File Specifications – Drug Take Back Wholesaler's Submission

The Wholesaler must submit a comma-separated-values (CSV) file containing the manufacturers from which they purchase covered drugs that are sold in New York State. If you have any questions regarding this file, or would like a template file, please email us at DTB@health.ny.gov.

General Formatting Requirements:
- All fields should be formatted as a "**text**" field. Leading zeros should be included as appropriate.
- Do not use text qualifiers (i.e. quotes around values in fields).
- Do not include commas within fields – it will be read as a new field and result in an error.
- If a field is not applicable, leave it blank.
- Each Wholesaler/Manufacturer combination requires its own record/row.
- Wholesaler/Manufacturer DBA indicates "Doing Business As."
- Manufacturer Labeler Code, the first section of digits of a manufacturer's National Drug Codes (NDCs), including leading zeros – generally 4 or 5 numbers. Manufacturer Labeler Codes are assigned by the FDA for generating NDCs.
- All Wholesaler and Manufacturer name and address fields are to be reported as they are registered with NYS Board of Pharmacy (BOP) or Drug Enforcement Administration (DEA), as applicable.
- Country fields are the 2 letter ISO country code.
- Use 5 or 9 numbers in Zip fields for United States locations, as applicable for other countries.
- Manufacturer contact person is someone NYS DOH could contact about the drug take back program.
- Include area code in phone number fields; extension has its own field. (US format is shown, use international format as applicable.)

The CSV file must contain the following 31 fields of data:

| Column Headers	Format/Description/Example
Wholesaler BOP No	NYS Board of Pharmacy Registration Number
Wholesaler Name	Wholesaler1
Wholesaler DBA Name	Wholesaler1
Wholesaler Address Line 1	345 Main Street
Wholesaler Address Line 2	
Wholesaler Address Line 3	
Wholesaler City	Anytown
Wholesaler State	NY
Wholesaler Zip	12345-6789
Wholesaler Contact First Name	Robert
Wholesaler Contact Last Name	Smith
Wholesaler Contact Email	rsmith@whlslr1.com
Wholesaler Contact Phone	518-555-0202
Wholesaler Contact Phone Extension	x-547
Manufacturer NDC Labeler Code	01234
Manufacturer Name	Manufacturer2
Manufacturer DBA Name	Manufacturer2
Manufacturer BOP No	
Manufacturer DEA No	RA9999999
Manufacturer Address Line 1	321 South Avenue
Manufacturer Address Line 2	Scranton Industrial Park

Manufacturer Address Line 3	
Manufacturer City	Scranton
Manufacturer State	PA
Manufacturer Zip	18512
Manufacturer Country	US
Manufacturer Contact First Name	Susan
Manufacturer Contact Last Name	Jones
Manufacturer Contact Email	susan@manuf2.com
Manufacturer Contact Phone	570-555-3301
Manufacturer Contact Phone Extension	Ext-1124

How to create a CSV file using Excel:

1. Format cells as "**text**" in a blank excel spreadsheet.
2. Populate 31 columns of data into an excel spreadsheet. Example below:

3. Click "Save As" and select the **CSV (Comma Delimited)** option by clicking on the drop-down arrow available for "Save as type".
4. **Naming Convention**: Please name the file as [Wholesaler BOP No] [Wholesaler Name], i.e. "012345 Wholesaler1" for the above example.
5. When prompted with the following message, please select "Yes."
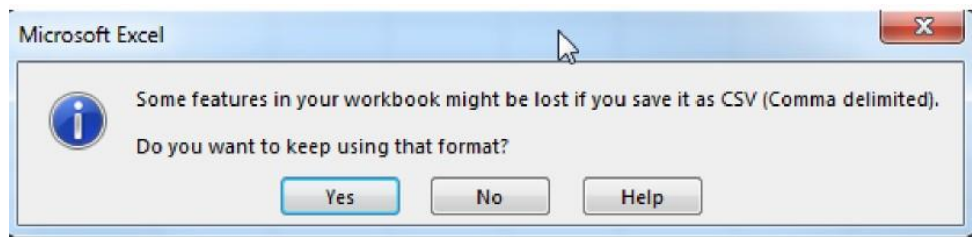
6. Once the CSV file is saved, email it to NYS Bureau of Narcotic Enforcement (BNE) at DTB@health.ny.gov, please include "Covered Drug Manufacturing List" in the subject line.