

# CY2013 ADDITIONAL DEMONSTRATION DRUG FILE RECORD LAYOUT

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**Required File Format = ASCII File - Tab Delimited**  
**Do not include a header record.**  
**Filename extension is “.TXT”**

The first opportunity to submit the additional demonstration drug (ADD) file is on June 6, 2012 during the submission window for the CY 2013 Part D supplemental files. The ADD file must be submitted to CMS by June 15, 2012. This will be a comprehensive file that includes all drugs (whether prescription or over-the-counter (OTC)) that a State requires to be covered under its Medicaid program, but that could **NOT** otherwise be submitted on the CY2013 formulary, supplemental excluded drug and/or supplemental OTC files. Any drugs submitted on the CY2013 formulary, supplemental excluded drug and/or supplemental OTC file must **NOT** be included in the ADD file.

**Please note that consistent with the Part D supplemental file submissions, there must be a one-to-one relationship between additional demonstration drug and formulary files. This means that only one formulary may be associated with each submitted ADD file.**

**Table 1: CY 2013 Additional Demonstration Drug (ADD) File Record Layout**

CY 2013 Additional Demonstration Drug (ADD) File Record Layout				
Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
FAD_FID	NUM Always Required	8	8-digit formulary ID (including leading zeros) associated with this Additional Demonstration Drug file.	00013999

**CY 2013 Additional Demonstration Drug (ADD) File Record Layout**

<b>Field Name</b>	<b>Field Type</b>	<b>Field Length</b>	<b>Field Description</b>	<b>Sample Field Value(s)</b>
FAD_NDC	CHAR Always Required	11	11-Digit National Drug Code  When no NDC is available enter the applicable Uniform Product Code (UPC) or Health Related Item Code (HRI).  Do not include any spaces, hyphens or other special characters.	00012533460
FAD_OTC_RX	CHAR Always Required	1	Is this an over-the-counter (OTC) or prescription (Rx) product?	0 = OTC 1 = Rx
FAD_Tier	CHAR Always Required	1	The cost share tier level associated with the drug (assumes that the drug is assigned to only one tier value). Tier values 1-6 are consistent with the selection of tier level options available to data entry users in the Plan Benefit Package software.  <b>A tier level value of 1-6 is required for all prescription drugs (FAD_OTC_RX = 1). If the FAD_OTC_RX = 0 and the cost-sharing for the drug is not reflected in the PBP submission on tiers 1-6 then select tier "0".</b>	1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6  0= Other OTC cost-sharing
FAD_OTC_CS	CHAR Sometimes Required	25	If the FAD_Tier is "0" (meaning other OTC cost-sharing applies), enter the OTC cost-sharing amount ( <b>FAD_OTC_CS</b> ) for the drug based on a 1 month supply at a retail pharmacy.	\$0.50
FAD_QL_YN	CHAR Always Required	1	Does the drug have a <b>quantity limit</b> (FAD_QL_YN) restriction?	0 = No Quantity Limits 1 = Quantity Limits Apply

**CY 2013 Additional Demonstration Drug (ADD) File Record Layout**

<b>Field Name</b>	<b>Field Type</b>	<b>Field Length</b>	<b>Field Description</b>	<b>Sample Field Value(s)</b>
FAD_QL_Amt	NUM Sometimes Required	7	<p>If the FAD_QL_YN is "1" (meaning limits apply), enter the <b>quantity limit amount</b> (FAD_QL_Amt) 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. The maximum logical number that will be accepted is "9999.99".</p> <p>If the FAD_QL_YN field is "0" (No), then leave this field blank.</p>	9 (e.g. 9 tablets)
FAD_QL_Days	NUM Sometimes Required	3	<p>The <b>number of days</b> (FAD_QL_Days) associated with the quantity limit amount. The maximum logical number that will be accepted is "365".</p> <p>If the FAD_QL_YN field is "0" (No), then leave this field blank.</p>	60 (e.g. 9 tablets every 60 days)
FAD_CapBen_YN	CHAR Always Required	1	<p>Does the drug have a <b>capped benefit</b> (FAD_CapBen_YN) limit?</p>	0 = No 1 = Yes
FAD_CapBen_Amt	NUM Sometimes Required	7	<p>If the FAD_CapBen_YN field is "1" (meaning limits apply), enter the <b>capped benefit limit amount</b> (FAD_CapBen_Amt) for a given prescription or time period. The units for this amount must be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc. The maximum logical number that will be accepted is "9999.99".</p> <p>The capped benefit amount <b>must</b> be greater than the quantity limit amount.</p> <p>If the FAD_CapBen_YN field is "0" (No), then leave this field blank.</p>	180 (e.g. 180 tablets)

**CY 2013 Additional Demonstration Drug (ADD) File Record Layout**

<b>Field Name</b>	<b>Field Type</b>	<b>Field Length</b>	<b>Field Description</b>	<b>Sample Field Value(s)</b>
FAD_CapBen_Days	NUM Sometimes Required	3	The <b>number of days</b> (FAD_CapBen_Days) associated with the capped benefit limit. The maximum logical number that will be accepted is "365".  If the FAD_CapBen_YN field is "0" (No), then leave this field blank.	365 (e.g. 180 tablets every 365 days)
FAD_PA_YN	CHAR Always Required	1	Is <b>prior authorization</b> (FAD_PA_YN) required for the drug?	0 = No 1 = Yes
FAD_PA_Criteria	CHAR Sometimes Required	3000	The description of the <b>prior authorization criteria</b> (FAD_PA_criteria) for this drug.  If the FAD_PA_YN field is "0" (No), then leave this field blank.	
FAD_ST_YN	CHAR Always Required	1	Does <b>step therapy</b> (FAD_ST_YN) apply to this drug?	0 = No 1 = Yes
FAD_ST_Criteria	CHAR Sometimes Required	1000	The description of the <b>step therapy protocol</b> (FAD_ST_Criteria) for this drug.  If the FAD_ST_YN field is "0" (No), then leave this field blank.	

# ADDITIONAL DEMONSTRATION DRUG FILE UPLOAD INSTRUCTIONS

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**Note:** To download the file formats required for upload, please use the following navigation path: Plan Formularies > Formulary Submission > CY2013 > Submission File Layouts.

## **Additional Demonstration Drug (ADD) File Instructions**

The ADD file must be created in an ASCII File Tab delimited format and contain one NDC record for each drug offered by the Financial Alignment Demonstration plan (beyond what has already been submitted on the CY2013 Part D formulary, supplemental excluded drug and supplemental OTC files). The following is a “field by field” description of how to structure your ADD file for upload into HPMS. These fields are based on the parameters shown in the ADD file record layout. Please note that every field is either “Required” or “Conditional.” The conditional fields should be populated if the condition is met as outlined below. When a conditional field is left blank, the blank must be represented by a tab delimiter.

### **Field 1 – FAD\_FID:**

**REQUIRED:** Each record should include the 8-digit numeric formulary ID associated with the financial alignment demonstration plan for which the ADD file is being submitted. **Only one formulary ID should be submitted per file and this formulary ID should include the leading zeros.**

### **Field 2 – FAD\_NDC:**

**REQUIRED:** Each record should include an 11-digit numeric National Drug Code (NDC) to represent a drug (whether prescription or over-the-counter (OTC)) that a State requires to be covered under its Medicaid program, but that could not otherwise be submitted on the CY2013 formulary, supplemental excluded drug and supplemental OTC files. Do not include any spaces, hyphens or other special characters, but do include leading zeros.

When no NDC is available enter the applicable Uniform Product Code (UPC) or Health Related Item Code (HRI).

**Field 3 – FAD\_OTC\_RX**

*REQUIRED:* Indicate whether the NDC provided represents an over-the-counter (OTC) or prescription (Rx) drug. OTCs are designated by a zero (0) and prescription drugs are designated by a one (1).

**Field 4 – FAD\_Tier:**

*REQUIRED:* Enter the cost-share tier level value of the plan's formulary that is associated with the product. For prescription drugs (FAD\_OTC\_RX = 1) only include a value from 1 to 6. For over-the-counter products that have a different cost-sharing than any of the formulary tiers, enter a value of 0.

**NOTE:** The maximum value entered for this field may NOT be greater than the value entered for the number of cost share tiers in the plan benefit package (PBP) or formulary submission.

**Field 5 – FAD\_OTC\_CS:**

*CONDITIONAL:* Enter the cost-share value associated with the OTC product based on a 1 month supply at a retail pharmacy. This field should only be used if the OTC cost-sharing is different than the cost-sharing entered in the PBP for the formulary tiers.

**Field 6 – FAD\_QL\_YN:**

*REQUIRED:* This field should be set to a value of 0 or 1, where 0 = No and 1 = Yes. Set the value to 1 if the drug has a restriction on the quantity that is available; otherwise set the value to 0 if there are no restrictions.

**Field 7 – FAD\_QL\_Amt:**

*CONDITIONAL:* If the **FAD\_QL\_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **FAD\_QL\_YN** field is 1, include the quantity limit amount. The unit amount for this field refers to unit values such as the number of tablets or the number of grams for the drug.

For example, for a quantity limit that includes 9 tablets every 60 days, this field should indicate a value of 9.

**Field 8 - FAD\_QL\_Days:**

*CONDITIONAL:* If the **FAD\_QL\_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **FAD\_QL\_YN** field is 1, include the quantity limit day amount for this drug. For example, for a quantity limit that includes 9 tablets every 60 days, this field should indicate a value of 60.

**Field 9 - FAD\_CapBen\_YN:**

*REQUIRED:* This field should be set to a value of 0 or 1, where 0 = No and 1 = Yes. Set the value to 1 if the drug has a capped benefit on the quantity that is available for a given prescription or period of time; otherwise set the value to 0 if there are no capped benefit restrictions.

**Field 10 - FAD\_CapBen\_Amt:**

*CONDITIONAL:* If the **FAD\_CapBen\_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **FAD\_CapBen\_YN** field is 1, include the capped benefit limit amount for this drug. The unit amount for this field refers to unit values such as the number of tablets or the number of grams for the drug. For example, for a capped benefit limit that includes 180 tablets every 365 days, this field should indicate a value of 180. **NOTE:** the capped benefit amount **must be greater than** the quantity limit amount.

**Field 11 - FAD\_CapBen\_Days:**

*CONDITIONAL:* If the **FAD\_CapBen\_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **FAD\_CapBen\_YN** field is 1, include the capped benefit limit day amount for this drug. For example, for a capped benefit limit that includes 180 tablets every 365 days, this field should indicate a value of 365.

**Field 12 – FAD\_PA\_YN:**

*REQUIRED:* The value should be set to 0 or 1, where 0 = No and 1 = Yes. Set the value to 1 if prior authorization is required to obtain this drug; otherwise set the value to 0 to indicate that no prior authorization is required for this drug.

**Field 13 – FAD\_PA\_Criteria:**

*CONDITIONAL:* If the **FAD\_PA\_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **FAD\_PA\_YN** field is 1, then include the description of the drug's prior authorization criteria. This field is limited to 3000 characters.

**Field 14 – FAD\_ST\_YN:**

*REQUIRED:* The value should be set to 0 or 1, where 0 = No and 1 = Yes. Set the value to 1 if step therapy is required to obtain this drug; otherwise set the value to 0 to indicate that no step therapy is required for this drug.

**Field 15 – FAD\_ST\_Criteria:**

*CONDITIONAL:* If the **FAD\_ST\_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **FAD\_ST\_YN** field is 1, then include the description of the drug's step therapy criteria. This field is limited to 1000 characters.