

CY 2021 PA/ST Criteria Change Request Record Layout

Required File Format = ASCII File - Tab Delimited

Do not include a header record

Filename extension should be “.TXT”

Plan Users upload PA/ST Criteria Change Request during PA/ST Criteria Change Request Submission Period.

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
FID	CHAR Always Required	8	Formulary ID (with or without leading zeros) for which to request PA/ST edits.	00020005 Or 20005
Current UM Type	CHAR Always Required	2	Current UM Type values: PA or ST	PA
Reason for UM Change	CHAR Always Required	1	Reason for the UM Criteria Change Request submitted. <u>Reason codes 1 to 6 and their descriptions:</u> 1 - Removal of Restriction 2 - Addition of drug(s) to existing criteria 3 - Addition of a new indication 4 - Restriction based on a new Boxed Warning/FDA Safety Communication 5 - Other extraordinary circumstance 6 - Revision of existing criteria to include a Part B drug (MAPDs only)	1
Current UM Group Description	CHAR Always Required	100	Description of the prior authorization group as it appears on the submitted formulary file. This field must exactly match the value entered in the Prior_Authorization_Group_Desc field on the Formulary File. Or Description of the step therapy group as it appears on the submitted formulary file. This field must exactly match the value entered in the Step_Therapy_Group_Desc field on the Formulary File.	Antiemetics

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 (;).