

CY 2027 Formulary Submission File Record Layout

Required File Format = ASCII File - Tab Delimited

Do not include a header record

Filename extension should be ".TXT"

During the initial formulary submission period the file must include all drugs in the formulary. All records must have ADD for the Change_Type.

After the initial formulary submission period the file must be limited to updates.

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Change_Type	CHAR Always Required	3	Defines the type of change that is being made to the formulary. During the initial formulary submission period, all rows must be "ADD."	ADD = Add RxCUI to formulary DEL = Delete RxCUI from formulary UPD = Change fields in the existing RxCUI
RxCUI	NUMBER Always Required	Maximum of 8 digits	RxNorm concept unique identifier from the active Formulary Reference File.	210597
Tier_Level	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 7 = Tier Level 7
Quantity_Limit_YN	CHAR Always Required	1	Does the drug have a quantity limit restriction?	0 = Quantity Limit Does Not Apply 1 = Quantity Limit Applies
Quantity_Limit_Amount	NUM Sometimes Required	7	If the Quantity_Limit_YN = 0 (No Quantity Limits), then leave this field blank. If the Quantity_Limit_YN = 1, enter the quantity limit unit amount for a given prescription. The units for this amount must be defined by the unit of measure indicated by the FRF. 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

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Quantity_Limit_Days	NUM Sometimes Required	3	<p>Enter the number of days associated with the quantity limit.</p> <p>If the Quantity_Limit_YN field is 0 (No Quantity Limits), then leave this field blank.</p> <p>If the Quantity_Limit_YN field is 1, enter the days supply that corresponds to the Quantity Limit Amount.</p> <p>The minimum number that will be accepted is 1 and the maximum number that will be accepted is "999".</p>	<p>30 (e.g. 9 tablets every 30 days)</p> <p>(e.g. 9 mls every 30 days)</p>
Prior_Authorization_Type	CHAR Always Required	1	Is prior authorization required for the drug?	<p>0 = No Prior Authorization</p> <p>1 = Prior Authorization Applies</p> <p>2 = Prior Authorization Applies to New Starts Only</p> <p>3 = Part D vs. Part B Prior Authorization Only</p>
Prior_Authorization_Group_Desc	CHAR Sometimes Required	100	<p>Description of the drug's prior authorization group as it will appear on the submitted prior authorization attachment. Only RxCUIs with the same RxNorm ingredient can be included within the same Prior_Authorization_Group_Desc. The group name may represent a drug category or class or may simply be the name of the drug if no other grouping structure applies. If Prior_Authorization_Type is 0 (No) or 3 (Part D. vs. Part B Authorization Only), then leave this field blank.</p>	Antiemetics

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
PA_Indication_Indicator	CHAR Sometimes Required	1	This field must be populated with one of the values below. This field is used to describe indications for which the PA will be approved that are not otherwise excluded from Part D coverage. If Prior_Authorization_Type is 0 (No) or 3 (Part D. vs. Part B Authorization Only), then leave this field blank.	1 = All FDA-approved Indications. This value cannot be used if the drug that requires PA is subject to Indication-Based Coverage (IBC). 2 = Some FDA-approved Indications Only. This value is to be submitted for drugs that are subject to IBC. 3 = All Medically-accepted Indications. Drugs for which the PA will be approved for all Part D medically-accepted indications (FDA-approved and compendia-supported) should be submitted with a 3. 4 = All FDA-approved Indications, some Medically-accepted Indications. If the PA will only be approved for specific off-label uses, a 4 should be submitted.
Limited_Access_YN	CHAR Always Required	1	Is access to this drug limited to certain pharmacies?	0 = No 1 = Yes

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Therapeutic_Category_Name	CHAR Always Required	100	Enter the name of the category for the drug.	Analgesics
Therapeutic_Class_Name	CHAR Always Required	100	Enter the name of the class for the drug.	Opioid Analgesics
Step_Therapy_Type	CHAR Always Required	1	Does step therapy apply to this drug?	0 = No Step Therapy Applies 1 = Step Therapy Applies 2 = Step Therapy Applies to New Starts Only

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Step_Therapy_Total_Groups	NUM Sometimes Required	2	<p>Enter the total number of step therapy drug treatment groups in which the drug is included. If response to Step_Therapy_Type = 0 (No), then leave this field blank. The maximum number that will be accepted is "99."</p> <p>The remaining two fields described below should be repeated as a group or unit in the file.</p> <p>For example, for a given drug used in multiple Step Therapy programs, the values for</p> <p>Step_Therapy_Group_Desc = "CHF Therapy" and</p> <p>Step_Therapy_Step_Value = 4</p> <p>should be included in adjacent columns in the file. Likewise, the values for</p> <p>Step_Therapy_Group_Desc = "Angina Therapy" and</p> <p>Step_Therapy_Step_Value = 1</p> <p>should be included in additional adjacent columns in the file.</p> <p>Likewise, the values for</p> <p>Step_Therapy_Group_Desc = "CVD Therapy" and</p> <p>Step_Therapy_Step_Value = 5</p> <p>should be included in additional adjacent columns in the file.</p>	3
Step_Therapy_Group_Desc	CHAR Sometimes Required	100	<p>Description of step therapy drug treatment group. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups. If response to Step_Therapy_Type = 0 (No), then leave this field blank.</p> <p>Note: For a given Rx CUI, each Group Description must be unique.</p> <p>Note: For each Step Therapy Group Description, there must be a Rx CUI with a Step Therapy Value equal to 1.</p>	<p>Step_Therapy_Group_Desc = "CHF Therapy"</p> <p>Step_Therapy_Group_Desc = "Angina Therapy"</p> <p>Step_Therapy_Group_Desc = "CVD Therapy"</p>

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Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Step_Therapy_Step_Value	NUM Sometimes Required	2	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 response to Step_Therapy_Type = 0 (No), then leave this field blank. The range of valid accepted values is 1 to 99. Note: For each Step Therapy Group Description, there must be a Rx CUI with a Step Therapy Value equal to 1.	Step_Therapy_Step_Value = 4 (e.g. Step 4 of 6) Step_Therapy_Step_Value = 1 (e.g. Step 1 of 3) Step_Therapy_Step_Value = 5 (e.g. Step 5 of 5)

Please Note: Certain characters are restricted from HPMS. The submitted file will be rejected if it contains restricted characters in any field, such as 1) greater than sign (>), 2) less than sign (<), 3) semi-colon (;), 4) ampersand and hash combination (&#), etc.