tablets)
MMP_CapBen_Days	NUM Sometimes Required	3	<p>The <b>number of days</b> (MMP_CapBen_Days) associated with the capped benefit limit. The capped benefit days <b>must</b> be greater than the quantity limit days. The maximum logical number that will be accepted is “365”.</p> <p>If the MMP_CapBen_YN field is “0” (No), then leave this field blank.</p>	365 (e.g. 180 tablets every 365 days)
MMP_PA_YN	CHAR Always Required	1	Is <b>prior authorization</b> (MMP_PA_YN) required for the drug?	0 = No 1 = Yes
MMP_PA_Criteria	CHAR Sometimes Required	3000	<p>The description of the <b>prior authorization criteria</b> (MMP_PA_criteria) for this drug.</p> <p>If the MMP_PA_YN field is “0” (No), then leave this field blank.</p>	

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
MMP_ST_YN	CHAR Always Required	1	Does <b>step therapy</b> (MMP_ST_YN) apply to this drug?	0 = No 1 = Yes
MMP_ST_Criteria	CHAR Sometimes Required	1000	The description of the <b>step therapy protocol</b> (MMP_ST_Criteria) for this drug.  If the MMP_ST_YN field is "0" (No) then leave this field blank.	

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