



Data File Layout

Formulary - Drug

Background

The Vendor Drug Program provides a weekly update of resource data available for download from txvendordrug.com/resources/downloads. This file is of variable field length, meaning the field length varies depending on the data. Column headers are included as the first line, and each subsequent line is a row of data whose items have been separated by a vertical bar, or pipe (|). Values are enclosed between double quotes when values are present, but double quotes are not applied to fields when no character value exists. Null values are not populated with spaces

- Layout effective: Sept. 1, 2020
- Document updated: Sept. 1, 2020

Layout

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_Generic	Generic Name of drug.	35		
Drug_HTW_code	The drug is active on Healthy Texas Women (HTW) Program formulary.	3		
Drug_limit_fp	Identifies whether NDC is a "family planning" drug.	3		
Drug_limit_ds	Identifies whether NDC is a "diabetic supply" drug.	3		
Drug_limit_ppg	Identifies whether NDC has "premium preferred generic" (PPG) pricing.	3		
Drug_limit_refill	<ul style="list-style-type: none"> Most medications must have at least 75 percent of the prescribed supply filled before obtaining a refill. Certain controlled substances must have 90 percent of the supply filled. Affects only claims paid by VDP: FFS Medicaid, CSHCN, HTW, and KHC Programs. 	3		
Drug_NDC	11-digit National Drug Code (NDC) Number.	11		
Drug_Descr	First Databank (FDB) label name of the drug.	35		
Drug_Pkg	Package size.	12	ZZZZZZ.99999	

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_Unit	Unit of measure.	2		<ul style="list-style-type: none"> • GM = Gram • ML - Milliliter • EA = Each
Drug_340B	Current 340B price.	14	ZZZZZZ.99999	
Drug_med_EffDate	The effective date of the drug on Medicaid formulary.	10	MM/DD/CCYY	
Drug_med_EndDate	The termination date of the drug on Medicaid formulary.	10	MM/DD/CCYY	<ul style="list-style-type: none"> • Items with a termination date will appear on this file for 90 days following the termination date.
Drug_Med_Code	The drug is active on Medicaid formulary.	3		
Drug_CMP_V	The drug is only available for multi-ingredient compound Medicaid claims.	3		<ul style="list-style-type: none"> • If active in Medicaid and compound-only then value = "Yes" • If active in Medicaid and not compound-only then value = "No" • If not active in program then value = ""
Drug_Med_Comment	Comment for Medicaid formulary items.	30		
Drug_chip_EffDate	The effective date of the drug on CHIP formulary.	10	MM/DD/CCYY	
Drug_chip_EndDate	The termination date of the drug on CHIP formulary.	10	MM/DD/CCYY	<ul style="list-style-type: none"> • Items with a termination date will appear on this file for 90 days following the termination date.
Drug_chip_code	The drug is active on the CHIP formulary.	3		

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_CMP_P	The drug is only available for multi-ingredient compound CHIP claims.	3		<ul style="list-style-type: none"> • If active in CHIP and compound-only then value = "Yes" • If active in CHIP and not compound-only then value = "No" • If not active in program then value = ""
Drug_cshcn_EffDate	The effective date of the drug on CSHCN formulary.	10	MM/DD/CCYY	
Drug_cshcn_EndDate	The termination date of the drug on CSHCN formulary.	10	MM/DD/CCYY	<ul style="list-style-type: none"> • Items with a termination date will appear on this file for 90 days following the termination date.
Drug_cshcn_code	The drug is active on CSHCN formulary.	3		
Drug_CMP_C	The drug is only available for multi-ingredient compound CSHCN claims.	3		<ul style="list-style-type: none"> • If active in CSHCN and compound-only then value = "Yes" • If active in CSHCN and not compound-only then value = "No" • If not active in program then value = ""
Drug_cshcn_comment	Comment for CSHCN formulary items.	30		
Drug_khc_EffDate	The effective date of the drug on KHC formulary.	10	MM/DD/CCYY	
Drug_KHC_EndDate	The termination date of the drug on KHC formulary.	10	MM/DD/CCYY	<ul style="list-style-type: none"> • Items with a termination date will appear on this file for 90 days following the termination date.

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_khc_code	The drug is active on the KHC formulary.	3		
Drug_CMP_K	The drug is only available for multi-ingredient compound KHC claims.	3		<ul style="list-style-type: none"> • If active in KHC and compound only then value = "Yes" • If active in KHC and not compound only then value = "No" • If not active in program then value = ""
Drug_htw_EffDate	The effective date of the drug on HTW formulary.	10	MM/DD/CCYY	
Drug_htw_EndDate	The termination date of the drug on HTW formulary.	10	MM/DD/CCYY	<ul style="list-style-type: none"> • Items with a termination date will appear on this file for 90 days following the termination date.
Drug_legend_status	Identifies whether the drug is Legend or Over the Counter.	21		<ul style="list-style-type: none"> • Over the counter • Prescription required
Drug_PDL_pa_required	Non-preferred (PDL) prior authorization is required.	3		<ul style="list-style-type: none"> • If active in Medicaid and PDL prior authorization required, then value = "Yes" • If active in Medicaid and no PDL prior authorization required, then value = "No" • If not active in Medicaid then value = ""
Drug_pdl_EffDate	Non-preferred (PDL) prior authorization effective date.	10	MM/DD/CCYY	
Drug_MKID	Preferred prior authorization therapeutic class ID.	4		<ul style="list-style-type: none"> • See field "Drug_MKID_Desc" for values.

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_Clinical_pa_required	Clinical prior authorization is required for Medicaid.	3		<ul style="list-style-type: none"> • If active in Medicaid and one or more clinical prior authorization(s) required, then value = "Yes" • If active in Medicaid and no clinical prior authorization(s) required, then value = "No" • If not active in Medicaid then value = ""
Drug_Retail	Current acquisition cost for VDP-identified retail pharmacies.	14	ZZZZZZ.99999	
Drug_Retail_EffDate	The effective date of retail pharmacy drug pricing.	10	MM/DD/CCYY	
Drug_LTC	Current acquisition cost for VDP-identified long term care pharmacies.	14	ZZZZZZ.99999	
Drug_LTC_EffDate	The effective date of LTC pharmacy drug pricing.	10	MM/DD/CCYY	
Drug_SPC	Current acquisition cost for VDP-identified specialty pharmacies.	14	ZZZZZZ.99999	
Drug_SPC_EffDate	The effective date of specialty pharmacy drug pricing.	10	MM/DD/CCYY	
Drug_VAC	VDP Acquisition Cost, for when NDC does not have retail, LTC, or specialty pricing.	14	ZZZZZZ.99999	
Drug_VAC_EffDate	The effective date of drug pricing.	10	MM/DD/CCYY	

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_MKID_Desc	PDL therapeutic class description.	50		
ID	11-digit National Drug Code (NDC) Number.	11		
Drug_med_EndReason	Drug termination reason from Medicaid.	50		
Drug_chip_EndReason	Drug termination reason from CHIP.	50		
Drug_cshcn_EndReason	Drug termination reason from the CSHCN program.	50		
Drug_khc_EndReason	Drug termination reason from the KHC program.	50		
Drug_limit_larc	Identifies whether NDC is LARC benefit.	3		
Drug_limit_injection	Identifies whether NDC is LAI or Vivitrol.	3		
Drug_admin_fee	Identifies administration cost value	14	ZZZZZZ.99999	
Drug_manufacturer	Identifies manufacturer	15		
Drug_HTWPLUS_code	The drug is active on the Healthy Texas Women Plus Program formulary.	3		
Drug_htwplus_EffDate	The effective date of the drug on the HTW Plus formulary.	10	MM/DD/CCYY	
Drug_htwplus_EndDate	The termination date of the drug on HTW Plus formulary.		MM/DD/CCYY	

