

## CY 2020 Excluded Drugs 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<br>Always Required | 11                   | RxCUI concept unique identifier from the active Formulary Reference File.  | 210597   |
| Tier                  | CHAR<br>Always Required   | 2                    | Defines the Cost Share Tier Level Associated with the drug. Assumption is that the drug is assigned to only one tier value. These values are consistent with the selection of tier level options available to data entry users in the Plan Benefit Package software.   | 1 = Tier Level 1<br>2 = Tier Level 2<br>3 = Tier Level 3<br>4 = Tier Level 4<br>5 = Tier Level 5<br>6 = Tier Level 6 |
| Quantity_Limit_YN     | CHAR<br>Always Required   | 1                    | Does the drug have a quantity limit restriction?   | 0 =<br>No Quantity Limits<br>1 =<br>Quantity Limits Apply  |
| Quantity_Limit_Amount | NUM<br>Sometimes Required | 7                    | <p>If Quantity_Limit_YN = 1 (Limits Apply), enter the quantity limit unit amount 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.</p> <p>If the Quantity_Limit_YN = 0 (No Limits), leave this field blank.</p> <p>The maximum number of decimal points that will be accepted is 5., i.e., “9.99999”.</p> <p>The maximum number that will be accepted is “9999.99”.</p> | 9  |

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| Field Name              | Field Type                | Maximum Field Length | Field Description  | Sample Field Value(s)  |
|-------------------------|---------------------------|----------------------|--|--|
| Quantity_Limit_Days     | NUM<br>Sometimes Required | 3                    | <p>Enter the number of days associated with the quantity limit.</p> <p>If the Quantity_Limit_YN field is 0 (No), then leave this field blank.</p> <p>The maximum logical number that will be accepted is "999".</p>  | <p>30 (e.g. 9 tablets every 30 days)</p> <p>(e.g. 9 mls every 30 days)</p> |
| Capped_Benefit_YN       | CHAR<br>Always Required   | 1                    | <p>Does the drug have a capped benefit limit?</p>  | <p>0 = No</p> <p>1 = Yes</p>   |
| Capped_Benefit_Quantity | NUM<br>Sometimes Required | 7                    | <p>If Capped_Benefit_YN field is 1 = Yes, enter the capped benefit limit unit amount for a given prescription or time period. The units for this amount may be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc.</p> <p>Note: The Capped_Benefit_Quantity must be greater than the Quantity_Limit_Amount for a given <b>RxCUI</b>.</p> <p>If the Capped_Benefit_YN field is 0 = No, then leave this field blank</p> <p>The maximum logical number that will be accepted is "9999.99".</p> | 365  |
| Capped_Benefit_Days     | NUM<br>Sometimes Required | 3                    | <p>Enter the number of days associated with the capped benefit limit.</p> <p>If the Capped_Benefit_YN field is 0 = No, then leave this field blank</p> <p>Note: The Capped_Benefit_Days must be greater than the Quantity_Limit_Days for a given <b>RxCUI</b>.</p> <p>The maximum logical number that will be accepted is "999".</p>   | 365 (e.g., 180 tablets every 365 days)                                     |
| Prior_Authorization_YN  | CHAR<br>Always Required   | 1                    | <p>Is prior authorization required for the drug?</p>   | <p>1 = Yes</p> <p>0 = No</p>   |

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| Field Name                   | Field Type                 | Maximum Field Length | Field Description  | Sample Field Value(s) |
|------------------------------|----------------------------|----------------------|--|-----------------------|
| Prior_Authorization_Criteria | CHAR<br>Sometimes Required | 1500                 | The description of the drug's prior authorization criteria.<br><br>If response to Prior_Authorization_YN = 0 (No), then leave this field blank.            |                       |
| Step_Therapy_YN              | CHAR<br>Always Required    | 1                    | Does step therapy apply to this drug?  | 1 = Yes<br>0 = No     |
| Step_Therapy_Criteria        | CHAR<br>Sometimes Required | 500                  | The description of step therapy protocol.<br><br>If response to Step_Therapy_YN = 0 (No), then leave this field blank.                                     |                       |
| Gap_Coverage_YN              | NUM Always Required        | 1                    | Is this drug covered in the gap?<br>Response should be 1 (Yes) regardless of whether this drug is on a tier that is fully or partially covered in the gap. | 1 = Yes<br>0 = No     |

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 (;).