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.

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. (R. LeBlanc, PM; B. Thomas, Tech Writer)
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 inadvertent creation 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. (N. Goyal, PM; E. Phelps, Tech Writer)
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. (T. Leggett, DM, B. Thomas Tech Writer)
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. (T. Leggett,DM, B. Thomas Tech Writer)
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. G. Tucker Dev. Mgr., V. Howell Tech Writer

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

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              AM112
     2   DICLOXACILLIN SUSP 62.5MG/5ML 80ML           AM112
CHOOSE 1-2: 1  DICLOXACILLIN 250MG CAP         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                     Transmit To CMOP: YES
VA Dispense Unit: CAP
PMIS: DICLOXACILLIN - ORAL
Active Ingredients:
   DICLOXACILLIN                                Str: 250      Unt: MG
```

```
Press Return to Continue:

Primary Drug Class: AM112
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

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
Reduced Co-pay:  Start Date: 01/01/2011         Stop Date: 06/30/2011
                 Start Date: 01/01/2012         Stop Date:

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.)

```
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:


Reduced Co-pay:   Start Date: 01/01/2011        Stop Date: 06/30/2011
                  Start Date: 01/01/2012        Stop Date:


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.)

```
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
Reduced Co-pay:   Start Date: 01/01/2011       Stop Date: 06/30/2011
                  Start Date: 01/01/2012       Stop Date:

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


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:

Reduced Co-pay:   Start Date: 01/01/2011       Stop Date: 06/30/2011
                  Start Date: 01/01/2012       Stop Date:

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     English
        2     Spanish

Select Language : 1  English
How many copies? :  (1-100): 1// <RET>
DEVICE: [Select Print Device]
```

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