

CY 2019 Over the Counter 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 | Max.Field Length | Field Description | Sample Field Value(s) |
|----------------------------|----------------------------|------------------|---|--|
| NDC/RxCUI | CHAR Always Required | 11 | 11-Digit National Drug Code (or) RxCUI | 00258977120 |
| UM_Type | CHAR Always Required | 1 | Indicate whether the NDC/RxCUI will be included as part of general drug utilization management program (0) or a formal step therapy protocol (1). The same NDC/RxCUI cannot be included in both a general drug utilization management program and a formal step therapy protocol. | 0 = general UM program 1 = formal step therapy protocol |
| Step_Therapy_ Total_Groups | NUM Sometimes Required | 2 | Enter the total number of step therapy drug treatment groups or protocols in which the drug is included. If the response to UM_Type = 0 (No), then leave this field blank. The maximum logical number of groups is "25". The remaining two fields described below should be repeated as a group or unit in the file. For example, for a given drug used in multiple Step Therapy programs, the values for Step_Therapy_Group_Desc = "CHF Therapy" and Step_Therapy_Step_Value = 4 should be included in adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "Angina Therapy" and Step_Therapy_Step_Value = 1 should be included in additional adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "CVD Therapy" and Step_Therapy_Step_Value = 5 should be included in additional adjacent columns in the file. | 2 |
| Step_Therapy_ Group_Desc | CHAR Sometimes Required | 100 | Description of step therapy drug treatment groups or protocol. This step therapy group description must match a description found in your formulary text file. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups. If the response to UM_Type = 0 (No), then leave this field blank. Note: For a given NDC/RxCUI each step therapy group description must be unique. | Step_Therapy_Group_Desc = "Anti-Histamine Therapy"; Step_Therapy_Group_Desc = "GERD Therapy"; |

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| Field Name | Field Type | Max.Field Length | Field Description | Sample Field Value(s) |
|-------------------------|---------------------------|------------------|--|---|
| Step_Therapy_Step_Value | NUM Sometimes Required | 1 | Identifies the step number or level within the sequence for the Step Therapy Group. Field should be repeated in the record based upon the number of groups declared in Step_Therapy_Total_Groups AND in the same order as Step_Therapy_Group_Desc. If the response to UM_Type = 0 (No), then leave this field blank. If the response to UM_Type = 1 (Yes), then the only allowable value is 1. | Step_Therapy_Step_Value = 1 (e.g. Step 1 of 3); Step_Therapy_Step_Value = 1 (e.g. Step 1 of 2) |

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 (;).