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"

	Maximum Field Length	Field Description	Sample Field Value(s)
Number Always Required	11	RxCUI concept unique identifier from the active Formulary Reference File.	210597
CHAR 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 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6
CHAR Always Required	1	Does the drug have a quantity limit restriction?	0 = No Quantity Limits 1 = Quantity Limits Apply
NUM Sometimes Required	7	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. If the Quantity_Limit_YN = 0 (No Limits), leave this field blank. The maximum number of decimal points that will be accepted is 5., i.e., "9.99999".	9
	Always Required CHAR Always Required CHAR Always Required	Number Always Required CHAR Always Required CHAR 1 Always Required NUM 7	Number Always Required 11

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Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Quantity_Limit_Days	NUM Sometimes Required	3	Enter the number of days associated with the quantity limit.	30 (e.g. 9 tablets every 30 days)
			If the Quantity_Limit_YN field is 0 (No), then leave this field blank.	(e.g. 9 mls every 30 days)
			The maximum logical number that will be accepted is "999".	
Capped_Benefit_YN	CHAR Always Required	1	Does the drug have a capped benefit limit?	0 = No 1 = Yes
Capped_Benefit_Qu antity	NUM Sometimes Required	7	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.	365
			Note: The Capped_Benefit_Quantity must be greater than the Quantity_Limit_Amount for a given RxCUI.	
			If the Capped_Benefit_YN field is 0 = No, then leave this field blank	
			The maximum logical number that will be accepted is "9999.99".	
Capped_Benefit_Da ys	NUM Sometimes Required	3	Enter the number of days associated with the capped benefit limit.	365 (e.g., 180 tablets every 365 days)
			If the Capped_Benefit_YN field is 0 = No, then leave this field blank	
			Note: The Capped_Benefit_Days must be greater than the Quantity_Llimit_Days for a given RxCUI.	
			The maximum logical number that will be accepted is "999".	
Prior_Authorization_ YN	CHAR Always Required	1	Is prior authorization required for the drug?	1 = Yes 0 = No

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Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Prior_Authorization_ Criteria	CHAR Sometimes Required	1500	The description of the drug's prior authorization criteria. If response to Prior_Authorization_YN = 0 (No), then leave this field blank.	
Step_Therapy_YN	CHAR Always Required	1	Does step therapy apply to this drug?	1 = Yes 0 = No
Step_Therapy_Criter ia	CHAR Sometimes Required	500	The description of step therapy protocol. 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? 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 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) semicolon (;).