NATIONAL DRUG FILE (NDF)

**USER MANUAL**

Version 4.0

October 1998

(Revised December 2011)

Department of Veterans Affairs Product 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** |
| 12/2011 | i- iv, 40e-f, 41e-41h | PSN\*4\*296 | Added text and screen captures for options *Inquire to National Files* [PSNACT] and *Inquire to VA Product Info for Local Drug* [PSNLOOK] to display the new fields created by PSN\*4\*296. These fields reflect changes to the Enhancements to Prescription Copayments Project.REDACTED |
| 04/2011 | i-iv, 40b-d, 41a-f | PSN\*4\*262 | Added text and screen captures for options *Inquire to National Files* [PSNACT] and *Inquire to VA Product Info for Local Drug* [PSNLOOK] to display the three new fields created by PSN\*4\*261. These fields reflect enhancements to prevent the inadvertentcreation of supra-therapeutic possible dosages for high risk medications during the dosage creation segment of Pharmacy Data Management and National Drug File updates.Updated Table of Contents.REDACTED |
| 04/2011 | i-iii, 45-46, 46a-d | PSN\*4\*263 | Modifications to section on Displaying an FDA Medication Guide. New examples added.Documentation released with PSN\*4\*262. REDACTED |
| 05/2010 | i-iv, 4, 45-46,47, 54 | PSN\*4\*108 | Added a new option, Display FDA Medication Guide [PSN MED GUIDE].Added a new section, Displaying an FDA Medication Guide.Added FDA Medication Guide to the Glossary and Index.REDACTED |
| 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 |

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| --- | --- | --- | --- |
| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 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”.
 |
| 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*. |

**Table of Contents**

# Introduction 1

Related Manuals 1

Icons 2

# Pharmacy Pre-Installation Preparation 3

Entering National Drug Codes 3

# Menu 4

National Drug File V. 4.0 Menu 4

# Using the Matching Options 5

Rematch/Match Single Drugs 5

Verify Matches 8

Verify Single Match 9

Merge National Drug File Data Into Local File 11

Allow Unmatched Drugs to be Classed 13

# Using the National Drug File Reports Menu 16

National Drug File Reports Menu 16

Local Drug File Report 17

Report of VA Generic Names from National Drug 18

Report of Attempted Match Drugs 19

VA Product Names Matched Report 20

Local Drugs with No VA Drug Class Report 22

VA Drug Classification 24

NDF Info From Your Local Drug File 25

Supply (XA000) VA Class Report 27

Manually Classed Drugs Report 28

Local Drugs with No Match to NDF Report 29

Local Formulary Report 30

National Formulary Report 33

Drug-Drug Interaction Report 34

VA Products Marked for CMOP Transmission 35

VA Product Names By Class Report 37

Local Drug/VA Print Name Report 37a

Local Drugs Excluded from Drug-Drug Interactions 37c

VA Products Excluded from Drug-Drug Interactions 37d

# Using the Inquire Options 38

Inquiry Options 38

Inquire to Local Drug File 38

Inquire to VA Product Info For Local Drug 40

Auto-Creation of Supra-Therapeutic Possible Dosages 40b

Reduced Copayment Enhancements 40e

NDC/UPN Inquiry 41

Inquire to National Files 41a

# Printing a Patient Medication Information Sheet 42

Print a PMI Sheet 42

# Displaying an FDA Medication Guide 45

Display FDA Medication Guide 45

# Glossary 47

# Index 53

iv National Drug File V. 4.0 User Manual December 2011

# Reduced Copayment Enhancements

PSN\*4\*296 contains changes to the *Inquire to VA Product Info For Local Drug* [PSNLOOK] option to include the display of the new fields as part of the Enhancement to Prescription Copayments project.

For more information about the new fields, refer to PSN\*4\*296.

The reduced Co-payment fields will be displayed after Supra field (Auto-Create Default Possible Dosage?).

Auto-Create Default Possible Dosage? No

Possible Dosages To Auto-Create: 1x and 2x Possible Dosages

Package: Both Inpatient and Outpatient Reduced Co-pay: Start Date: 01/01/2011 Stop Date: 06/30/2011

Start Date: 01/01/2012 Stop Date:

# Example 1: Auto-Create Default Possible Dosage= No, and Create One and Two Possible Dosages [PSNLOOK]

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.

Select DRUG GENERIC NAME: DICLOX

1. DICLOXACILLIN 250MG CAP
2. DICLOXACILLIN SUSP 62.5MG/5ML 80ML CHOOSE 1-2: 1 DICLOXACILLIN 250MG CAP

AM112

AM112

AM112

DRUG Generic Name: DICLOXACILLIN 250MG CAP

VA Product Name: DICLOXACILLIN NA 250MG CAP

VA Generic Name: DICLOXACILLIN Dosage Form: CAP,ORAL

Strength: 250 Units: MG

National Formulary Name: DICLOXACILLIN CAP,ORAL VA Print Name: DICLOXACILLIN NA 250MG CAP

VA Product Identifier: D0064 VA Dispense Unit: CAP

PMIS: DICLOXACILLIN - ORAL

Active Ingredients: DICLOXACILLIN

Transmit To CMOP: YES

Str: 250

Unt: MG

Reduced Co-pay: Start Date: 01/01/2011

Start Date: 01/01/2012

Stop Date: 06/30/2011 Stop Date:

Press Return to Continue:

Primary Drug Class: AM112 CS Federal Schedule: None

Single/Multi Source Product: Max Single Dose:

Max Daily Dose:

Max Cumulative Dose:

National Formulary Indicator: Yes

Min Single Dose: Min Daily Dose:

Override DF Exclude from Dosage Checks: No

Auto-Create Default Possible Dosage? No

Possible Dosages To Auto-Create: 1x and 2x Possible Dosages

Package: Both Inpatient and Outpatient

Press Return to Continue:

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

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

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: 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

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

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

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:

*Reduced Copayment Enhancements*

PSN\*4\*296 contains changes to the *Inquire to National Files* [PSNACT] option to include the display of the new fields.

For more information about the new fields, refer to PSN\*4\*296.

# Example 1: Reduced Co-Pay Enhancement by VA Product Name

LOOKUP BY (VA) PRODUCT, (N)DC, OR (C)MOP ID ? VA PRODUCT Select VA PRODUCT NAME: DICLOX

1. DICLOXACILLIN NA 125MG CAP
2. DICLOXACILLIN NA 250MG CAP
3. DICLOXACILLIN NA 500MG CAP
4. DICLOXACILLIN NA 62.5MG/5ML SUSP CHOOSE 1-4: 2 DICLOXACILLIN NA 250MG CAP

VA Product Name: DICLOXACILLIN NA 250MG CAP

VA Generic Name: DICLOXACILLIN Dose Form: CAP,ORAL

Strength: 250 Units: MG

National Formulary Name: DICLOXACILLIN CAP,ORAL VA Print Name: DICLOXACILLIN NA 250MG CAP

VA Product Identifier: D0064 Transmit to CMOP: Yes VA Dispense Unit: CAP PMIS: DICLOXACILLIN - ORAL

**Example 1: Reduced Co-Pay Enhancement by VA Product Name (cont.)**

Reduced Co-pay: Start Date: 01/01/2011

Start Date: 01/01/2012

Stop Date: 06/30/2011 Stop Date:

Active Ingredients: DICLOXACILLIN Strength: 250 Units: MG

Primary VA Drug Class: AM112 Secondary VA Drug Class:

CS Federal Schedule:

National Formulary Indicator: Yes National Formulary Restriction:

Override DF Exclude from Dosage Checks: No

Auto-Create Default Possible Dosage? No

Possible Dosages To Auto-Create: 1x and 2x Possible Dosages

Package: Both Inpatient and Outpatient Press return to continue or '^' to exit:

Press return to continue or '^' to exit:

NDC: 000005313523 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: LEDERLE LABS Trade Name: DICLOXACILLIN Route: ORAL

Package Size: 100 Package Type: BOTTLE

NDC: 000008036002 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: WYETH-AYERST Trade Name: PATHOCIL Route: ORAL

Package Size: 100 Package Type: BOTTLE

NDC: 0000157893F3 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: BRISTOL-MYERS SQUIBB Trade Name: DYNAPEN Route: ORAL

Package Size: 100 Package Type: BOTTLE

NDC: 000015789360 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: BRISTOL-MYERS SQUIBB Trade Name: DYNAPEN Route: ORAL

Package Size: 100 Package Type: BOTTLE Press return to continue or '^' to exit:

NDC: 000029635130 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: GLAXO SMITHKLINE Trade Name: DYCILL Route: ORAL

# Example 1: Reduced Co-Pay Enhancement by VA Product Name (cont.)

Package Size: 100 Package Type: BOTTLE

NDC: 000182150601 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: IVAX Trade Name: DICLOXACILLIN SODIUM Route: ORAL

Package Size: 100 Package Type: BOTTLE

NDC: 000228244310 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: PUREPAC CORP Trade Name: DICLOXACILLIN SODIUM Route: ORAL

Package Size: 100 Package Type: BOTTLE

NDC: 000302170001 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: GENETCO Trade Name: DICLOXACILLIN SODIUM Route: ORAL

Package Size: 100 Package Type: BOTTLE Press return to continue or '^' to exit:

**Example 2: Reduced Co-Pay Enhancement by (N)DC**

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

Enter NDC with or without Dashes (-): 000093312301 89897

...OK? Yes// (Yes)

NDC: 000093312301 UPN:

VA Product Name: DICLOXACILLIN NA 250MG CAP

Manufacturer: TEVA PHARM Trade Name: DICLOXACILLIN NA 250MG CAPSULE Route: ORAL

Package Size: 100 Package Type: BOTTLE

VA Product Name: DICLOXACILLIN NA 250MG CAP

VA Generic Name: DICLOXACILLIN Dose Form: CAP,ORAL

Strength: 250 Units: MG

National Formulary Name: DICLOXACILLIN CAP,ORAL VA Print Name: DICLOXACILLIN NA 250MG CAP

VA Product Identifier: D0064 Transmit to CMOP: Yes VA Dispense Unit: CAP PMIS: DICLOXACILLIN - ORAL

Active Ingredients: DICLOXACILLIN Strength: 250 Units: MG

Primary VA Drug Class: AM112 Secondary VA Drug Class:

CS Federal Schedule:

National Formulary Indicator: Yes National Formulary Restriction:

Press return to continue or '^' to exit:

# Example 2: Reduced Co-Pay Enhancement by (N)DC (cont.)

Reduced Co-pay: Start Date: 01/01/2011

Start Date: 01/01/2012

Stop Date: 06/30/2011 Stop Date:

Override DF Exclude from Dosage Checks: No Auto-Create Default Possible Dosage? No

Possible Dosages To Auto-Create: 1x and 2x Possible Dosages

Package: Both Inpatient and Outpatient

Press return to continue or '^' to exit:

**Example 3: Reduced Co-Pay Enhancement by (C)MOP ID**

LOOKUP BY (VA) PRODUCT, (N)DC, OR (C)MOP ID ? c CMOP ID CMOP ID: D0064 DICLOXACILLIN NA 250MG CAP

Reduced Co-pay: Start Date: 01/01/2011

Start Date: 01/01/2012

Stop Date: 06/30/2011 Stop Date:

VA Product Name: DICLOXACILLIN NA 250MG CAP

VA Generic Name: DICLOXACILLIN Dose Form: CAP,ORAL

Strength: 250 Units: MG

National Formulary Name: DICLOXACILLIN CAP,ORAL VA Print Name: DICLOXACILLIN NA 250MG CAP

VA Product Identifier: D0064 Transmit to CMOP: Yes VA Dispense Unit: CAP PMIS: DICLOXACILLIN - ORAL

Active Ingredients: DICLOXACILLIN Strength: 250 Units: MG

Primary VA Drug Class: AM112 Secondary VA Drug Class:

CS Federal Schedule:

National Formulary Indicator: Yes National Formulary Restriction:

Override DF Exclude from Dosage Checks: No

Auto-Create Default Possible Dosage? No

Possible Dosages To Auto-Create: 1x and 2x Possible Dosages

Package: Both Inpatient and Outpatient Press return to continue or '^' to exit:

Press return to continue or '^' to exit:

**Printing 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 ...........................................................*