Rx

Outpatient pharmacy fills

Our goal here is to replicate as nearly as possible the CERT's data structure. Before starting to work on this please consult with the CERT programmer at your site. Much of the programming work should already be complete.

Each record should represent one dispensing transaction per patient per NDC per day. The file should be summed by dispensed amount if necessary to remove rollback transactions. No non-positive amounts or days supply

Variables

Variable name	Variable Definition	Values	Comments
MRN	Identifier unique to an individual	Character. Unique to each HMO	Used to link across files
RXDATE	Date of dispensing	Type : numeric (4)	SAS date variable
NDC	National Drug Code	Char (11)	Please expunge any place holders (ex. '-' or extra digit)
RXSUP	Days supply	Num (4)	
RXAMT	Amount dispensed	Num (4)	Number of units (pills, tablets) dispensed. Net amount per day per NDC.
RXMD	Prescribing MD	Character. Unique to each HMO.	Optional field. Us same coding scheme as PROVIDER in Utilization table

Contact

Please contact the VDW Pharmacy working group for questions and suggestions.

Related content
    EverNDC
    Pharmacy QA Workplan

Comments (1)

Hart, Gene Nov 02, 2007 02:37 PM
From: Jeff_Brown@harvardpilgrim.org [mailto:Jeff_Brown@harvardpilgrim.org]
Sent: Friday, September 14, 2007 7:22 AM
To: Hart, Gene
Cc: Boudreau, Denise
Subject: Re: everndc

Gene/Denise

The best use of EVERNDC is standardization of drug names for analysis, not identification of NDCs. We have not created a new EVERNDC file (we will likely do so when we create the summary files later this fall, but not sure it is really needed). I suggest using FDB to get the list, augmented by the FDA NDC files and Multum. We'd be happy to do a 1st cut using those files (we have them all created here as flat files at the NDC level).

We typically use a mix of search strategies. If the drugs of interest are known (i.e., researcher knows the generic and brand names of all drugs), we search using those names and things that look like those names. We can also use the FDB or AHFS drug classification system to search for drugs. The next step is review by the investigator - the lists we create are only as good as the info provided and the underlying data sources, the lists should always be reviewed and checked against clinical knowledge.

We just happen to have the attached table for these situations. It shows all the FDB (and AHFS) classes and lists each generic name found in FDB. We can extract NDCs based on any of these listings. It doesn't show you what drugs are listed within each category bc that is FDB proprietary info. The FREQ on the file is the number of unique NDCs.

Hope this helps.

JB

"Hart, Gene" <hart.je@ghc.org>
09/13/2007 02:22 PM
To <Jeff_Brown@harvardpilgrim.org>
cc "Boudreau, Denise" <boudreau.d@ghc.org>
Subject everndc

Jeff, Tyler Ross is working with Denise Boudreau on a CCSN pilot on Concomitant use of cholinesterase inhibitors and anticholinergics and dementia. He wants to use everndc to identify the ndc codes. Did you guys ever put together a new everndc file? What is the best way for Tyler to come up with a complete list of cholinesterase inhibitors and anticholinergics?
Thanks,
gene