

NATIONAL DRUG FILE (NDF)

**USER M****ANUAL**

Version 4.0

October 1998

(Revised February 2009)

Department of Veterans Affairs Office of Enterprise Development

Revision History

The table below lists changes made since the initial release of this manual. Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. Either update the existing manual with the Change Pages document, or replace it with the updated manual.

**Note:** The Change Pages document may include unedited pages needed for two-sided copying. Only edited pages display the patch number and revision date in the page footer.

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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 02/2009 | 40, 40A-B,  41A-D | PSN\*4\*169 | Updated screen captures for options Inquire to VA Product Info For Local Drug [PSNLOOK] and Inquire to National Files [PSNACT] to reflect additional data displayed and minor changes to the display.  REDACTED |
| 09/03 | iii, 4, 7, 16, 37B-37D,  53-54 | PSN\*4\*70 | * Added the new options, *Local Drugs Excluded from Drug-Drug Interactions* and *VA Products Excluded from Drug-Drug Interactions* to the Menu list and the Reports section. * Corrected the name of the DEA, SPECIAL HDLG field. * Corrected a drug name in the *Local Drug/VA Print Name Report*. * Updated the TOC and the Index with the new reports. |
| 07/03 | Title Page, i, 7-10,  25-26, 41A-C | PSN\*4\*65 | -Replaced the Title Page and Revision History page.  -Updated introduction to include DEA/PKI changes.  -Updated screen captures changed by this patch. |
| 02/2003 | Title Page,  i-ii, 41D-46, 51, 52 | PSN\*4\*62 | -Replaced the Title Page and Revision History page.  -Updated the *Print a PMI Sheet* option and example.  -Updated the Glossary for the PMI Sheet term.  - (Included pages for double-sided printing.) |
| 09/2001 | Title Page, i, ii, 41D,42 | Developer Request | * Replaced the Title Page (and associated blank page) and the Revision History page (and associated blank page after it p. ii.) * The *Print a PMI Sheet* option stated that a specific vendor supplied the information for these sheets and the verbiage was changed to a “commercial vendor”. |

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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 03/2001 | Title Page, i, ii, iii, iv, 4, 37A-B, 53 | PSN\*4\*48 | * Replaced the Title Page (and associated blank page), and pages i, ii (blank), iii, and iv (blank), which include the Revision History and Table of Contents. Pages ii and iv have no changes, but were included for two-sided printing only. * Replaced pages 4 and 53 with the new pages. Pages 3 and 54 have no changes, but were included for two- sided printing only. * Inserted pages 37A-37B, which introduce the new *Local Drug/VA Print Name Report* option. Pages 37 and 38 have no changes, but were included for two- sided printing only. |
| 02/2000 | 4, 5, 6, 8, 9,  17, 34, 41,  41A-C | PSN\*4\*22 | Added a new option called *Inquire to National Files*. |

# Example 1: Inquire to Local Drug File by Generic Name Chosen (cont.)

GENERIC NAME: DISOPYRAMIDE 150MG CAP

VA DRUG CLASS CODE: PRICE/DISPENSING UNIT: 0.160

MESSAGE:

SYNONYM(S):

NORPACE

You may look-up by DRUG GENERIC NAME or VA CLASS CODE

Enter a "G" for GENERIC NAME or a "C" for VA CLASS CODE: **<RET>**

**Inquire to VA Product Info For Local Drug [PSNLOOK] Synonym: PNIN**

This option was formerly known as *Lookup National Drug Info in Local File*. This option allows you to look up entries in the local DRUG file (#50). It will display information found in the VA PRODUCT file (# 50.68) for the VA Product Name to which the local drug is matched.

# Example: Lookup National Drug Info in Local File

Select Inquiry Options Option: **PNIN** Inquire to VA Product Info For Local Drug

This option will allow you to look up entries in your local DRUG file. It will display National Drug File software match information.

**Exclude Interaction check=Y, Override DF Exclude from Dosage Check =N**

Note that the Exclude Drg-Drg Interaction Ck field only displays when set to ‘Yes.’ If a dosage form has been excluded from dosage checks that fact will be displayed next to the dosage form.

|  |
| --- |
| **Select DRUG GENERIC NAME: HYDROCORTISONE 1% CREAM DE200**  **DRUG Generic Name: HYDROCORTISONE 1% CREAM**  **VA Product Name: HYDROCORTISONE 1% CREAM,TOP**  **VA Generic Name: HYDROCORTISONE** |
| **Dosage Form: CREAM,TOP (Exclude from Dosing Cks)** |
| **Strength: 1 Units: %**  **National Formulary Name: HYDROCORTISONE CREAM,TOP VA Print Name: HYDROCORTISONE 1% CREAM**  **VA Product Identifier: H0055 Transmit To CMOP: YES VA Dispense Unit: GM**  **PMIS: HYDROCORTISONE - TOPICAL**  **Active Ingredients:**  **HYDROCORTISONE Str: 1 Unt: %**  **Press Return to Continue:**  **Primary Drug Class: DE200 CS Federal Schedule: None**  **Single/Multi Source Product:**  **Max Single Dose: Min Single Dose:**  **Max Daily Dose: Min Daily Dose: Max Cumulative Dose:**  **National Formulary Indicator: Yes** |
| **Exclude Drg-Drg Interaction Ck: Yes (No check for Drug-Drug Interactions) Override DF Exclude from Dosage Checks: No** |
|  |

In this example, the Dosage Form of ‘Oil’ is excluded from dosage checks, but since the Override DF Exclude from Dosage Checks is set to ‘Yes’, dosage checks will be performed for the VA Product, ‘Cod Liver Oil.’

|  |
| --- |
| **Select DRUG GENERIC NAME: Cod liver oil**  **1 COD LIVER OIL VT801**  **2 COD LIVER OIL/TALC/ZINC OXIDE 40% OINT DE900 CHOOSE 1-2: 1 COD LIVER OIL VT801**  **DRUG Generic Name: COD LIVER OIL**  **VA Product Name: COD LIVER OIL**  **VA Generic Name: COD LIVER OIL** |
| **Dosage Form: OIL (Exclude from Dosing Cks)** |
| **Strength:**  **National Formulary Name: COD LIVER OIL OIL VA Print Name: COD LIVER OIL**  **VA Product Identifier: C0504 Transmit To CMOP: YES VA Dispense Unit: ML**  **PMIS: None**  **Active Ingredients:**  **COD LIVER OIL Str:**  **Press Return to Continue:**  **Primary Drug Class: VT801 CS Federal Schedule: None**  **Single/Multi Source Product:**  **Max Single Dose: Min Single Dose:**  **Max Daily Dose: Min Daily Dose: Max Cumulative Dose:**  **National Formulary Indicator: No** |
| **Override DF Exclude from Dosage Checks: Yes (Dosage Checks shall be performed)** |
|  |

**Exclude Interaction check=not set, Override DF Exclude from Dosage Check =Y** In this example, the Dosage Form of ‘Powder,Oral’ IS NOT excluded from dosage checks, but since the Override DF Excluded from Dosage Checks is set to ‘Yes’, dosage checks will not be performed for the VA Product , ‘Thick-It Powder’.

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| --- |
| **Select DRUG GENERIC NAME: THICK-IT POWDER TN200**  **DRUG Generic Name: THICK-IT POWDER**  **VA Product Name: THICK-IT POWDER**  **VA Generic Name: THICK-IT Dosage Form: POWDER,ORAL Strength:**  **National Formulary Name: THICK-IT POWDER,ORAL VA Print Name: THICK-IT POWDER**  **VA Product Identifier: T0557 Transmit To CMOP: YES VA Dispense Unit: GM**  **PMIS: None**  **Active Ingredients:**  **CORN STARCH Str:**  **Press Return to Continue: <ENTER> Primary Drug Class: TN200**  **CS Federal Schedule: 0 Unscheduled Single/Multi Source Product:**  **Max Single Dose: Min Single Dose:**  **Max Daily Dose: Min Daily Dose: Max Cumulative Dose:**  **National Formulary Indicator: Yes** |
| **Override DF Exclude from Dosage Checks: Yes (No Dosage Checks performed)** |
|  |

# NDC/UPN Inquiry [PSNUPN] Synonym: NDCU

With this option you can enter an NDC or UPN to get the corresponding information displayed to the screen. This data comes from the NDC/UPN file (#50.67).

# Example: Inquiry using an NDC

Select Inquiry Options Option: **NDC** NDC/UPN Inquiry

This option allows you to pick an NDC or UPN and the corresponding information from NDC/UPN file will be displayed to the screen.

Do you want to Inquire on an NDC or UPN: Select one of the following:

N U

NDC UPN

Enter response: NDC// **<ENTER>**

Select NDC/UPN: **510002014150**

1 510002014150 86849

2 510002014150 86850

CHOOSE 1-2: **2** 86850

NDC: 510002014150

Manufacturer: FEDERAL SUPPLY Trade Name: COTTON BALL Package Size: 2000

Do you want to Inquire on an NDC or UPN:

OTX/RX Indicator:

Package Type: BAG

Select one of the following:

N U

NDC UPN

Enter response: NDC// **<ENTER>**

Select NDC/UPN: **<ENTER>**

**Inquire to National Files [PSNACT] Synonym: NAT**

The Inquire to National Files displays information related to products contained within the national files. The product may be selected by entering the VA Product Name, CMOP ID or NDC.

Select Inquiry Options Option: **NAT** Inquire to National Files

This option allows you to lookup NDF file information three ways (VA Product Name, NDC, or CMOP ID number).

LOOKUP BY (VA) PRODUCT, (N)DC, OR (C)MOP ID ?

# Example 1: NDF Inquiry by VA Product Name

|  |
| --- |
| Select VA PRODUCT NAME: hydrocortisone   1. HYDROCORTISONE 0.1% CREAM,TOP 2. HYDROCORTISONE 0.25% CREAM,TOP 3. HYDROCORTISONE 0.25% LOTION 4. HYDROCORTISONE 0.25%/NEOMYCIN SO4 0.5% CREAM,TOP 5. HYDROCORTISONE 0.5% AEROSOL,TOP   Press <RETURN> to see more, '^' to exit this list, OR CHOOSE 1-5: 1 HYDROCORTISONE 0.1% CREAM,TOP  VA Product Name: HYDROCORTISONE 0.1% CREAM,TOP  VA Generic Name: HYDROCORTISONE |
| Dose Form: CREAM,TOP (Exclude from Dosing Cks) |
| Strength: 0.1 Units: %  National Formulary Name: HYDROCORTISONE CREAM,TOP VA Print Name: HYDROCORTISONE 0.1% CREAM  VA Product Identifier: H0161 Transmit to CMOP: Yes VA Dispense Unit: GM PMIS: None  Active Ingredients: HYDROCORTISONE Strength: 0.1 Units: %  Primary VA Drug Class: DE200 Secondary VA Drug Class:  CS Federal Schedule:  National Formulary Indicator: Yes National Formulary Restriction: |
| Exclude Drg-Drg Interaction Ck: Yes (No check for Drug-Drug Interactions) Override DF Exclude from Dosage Checks: No |
| Press return to continue or '^' to exit: |

*................................................................. report continues on the next page .............................................................*

# Example 1: NDF Inquiry by VA Product Name (cont.)

NDC: 000749040201 UPN:

VA Product Name: HYDROCORTISONE 0.1% CREAM,TOP

Manufacturer: MILL MARK PHARM Trade Name: HYDROCORTISONE Route: TOPICAL

Package Size: 20 GM Package Type: TUBE

NDC: 000166069539 UPN:

VA Product Name: HYDROCORTISONE 0.1% CREAM,TOP

Manufacturer: MALLARD Trade Name: HYDROCORTISONE Route: TOPICAL

Package Size: 454 GM Package Type: JAR

**Example 2: NDF Inquiry by NDC**

LOOKUP BY (VA) PRODUCT, (N)DC, OR (C)MOP ID ? **n** NDC NDC (N) or UPN (U) ? **n** NDC

Enter NDC with or without Dashes (-): **000223145302** 98650

...OK? Yes// <**ENTER**> (Yes)

NDC: 000223145302 UPN:

VA Product Name: PLACEBO TAB

Manufacturer: CONSOLIDATED MC Trade Name: PLACEBO Route: ORAL

Package Size: 1000 Package Type: BOTTLE VA Product Name: PLACEBO TAB

VA Generic Name: PLACEBO Dose Form: TAB

Strength: Units:

National Formulary Name: PLACEBO TAB VA Print Name: PLACEBO CAP/TAB

VA Product Identifier: P0256 Transmit to CMOP: Yes VA Dispense Unit: CAP/TAB PMIS: None

Active Ingredients: LACTOSE Strength: 10 Units: %WW

CELLULOSE Strength: 3 Units: %WW STARCH Strength: 87 Units: %WW

# Example 2: NDF Inquiry by NDC (cont.)

|  |  |  |
| --- | --- | --- |
| Primary VA Drug Class: XX000 Secondary VA Drug Class:  CS Federal Schedule:  Press return to continue or '^' to exit: | | |
| National Formulary Indicator: No National Formulary Restriction: | **Exclude Drg-Drg Interaction Ck** will only display if it is set to Yes. |  |
|  |
| Override DF Exclude from Dosage Checks: Yes (No dosage checks performed) | | |
|  | | |

**Example 3: NDF Inquiry by CMOP ID Number**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LOOKUP BY (VA) PRODUCT, (N)DC, OR (C)MOP CMOP ID: c0504 COD LIVER OIL  VA Product Name: COD LIVER OIL VA Generic Name: COD LIVER OIL | | ID | ? | c | CMOP | ID |
| Dose Form: OIL | (Exclude from Dosing Cks) | | | | | |
| Strength: Units:  National Formulary Name: COD LIVER OIL OIL VA Print Name: COD LIVER OIL  VA Product Identifier: C0504 Transmit to CMOP: Yes VA Dispense Unit: ML PMIS: None  Active Ingredients: COD LIVER OIL Strength: Units:  Primary VA Drug Class: VT801 Secondary VA Drug Class:  CS Federal Schedule:  National Formulary Indicator: No National Formulary Restriction: | | | | | | |
| Override DF Exclude from Dosage Checks: Yes (Dosage Checks shall be performed) | | | | | | |
| Press return to continue or '^' to exit: | | | | | | |
| NDC: 000395063594 UPN: | | | | | | |
| VA Product Name: COD LIVER OIL | | | | | | |
| Manufacturer: WALMEAD Trade Name: COD LIVER OIL | | | | | | |
| Route: ORAL | | | | | | |
| Package Size: 120 ML Package Type: BOTTLE | | | | | | |
| NDC: 000395063794 UPN: | | | | | | |
| VA Product Name: COD LIVER OIL | | | | | | |
| Manufacturer: WALMEAD Trade Name: COD LIVER OIL, MINT FLAVORED | | | | | | |
| Route: ORAL | | | | | | |
| Package Size: 120 ML Package Type: BOTTLE | | | | | | |

# Example 3: NDF Inquiry by CMOP ID Number (cont.)

NDC: 000003092630 UPN:

VA Product Name: COD LIVER OIL

Manufacturer: BRISTOL-MYERS SQUIBB Trade Name: COD LIVER OIL Route: ORAL

Package Size: 120 ML Package Type: BOTTLE

NDC: 000395063516 UPN:

VA Product Name: COD LIVER OIL

Manufacturer: WALMEAD Trade Name: COD LIVER OIL Route: ORAL

Package Size: 473 ML Package Type: BOTTLE Press return to continue or '^' to exit:

NDC: 000395063716 UPN:

VA Product Name: COD LIVER OIL

Manufacturer: WALMEAD Trade Name: COD LIVER OIL, MINT FLAVORED Route: ORAL

Package Size: 473 ML Package Type: BOTTLE

NDC: 000527073427 UPN:

VA Product Name: COD LIVER OIL

Manufacturer: LANNETT Trade Name: COD LIVER OIL Route: ORAL

Package Size: 473 ML Package Type: BOTTLE

NDC: 000395063528 UPN:

VA Product Name: COD LIVER OIL

Manufacturer: WALMEAD Trade Name: COD LIVER OIL Route: ORAL

Package Size: 3840 ML Package Type: BOTTLE

NDC: 000527073428 UPN:

VA Product Name: COD LIVER OIL

Manufacturer: LANNETT Trade Name: COD LIVER OIL Route: ORAL

Package Size: 3840 ML Package Type: BOTTLE Press return to continue or '^' to exit:

**P****rinting a Patient Medication Information Sheet**

# Print a PMI Sheet [PSNPMIS] Synonym: PMIS

This option allows you to print a Patient Medication Information Sheet (PMI).

These medication information sheets can be provided to patients, explaining how and why to take a medication and the possible side effects. A commercial vendor supplies the information provided in the Patient Medication Information Sheets. This information is updated periodically to provide new medication information sheets and changes to existing sheets.

If the PMI Sheet does not print and the message “Drug is not linked to a valid Medication Information Sheet for language selected” is printed instead, the user should select another language and re-print the medication sheet. If this still does not work, then the user should contact the NDF Manager for further assistance.

# Example: Print a PMI Sheet

Select National Drug File Menu Option: **PMIS** Print a PMI Sheet Select DRUG GENERIC NAME: **ACET <RET>**

1. ACETAMINOPHEN 160MG/5ML (TYLENOL) ELIX CN103 DISP/ML (120ML/BT)
2. ACETAMINOPHEN 160MG/5ML SUGAR-ALC-FREE CN103 N/F FOR SPECIAL USE IN SELECT DIABETIC PATIENTS
3. ACETAMINOPHEN 160MG/5ML UNIT DOSE CUP CN103 (TK) INPATIENT USE ONLY. AVAILABLE 10ML/CUP
4. ACETAMINOPHEN 325MG (NONRENEWABLE) 12'S CN103 CHOOSE ONLY TO REFLECT ACUTE CARE DISPENSING
5. ACETAMINOPHEN 325MG (TYLENOL) TAB CN103 CMOP DISP/MULT 100'S Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-5: **5** ACETAMINOPHEN 325MG (TYLENOL) TAB

CN103

CMOP DISP/MULT 100'S

Select DRUG GENERIC NAME: **<RET>**

Select one of the following:

1

2

English Spanish

Select Language : **1** English

How many copies? : (1-100): 1// **<RET>**

DEVICE: *[Select Print Device]*

*............................................................... example continues on the next page ...........................................................*