# MONTHLY AMP FILE STRUCTURE

*Revised July 2018*

**Source: Monthly AMP Data**
**Target: States**

| Field | Size | Position | Remarks |
|---|---|---|---|
| Labeler Code | 5 | 1 – 5 | NDC #1 |
| Product Code | 4 | 6 – 9 | NDC #2 |
| Package Size Code | 2 | 10 - 11 | NDC #3 |
| Month/Year | 6 | 12 – 17 | MMYYYY |
| Average Mfr Price | 12 | 18 - 29 | 99999.999999 |
| AMP Units | 14 | 30 – 43 | 99999999999.99 |
| COD Status | 2 | 44 – 45 | XX |
| Unit Type | 3 | 46 – 48 | XXX |
| TEC | 3 | 49 – 51 | XXX |
| Units Per Package Size | 11 | 52 – 62 | 9999999.999 |
| FDA Product Name | 63 | 63 – 125 | FDA Listing Name |
| Labeler Name | 40 | 126 – 165 | Company associated with NDC#1 |

## Field Definitions

**Labeler Code:** First segment of National Drug Code (NDC1) that identifies the manufacturer, labeler, relabeler, packager, repackager or distributor of the drug.

**Product Code:** Second segment of National Drug Code (NDC2).

**Package Size Code:** Third segment of National Drug Code (NDC3).

**Month/Year:** The calendar month and year that the Average Manufacturer Price (AMP) represents.

**Average Manufacturer Price (AMP):** The AMP per unit per product code only for the month/year covered, based on sales. If a drug is distributed in multiple package sizes, there will be one "weighted" AMP for the product, which will be the same for all package sizes, as reported to CMS.

**AMP Units:** Average Manufacturer Price (AMP) Units – The total sum of all units included in the calculation of the AMP per product code for the monthly reporting period covered. If a drug is distributed in multiple package sizes, there will be one AMP unit for the product, which is the same for all package sizes, as reported to CMS.

**COD Status:** A category that identifies whether or not the product meets the statutory definition of a Covered Outpatient Drug. Numeric values, 2-digit field.

Valid Values:

01 = Abbreviated New Drug Application (ANDA)
02 = Biologics License Application (BLA)
03 = New Drug Application (NDA)
04 = NDA Authorized Generic
05 = DESI 5* – LTE/IRS drug for all indications
06 = DESI 6* – LTE/IRS drug withdrawn from market
07 = Prescription Pre-Natal Vitamin or Fluoride
08 = Prescription Dietary Supplement/Vitamin/Mineral (Other than Prescription Pre-Natal Vitamin or Fluoride)
09 = OTC Monograph Tentative
10 = OTC Monograph Final
11 = Unapproved Drug – Drug Shortage
12 = Unapproved Drug – Per 1927(k)(2)(A)(ii)
13 = Unapproved Drug – Per 1927(k)(2)(A)(iii) Effective: July 2014

*NDCs with a COD Status of DESI 5/6 are not eligible for coverage or rebates under the Medicaid Drug Rebate Program.

**Unit Type:** Basic measurement that represents the smallest unit by which the drug is normally measured, as reported to CMS.

Valid Values:

AHF = refers only to injectable Anti-Hemophilic Factor units
CAP = Capsule
SUP = Suppository
GM = Gram
ML = Milliliter
TAB = Tablet
TDP = Transdermal patch
EA = Each (Refers to drugs not identifiable by any other unit type)

**TEC:** The TEC value reported to CMS corresponds to the FDA Therapeutic Equivalence (TE) Code assigned to a product by the FDA. More information regarding FDA TE Codes can be found in the Orange Book at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm or Drugs@FDA at: https://www.accessdata.fda.gov/scripts/cder/daf/.

Valid Values:

| | | | | |
|---|---|---|---|---|
| AA | AT | BP | AB1 | AB6 |
| AB | BC | BR | AB2 | AB7 |
| AN | BD | BS | AB3 | AB8 |

| | | | | |
|---|---|---|---|---|
| AO | BE | BT | AB4 | AB9 |
| AP | BN | BX | AB5 | NR - Not Rated |

**Units Per Package Size:** Total number of units, as defined in the Unit Type field, in the smallest dispensable container or entity for the product defined by the full NDC, as reported to CMS for the Medicaid Drug Rebate Program.

**Product Name:** Product name as it appears on the FDA listing form, as reported to CMS.

**Labeler Name:** Corporate name of entity identified by the labeler code.