

CY 2021 UMGD Response Record Layout

Required File Format = ASCII File - Tab Delimited

Do not include a header record

Filename extension should be “.TXT”

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Formulary ID	NUM Always Required	8	Formulary ID (with or without leading zeros) for which to submit UMGD response.	21000 or 00021000
UM Type	CHAR Always Required	2	UM Type values: PA or ST	PA
UM Group Description	CHAR Always Required	100	PA or ST Group Description	ALPHA-1 PROTEINASE INHIBITORS
Criteria Element	CHAR Sometimes Required	50	Valid values for PA Criteria Element are: PA Indication Indicator Off-Label Uses Exclusion Criteria Required Medical Information Age Restrictions Prescriber Restrictions Coverage Duration Other Criteria Note: If UM type is Step Therapy, enter NA	Required Medical Information
Plan Response Option	NUM Always Required	1	Valid values for Plan Response Option field are: 1=Remove Entire PAGD 2=Remove PA Element 3=Revise PA Criteria 4=Submit Clinical Justification	1
Plan Clinical Justification/ Resubmission Comment	CHAR Sometimes Required	4000	Comments or clinical justification (this field is optional unless option 4 is chosen for the plan response option)	

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 (;).