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)
NDC	CHAR Always Required	11	11-Digit National Drug Code	00000333800
Tier	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
Quantity_Limit_YN	CHAR Always Required	1	Does the drug have a quantity limit restriction?	0 = No Quantity Limits 1 = Quantity Limits Apply
Quantity_Limit_Amount	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". The maximum number that will be accepted is "9999.99".	9
Quantity_Limit_Days	NUM Sometimes Required	3	Enter the number of days associated with the quantity limit. If the Quantity_Limit_YN field is 0 (No), then leave this field blank. The maximum logical number that will be accepted is "999".	60 (e.g. 9 tablets every 60 days) (e.g. 9 mls every 60 days)
Capped_Benefit_YN	CHAR Always Required	1	Does the drug have a capped benefit limit?	0 = No 1 = Yes

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Capped_Benefit_Quantity	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. Note: The Capped_Benefit_Quantity must be greater than the Quantity_Limit_Amount for a given NDC. 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".	365
Capped_Benefit_Days	NUM Sometimes Required	3	Enter the number of days associated with the capped benefit limit. 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 NDC. The maximum logical number that will be accepted is "999".	365 (e.g., 180 tablets every 365 days)
Prior_Authorization_YN	CHAR Always Required	1	Is prior authorization required for the drug?	1 = Yes 0 = No
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

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Step_Therapy_Criteria	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) semi-colon (;).