Defense Health Agency/J-3
Pharmacy Operations Division
Integrated Utilization Branch

Pharmacy Data Standardization (PDS)
Local User Overview

"Medically Ready Force…Ready Medical Force"

Agenda

- ❑ Project Overview
- ❑ Master Drug File
- ❑ Master Drug Mapping
- ❑ CHCS Fields and Functionality
- ❑ Medication Mapping and Unmapped
- ❑ New Fields in CHCS
- ❑ Auto-population
- ❑ Local Drugs
- ❑ Implementation and POC
- ❑ Questions/ Back-Up Slides
- ❑ New Dose Forms
- ❑ Key Terms/FAQs

Project Overview

- The Pharmacy Data Standardization project will standardize the *Composite Health Care System* (CHCS) Drug file at all CHCS sites across the MHS. It will provide the Pharmacy Analytics Support Section (PASS) with a means of creating, maintaining, and exporting the Master Drug file, and it will limit the editing of specified Drug file fields by staff at individual CHCS sites, paving the way to align with MHS GENESIS eHR files.

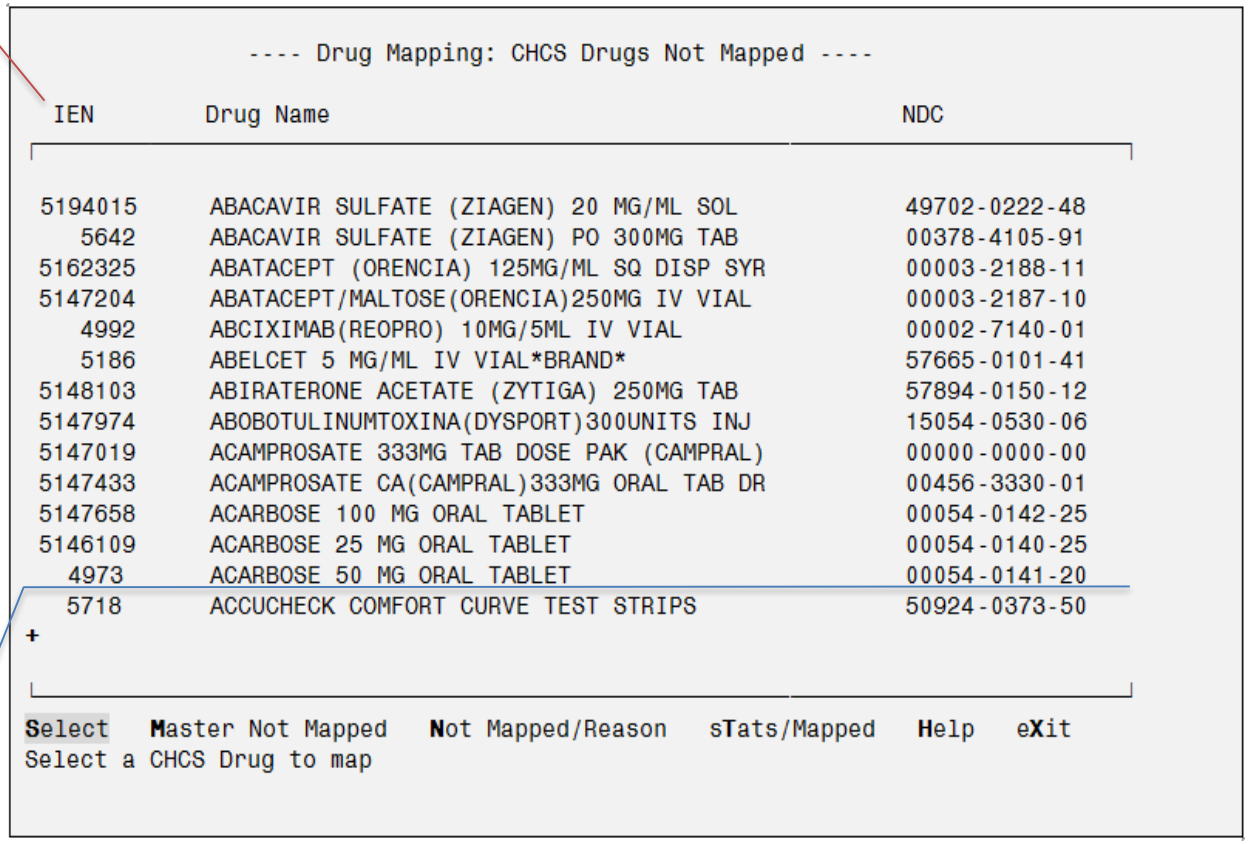
Master Drug File

- Authorized MTF CHCS users will have the capability in CHCS to map current or new Drug file entries to standardized drugs in the Master Drug file via the new Master Drug Mapping (MDM) option in the Pharmacy Formulary Menu
- Once an existing CHCS drug is mapped to a Master Drug in CHCS, specified Master Drug file data will overwrite CHCS Drug file data
- Drugs in the Master Drug File are assigned a DoD Unique Identifier (DUID) which is assigned/managed by the PASS
- The mapped CHCS drug will continue to be associated with the Internal Entry Number (IEN) from the CHCS Drug file.
- A workflow has been developed to describe the process for mapping a drug

Master Drug Mapping Screen (MDM)

Drug File Manager for each CHCS host site should evaluate ALL IENs for standardization

Mapping progress will be tracked and reported at least once a *month* to Service Pharmacy Consultants



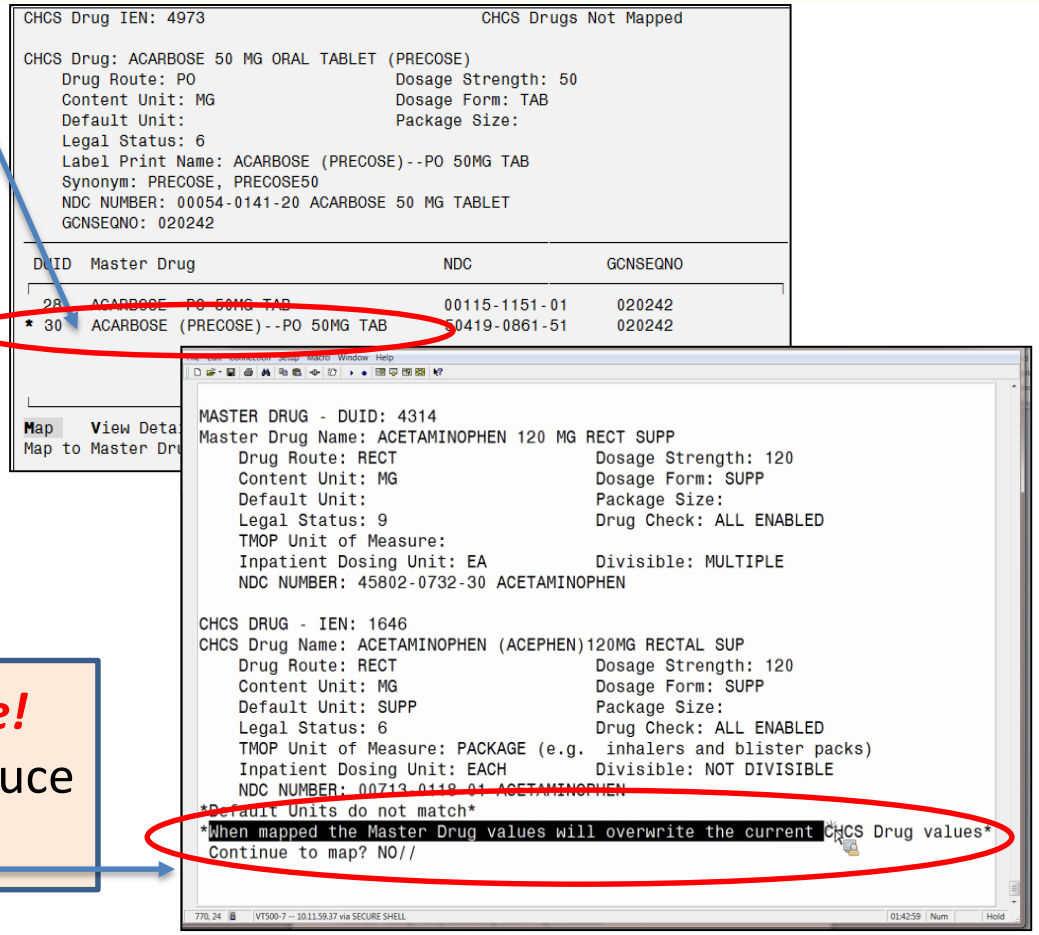
```
              ---- Drug Mapping: CHCS Drugs Not Mapped ----

  IEN        Drug Name                                          NDC
 ──────────────────────────────────────────────────────────────────────

 5194015     ABACAVIR SULFATE (ZIAGEN) 20 MG/ML SOL             49702-0222-48
    5642     ABACAVIR SULFATE (ZIAGEN) PO 300MG TAB             00378-4105-91
 5162325     ABATACEPT (ORENCIA) 125MG/ML SQ DISP SYR           00003-2188-11
 5147204     ABATACEPT/MALTOSE(ORENCIA)250MG IV VIAL            00003-2187-10
    4992     ABCIXIMAB(REOPRO) 10MG/5ML IV VIAL                 00002-7140-01
    5186     ABELCET 5 MG/ML IV VIAL*BRAND*                     57665-0101-41
 5148103     ABIRATERONE ACETATE (ZYTIGA) 250MG TAB             57894-0150-12
 5147974     ABOBOTULINUMTOXINA(DYSPORT)300UNITS INJ            15054-0530-06
 5147019     ACAMPROSATE 333MG TAB DOSE PAK (CAMPRAL)           00000-0000-00
 5147433     ACAMPROSATE CA(CAMPRAL)333MG ORAL TAB DR           00456-3330-01
 5147658     ACARBOSE 100 MG ORAL TABLET                        00054-0142-25
 5146109     ACARBOSE 25 MG ORAL TABLET                         00054-0140-25
   4973      ACARBOSE 50 MG ORAL TABLET                         00054-0141-20
   5718      ACCUCHECK COMFORT CURVE TEST STRIPS                50924-0373-50
+

 ──────────────────────────────────────────────────────────────────────

Select   Master Not Mapped   Not Mapped/Reason   sTats/Mapped   Help   eXit
Select a CHCS Drug to map
```

MDM Cont…

Once an IEN is selected, all master drugs with a matching GCN Sequence Number (GSN) will display

<u>**V**iew Details</u> – Allows the DFM to perform a side-by-side comparison of the local and master drug

Mapping cannot be undone!
Fail-safes implemented to reduce risk of mis-mapping



Master Drug File cont…

- DHA PASS has created a unique Master Drug File:
  - Brand and generic narrow therapeutic index drugs
  - Different package sizes of **non-divisible drugs (See next slide)**
- Drug name (ADN)
  - 3-40 characters (standard format)
  - Tall man lettering compliant with best safety practices
- Synonyms
  - Up to 8
  - Short code=1st 4 letters of generic + strength + doseform
- New FRM field--**Preferred status** (replaces special purchase)
- Herbals/supplements added for medication reconciliation purposes will have an MRC prefix
- All ADN and FRM data fields are on the next slide listing who can edit and what fields are remotely managed by PASS.

CHCS Fields

PASS Only fields
(Overwrite CHCS data)
Name (ADN)
Route (ADN)
Form (ADN)
Default Unit (ADN)
Package Size (ADN)
Content Unit (ADN)
Dosage Strength (ADN)
Legal Status (ADN)
Drug Check (ADN)
TMOP Unit of Measure (ADN)
Primary NDC (ADN)
Inpatient Dosing Unit (ADN)
*Divisible (ADN)
Obsolete Date (ADN)
DoD Formulary Status (FRM)

MTF Only
NDC Codes [for Synonym] (ADN)
Drug Authorization Key (ADN)
Reconstitution Information (ADN)
Formulary Group (FRM)
Local Cost (FRM)
PDTS Cost (FRM)
Inpatient/Outpatient/Both (FRM)
Med/IVP Order Duration (FRM)
Replenish on Request (FRM)
Default Schedule Type (FRM)
Continuable (FRM)
Special IV Instructions (FRM)

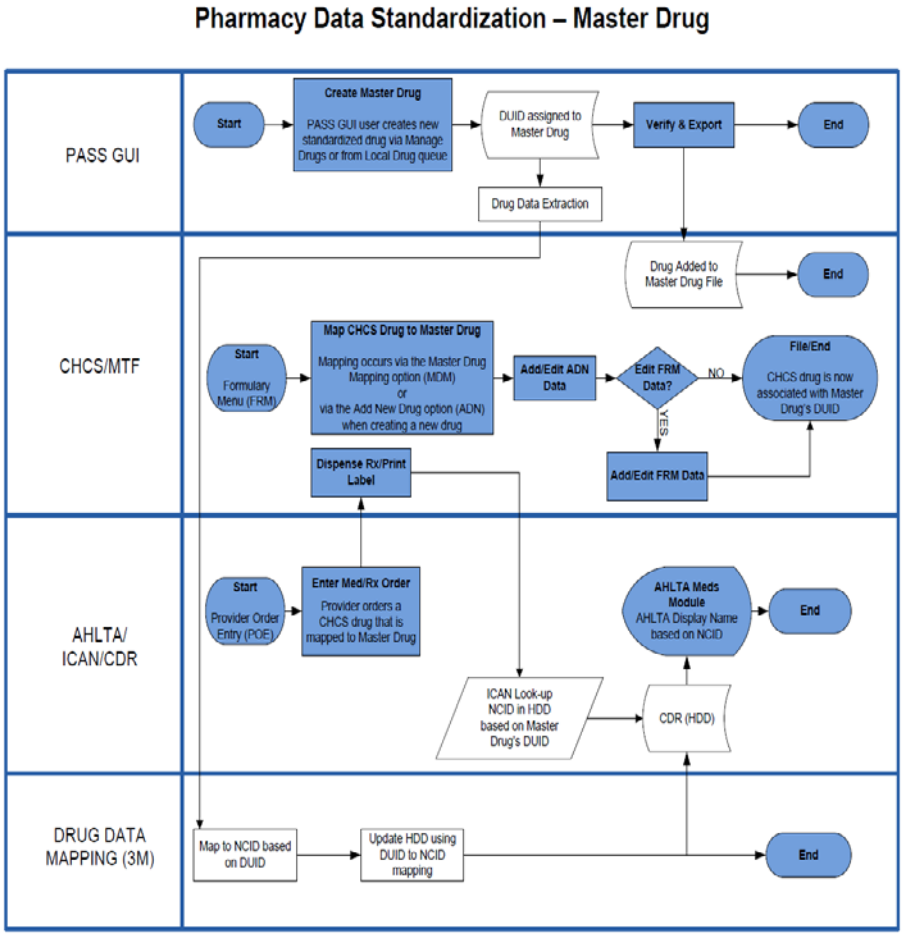
PASS & MTF
Some Cannot be Edited by PASS After Export-others can (PASS defaults generally do Not Overwrite existing CHCS data)
Label Print Name (ADN)
Synonym (ADN)
Intended Use [for Synonym] (ADN)
Drug Type (ADN)
IV Incompatibilities (ADN)
Maximum Quantity (FRM)
Maximum Days Supply (FRM)
Maximum Refills Allowed (FRM)
Default Sig (FRM)
Default Quantity (FRM)
Default Days Supply (FRM)
Default Exp (Days) (FRM)
Warnings (FRM)
Comment (FRM
IV Print Name (FRM)
TMOP Mailable (ADN)
Local/PDTS Cost Switch (FRM)
Formulary Status (FRM)
Inactive Date (FRM)
Dispense Complete Container (FRM)

Exception – the following field will populate in CHCS because it is a new field:
Preferred Status (FRM)-PASS default will be "PREFERRED" (sites can edit during mapping process)

*__Non-divisible__, per the Multum database supporting the new EHR, is defined as: Product is always dispensed as a whole package from MTF ambulatory pharmacies. Examples include topical creams, eye drops and kits

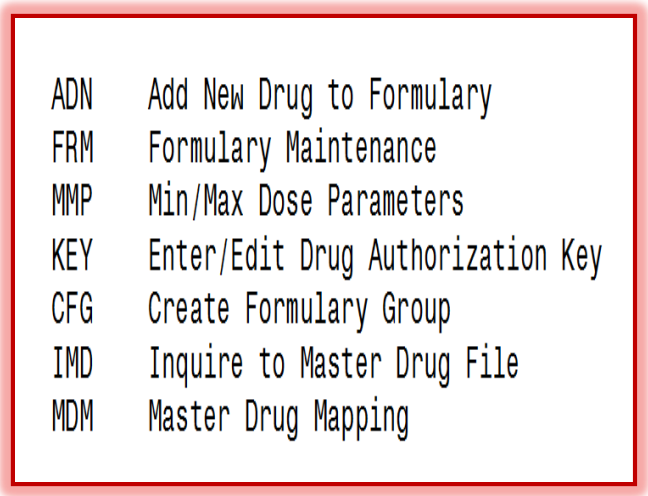
Master Drug work flow chart

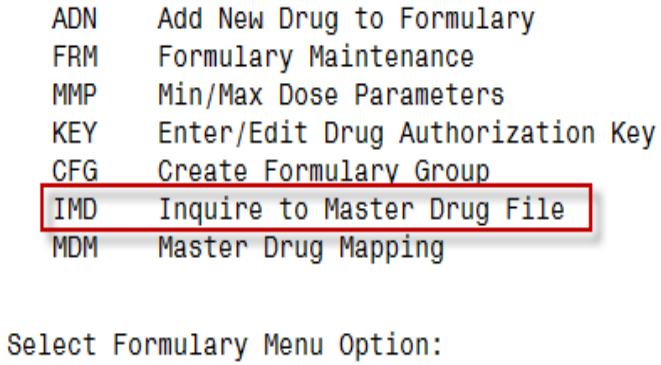
- Regardless of whether a CHCS drug is mapped to a Master Drug, the CHCS drug will continue to be orderable on CHCS and AHLTA per drug ordering business rules
- All mapped and unmapped CHCS drugs will continue to support past and current orders, IV Recipes, CHCS and AHLTA Order Sets, AHLTA Templates, and off board interface systems that utilize the CHCS drug IEN



Inquire to Master Drug File Key (IMD)

- CHCS sites will appoint specific users and or/working groups.
- New function keys will be added to user's ADN CHCS menu.
  - IMD: Inquire to Master Drug File (Menu Path: PHR-SFM-FOM-IMD)
  - MDM: Master Drug Mapping (Menu Path: PHR-SFM-FOM-MDM)





Implementation Approach

*Screenshot of IMD Function in CHCS.

```
MASTER DRUG INQUIRY                              13 Jun 2017@1143    PAGE 1
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NAME: ACETAMINOPHEN 500 MG ORAL TAB                                   DUID: 4683
NDC:  50580-0451-10                  GCN SEQNO: 4490                RXCUI: 209459
LABEL PRINT NAME: ACETAMINOPHEN 500 MG ORAL TAB            LEGAL STATUS: 9
PREFERRED STATUS:                    COST SWITCH:          PACKAGE SIZE:
DOD FORMULARY:            NON-FORMULARY: FORMULARY         TMOP MAILABLE: No
TMOP UNIT OF MEASURE:
MESSAGE:
DEFAULT UNIT:               CALC UNIT: EA                 DIVISIBLE: HALVES
DOSAGE STRENGTH: 500            CONTENT UNIT: MG
INJECTIBLE: NOT INJECTABLE         ROUTE: PO              FORM: TAB
IV PRINT NAME:
MAX QTY:                    MAX DAYS SUPPLY: 90           MAX REFILLS: 11
DEF QTY:                    DEF DAYS SUPPLY:              DEF EXPIRATION:
DISPENSE COMPLETE CONTAINER:       INACTIVE DATE:
SIG:
DRUG CHECK DISABLE: ALL ENABLED                    OBSOLETE DATE:

 SYNONYM                           INTENDED USE
 ACET500TAB                        QUICK CODE
 ACETAMINOPHEN                     QUICK CODE

MASTER DRUG INQUIRY                              13 Jun 2017@1143    PAGE 2
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 TYLENOLEXTRASTRENGTH              TRADE NAME
 TYLENOL                           TRADE NAME
 APAP                              TRADE NAME

 IV INCOMPATIBILITIES:
```

CHCS Functionality & Communication with the PASS

- Updates to Master Drug File are initiated in either of two ways:
  - Through the ADN function- Sites submit candidates for additions to the file (referred to as local Drugs or New MTF Local Drugs) that are reviewed by PASS.
  - The PASS initiates the addition of new drugs or the editing of existing drugs in the Master Drug File.
  - MilSuite will be primary means of communication with DFMs- Email as secondary

Medication Mapping Consideration

- Mapping can not be undone
- To assist users the following capabilities are provided:
  - In order for a CHCS drug and a Master drug to be mapped to each other, they must have the same GSN based on the NDC. As enforcement, the system only presents drugs that are “eligible” - based on matching GSNs.
  - The mapping process, shows users a side-by-side of the two drugs being mapped. CHCS users will manually compare the data to ensure the two drugs are the same drug concept and that the associated data defining the two drugs are equivalent.
  - The system warns the user if the two drugs do not have matching Default Unit and Package Size fields defined. These fields determine if the drug is dispensed individually or as a package (e.g. 120ML/BTL).

Medication Mapping Consideration Cont…

- The system presents users with confirmation prompts; if it is determined that two drugs should not be mapped, the user can abort the mapping process.
- The user can enter "^" to abort the process at any screen in the process.
- The user has the option to determine a CHCS drug will NOT be mapped to a Master Drug by picking from a set of pre-defined reasons. This removes the CHCS drug from the queue of unmapped CHCS drugs.
- For any Master Drug, the user can choose to add a new CHCS drug to map it to rather than map it to an existing CHCS drug.

Example of Medication Mapping

- Example of first screen in mapping process.
- Appears after the user has picked from a list of eligible drugs for mapping.
  - GSN must match to be eligible/selected
- Before continuing, the CHCS user should review the CHCS fields of the two drugs being mapped to ensure a correct match, and to decide if overwrite changes will be acceptable.

```
MASTER DRUG - DUID: 5778
Master Drug Name: CARBOplatin 10 MG/ML IV VIAL [60 ML]
    Drug Route: IV                          Dosage Strength: 10
    Content Unit: MG/ML                     Dosage Form: VIAL
    Default Unit: VIAL, 60ML                Package Size: 60
    Legal Status: 6                         Drug Check: ALL ENABLED
    TMOP Unit of Measure: ML
    Inpatient Dosing Unit: MG               Divisible: MULTIPLE
    NDC NUMBER: 61703-0339-56 CARBOPLATIN

CHCS DRUG - IEN: 4712
CHCS Drug Name: CARBOPLATIN--IV 10MG/ML INJ
    Drug Route: IV                          Dosage Strength: 10
    Content Unit: MG/ML                     Dosage Form: INJ
    Default Unit:                           Package Size:
    Legal Status: 6                         Drug Check: ALL ENABLED
    TMOP Unit of Measure:
    Inpatient Dosing Unit:                  Divisible: NOT DIVISIBLE
    NDC NUMBER: 00015-3216-30 CARBOPLATIN
*Default Unit and Package Size do not match*
*When mapped the Master Drug values will overwrite the current CHCS Drug values*
 Continue to map? NO//
```

Last chance for Mapping Considerations

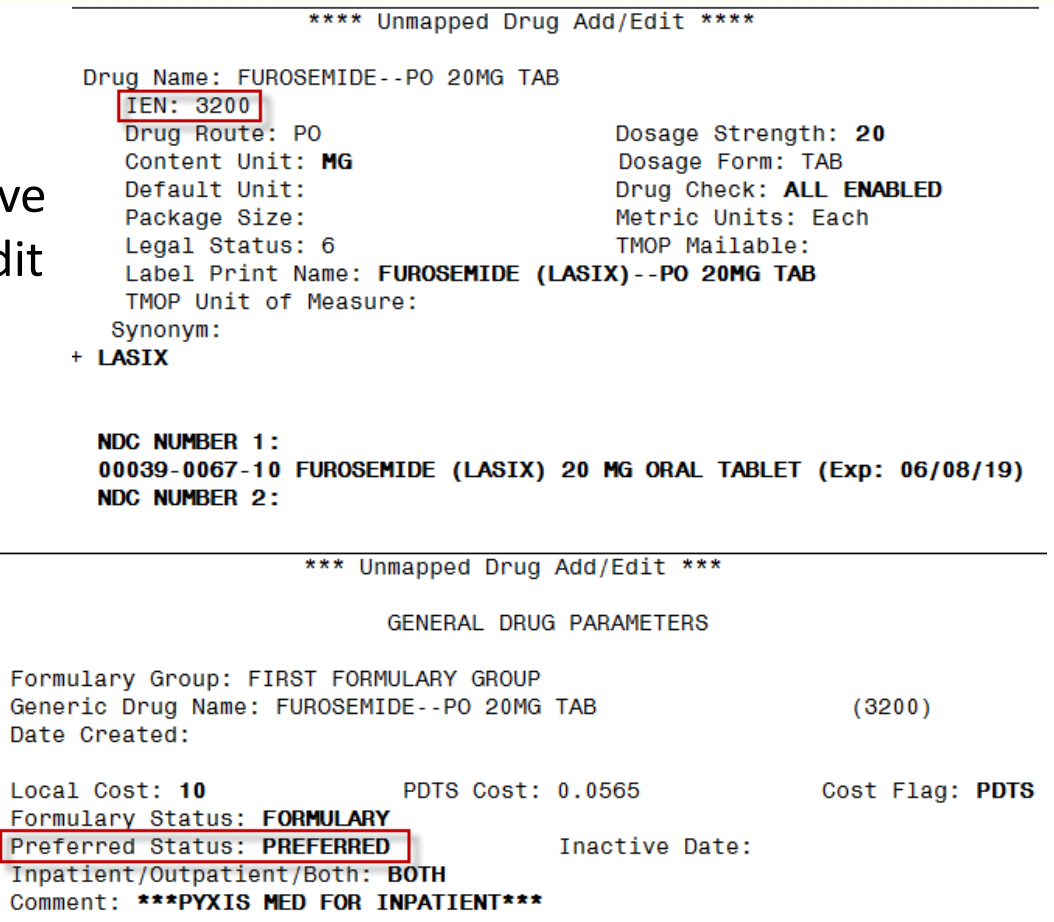
- Mapping of CHCS drugs is initiated based on the GSN, not the NDC.
- The PASS will select a representative NDC number for each master drug file entry. This representative NDC number may not match the NDC of the individual product in your local drug file. Do not try to map products based on a NDC match as the system is not designed this way.
- Review the two drugs that are selected to be mapped to each other to ensure a smooth transition
- If there is a discrepancy between the Master Drug File (MDF) and the local CHCS drug file entry (e.g. package size, default unit, etc.), the drug formulary manager or designee must decide whether or not to map the two drugs:
  - Are ALL changes that occur as a result of drug file mapping acceptable for the local drug file? If yes, proceed with mapping.
  - Does the drug file manager need to implement a change in the local dispensing practices in order for the changes to be acceptable? For example, will a product be dispensed as a whole bottle now, instead of by ml's? Decision Point…acceptable or unacceptable changes?
  - Are the changes unacceptable? If so, do not map.

Unmapped CHCS Drugs

New fields in the ADN and FRM options – unmapped CHCS drugs: With the PDS project, new fields have been added to the ADN and FRM edit screens.

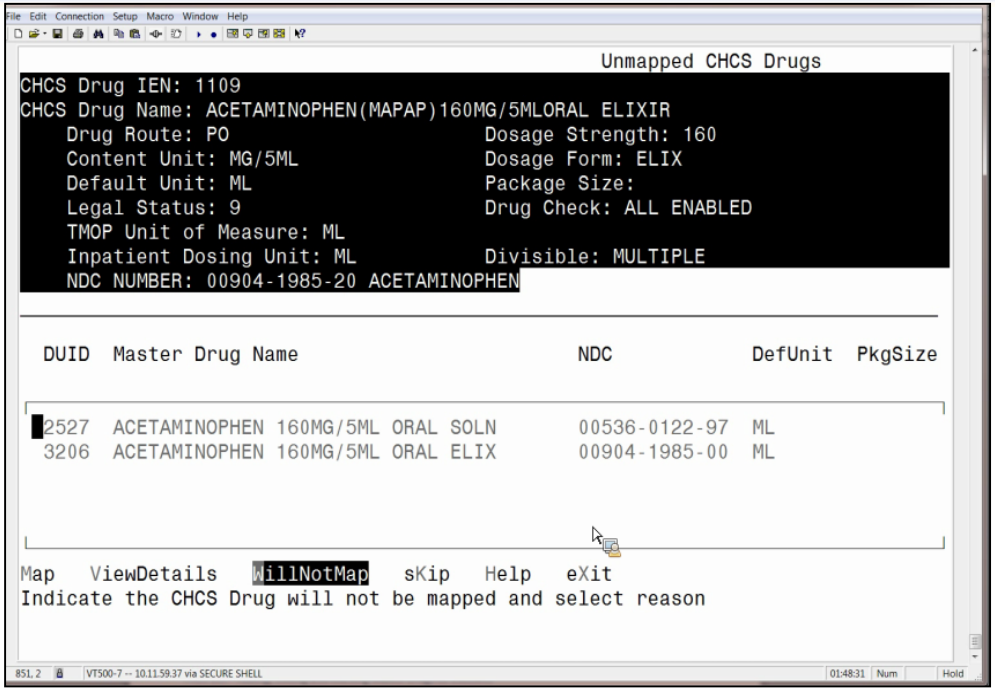
New IEN field has been added to the ADN option

New Preferred Status field has been added to the FRM option



```
                **** Unmapped Drug Add/Edit ****

Drug Name: FUROSEMIDE--PO 20MG TAB
   IEN: 3200
   Drug Route: PO                          Dosage Strength: 20
   Content Unit: MG                        Dosage Form: TAB
   Default Unit:                           Drug Check: ALL ENABLED
   Package Size:                           Metric Units: Each
   Legal Status: 6                         TMOP Mailable:
   Label Print Name: FUROSEMIDE (LASIX)--PO 20MG TAB
   TMOP Unit of Measure:
  Synonym:
+ LASIX


 NDC NUMBER 1:
 00039-0067-10 FUROSEMIDE (LASIX) 20 MG ORAL TABLET (Exp: 06/08/19)
 NDC NUMBER 2:

                *** Unmapped Drug Add/Edit ***

                        GENERAL DRUG PARAMETERS

Formulary Group: FIRST FORMULARY GROUP
Generic Drug Name: FUROSEMIDE--PO 20MG TAB                    (3200)
Date Created:

Local Cost: 10              PDTS Cost: 0.0565          Cost Flag: PDTS
Formulary Status: FORMULARY
Preferred Status: PREFERRED            Inactive Date:
Inpatient/Outpatient/Both: BOTH
Comment: ***PYXIS MED FOR INPATIENT***
```

MTF Mapping- Scenarios



If the DFM determines that an existing Master Drug is not suitable for mapping, select **Will Not Map**

Will Not Map Reasons?

- MASTER DRUG NOT FOUND (PASS will receive a message to review and determine if it *should* be added to the Master drug file
- Drug is investigational or locally compounded
- IEN is not standardizable

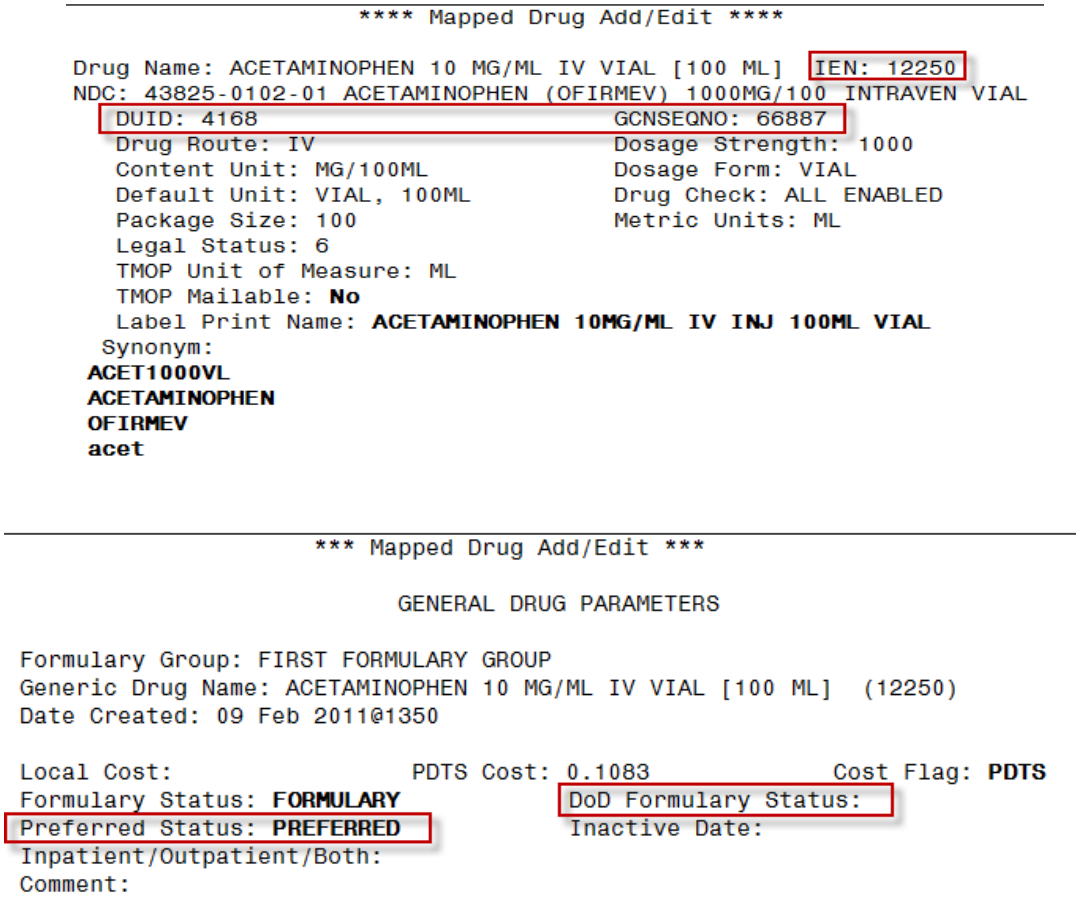
Selecting a "will not map" reason will remove the IEN from the "unmapped CHCS drugs" queue

New Fields in ADN and FRM-Mapped CHCS Drugs

New fields in the ADN and FRM options – mapped CHCS drugs: With the PDS project, new fields have been added to the ADN and FRM edit screens.

New IEN, DUID and GSNs have been added to the ADN option

New Preferred Status and DoD Formulary Status fields have been added to the FRM option.



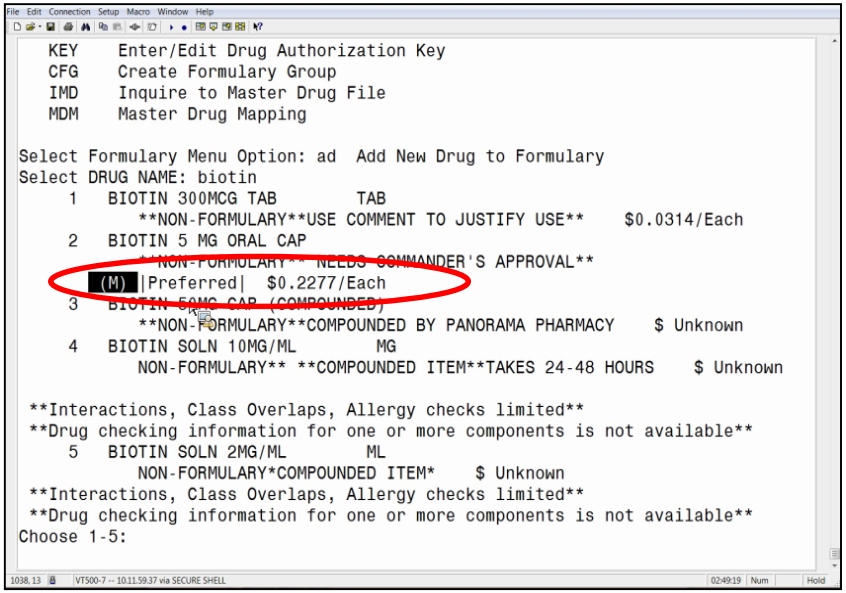
```
                    **** Mapped Drug Add/Edit ****

Drug Name: ACETAMINOPHEN 10 MG/ML IV VIAL [100 ML]  IEN: 12250
NDC: 43825-0102-01 ACETAMINOPHEN (OFIRMEV) 1000MG/100 INTRAVEN VIAL
   DUID: 4168                          GCNSEQNO: 66887
   Drug Route: IV                      Dosage Strength: 1000
   Content Unit: MG/100ML              Dosage Form: VIAL
   Default Unit: VIAL, 100ML           Drug Check: ALL ENABLED
   Package Size: 100                   Metric Units: ML
   Legal Status: 6
   TMOP Unit of Measure: ML
   TMOP Mailable: No
   Label Print Name: ACETAMINOPHEN 10MG/ML IV INJ 100ML VIAL
  Synonym:
 ACET1000VL
 ACETAMINOPHEN
 OFIRMEV
 acet
```

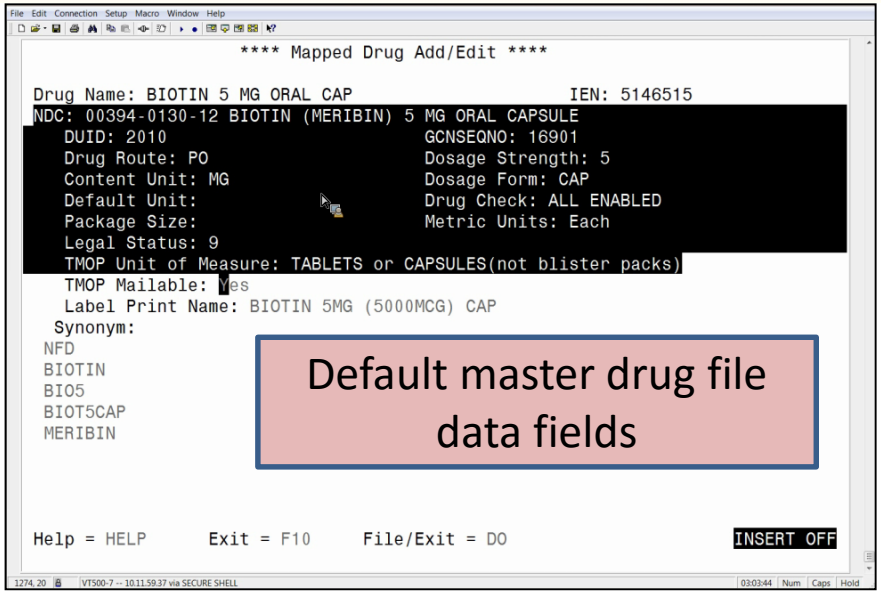
```
                    *** Mapped Drug Add/Edit ***

                          GENERAL DRUG PARAMETERS

Formulary Group: FIRST FORMULARY GROUP
Generic Drug Name: ACETAMINOPHEN 10 MG/ML IV VIAL [100 ML]  (12250)
Date Created: 09 Feb 2011@1350

Local Cost:                PDTS Cost: 0.1083          Cost Flag: PDTS
Formulary Status: FORMULARY           DoD Formulary Status:
Preferred Status: PREFERRED           Inactive Date:
Inpatient/Outpatient/Both:
Comment:
```

New Indicators and Functionality

New CHCS Drug File Indicators

- (M): IEN has been mapped to a master drug
- (Preferred): Local designation (only in CHCS)
- (OBS): Marked as obsolete (IEN visible in CHCS but not AHLTA—cannot be used to enter new prescriptions





Default master drug file data fields

Entering New IENs

- User will be offered the opportunity to "import" an existing master drug if one exists
- Default data fields for can be viewed prior to import

Auto-Population

- New drugs in CHCS that have not been mapped to the Master Drug File Based on NDC, when applicable the following fields will auto-populate:
  - Drug Route
  - Dosage Strength
  - Content Unit
  - Dosage Form
- Auto-population is dependent on the First Data Bank (FDB) data being available for that drug/NDC. It will occur when a new NDC is entered for a new drug and when an NDC is changed. The CHCS user can change the fields after they have been auto-populated.
- If an NDC is not defined for a new CHCS drug (e.g. investigational drug), or compounded - these fields will not auto-populate.
- If the user selects a Master Drug to map to when adding the new drug, these fields will not auto-populate because the Master Drug data is used instead.
- Note: For some NDCs representing multi-ingredient medications (e.g., Prinzide)/ topical meds (e.g., hydrocortisone), Dosage Strength and Content Unit fields will not auto-populate.

Auto-Population cont…

- The following must be taken into account when editing an NDC of a CHCS drug in the ADN option:
  - For NDCs associated with medications that will auto-populate, the Drug Route, Dosage Strength, Content Unit, and Dosage Form will be updated AFTER filing the medication. The changes will be reflected in the new computed drug name that is presented to the user after filing the medication.
  - For NDCs associated with medications where the Dosage Strength and Content Unit will be null, those fields will not be auto-populated. Those fields may have been manually populated when the drug was created. The system will not automatically update and nullify those fields. This is especially important for TMOP Mailable drugs because Dosage Strength and Content Unit are required and therefore will not be nullified.

PASS Administration of Local Drugs

- Local drugs are unmapped pre-existing or newly added CHCS drugs. To be considered a Local drug, one of the following criteria must be met:
  - Local drugs are new drugs added at the MTF after project deployment, that are not mapped to a Master Drug, and that are defined as Formulary in at least one Formulary Group on the CHCS host.
  - Local drugs are drugs that the CHCS user does not map with the reason of "Master Drug Not Found"
- Local drugs will be automatically transmitted to the PASS application for review by the PASS for possible standardization and inclusion in the Master Drug file for the DoD Enterprise.
- **Local drugs can be ordered in CHCS and in AHLTA**.
- If the Local drug is standardized on the PASS application, the new Master Drug is transmitted to CHCS sites with the nightly update. However, there is no automated link to the Local drug at the originating MTF. CHCS personnel at the MTF could access the MDM option to map the new Master Drug to the Local drug.

PDS Points of Contact & Implementation

- Testing Site- Being coordinated
- Testing timeline
  - 5 weeks
  - October 2017 (Tentatively)
- DHA PASS PDS/Health.mil
  - DHA.JBSA.Pharmacy.mbx.pass@mail.mil
  - https://info.health.mil/hco/pharmacy/iub/SitePages/Home.aspx
    Public Library Tab
  - https://www.milsuite.mil/book/groups/pharmacy-data-standardization
  - DHA PASS Toll-Free Number: 1-866-275-4732, Option 1


Questions

New Dosage Forms

- In support of auto-population, CHCS and the PASS GUI system will have more dosage forms to choose from.
  - The dosage form file will increase from 71 to 432 entries. The update will not affect the original 71 entries.
- If the dosage form file was modified at a local CHCS site, the following could occur with PDS project deployment:
  - New entries in the file will start at IEN 100 (of dosage form field). So if the site has added 28 entries or less those entries will not be overwritten by the new entries.
  - If the site has added over 28 entries, any entries with IENs 100 and over will be overwritten with the new entries.
  - If the site edited any of the original 71 dosage forms, they will be overwritten when the new file is added to the site (restored to original values).

Key Terms

DFM	Drug File Manager
DHA	Defense Health Agency
DoD	Department of Defense
DUID	Department of Defense Unique Identifier
GCNSEQNO (GSN)	Generic Sequence Number
IEN	Internal Entry Number
Local File	MTF's Drug File
Master Drug File	DHA's Standard Drug File
MHS	Military Entry Number
MTF	Military Treatment Facility
NDC	National Drug Code
PASS	Pharmacy Analytics Support Section
PASS GUI	Pharmacy Analytics Support Section Graphical User Interface

PDS Terminology

CHCS	Composite Health Care System
CHCS Drug	A pre-existing or newly added drug in the CHCS Drug File. A CHCS drug may be mapped to a Master Drug or unmapped. Both mapped and unmapped CHCS drugs are orderable per drug ordering business rules.
Local Drug	An unmapped pre-existing or newly added CHCS drug that will be automatically transmitted to the PASS GUI for review by the PASS. Not all unmapped CHCS drugs are considered Local drugs that will be transmitted to the PASS GUI for review. Local drugs can be ordered in CHCS and in AHLTA.
Mapped CHCS Drug	A CHCS drug that is mapped to a Master Drug. They are indicated with (M) on the drug picklist in the formulary options.

Cont…

Mapped Master Drug	A Master Drug that is mapped to a CHCS drug
Master Drug	A standardized drug/item in the new Master Drug file. This file automatically populated CHCS users cannot edit Master Drug data.
Obsolete Mapped CHCS Drug	CHCS drugs that are mapped to Obsolete Master Drugs become non-orderable in CHCS. Obsolete drugs are indicated with (OBS) on the drug picklist in the formulary options. Drug data can be viewed but not edited.
Obsolete Master Drug	A Master Drug that has been marked as "obsolete" by the PASS. CHCS drugs that are mapped to Obsolete Master Drugs become non-orderable in CHCS.
Preferred or Non-Preferred CHCS Drug	Drugs that have the new Preferred field set in the FRM Formulary Maintenance option are either Preferred drugs or Non-preferred drugs. Both mapped and unmapped CHCS drugs can have the Preferred Status field set. They are indicated with [Preferred] or [Non-Preferred] on all drug picklist in CHCS, including the formulary options and when entering inpatient and outpatient orders. The Preferred Status does not display on the medication picklist in AHLTA. The Preferred Status of a drug does not impact its ability to be ordered.
Unmapped CHCS Drug	A CHCS that is not mapped to a Master Drug.
Unmapped Master Drug	A Master Drug that is not mapped to a CHCS drug

FAQ's

- **What is PDS?**

  PDS is an acronym for Pharmacy Data Standardization project.

- **What is the purpose of the PDS project?**

  The PDS project will standardize the CHCS Drug file at all CHCS sites across the DOD. This project will provide the Pharmacy Analytics Support Section (PASS) with a means of creating, maintaining, and exporting a Master Drug File and it will limit the editing of specified drug file fields by staff at individual CHCS sites.

- **What are the goals and benefits?**

  To standardize the DoD drug file will facilitate a smooth transition to MHS Genesis down the road.

- **How will that happen?**

  A standardized Master Drug File made up of over 6k medications will be carved out by the PASS and Drug File Managers (DFM); of those medications, each CHCS site will have their own local preferred drug file. *NOTE: No changes will be made in your CHCS formulary

- **What's a GCNSEQNO (also referred to GSN)?**

  The anonym stands for Generic Sequence Number.

- **What's the first step?**

  Your local medications will need to be mapped (matched) to pre-selected NDCs within the master drug file.

- **Will there be any additional functions keys in CHCS?**

  Yes, new function keys will be available in the FRM menu.

- **What are the new security keys?**

  Inquiry Master Drug (IMD) and Master Drug Mapping (MDM)

- **How are drugs mapped?**

  An approved user will enter a medication through the ADN function in CHCS, where they will follow the prompts through a list of medications that have been associated with that GCNSEQNO (GSN). The user will then select (map) the corresponding medication and match it to the master drug file. Most ADN fields will then be auto populated in CHCS and the standardization begins.

- **What will these security keys enable the authorized user to do?**

  Inquire to Master Drug (IMD)- provides CHCS users with the capability to view Master drug data

  Master Drug Mapping (MDM)- provides CHCS users with the capability to map CHCS drugs to Master Drugs

- **How will this affect the staff at the CHCS sites?**

  The addition of the security keys will limit the editing of Standard Drug file data by staff at CHCS sites and enable the sites to follow new business standards when ordering medications and processing prescriptions.

- **How does the GUI work?**

  The GUI is a program that PASS will use to modify the current extraction/mapping process to support Standard Drugs and HL7 (Health Level Seven) messages, including the DUID. which are assigned to each standard drug file entry. This will also update AHLTA with the standard drug data to reflect the DUIDs.

FAQ's

- **What effect will this have on CHCS?**

  CHCS will be modified to assign a DoD Unique Identifier (DUID) to each standard drug file entry which will then be assigned an NDC number.

- **What happens after the drug is assigned a DUID?**

  Once a drug is assigned a DUID and marked ready for export by the PASS, the generic name, route, strength and form will not be alterable by the PASS or individual CHCS sites. HL7 messages generated from CHCS will include the DUID (when it exists) in addition to the current data in the message.

- **Will DUIDs be required for non-standard drugs?**

  DUIDs will not be required for Drug file entries defined as compounded, manufactured in pharmacy, investigational, site emergency, or site special purchase.

- **Will the standard drug files match at all CHCS sites?**

  All Standard Drugs at all CHCS sites that have the same DUID will have the exact same generic name, route, strength and form. DUIDs will not require additional licensing (e.g., FDB interoperability module).

- **Once assigned DUIDs, will individual CHCS sites be able to make any changes to the drug files?**

  Individual CHCS sites will not be able edit the generic name, route, strength and form of drugs that have been assigned DUIDs.

- **What about current Internal Entry Numbers (IENs)?**

  Current IENs (Internal Entry Number) will remain in the HDD for backward compatibility and no change/deletion will be made to them as part of the new Master Drug file. Existing IENs will remain for drugs at individual CHCS sites as well.

  *Drugs that are imported directly from the Master Drug File will not be assigned an IEN.

- **How would someone be able to tell the difference between DUIDs and IENs?**

  The format of the DUID for a standard drug will distinguish it from a CHCS drug IEN.

- **Who will manage and have access?**

  Only select personnel at each MTF will have access to the mapping process as well as the DHA PASS team.

- **When does the initiative start?**

  Currently with a tentative start date in October. Site TBD

- **How can you be proactive?**

  Identifying a working group and/or person and making sure they have the correct CHCS security keys to input medications would be helpful as would asking questions and staying informed.

  DHA PASS will also be available for any assistance.