

Texas Vendor Drug Program

Formulary Drug Index File Layout

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The Vendor Drug Program provides a weekly update of resource data available for download from txvendordrug.com/resources/downloads. The downloadable formulary 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 comma. Values are enclosed between double quotes when values are present, but double quotes will not be applied to fields when no character value exists. Null values are not populated with spaces.

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_Generic	Generic Name of drug.	35		
Drug_HTW_code	Drug is active on Healthy Texas Women (HTW) Program formulary.	3		
Drug_limit_fp	Identifies whether NDC is "family planning" drug.	3		
Drug_limit_ds	Identifies whether NDC is "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 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.	12	ZZZZZZ.99999	
Drug_med_EffDate	Effective date of drug on Medicaid formulary.	10	MM/DD/CCYY	
Drug_med_EndDate	Termination date of 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 after that termination date.
Drug_Med_Code	Drug is active on Medicaid formulary.	3		
Drug_CMP_V	Drug is only available for multi-ingredient compound Medicaid claims.	3		<ul style="list-style-type: none"> • If active in program and compound-only then value = "Yes" • If active in program and not compound-only then value = "No" • If not active in program then value = ""
Drug_Med_Comment	Comment for Medicaid formulary items.	30		<ul style="list-style-type: none"> • If drug is Xenical then populate "Xenical FFS PA Form Required" • If drug is enzyme then populate "Enzyme FFS PA Form Required" • If drug is synagis then populate "Synagis FFS PA Form Required" • Refer to txvendordrug.com/formulary/prior-authorization/medicaid-ffs-forms for forms and program requirements.

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_chip_EffDate	Effective date of drug on CHIP formulary.	10	MM/DD/CCYY	
Drug_chip_EndDate	Termination date of 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 after that termination date.
Drug_chip_code	Drug is active on CHIP formulary.	3		
Drug_CMP_P	Drug is only available for multi-ingredient compound CHIP claims.	3		<ul style="list-style-type: none"> If active in program and compound-only then value = "Yes" If active in program and not compound-only then value = "No" If not active in program then value = ""
Drug_cshcn_EffDate	Effective date of drug on CSHCN formulary.	10	MM/DD/CCYY	
Drug_cshcn_EndDate	Termination date of 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 after that termination date.
Drug_cshcn_code	Drug is active on CSHCN formulary.	3		
Drug_CMP_C	Drug is only available for multi-ingredient compound CSHCN claims.	3		<ul style="list-style-type: none"> If active in program and compound-only then value = "Yes" If active in program and not compound-only then value = "No" If not active in program then value = ""

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_cshcn_comment	Comment for CSHCN formulary items.	30		<ul style="list-style-type: none"> If drug is for cystic fibrosis treatment, growth hormone treatment, or synagis, then populate ""CSHCN PA Form Required" If drug is for HIV treatment, family planning, or pulmonary hypertension treatment, then populate "Refer to program requirements" Refer to txvendordrug.com/formulary/prior-authorization/cshcn for forms and program requirements.
Drug_khc_EffDate	Effective date of drug on KHC formulary.	10	MM/DD/CCYY	
Drug_KHC_EndDate	Termination date of 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 after that termination date.
Drug_khc_code	Drug is active on KHC formulary.	3		
Drug_CMP_K	Drug is only available for multi-ingredient compound KHC claims.	3		<ul style="list-style-type: none"> If active in program and compound only then value = "Yes" If active in program and not compound only then value = "No" If not active in program then value = ""
Drug_htw_EffDate	Effective date of drug on HTW formulary.	10	MM/DD/CCYY	

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_htw_EndDate	Termination date of 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 after that termination date.
Drug_legend_status	Identifies whether 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 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.
Drug_Clinical_pa_required	Clinical prior authorization 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.	12	ZZZZZZ.99999	

Field Name	Description	Max. Length	Format	Note and Valid Values
Drug_Retail_EffDate	Effective date of retail pharmacy drug pricing.	10	MM/DD/CCYY	
Drug_LTC	Current acquisition cost for VDP-identified long term care pharmacies.	12	ZZZZZZ.99999	
Drug_LTC_EffDate	Effective date of LTC pharmacy drug pricing.	10	MM/DD/CCYY	
Drug_SPC	Current acquisition cost for VDP-identified specialty pharmacies.	12	ZZZZZZ.99999	
Drug_SPC_EffDate	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.	12	ZZZZZZ.99999	
Drug_VAC_EffDate	Effective date of drug pricing.	10	MM/DD/CCYY	

Drug_MKID_Desc

PDL therapeutic class
description.

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- 0 = Not assigned
- 1 = H. Pylori Treatment
- 2 = Ophthalmics For Allergic Conjunctivitis
- 3 = BPH Treatments
- 4 = Platelet Aggregation Inhibitors
- 6 = Bladder Relaxant Preparations
- 7 = Stimulants and Related Agents
- 8 = Antidepressants, SsrIs
- 9 = Hypoglycemics, TZD
- 10 = Ulcerative Colitis Agents
- 11 = Alzheimer's Agents
- 13 = Ophthalmics, Anti-Inflammatories
- 14 = Growth Hormone
- 15 = Antiparkinson's Agents
- 17 = Angiotensin Modulator Combinations
- 18 = Macrolides/Ketolides
- 19 = Intranasal Rhinitis Agents
- 21 = Antimigraine Agents, Triptans
- 22 = Hypoglycemics, Meglitinides
- 23 = Immune Globulins
- 25 = Antivirals, Oral
- 27 = Antipsychotics
- 28 = Fluoroquinolones, Oral
- 29 = Hypoglycemics, Insulin and Related Agents
- 30 = Antihistamines, Minimally Sedating
- 31 = Antidepressants, Other
- 33 = Glucocorticoids, Inhaled
- 34 = Immunomodulators, Atopic Dermatitis
- 36 = Ophthalmic Antibiotic-Steroid Combinations

- 37 = Bronchodilators, Beta Agonist
- 38 = Erythropoiesis Stimulating Proteins
- 40 = Smoking Cessation
- 42 = Leukotriene Modifiers
- 45 = Calcium Channel Blockers
- 46 = Cephalosporins and Related Antibiotics
- 47 = Proton Pump Inhibitors
- 51 = Otic Antibiotics
- 52 = Phosphate Binders
- 54 = Sedative Hypnotics
- 55 = Lipotropics, Other
- 58 = Ophthalmic Antibiotics
- 59 = Nsaids
- 60 = Bone Resorption Suppression And Related Agents
- 61 = Antifungals, Topical
- 63 = Lipotropics, Statins
- 64 = Hepatitis C Agents
- 68 = Anticoagulants
- 69 = Antifungals, Oral
- 70 = Beta-Blockers
- 71 = Cytokine And Cam Antagonists
- 84 = Androgenic Agents
- 85 = Antiemetic/Antivertigo Agents
- 88 = Ophthalmics, Glaucoma Agents
- 98 = COPD Agents
- 104 = Acne Agents, Topical
- 108 = Pancreatic Enzymes
- 109 = Analgesics, Narcotics Short
- 110 = Analgesics, Narcotics Long
- 111 = Hypoglycemics, Incretin Mimetics/Enhancers
- 113 = Angiotensin Modulators

- 114 = Antibiotics, Topical
- 115 = Antibiotics, GI
- 116 = Skeletal Muscle Relaxants
- 118 = Steroids, Topical Low
- 119 = Steroids, Topical Medium
- 120 = Steroids, Topical High
- 121 = Steroids, Topical Very High
- 122 = Antiparasitics, Topical
- 123 = Antivirals, Topical
- 124 = Antibiotics, Vaginal
- 145 = Opiate Dependence Treatments
- 146 = Lincosamides/Oxazolidinones/Streptogramins
- 148 = Colony Stimulating Factors
- 150 = Otic Anti-Infectives & Anesthetics
- 166 = Antihypertensives, Sympatholytics
- 168 = Glucocorticoids, Oral
- 171 = PAH Agents, Oral And Inhaled
- 182 = Cough and Cold, Cold
- 183 = Cough and Cold, Narcotic
- 184 = Cough and Cold, Non-Narcotic
- 197 = Progestins for Cachexia
- 198 = Bile Salts
- 209 = Penicillins
- 213 = Tetracyclines
- 229 = Immunosuppressives, Oral
- 231 = Antihyperuricemics
- 232 = Neuropathic Pain
- 238 = Epinephrine, Self-Injected
- 240 = Antibiotics, Inhaled
- 243 = Prenatal Vitamins

Field Name	Description	Max. Length	Format	Note and Valid Values
				<ul style="list-style-type: none"> • 501 = HAE Treatments • 506 = Iron, Oral • 534 = Irritable Bowel Syndrome • 535 = Hypoglycemics, SGLT2 • 537 = Antimigraine Agents, Other
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 CSHCN program.	50		
Drug_khc_EndReason	Drug termination reason from KHC program.	50		