

Change Summary

Carriers Data Submission Guide v3.0 and v4.0

The changes between version 3.0 and 4.0 of the carriers' data submission guides (DSG) are indicated in red in the table below.

Type of change	Template	Version 3.0 (Current)	Version 4.0
Update Definition: Current year		"Current year" means the calendar year 2021.	"Current year" means the calendar year 2022 .
Update Definition: Prior year		"Prior year" means calendar year 2020.	"Prior year" means calendar year 2021 .
How to Register		How to Register	How to Register and Submit
Resubmissions		Failed Technical or Program Validations	Failed Program Validations
Correcting Previously Approved Submissions		In the event that you find an error in you approved submission, you will need to fill out the Resubmission form which can be found on our website prior to resubmitting your report.	In the event that you find an error in you approved submission, you will need to fill out the Resubmission form which can be found on our on our portal prior to resubmitting your report.
Update: Table Specifications	Cost Utilization	File naming schema: carrier_cost_utilization_{YYYY}_{ID}_{YY YYMMDD}.csv Example: carrier_cost_utilization_2021_C12345_2 0212001.csv (Please use the submission due date not the date the report was prepared) The submission of this report for this reporting year is due on December 1, 2022, and should include data effective for 2021.	File naming schema: carrier_cost_utilization_{YYYY}_{ID}_{YYYYMMDD}.csv <ul style="list-style-type: none"> • Example: carrier_cost_utilization_2022_C12345_20231001.csv • Please use the submission due date not the date the report was prepared for YYYYMMDD. • The submission of this report for this reporting year is due on October 1, 2023 , and should include data effective for 2022.
Update Field: Washington DPT Number		Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF
Update Field: Year		Name: Year Type: Numeric Format: 9999 Max Length: 4 digits	Name: Year Type: Numeric Format: 9999 Max Length: 4 digits

		Min Length: 4 digits Rule: 2021	Min Length: 4 digits Rule: 2022																								
Update Field: Member-Months		Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits Total number of member-months in the line of business for the year being reported. This number should be the same for all records submitted for each line of business.	Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits Total number of member-months in the Line of Business for the Year being reported. This number should be the same for all records submitted for each line of business. Note: member-months should be consistent throughout reports e.g. the member-months value reported in the Cost Utilization report should be the same in the Premium Impact report or vice versa.																								
Update Field: Drug Name		Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE Name of the drug for the NDC reported. Only include ingredient name. For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient. NOTE: Special characters, hyphens, symbols, or slashes are allowed.	Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE Name of the drug for the NDC reported. Only include ingredient name. <table border="1"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>0000000000</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET</td> <td>ATRIPLA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ 40MG/0.8</td> <td>HUMIRA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ CD/UC/HS</td> <td>HUMIRA CD/UC/HS STARTER</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG TABLET</td> <td>AMOXICILLIN</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG CAPSULE</td> <td>AMOXICILLIN</td> </tr> </tbody> </table> NOTE: Special characters, hyphens, symbols, or slashes are allowed.	NDC	Drug Name	Drug Product Name	Label Name	0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN
NDC	Drug Name	Drug Product Name	Label Name																								
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN																								
Update Field: Drug Product Name		Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC. For example, "fluoxetine HCL 20 mg tablets" is acceptable.	Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC. <table border="1"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>0000000000</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET</td> <td>ATRIPLA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ 40MG/0.8</td> <td>HUMIRA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ CD/UC/HS</td> <td>HUMIRA CD/UC/HS STARTER</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG TABLET</td> <td>AMOXICILLIN</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG CAPSULE</td> <td>AMOXICILLIN</td> </tr> </tbody> </table>	NDC	Drug Name	Drug Product Name	Label Name	0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN
NDC	Drug Name	Drug Product Name	Label Name																								
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN																								

			NOTE: Special characters, hyphens, symbols, or slashes are allowed.																								
Update Field: Label Name		Name: Label Name Type: String Max Length: 100 characters Format: ABCDE Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.	Name: Label Name Type: String Max Length: 100 characters Format: ABCDE Proprietary or legal name as marketed by the manufacturer. <table border="1"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>0000000000</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET</td> <td>ATRIPLA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ 40MG/0.8</td> <td>HUMIRA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ CD/UC/HS</td> <td>HUMIRA CD/UC/HS STARTER</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG TABLET</td> <td>AMOXICILLIN</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG CAPSULE</td> <td>AMOXICILLIN</td> </tr> </tbody> </table> NOTE: Special characters, hyphens, symbols, or slashes are allowed.	NDC	Drug Name	Drug Product Name	Label Name	0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN
NDC	Drug Name	Drug Product Name	Label Name																								
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN																								
New Field: Total Number of Prescriptions (after Specialty Indicator field)			Name: Total Number of Prescriptions Filled Type: Numeric Format: String Max Length: 50 digits Total number of prescriptions filled for reporting year.																								
New Field: Total Cost of Prescriptions (after Total Number of Prescriptions field)			Name: Total Cost of Prescriptions Filled Type: Numeric Format: String Max length: 50 digits Total cost of prescriptions filled for reporting year.																								
New Field: Expenditures for Top 25 Most Prescribed Drugs (after Utilization Rank field)			Name: Expenditures for Top 25 Most Prescribed Drugs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Of the top 25 most frequently prescribed drugs provide the expenditures by drug. <table border="1"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Utilization Rank</th> <th>Expenditures for Top 25 Most Prescribed Drugs</th> </tr> </thead> <tbody> <tr> <td>0000000000</td> <td>Fluoxetine</td> <td>1</td> <td></td> </tr> <tr> <td>0000000000</td> <td>Lisinopril</td> <td>2</td> <td></td> </tr> <tr> <td>0000000000</td> <td>Metformin</td> <td>3</td> <td></td> </tr> </tbody> </table>	NDC	Drug Name	Utilization Rank	Expenditures for Top 25 Most Prescribed Drugs	0000000000	Fluoxetine	1		0000000000	Lisinopril	2		0000000000	Metformin	3									
NDC	Drug Name	Utilization Rank	Expenditures for Top 25 Most Prescribed Drugs																								
0000000000	Fluoxetine	1																									
0000000000	Lisinopril	2																									
0000000000	Metformin	3																									

<p>New Field:</p> <p>Rebate Collected for Top 25 Most Prescribed Drugs</p> <p>(after Rebate Rank field)</p>			<p>Name: Rebate Collected for Top 25 Most Prescribed Drugs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>Of the top 25 most frequently prescribed drugs provide the rebate collected by drug.</p> <table border="1" data-bbox="899 401 1555 653"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Utilization Rank</th> <th>Rebate Collected for Top 25 Most Prescribed Drugs</th> </tr> </thead> <tbody> <tr> <td>00000000000</td> <td>Fluoxetine</td> <td>1</td> <td></td> </tr> <tr> <td>00000000000</td> <td>Lisinopril</td> <td>2</td> <td></td> </tr> <tr> <td>00000000000</td> <td>Metformin</td> <td>3</td> <td></td> </tr> </tbody> </table>	NDC	Drug Name	Utilization Rank	Rebate Collected for Top 25 Most Prescribed Drugs	00000000000	Fluoxetine	1		00000000000	Lisinopril	2		00000000000	Metformin	3	
NDC	Drug Name	Utilization Rank	Rebate Collected for Top 25 Most Prescribed Drugs																
00000000000	Fluoxetine	1																	
00000000000	Lisinopril	2																	
00000000000	Metformin	3																	
<p>Update Field:</p> <p>Top 25 Plan Spending</p>		<p>Name: Top 25 Plan Spending Name: Top 25 Plan Spending Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: Required if Costliest Rank is populated Nullable</p> <p>Total amount paid to the pharmacy, by line of business, including any member cost-shares, for all paid claims, for each NDCs within the Top 25 Most Costliest Rank, aggregated by Drug Name, in the current year. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p> <p>Correct Example (Individual NDCs have individual spending values):</p>	<p>Name: Top 25 Plan Spending Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: Required if Costliest Rank is populated Nullable</p> <p>Total amount paid to the pharmacy, by line of business, including any member cost-shares, for all paid claims, for each NDCs within the Top 25 Most Costliest Rank, aggregated by Drug Name, in the current year. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p> <p>Correct Example (Individual NDCs have individual Top 25 Spending values):</p>																
<p>Update:</p> <p>General Comments</p>		<p>Any additional information you would like to submit or provide to explain your responses.</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p>Note: Do not include hard returns.</p>																
<p>Update:</p> <p>Table Specifications</p>	<p>Premium Impact</p>	<p>File naming schema: carrier_premium_impact_{YYYY}_{ID}_{YYYYMMDD}.csv</p> <p>Example: carrier_premium_impact_2021_C12345_20221001.csv (Please use the submission</p>	<p>File naming schema: carrier_premium_impact_{YYYY}_{ID}_{YYYYMMDD}.csv</p> <ul style="list-style-type: none"> Example: carrier_premium_impact_2022_C12345_20231001.csv Please use the submission due date not the date the report was prepared for YYYYMMDD. 																

		<p>due date not the date the report was prepared)</p> <p>The submission of this report for this reporting year is due on December 1, 2022, and should include data effective for 2021.</p>	<p>The submission of this report for this reporting year is due on October 1, 2023, and should include data effective for 2022.</p>
<p>Update Field:</p> <p>Washington DPT Number</p>		<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE</p>	<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF</p>
<p>New Field:</p> <p>Member-Months</p>		<p>Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits</p> <p>Total number of member-months in the Line of Business for the Year being reported. This number should be the same for all records submitted for each line of business.</p>	<p>Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits</p> <p>Total number of member-months in the Line of Business for the Year being reported. This number should be the same for all records submitted for each line of business.</p> <p>Note: member-months should be consistent throughout reports e.g. the member-months value reported in the Cost Utilization report should be the same in the Premium Impact report or vice versa.</p>
<p>Update Field:</p> <p>Year</p>		<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2021</p> <p>Current year for which the aggregate data is reported.</p>	<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022</p> <p>Current year for which the aggregate data is reported.</p>
<p>Update:</p> <p>General Comments</p>		<p>Any additional information you would like to submit or provide to explain your responses.</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p>Note: Do not include hard returns.</p>
<p>Update:</p> <p>Table Specifications</p>	Specialty Drug List	<p>File naming schema: carrier_specialty_drug_list_{YYYY}_{ID}_{YYYYMMDD}.csv</p> <p>Example: carrier_specialty_drug_list_2020_C12345_20211001.csv (Please use the submission due date not the date the report was prepared)</p> <p>The submission of this report for this reporting year is due on December 1, 2022, and should include data effective for 2021.</p>	<p>File naming schema: carrier_specialty_drug_list_{YYYY}_{ID}_{YYYYMMDD}.csv</p> <ul style="list-style-type: none"> • Example: carrier_specialty_drug_list_2020_C12345_20221001.csv • Please use the submission due date not the date the report was prepared for YYYYMMDD. <p>The submission of this report for this reporting year is due on October 1, 2023, and should include data effective for 2022.</p>

<p>Delete Field:</p> <p>Washington DPT Number</p>		<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE</p>	<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF</p>																								
<p>Update Field:</p> <p>Year</p>		<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than 2021</p> <p>Year for which the aggregate data is reported.</p>	<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022</p> <p>Current year for which the aggregate data is reported.</p>																								
<p>Update Field:</p> <p>Drug Name</p>		<p>Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE</p> <p>Name of the drug for the NDC reported. Only include ingredient name.</p> <p>For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.</p> <p>NOTE: Special characters, hyphens, symbols, or slashes are allowed.</p>	<p>Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE</p> <p>Name of the drug for the NDC reported. Only include ingredient name.</p> <table border="1" data-bbox="899 821 1563 1146"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>0000000000</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET</td> <td>ATRIPLA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ 40MG/0.8</td> <td>HUMIRA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ CD/UC/HS</td> <td>HUMIRA CD/UC/HS STARTER</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG TABLET</td> <td>AMOXICILLIN</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG CAPSULE</td> <td>AMOXICILLIN</td> </tr> </tbody> </table> <p>NOTE: Special characters, hyphens, symbols, or slashes are allowed.</p>	NDC	Drug Name	Drug Product Name	Label Name	0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN
NDC	Drug Name	Drug Product Name	Label Name																								
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN																								
<p>Update Field:</p> <p>Drug Product Name</p>		<p>Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE</p> <p>Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.</p> <p>For example, "fluoxetine HCL 20 mg tablets" is acceptable.</p>	<p>Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE</p> <p>Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.</p> <table border="1" data-bbox="899 1528 1563 1854"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>0000000000</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET</td> <td>ATRIPLA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ 40MG/0.8</td> <td>HUMIRA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ CD/UC/HS</td> <td>HUMIRA CD/UC/HS STARTER</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG TABLET</td> <td>AMOXICILLIN</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG CAPSULE</td> <td>AMOXICILLIN</td> </tr> </tbody> </table>	NDC	Drug Name	Drug Product Name	Label Name	0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN
NDC	Drug Name	Drug Product Name	Label Name																								
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN																								

			NOTE: Special characters, hyphens, symbols, or slashes are allowed.																								
Update Field: Label Name		Name: Label Name Type: String Max Length: 100 characters Format: ABCDE Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.	Name: Label Name Type: String Max Length: 100 characters Format: ABCDE Proprietary or legal name as marketed by the manufacturer. <table border="1"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>0000000000</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE</td> <td>EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET</td> <td>ATRIPLA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ 40MG/0.8</td> <td>HUMIRA</td> </tr> <tr> <td>0000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN INJ CD/UC/HS</td> <td>HUMIRA CD/UC/HS STARTER</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG TABLET</td> <td>AMOXICILLIN</td> </tr> <tr> <td>0000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500 MG CAPSULE</td> <td>AMOXICILLIN</td> </tr> </tbody> </table> NOTE: Special characters, hyphens, symbols, or slashes are allowed.	NDC	Drug Name	Drug Product Name	Label Name	0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA	0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN
NDC	Drug Name	Drug Product Name	Label Name																								
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA																								
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN																								
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN																								
Update: General Comments		Any additional information you would like to submit or provide to explain your responses.	Any additional information you would like to submit or provide to explain your responses. Note: Do not include hard Returns.																								