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MENU

What are the data field descriptions for the State Drug Utilization Data (SDUD)?

Column Name	Column Description
Utilization Type	Constant "FFSU" or "MCOU". The FFSU Record ID indicates that the information for this National Drug Code (NDC) represents a Fee-For-Service (FFS) Utilization record. The MCOU Record ID indicates that the information for this NDC represents a Managed Care Organization (MCO) Utilization record. Valid Values: 4Q2009 and earlier = Constant record ID of FFSU.1Q2010 and beyond = FFSU & MCOU. NOTE: Per the Affordable Care Act, MCO utilization data cannot be reported for periods prior to 1Q2010. (Formerly known as "Record ID.")
State	Two-character post office abbreviation for State. Note: For any data where NDCs are aggregated (e.g. National Totals) the state code is "XX" to represent multiple states. (Formerly known as "State Code")

Labeller Code	First segment of NDC that identifies the manufacturer, labeler, relabeler, packager, repackager or distributor of the drug.
Product Code	Second segment of NDC.
Package Size Code	Third segment of NDC.
Year	Formerly "Period Covered" and was combined with Quarter "YYYYQ"
Quarter	Valid values are: 1 = January 1 – March 31 2 = April 1 – June 30 3 = July 1 – September 30 4 = October 1 – December 31 (Formerly "Period Covered". and was combined with Year "YYYYQ") Note: For FFS units, the Quarter/Year represents when the 11-digit NDC was paid for by the state. For MCO units - • 2Q2017 and earlier, the Quarter/Year may either represent when the 11-digit NDC was dispensed, or when it was paid for by the state • 3Q2017 and thereafter, the Quarter/Year represents when the 11-digit NDC was dispensed. (formerly "Period Covered")
Product Name	First 10 characters of product name as approved by the Food and Drug Administration (FDA). (formerly "Product FDA List Name")

Suppression Used

The state drug utilization data includes state, drug name, NDC, number of prescriptions, and dollars reimbursed. As CMS is obligated by the Federal Privacy Act, 5 U.S.C. Section 552a and the HIPAA Privacy Rule, 45 C.F.R Parts 160 and 164, to protect the privacy of individual beneficiaries and other persons, all direct identifiers have been removed and data that are less than eleven (11) counts are suppressed. A checkmark in the "Suppression Used" column notes suppressed data. CMS applies counter or secondary suppression in cases where only one prescription is suppressed for primary reasons (e.g., one prescription in a state). Also, if one sub-group (e.g., number of prescriptions) is suppressed, then the other sub-groups are suppressed.

Units Reimbursed

FFS Units - The number of units (based on Unit Type) of the drug 11-digit NDC reimbursed by the state during the quarter/year covered. MCO Units - The number of units (based on Unit Type) of the 11-digit NDC dispensed during the quarter/year covered.

Number of Prescriptions

The number of prescriptions should include any prescription for which Medicaid paid a portion of the claim, as well as those prescriptions for which Medicaid paid the claim in full.
FFS - The number of prescriptions reimbursed by the state Medicaid agency as outpatient drug claims during the quarter/year covered. MCO - The number of prescriptions dispensed as outpatient drug claims during the quarter/year covered.

Total Amount Reimbursed

The FFS or MCO total amount reimbursed by both Medicaid and non-Medicaid entities to pharmacies or other providers for the 11-digit NDC drug in the period covered (two previous fields added together). This total is not reduced or affected by Medicaid rebates paid to the state. This amount represents both federal and state reimbursement and is inclusive of dispensing fees. Note: As capitated payment arrangements are sometimes utilized by states and MCOs, a zero value in this field could be appropriate for MCO data; however, FFS utilization records will reject if this field is reported with a value of zero.

Medicaid

The amount reimbursed by the Medicaid Program ONLY to pharmacies or other providers for the 11-digit NDC FFS or MCO drug in the quarter/year covered. This total is not reduced or affected by Medicaid rebates paid to

Amount Reimbursed	the state. This amount represents both federal and state reimbursement and is inclusive of dispensing fees. Note: As capitated payment arrangements are sometimes utilized by states and MCOs, a zero value in this field could be appropriate for MCO data; however, FFS utilization records will reject if this field is reported with a value of zero.
Non-Medicaid Amount Reimbursed	The amount reimbursed by non-Medicaid entities to pharmacies or other providers for the 11-digit NDC FFS or MCO drug in the quarter/year covered. The Non-Medicaid Amount Reimbursed includes any drug reimbursement amount for which the state is not eligible for federal matching funds.
Quarter Begin	Beginning date for quarter. Derived field provides ability to create comparisons over time. Can be used as a label for timelines.
Qarter Begin Date	Beginning date for quarter. Derived field provides ability to create comparisons over time. Also can be used to create timeline visualizations
Latitude	Location within state. Derived from state code provides ability to create maps and geographic comparisons.
Longitude	Location within state. Derived from state code provides ability to create maps and geographic comparisons.
Location	Location within state. Derived from state code provides ability to create maps and geographic comparisons.
NDC	The National Drug Code (NDC) is a numerical code maintained by the FDA that includes the labeler code, product code, and package code. The NDC is an 11-digit code.

See Also:

- [What fields changed when CMS moved the State Drug Utilization Data (SDUD) to data.medicaid.gov?](#)
- [What are the data field descriptions for the State Drug Utilization Data (SDUD)?](#)
- [Is the redacted State Drug Utilization Data (SDUD) available to the public?](#)

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Collections: FAQs, SDUD

State Drug Utilization Data

State Drug Utilization Data FAQs

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