

Attachment A: 2027 Formulary Submission File Template
 File Format: ASCII tab delimited text file without the header record
 File Name Extension: .txt

Field Name	Field Type	Field Length	Field Description	Example of Field Value(s)
Change_Type	CHAR Required	3	<p>Defines the type of change that is being made to the formulary.</p> <p>During the proposal submission period, all rows must be "ADD."</p> <p>During the contract year if no change was made during the submission period, enter "NOP".</p>	<p>ADD= Add NDC to file.</p> <p>DEL= Delete NDC from file.</p> <p>UPD= Change fields in the existing NDC.</p> <p>NOP= No changes have been made to the related fields from the existing NDCs since the previous submission.</p>
NDC	CHAR Required	11	<p>11-Digit National Drug Code (NDC).</p> <p>Do not include any spaces, hyphens or other special characters. Each record must include an 11-digit NDC. Each NDC can only be entered once on this formulary file.</p>	00012345678
Tier_Level	CHAR Required	1	<p>Defines the cost-share tier. Each drug is assigned to one tier value. Tier values 0-7 are consistent with the tier level options in Carrier Connect.</p>	<p>Higher tiers signify less preferred drugs with higher copay/coinsurance. Tier 0 is for zero cost-share preventive drugs. Tier 7 is for medical benefit drugs.</p> <p>0= Tier Level 0, preventive drugs 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, medical benefit drugs</p>

Quantity_Limit_Type	CHAR Required	1	Does the drug have a quantity limit?	0= Quantity Limits Do Not Apply 1= Maximum Daily Dose Quantity Limit
NCPDP_Billing_Unit	CHAR Sometimes Required	2	If the Quantity_Limit_Type = 0 (Quantity Limits Do Not Apply), leave this field blank. If the Quantity_Limit_Type = 1 (Maximum Daily Dose Quantity Limit) enter the National Council for Prescription Drug Programs (NCPDP) billing unit for the drug. Acceptable billing units are GM, ML or EA.	EA
Quantity_Limit_Amount	NUM Sometimes Required	7	If the Quantity Limit_Type = 0 (Quantity Limits Do Not Apply), leave this field blank. If the Quantity_Limit_Type = 1 (Maximum Daily Dose Quantity Limit), enter the quantity limit unit amount for a given prescription or time period. The units for this amount must be an NCPDP standard billing units e.g., the number of tablets (EA), milliliters (ML) or grams (GM). The maximum number of decimal places is 3, i.e., "888.888" The maximum field length includes the total digits plus the decimal point i.e. "8888.88"	30
Quantity_Limit_Days	NUM Sometimes Required	3	Enter the number of days associated with the quantity limit. If the Quantity_Limit_Type = 0 (Quantity Limits Do Not Apply), leave this field blank.	30 (e.g. 30 tablets per 30 days)

			<p>If the Quantity_Limit_Type = 1 (Maximum Daily Dose Quantity Limit), enter the number of days associated with the quantity limit.</p> <p>The maximum number is "999".</p>	
Prior_Authorization_Type	CHAR 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>
Step_Therapy_Type	CHAR Required	1	Does step therapy apply to this drug?	<p>0 = No Step Therapy Applies</p> <p>1 = Step Therapy Applies</p> <p>2 = Step Therapy Applies to New Starts Only</p>