January 4, 2019

Dockets Management Staff (HFA–305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Re: Docket No. FDA–2018–N–2610 Future Format of the National Drug Code

Dear Sir or Madam,

NCPDP is a not-for-profit ANSI-Accredited Standards Development Organization (SDO) consisting of more than 1,400 members who represent drug manufacturers, chain and independent pharmacies, drug wholesalers, insurers, mail order prescription drug companies, pharmaceutical claims processors, pharmacy benefit managers, physician services organizations, prescription drug providers, software vendors, telecommunication vendors, service organizations, government agencies, professional societies, and other parties interested in electronic standardization within the pharmacy services sector of the healthcare industry. NCPDP provides a forum wherein our diverse membership can develop solutions, including ANSI-accredited standards, and guidance for promoting information exchanges related to medications, supplies, and services within the healthcare system.

For over 40 years NCPDP has been committed to furthering the electronic exchange of information between healthcare stakeholders. The NCPDP Telecommunication Standard is the standard used for eligibility, claims processing, reporting, and other functions in the pharmacy services industry as named in the Health Insurance Portability and Accountability Act (HIPAA). The NCPDP SCRIPT Standard, Telecommunication Standard, and the Formulary and Benefit Standard are the standards in use in electronic prescribing as named in the Medicare Modernization Act (MMA).

As the Standards Development Organization for the pharmacy industry, NCPDP submits the below comments to FDA's questions as outlined within Docket FDA–2018–N–2610 on the future format of the National Drug Code (NDC).

Q1: How do you or your members use the NDC?

NCPDP members represent all aspects of pharmacy participants in the healthcare industry. Members use the NDC as the key drug identifier in the health information technology systems and databases that support their businesses and clinical practices. The healthcare industry has taken advantage of the NDC configuration, and business logic has been built around each of the labeler, product, and package size segments of the NDC. Table 1 in the Appendix summarizes the numerous systems and processes where the NDC is used within the healthcare industry.

Because of the pervasiveness of the NDC, the majority of NCPDP standards include the NDC as the primary drug identifier. The NCPDP Telecommunication Standard is used to process 4 billion[1] claims transactions per year, each of which includes the NDC of the dispensed prescription. Another 1.4 billion[2] prescriptions are sent electronically from prescribers to pharmacies using the NCPDP SCRIPT standard, where NDCs are used to represent the drug prescribed. Table 2 in the Appendix lists all NCPDP standards that include the NDC to identify drugs today between the various healthcare industry participants.

Q2: What challenges does your organization or your members face with the current NDC and how do you overcome these challenges?

- NDCs on the product label must be converted to a consistent format in order to facilitate acceptance by all healthcare industry systems. If the wrong format is applied, it can cause many issues ranging from reimbursement delays to patient safety risks.
  This challenge is overcome by:
  - Our members relying on the NCPDP Product Identifier Standard for compliance on reformatting the product label NDC to an 11-digit NCPDP-formatted NDC.
  - The 11-digit NCPDP-formatted NDC being adopted by HIPAA and is the healthcare industry standard for drugs.
- NDC reassignment after product acquisition. When a product is sold to another company, the new company has the option to retain the old NDC or assign a new NDC. This can cause confusion when the company assigns a new NDC and leaves the old NDC active because there are two NDC's for the same product in the marketplace at the same time.
  This challenge is overcome by:
  - Linking the old NDC to the new NDC when a new NDC is assigned. This helps retain the history of that product.
  - Addressing reassigned NDCs directly with the manufacturer at the time of submission to the compendia.
- Labeler code assignment after company acquisition. When one company is acquired by another company, the new company may retain the old company's labeler code, apply for a new labeler code, or assign their own labeler code to the acquired product line, in accordance with FDA regulation and guidance.
  This challenge is overcome by:
  - Linking the old labeler code/NDC with the new one when a new labeler code and NDC are assigned to an existing product.
  - Updating the company name to the new company when the old labeler code is retained. This may result in loss of historical information.
  - Addressing reassigned labeler codes directly with the manufacturer at the time of submission to the compendia.
- Inappropriate reuse of an NDC. This may occur when a company changes an existing product's formulation, package size, or other product characteristic but retains the same NDC or when a product is assigned an NDC that had previously been assigned to another product. Reusing NDCs is discouraged, but still occurs. This causes significant confusion to the healthcare industry and may

[1] 2017 data based on the IQVIA National Prescription Audit (NPA™) database
[2] Per the Surescripts, LLC 2017 National Progress Report

result in risk to patient safety. NDC is a primary key to link other data concepts such as clinical information and market class, and to conduct data mining.
This challenge is overcome by:

- Addressing reused NDCs directly with the manufacturer at the time of submission to the compendia.

NCPDP recommends stronger enforcement by FDA against the above the last three described practices to avoid the challenges they cause.

Q3: What changes, if any, would you or your members need to make to your systems to accommodate the 6-digit labeler code or other larger NDC formats?

To facilitate a seamless transition from the existing NDC labeler code format and to ensure patient safety is not jeopardized, the following are required:

- High Level Summary of changes that would need to be implemented by pharmacy industry stakeholders
  - Reconfigure every system, report, table, and historical documents/tables within each organization
  - National synchronization effort based on a predetermined change date
  - Link revised NDCs (existing 10 to 12) to every historical table and document
  - NDCs are used to drive clinical screening, hence every patient record stored at a hospital, Pharmacy Benefit Manager (PBM), government agency, or pharmacy[3] would have to be mapped/linked to a new NDC value to assure patient safety and accuracy is not interrupted or otherwise jeopardized
  - Large scale end-to-end testing within an organization
  - Large scale testing between/among any combination of the multiple business organizations listed in Table 1 is required to ensure interoperability, patient safety, and accuracy of health records. Examples include, but are not limited to, drug company to distributors, drug company to government agencies, distributors to pharmacies, pharmacies to PBMs, pharmacies and PBMs to multiple government agencies, etc.
- Mapping would need to be created to bridge the former NDC format to the new format including backwards compatibility.
- Assess Impact to Standards and Quality Metrics
  - Impact to NCPDP Standards – See Table 2
    - Update code sets, implementation guides, and white papers
  - Medicare Star Ratings
- Federal and State Legislation and Regulations requiring revision
  - Update HIPAA
  - Federal and State regulations mentioning length of NDC or specific versions of Standards
- Other HIPAA and non-HIPAA named Standards
  - Impacts Standards from other SDO's that NCPDP members use (e.g. X12's 835 Health Care Claim Payment/Advice and 837 Health Care Claim)
  - X12, GS1, ASTM International, American Medical Informatics Association (AMIA)
- Detailed, highly structured national communication plan

[3] NCPDP considers "pharmacy" to include retail/chain, mail order, independent pharmacy, specialty, hospital, long-term care, infusion, compounding, and PBM.

- Healthcare industry
- Consumers
- Standard and quality organizations
- Government agencies

- Detailed communication plan internally to all areas within a given member's organization and externally to customers/users/business partners

Q4: Describe how you currently maintain and use NDCs, including:

a. Formats (10 digits, 11 digits or both).
b. NDC segment separation methods (e.g., hyphens, separate fields).
c. A string of digits with no separation.

Product Identifiers are the primary code set utilized in the healthcare industry. The majority of product identifiers are NDCs. NCPDP recognizes the Code of Federal Regulations require a 10-digit NDC that may be included in the drug product labeling. For uniformity, the NCPDP Product Identifier Standard converts the NDC included in the product labeling to an 11-digit number so all field lengths are the same. Most systems use the 11-digit identifier with no separators between the segments; however, there are business reasons to parse the segments. For example, the labeler code (NDC 5) may be grouped for purchasing reasons. The labeler and product codes together (NDC 9) are used by Centers for Medicaid & Medicare Services (CMS) for determining rebates and Affordable Care Act-Federal Upper Limits (ACA-FULs).

- Many in the healthcare industry purchase NDC files from nationally recognized data vendors and maintain those files internally for business purposes. Regularly scheduled updates are invoked to update and refresh these files on a daily, weekly, monthly, or other periodic basis dependent on the business need.
- NDCs are used as the authoritative single drug identifier throughout pharmacy systems. NDCs enable not only internal systems to exchange data but also disparate external systems.

Q5: Are there any challenges or additional costs if you maintain 10- and/or 11-digit NDCs?

Currently, all NCPDP Standards utilize the NCPDP 11-digit formatted NDC that is converted per the NCPDP Product Identifiers Standard from the 10-digit NDC listed in the product labeling. Should the FDA decide to keep the current 10-digit NDCs and add 11-digit NDCs, there will be challenges as many of our members' systems utilize fixed format fields. The logic in the current 10-digit/11-digit converted NDC is used to manage contracts, inventory, etc. Systems need to be able to manage the 5- or 6-digit labeler code and extract the NDC 9 (ignores package code). New logic would need to be created at significant expense to deal with the new non-uniform logic. The new 6-digit labeler codes should not begin with zero as it may lead to duplication of existing NCPDP 11-digit NDC labeler codes and NDCs. Confusion would exist with product labeling as it may be 10 or 11 digits on the label. The need to assign a 6-digit labeler code will present challenges and will have an associated cost; however, utilizing a non-standard format (10 and/or 11 digits) will create additional challenges that would not be present with the adoption of a uniform field length and logic for NDCs.

Q6: Would option A, B, C or D be preferred?

NCPDP prefers Option D as the framework for a possible solution to the question of how to best implement a 6-digit labeler code. A change to the NDC format presents many costly and widespread challenges to the healthcare industry, but Option D will minimize some of these challenges. Option D

reduces risk to patient safety by utilizing one standard 6-4-2 configuration, which will help prevent NDC duplication. Option D also allows for conversion of legacy NDCs to the new 12-digit format using the adoption of the current NCPDP 11-digit format and adding a leading zero to the NDC of existing products to ensure consistency across the healthcare industry and preservation of historical data. NCPDP recommends the FDA avoid assignment of 6-digit labeler codes that begin with a zero to prevent confusion with the current 4/5-digit labeler codes.

Another benefit to Option D is a definitive implementation date. NCPDP recommends a minimum 10-year notice prior to this defined date. A required implementation date will help facilitate a smooth transition and prevent issues caused by mismatched NDC formats. It is recognized there will be products with labeling in either format in the market for a period of time during the conversion.

NCPDP has significant concerns with Options A, B, and C. Options A and C do not provide a definitive start date for assignment of the 6-digit labeler codes. This would negatively impact our ability to implement the necessary changes to our systems to accommodate the new NDC configuration. These changes must be planned and budgeted by all stakeholders, including government entities. It will also be imperative that Compendia coordinate NDC format changes to avoid inconsistency, which would be difficult without a set implementation date. Any inconsistency could cause patient safety issues when NDC overlap or duplication occurs. There may also be issues with the FDA versus NCPDP conversion from a 10- to an 11-digit format. An unformatted 11-digit NDC with a 6-digit labeler code could create duplication when existing 10-digit NDCs are converted to 11 digits. NCPDP recommends the new NDC format not allow for duplication, as is offered in Option D.

Q7: What is the value/magnitude for each benefit (clinical practice, safety of products, consistency) of Option D?

Option D provides the most significant protection to patients both in terms of clinical consequences (accurate dispensing, refill records, clinical screening and decision support) and in the integrity of every patient health record. The magnitude of this impact cannot be underestimated. Key components of Option D which are of significant value include a single NDC format and a predetermined date for implementation. These two factors alone will likely be the most effective to mitigate the disruption, patient risk, and costs incurred to implement each of the offered options. This option will allow for backward compatibility which will drive consistency of all healthcare industry and patient records for historical accuracy.

This option provides the most concise and, more importantly, consistent data structure to the NDC including the most uniform methodology for NDC assignment to new products and the updating NDC of current products. This option eliminates formatting options which would lead to multiple overlapping NDCs, inconsistency, and inaccuracy that result in patient safety consequences. A consistent structure and methodology will assure critical components within every organization will function in a universal fashion that promotes continuity of interoperability across all systems.

A set implementation date will also reduce risk to patients while assuring continuity of the NDC.

Q8: Option D: What can FDA do to enhance these benefits or mitigate/minimize the costs with Option D (e.g. create a grace/transition period)?

The FDA must tightly coordinate with all healthcare industry stakeholders, including all Standards Development Organizations such as NCPDP, government agencies, and pharmaceutical manufacturers, to establish an appropriate implementation date for any NDC structural changes. All parties (referenced in Table 1 in the Appendix) must be able to accurately: order drugs, perform clinical screening, dispense medications, process claims, map for backward compatibility, store complete records, and report a 12-digit NDC for a successful implementation and to avoid disruption of patient care.

NCPDP believes there are two distinct dates critical to this process, the Implementation Date and the Compliance Date.

1. **12-digit Implementation Date:**
    a. A definitive 12-digit Implementation Date must be specified so all healthcare systems industry-wide can accept and transact using a 12-digit NDC.
    b. This date must be prior to any product with a 12-digit NDC being released into the supply chain since a 12-digit NDC will not be able to be processed prior to this date.
    c. Current 10-digit NDCs must be converted to a 12-digit code throughout the healthcare industry prior to the Implementation Date.
    d. A defined date will avoid disruption to patient care.
2. **Compliance Date:**
    a. NCPDP recommends a Compliance Date for pharmaceutical companies on which all product labeling changes for the 12-digit NDC must be completed. This Compliance Date should follow the 12-digit Implementation Date.

Q9: Option D: What is the value/magnitude for each cost (efficiencies, public health benefits, monetary, etc.) for Option D?

Value of Option D

While the value in the expansion of the NDC in terms of patient, financial, or efficiency benefits is unclear, Option D (a common healthcare industry-wide format of 12 digits with a 6-digit labeler code) is the safest and most efficient way for the healthcare industry to convert from existing legacy NDCs to the new format. From a system perspective, it minimizes mapping and programming costs, as well as project risks. It is the safest option for patients because it minimizes the risk of errors in many processes, such as patient prescription processing, medication history analysis, and drug utilization reviews.

Estimating NDC Expansion Value and Cost

Member organizations cannot quantify costs in a meaningful way until a regulation has been *finalized* and requirements known. System databases, system logic, user screens and reports must all be scanned for the impact of an NDC change. Not only will mapping and record layout changes be identified, but also possible changes to system capabilities, validation edits, and business procedures. The complexity and number of systems that will be affected are not fully known until the impact analysis is completed within each organization.

Magnitude of Cost

NCPDP is unable to comment on specific costs to individual member organizations or the healthcare industry as a whole. The transition will be a large effort and expected to be comparable to the healthcare industry conversion from ICD-9 to ICD-10 in terms of magnitude and pervasiveness. It has a substantial direct effect on our members as evidenced by the industry uses, systems, and standards outlined in Tables 1 and 2.

While no formal analysis has taken place, it is NCPDP's consensus opinion that Option D is by far the safest option for the patient, carries the least risk in what will be a major project, and is the least costly option for the healthcare industry as a whole.

Q10: Would option D present any technical limitations (existing or emerging)?

While the current HIPAA NCPDP Telecommunication Standard (D.0) and other standards that currently utilize the Product Identifier field have already been modified to accommodate an expanded NDC, other standards still need to be modified (e.g. Product Identifier Standard).

Additionally, members will need to code systems to accept and transact the new NDC format which will require substantial time.

Q11: Would the transition from 10- to 12-digit NDC configurations cause any different confusion or mix-ups with Option D? What can FDA do to reduce this confusion?

Although a change from a 10-digit to a 12-digit NDC configuration will cause confusion, NCPDP believes that Option D will result in less confusion compared with the other options. One of the most important factors in reducing confusion is to ensure all legacy NDCs are reconfigured to the 12-digit format. NCPDP recommends use of the existing 11-digit NCPDP NDC for conversion of existing 10-digit NDCs to the 12-digit NDC. Existing 11-digit NCPDP NDCs can be converted to 12 digits by adding a zero in front of the labeler code. This would result in a uniform NDC structure of 6-4-2. The healthcare industry would also benefit from a detailed, highly structured national communication plan to all stakeholders, including consumers, standards and quality organizations, and government agencies.

Q12: How much lead time would be needed to transition to the uniform sequence 6-4-2 NDC configuration with Option D?

- The healthcare industry needs a minimum of 10 years advanced notice prior to the FDA's first issuance of 6-digit labeler codes. This allows all entities to make the necessary modifications to transmit and accept the new 12-digit NDC format.
- Formal notification when only 10,000 of the 5-digit labeler codes remain available will help the healthcare industry prepare their systems to provide, and accept, the new NDC configuration.
- Changes to all standards and regulations must be coordinated and completed during the 10-year lead time for effective transition and compliance with the implementation date. This would include the federal HIPAA and MMA regulations.

Q13: Are there any benefits to having additional product and package code combinations for assignment with Option D?

There are no benefits to having additional product and package code combinations that outweigh patient safety risk.

NCPDP recommends the NDC retain the logic with a fixed-length labeler, product and package code. To ensure as seamless a transition as possible from the 10-digit to 12-digit length, NCPDP recommends the existing 11-digit NCPDP NDC be used for conversion of existing products to the 12-digit NDC by adding a zero in front of the labeler code. This would result in a uniform NDC of 6-4-2. Use of a standard format

allows for the continued use of the parsed NDC for data analysis and aggregation. Addition of product and package code combinations that are not standard will make the transition more challenging particularly when both 10-digit and 12-digit NDCs are in the market place. A standard format based on the 11-digit NCPDP NDC will facilitate the conversion of patient medication histories to the new format. It is vital that existing NDCs utilized in patient records be easily converted to the new format to ensure a complete patient record. In addition, NCPDP recommends no additional intelligence beyond the labeler code, product code and package code be incorporated into the NDC.

Q14: Are there benefits to having a uniform NDC configuration that is harmonized across all stakeholders with Option D?

Option D offers benefits which support patient safety. A major benefit to a uniform 12-digit NDC configuration is the elimination of reconciling the 10-digit NDC on the product label with the 11-digit NDC in systems.

A standardized and uniform NDC configuration will prevent duplicate NDCs, which will benefit the healthcare industry by eliminating the need for identification and reconciliation of these duplicates and by reducing the risk of patient safety issues due to the duplicate NDCs. A uniform NDC configuration will also help streamline the reimbursement process, claims processing, and file matching and allows for targeted, scheduled implementation while minimizing healthcare industry impact when given enough advanced notice. Barcode readers and scanners will also be more efficient with a consistent NDC format.

Q15: Would allowing companies to continue using existing labeling with the 10-digit NDC for a period of time mitigate some of the burdens/costs associated with option C or D? If so, how long of a grace period would be necessary to allow sufficient time for companies to use up existing labeling stocks/retire old labeling because of other non-NDC labeling changes?

NCPDP encourages the FDA to allow the full technical implementation of the 12-digit identifier to occur prior to issuing the first of the 12-digit identifiers with the 6-digit labeler codes. The existing NCPDP 11-digit format of the NDC can be transitioned to 12 digits by introducing a leading zero, allowing a consistent process for accommodating products that are already in the supply chain.

Once that technical transition has occurred, NCPDP would not object to a grace period which allows product already in the supply chain to flow through to the end consumer. NCPDP would defer to the major participants in the supply chain to define the length of that grace period.

Q16: Would allowing companies to continue using existing labeling with the 10-digit NDC for a period of time cause any additional confusion or mix-ups with Option D? If so, what could FDA do to reduce this confusion (e.g. publish both formats during transition period)?

Yes, allowing companies to continue using existing labeling with only the 10-digit NDC will cause confusion. To reduce confusion, the healthcare industry would benefit from a detailed, highly structured national communication plan to all stakeholders, including consumers, standards and quality organizations, and government agencies. An inclusion of both the 10-digit and 12-digit NDC on the FDA National Drug Code Directory would be a benefit.

NCPDP and its members are not averse to changing the NDC format and recognize it is inevitable. Certain items must be in place to ensure the healthcare industry is able to maintain and move forward.

For direct inquiries or questions related to this letter, please contact:

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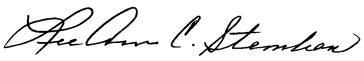
Sincerely,



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cc: Standardization Committee

Appendix

Table 1 Healthcare Industry Use of NDC[4]

Industry Segment	Industry Participant	Industry Uses/Systems
Drug Supply Chain	Drug Companies	Product Recalls
		REMS Programs
		Product Order Fulfillment
		Rebates
	Drug Wholesalers	Product Ordering and Fulfillment
		Inventory Management
	Drug Depots/Warehouses	Product Ordering and Fulfillment
		Inventory Management
Drug Data Compendia		Drug Information and Pricing Files
		RxNorm Data Reconciliation
		Product Billing Unit Reconciliation
		Patient Clinical Screening Modules
Healthcare Providers	Prescribers	Electronic Prescribing
		Drug Benefit Formulary Look-up: Real Time Prescription Benefit Check
		REMS Programs
		Product Ordering
		Prior Authorization
		Drug-Drug, Drug-Allergy Interaction and Clinical Decision Support
		Patient Medical Records
		Medication History
	Inpatient & Long-Term Care Facilities	Patient Medication Administration Record
		Product Ordering
		Drug Clinical Protocols

[4] This table is provided for illustrative purposes and is not intended to be comprehensive.

Industry Segment	Industry Participant	Industry Uses/Systems
	Dispensers/Pharmacies	Prescription Dispensing
		Prior Authorization
		Product Ordering
		Claims Billing
		Inventory Management
		REMS Programs
		Prospective Drug Utilization Review
		Pharmacy Quality Reporting
		Drug-Drug, Drug-Allergy Interaction and Clinical Decision Support
		Patient Medication History Records
		Medication Therapy Management
		Prescription Audit and Quality Management
		Bar Code Scanning
Clearinghouses/Intermediaries/ Switches		Data Validation
		REMS Programs
Payers/PBMs/Claim Processors		Claims Adjudication
		Claims Payment
		Pharmacy and Claims Auditing
		Patient Medication Reviews; Medical Management
		Clinical Decision Support
		Drug Benefit Formularies
		Prior Authorization
		Manufacturer Rebates
Federal Government Agencies	CMS Medicare Part D	Drug Benefit Design
		Drug Formularies
		PDE Analysis
		Star Ratings
		Program Integrity
	CMS Medicare Part B	Formularies
		Benefit Design
		Program Integrity

Industry Segment	Industry Participant	Industry Uses/Systems
	CMS Medicaid	NADAC and FUL Drug Pricing Files
	HRSA	340B Program
	CDC	Strategic National Stockpile
		Immunization Registry
	FDA	REMS Programs
		Track and Trace
	Department of Defense	See above uses by other agencies
	Veterans Affairs	See above uses by other agencies
	Indian Health Services	See above uses by other agencies
State Government	State Medicaid Agencies	Manufacturer Rebates
		Drug Formularies
		Claims Adjudication
		Prior Authorization
	Prescription Drug Monitoring Programs (State and Local)	Pharmacy Reporting Databases
		Patient Controlled Substance Prescription Reporting
	Public Health Agencies	Immunization Registry

Table 2 NCPDP Standards Which Include NDC

Standard Name	Standard Description
Audit	Defines the record layout for batch audit transactions between Auditors and Providers to support electronic audit transactions that facilitate requests, responses, and final outcomes transmissions for both “Desk Top” claim audits and for in-store audit notices. This standard addresses the types of communication between Auditors and Providers and allows that communication to occur in an electronic environment rather than paper-based.
Batch Transaction	Uses the functionality, syntax, formatting, data set, and rules of the Telecommunication Standard to "wrap" in a detail record for an implementer to "code once". A batch header and trailer are included to support a batch method of delivery.
Batch Standard Subrogation	Provides a uniform approach to efficiently process post-payment subrogation claims and eliminate the numerous custom formats used in the industry today.

Standard Name	Standard Description
Benefit Integration	Is intended to meet an industry need to facilitate the integration and exchange of accumulators between Benefit Partners to administer integrated benefits. It supports the communication of accumulator data in a standard format via transactions that are used to facilitate the delivery and receipt of this information. These transactions provide administrative efficiencies and allow for an industry standard to be used to share accumulator data (such as deductible and out of pocket) between Benefit Partners to administer integrated benefits for a member.
Billing Unit	Provides a consistent and well-defined billing unit for use in pharmacy transactions. This results in time savings and accuracy in billing and reimbursement.
Formulary and Benefit	Provides a standard means for pharmacy benefit payers (including health plans and Pharmacy Benefit Managers) to communicate formulary and benefit information to prescribers via technology vendor systems.
Manufacturer Rebate, Utilization, Plan, Formulary, Market Basket and Reconciliation Flat File	Supports the electronic submission of rebate information from Pharmacy Management Organizations (PMOs) to Pharmaceutical Industry Contracting Organizations (PICOs).
Medical Rebates Data Submission	Provides a standardized format for health plans' rebate submissions to multiple manufacturers throughout the industry.
Post Adjudication	Supplies detailed drug or utilization claim information after the claim has been adjudicated.
Prescription Drug Monitoring Programs (PDMP) Reporting *(pending NCPDP Board of Trustees approval)*	Provides guidelines for implementing the Prescription Drug Monitoring Programs (PDMP) Reporting Standard format to ensure a consistent implementation of the standard.
Prescription File Transfer	To electronically transfer prescription files between pharmacies.
Prior Authorization Transfer	Transferring existing prior authorization data between payer/processors when transitioning clients, performing system database or platform changes.
Product Identifier	Provides education and general guidance for consistent formatting and utilization of product identifiers used within the NCPDP standards.
SCRIPT	Developed for transmitting prescription information electronically between prescribers, pharmacies, payers, and other entities for new prescriptions, changes of prescriptions, prescription refill requests, prescription fill status notifications, cancellation notifications, relaying

Standard Name	Standard Description
	of medication history, transactions for long-term care, electronic prior authorization and other transactions.
Specialized	Developed for transmitting information electronically between prescribers, providers, payers, pharmacies and other entities for medication therapy management, census events, central fill functions and other transactions.
Specialty Pharmacy Data Reporting	Provides a standardized format for the data submitted by specialty pharmacy to drug manufacturers/others to support programs and agreements between the parties.
Telecommunication Standard: *Claim Billing, Reversal, Rebill; Predetermination of Benefits; Prior Authorization; Information Reporting*	Developed to provide a standard format for the electronic submission of third-party drug claims and other transactions between pharmacy providers, insurance carriers, third-party administrators, and other responsible parties. The Telecommunication Standard includes transactions for eligibility verification, claim and service billing, predetermination of benefits, prior authorization, and information reporting.
Uniform Healthcare Payer Data	Used by Client Groups, Pharmacy Benefit Managers (PBMs), Fiscal Agents, Vendors, and Administrative Oversight Organizations and state entities to share pharmacy claim data that is used to support statistical reporting, evaluation of healthcare, and state or regional reporting requirements. This standard should only be used for data submission to a state agency or to a state-sponsored healthcare payer data collection initiative.
Universal Claim Forms (*Universal and Worker's Compensation*)	For Telecommunication 5.1, D.0, and Workers' Compensation/Property and Casualty manual claims processing.