

QUARTERLY AMP FILE STRUCTURE

Revised July 2018

Source: Quarterly 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
Quarter/Year	5	12 – 16	QYYYY
Average Mfr Price	12	17 – 28	99999.999999
COD Status	2	29 – 30	XX
Unit Type	3	31 – 33	XXX
TEC	3	34 – 36	XXX
Units Per Package Size	11	37 – 47	9999999.999
FDA Product Name	63	48 – 110	FDA Listing Name
Labeler Name	40	111 – 150	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).

Quarter/Year: The calendar quarter 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.

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- 06 = DESI 6* – LTE/IRS drug withdrawn from market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.