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

Pharmacy Data Standardization (PDS)
Local User Overview

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.

❑ The Pharmacy Analytics Support Section (PASS) creates, maintains, and exports the Master Drug file.

❑ Thus, local site staff will be limited to editing specified Drug file fields unless the drug is not mapped.

❑ Standardization is the way of the future with MHS GENESIS.

❑ Lessons learned from the System Acceptance Test (SAT) at Ft. Hood.

Master Drug Key

- ❏ New keys: Master Drug Mapping (MDM) and Inquire to Master Drug File (IMD)
- ❏ Required new Security Key to access the MDM Option: PSD MASTER DRUG
- ❏ Required Security Key to access the IMD Inquire to Master Drug File option: PS FORMULARY
  - ❏ **Keys can be issued once the site has been loaded with the update**
- ❏ The Master Drug File will have an assigned DoD Unique Identifier (DUID) which will be linked to local CHCS Drug Files with an IEN.
  - ❏ **Each site will have a different IEN for a drug but the same DUID once mapped.**
  - ❏ **Multiple IENs can be mapped to one DUID**
- ■ **Via "Add new drug" users will now get option to directly add from the master drug file if one exists. In this case, a DUID will be added to the drug file.**
- ■ A local IEN is assigned when a drug is directly imported form the master drug file. Pharmacy automation that requires an IEN should not be impacted by PDS.

Master Drug Key Contd.

- ❑ With the MDM key, current and new Drug file entries can be mapped to standardized drugs within the Master Drug files.
  - ❑ **Every drug file will need to be touched and determined to be mapped or not**

- ❑ Upon mapping, the Master Drug file data will overwrite certain data fields in the current local CHCS Drug file data.

- ❑ The PASS will create all Master Drug File and DUID to include management of NDCs
  - ❑ **Local user will not have to do NDC updates for mapped IENs**
  - ❑ **Non-mapped IENs must still be locally managed**

New CHCS Function Keys

❑ 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)

```
ADN    Add New Drug to Formulary
FRM    Formulary Maintenance
MMP    Min/Max Dose Parameters
KEY    Enter/Edit Drug Authorization Key
CFG    Create Formulary Group
IMD    Inquire to Master Drug File
MDM    Master Drug Mapping
```

```
ADN    Add New Drug to Formulary
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KEY    Enter/Edit Drug Authorization Key
CFG    Create Formulary Group
IMD    Inquire to Master Drug File
MDM    Master Drug Mapping

Select Formulary Menu Option:
```

MDM CHCS Screenshot

Evaluate each CHCS and ALL IENs for standardization ***again every file needs to be touched**

PASS will track progress and report at least once a *month* to Service Pharmacy Consultants

```
---- Drug Mapping View/Select - Unmapped CHCS Drugs ----

  IEN        CHCS Drug Name                                    NDC
R,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,,T
  2332642  ACARBOSE--PO 25MG TAB                             50419-0863-51
  3011158  ACCU-CHEK INFORM II--MISC SOLN                    65702-0107-10
  3011157  ACCU-CHEK INFORM II--TEST 50X STRP                65702-0438-10
  2962869  ACETAMINOPHEN--IV 1GM/100ML VIAL                  43825-0102-01
     1109  ACETAMINOPHEN--PO 160MG/5ML 120ML ELIX            00904-1985-00
     4007  ACETAMINOPHEN--RECT 120MG SUPP                    45802-0732-00
     4008  ACETAMINOPHEN--RECT 650MG SUPP                    45802-0730-30
     1834  ACETAZOLAMIDE--INJ 500MG VIAL                     25021-0817-10
   381821  ACETIC ACID--IRR 5% SOLN                          51552-0055-06
     1705  ACETYLCHOLINE--INJ 1% 2ML KIT                     24208-0539-20
  3012334  ACETYLCYSTEINE--INH 10% 10ML VIAL                 00517-7510-03
        6  ACETYLCYSTEINE--INH 20% 10ML VIAL                 63323-0692-10
  2919764  ACETYLCYSTEINE--INH 20% 30ML VIAL                 00517-7630-03
  2334524  ACETYLCYSTEINE--IV 200MG/ML 30ML VIAL             66220-0207-30
     3560  ACTIFED <PSE/TRIP>--PO 60-2.5MG TAB               00904-0250-24
+ 3022300  ACTIVATED CHARCOAL (H2O)--PO 50GM/240ML           00574-0121-76
F,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,,G
Select  Find  Master  NotMapped  ReviewMapping  Help  eXit
Select a CHCS drug to map to a Master Drug
```

MDM Screen Selections

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

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

MAPPING CANNOT BE UNDONE!
Fail-safes implemented to reduce risk of mis-mapping


```
CHCS Drug IEN: 4973                    CHCS Drugs Not Mapped

CHCS Drug: ACARBOSE 50 MG ORAL TABLET (PRECOSE)
    Drug Route: PO                    Dosage Strength: 50
    Content Unit: MG                  Dosage Form: TAB
    Default Unit:                     Package Size:
    Legal Status: 6
    Label Print Name: ACARBOSE (PRECOSE)--PO 50MG TAB
    Synonym: PRECOSE, PRECOSE50
    NDC NUMBER: 00054-0141-20 ACARBOSE 50 MG TABLET
    GCNSEQNO: 020242

  DUID  Master Drug                    NDC           GCNSEQNO

   28   ACARBOSE  PO 50MG TAB          00115-1151-01    020242
 * 30   ACARBOSE (PRECOSE)--PO 50MG TAB 50419-0861-51   020242


 Map    View Detai
 Map to Master Dru
```

```
File Edit Connection Setup Macro Window Help

MASTER DRUG - DUID: 4314
Master Drug Name: ACETAMINOPHEN 120 MG RECT SUPP
    Drug Route: RECT                  Dosage Strength: 120
    Content Unit: MG                  Dosage Form: SUPP
    Default Unit:                     Package Size:
    Legal Status: 9                   Drug Check: ALL ENABLED
    TMOP Unit of Measure:
    Inpatient Dosing Unit: EA         Divisible: MULTIPLE
    NDC NUMBER: 45802-0732-30 ACETAMINOPHEN

CHCS DRUG - IEN: 1646
CHCS Drug Name: ACETAMINOPHEN (ACEPHEN)120MG RECTAL SUP
    Drug Route: RECT                  Dosage Strength: 120
    Content Unit: MG                  Dosage Form: SUPP
    Default Unit: SUPP                Package Size:
    Legal Status: 6                   Drug Check: ALL ENABLED
    TMOP Unit of Measure: PACKAGE (e.g.  inhalers and blister packs)
    Inpatient Dosing Unit: EACH       Divisible: NOT DIVISIBLE
    NDC NUMBER: 00713-0118-01 ACETAMINOPHEN
*Default Units do not match*
*When mapped the Master Drug values will overwrite the current CHCS Drug values*
 Continue to map? NO//

770, 24      VT500-7 -- 10.11.59.37 via SECURE SHELL                01:42:59  Num      Hold
```

IMD Screenshot


```
MASTER DRUG INQUIRY                    13 Jun 2017@1143    PAGE 1
-----------------------------------------------------------------

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
-----------------------------------------------------------------

  TYLENOLEXTRASTRENGTH           TRADE NAME
  TYLENOL                        TRADE NAME
  APAP                           TRADE NAME

  IV INCOMPATIBILITIES:
```

MDM General Information

- New FRM field--**Preferred status**
  - **Can be used to designate that a medication has preferred status**

- Herbals/supplements added for medication reconciliation purposes will have an MRC prefix
  - **Can now have official herb/supplements**
  - **Example: MRC (ORAL) ECHINACEA**

- ADN data fields are very limited for changes
  - **The PASS will be the manager of these fields beside those limited few.**

- FRM data fields have a greater capacity to change.
  - **The local site will still have much control**
  - **Many defaults are not within the MDM drug**
  - **Your current defaults will carry over – watch the entry for sizes/units.**
  - **Utilization of local site defaults will be important**

CHCS Editable Fields

PASS Only
(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
After Export, PASS can & cannot edit certain fields
(PASS defaults generally Do Not Overwrite existing CHCS)
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

Mapped Drugs in AHLTA and CHCS

- Regardless of mapping to a Master Drug, the CHCS drug will be orderable on CHCS and AHLTA per drug ordering business rules. However, A drug will only be orderable in CHCS and AHLTA if the drug is Formulary at the associated Pharmacy location. This is based on the drug's formulary status in the Formulary Group of the associated Pharmacy location.

- Previously, if the drug was Formulary in at least one Formulary Group on the CHCS host, the drug would appear on drug picklists for any Pharmacy location on the host. If the associated Pharmacy location had the drug defined as Non-Formulary but it was Formulary at another Pharmacy location, the drug would appear on the drug picklist in CHCS and AHLTA with the comment: ***NOT STOCKED AT DEFAULT PHARMACY***, and the drug could still be selected.

- However, with this new business rule, these drugs will no longer appear on drug picklists at the Pharmacy location that does not stock them (e.g. where they are Non-Formulary).

Mapped Drugs in AHLTA and CHCS

■ 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.

MDM General Information

- ❑ DHA PASS has created a unique Master Drug File:
  - ▪ Brand name
    - ▪ Oral Contraceptives
    - ▪ Narrow Therapeutic Index drugs
    - ▪ **BRAND NAME entries per site request**

  - ▪ Different package sizes of **non-divisible drugs**
    - ▪ **Drug file differences for packages (per ml, per package)**
    - ▪ **If not breakable, package will be entered (eye drop 5ml, 10ml, 15ml)**

  - ▪ Drug name (ADN) function
    - ▪ **MDM nomenclature overrides CHCS**
    - ▪ **Loss of any prefix or internal notes [PA], [MN], [NF]**
    - ▪ **Ft Hood loss of *mail* in default unit (overridden with mapping)**

MDM General Information

- ❑ DHA PASS has created a unique Master Drug File:
  - ❑ Limited to 3-40 characters (standard format)
    - ▪ **Remember any special notes get lost with MDM format**
    - ▪ **You will no longer see "- -" after drug name**
    - ▪ **Label print name is MTF specific**
    - ▪ **Comment section is still under MTF control**

  - ❑ Tall man lettering compliant with best safety practices
    - ❑ **Tall man lettering in the master drug file applied upon mapping**
    - ❑ **Tall man lettering follows existing behavior; all caps followed by Tall man**
      - ❑ BUPROPION HCL SR 100 MG ORAL TBER buPROPion HCl SR 100 MG ORAL TBER
    - ❑ **Will this affect your Med Mgmt/TJC posters?**

Tall Man Lettering


```
Select Supervisory Functions Menu Option: FOM  Formulary Menu


   ADN     Add New Drug to Formulary
   FRM     Formulary Maintenance
   MMP     Min/Max Dose Parameters
   KEY     Enter/Edit Drug Authorization Key
   CFG     Create Formulary Group

Select Formulary Menu Option: ADN  Add New Drug to Formulary
Select DRUG NAME: DIAMOX
    1    DIAMOX  acetaZOLAMIDE (DIAMOX)--PO 250MG TAB        TAB    $0.5547/Each

    2    DIAMOX  acetaZOLAMIDE (DIAMOX SEQUEL)--PO 500MG        CPSR
         $1.4065/Each
    3    DIAMOX  acetaZOLAMIDE (DIAMOX)--INJ 500MG VIAL        VIAL
            *** PYXIS ***;INPT/CLINIC USE ONLY     $9.6300/Each
    4    DIAMOX  acetaZOLAMIDE (DIAMOX)--INJ 500MG VIAL        VIAL
            FOR NEONATAL INPT USE ONLY     $ Unknown
Choose 1-4:
```

ACETAZOLAMIDE 250 MG ORAL TAB acetaZOLAMIDE 250 MG ORAL TAB

*Mapped →   (M) $2.5376/Each

ACETAZOLAMIDE 500 MG ORAL CPSR acetaZOLAMIDE 500 MG ORAL CPSR
    (M) $0.0001/Each

Mapping Consideration

❑ **AGAIN --** Mapping can not be undone. Like CHCS you can't delete a drug once it has been created! If Mapped wrong, you will need to "ZZ" out

    ❑ As known, will impact ALL active and historical prescriptions tied to the IEN

❑ Safety net to assist users the following capabilities are provided:

- ▪ CHCS and Master drug must have the same GSN based on the NDC.
  - ▪ NDC must be valid in your local site
- ▪ As enforcement, the system only presents drugs that are "eligible" based on matching GSNs.
- ▪ Must 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.
  - ▪ Someone will need to touch every drug.
- ▪ The system warns the user if the two drugs do not have matching Default Unit and Package Size fields defined.
  - ▪ Determines if the drug is dispensed individually or as a package (e.g. 120ML/BTL).

Mapping Consideration Cont…

❑ The system presents users with confirmation prompts. The user can **abort throughout** the mapping process **until you hit the final step.**

❑ The user can enter "^" to abort the process at any screen in the process.
  ❑ **"^" at any point does not save any data. You will need to start over again.**

❑ User has to determine if CHCS drug will **NOT be mapped** to a Master Drug using a set of **pre-defined reasons**. This removes the CHCS drug from the queue of unmapped CHCS drugs. **Example – compounded drugs**

❑ For any Master Drug, the user can choose add to CHCS or map 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
- ❑ The 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 NDCs matching.**
  ❑ **NDC differences does not affect Omnicell, GSL or ScriptPro**

❑ Review the two drugs that are selected to be mapped to each other to ensure a smooth transition

  ❑ **User must be cognizant of linking correct products**
  ❑ **Issue of AB ratings especially for products with AB1, AB2, etc. (BCs, Generics SR/XR)**
  ❑ **Oral Contraceptives can be an issue. **No limits on synonym****

Last chance for Mapping Considerations

❑ 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 must decide whether to map or not:

   ▪ Are **ALL changes** that occur as a result of drug file mapping acceptable for the local drug file? If yes, proceed with mapping.

   ▪ Is a change in the local dispensing practices required and acceptable? Example: a product dispensed as a whole bottle now instead of by ml's? **Decision Point**…acceptable or unacceptable changes?

   ▪ **Remember your history – if package is different may be best to create a whole new entry to keep history or potentially choose not to map.**

New Fields - Unmapped

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***
```

New Fields -- Mapped

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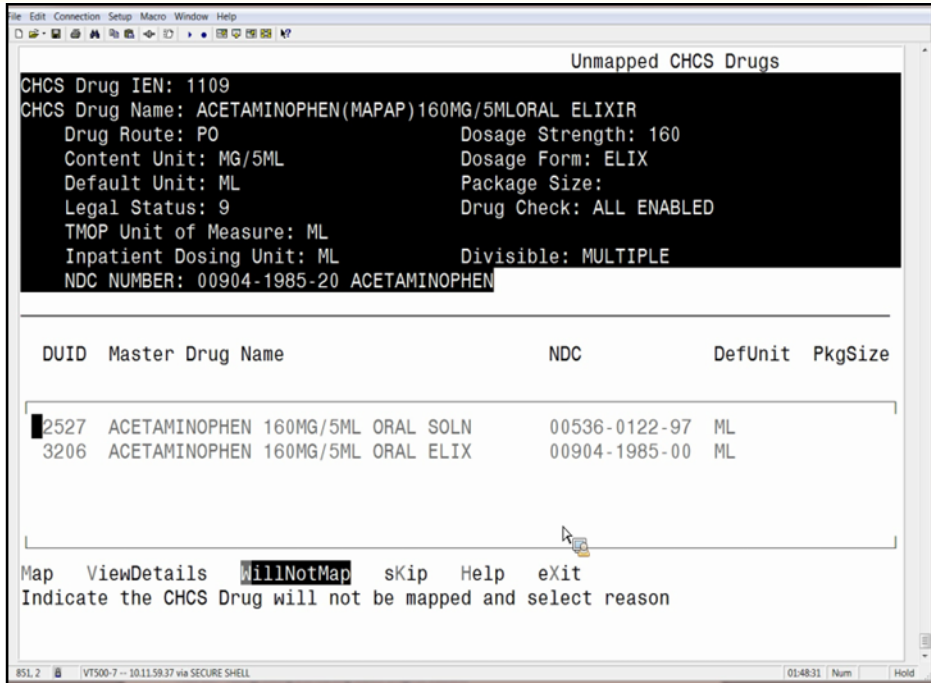
New **IEN, DUID** and **GSNs** have been added to the ADN option

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:
```

Possible Reasons Not to Map


```
File Edit Connection Setup Macro Window Help
                                                      Unmapped CHCS Drugs
CHCS Drug IEN: 1109
CHCS Drug Name: ACETAMINOPHEN(MAPAP)160MG/5MLORAL ELIXIR
    Drug Route: PO              Dosage Strength: 160
    Content Unit: MG/5ML        Dosage Form: ELIX
    Default Unit: ML            Package Size:
    Legal Status: 9             Drug Check: ALL ENABLED
    TMOP Unit of Measure: ML
    Inpatient Dosing Unit: ML   Divisible: MULTIPLE
    NDC NUMBER: 00904-1985-20 ACETAMINOPHEN

    DUID  Master Drug Name                   NDC          DefUnit  PkgSize

    2527  ACETAMINOPHEN 160MG/5ML ORAL SOLN  00536-0122-97  ML
    3206  ACETAMINOPHEN 160MG/5ML ORAL ELIX  00904-1985-00  ML

Map   ViewDetails   WillNotMap   sKip   Help   eXit
Indicate the CHCS Drug will not be mapped and select reason

851.2   VT500-7 -- 10.11.59.37 via SECURE SHELL              01:48:31  Num    Hold
```

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

- MASTER DRUG NOT FOUND
  - PASS gets a message
  - They determine if it *should* be a Master drug file
- Investigational Drug
- Compounded Drugs
- **Legend marked as Control**
  - **Viagra, Cialis, etc**
- IEN is not standardizable (??)

Remember: selecting a "will not map" will remove the IEN from the "unmapped CHCS drugs" queue

*Communication is key with multiple personnel mapping

Other Changes to Note

New CHCS Drug File Indicators

- **(M)** display when mapped to a master drug
- **(Preferred)** local FRM designation (only in **CHCS**)
- **(OBS)** marked as obsolete (only in CHCS)
  - AHLTA—not useable to enter new Rx

```
File  Edit  Connection  Setup  Macro  Window  Help
    KEY     Enter/Edit Drug Authorization Key
    CFG     Create Formulary Group
    IMD     Inquire to Master Drug File
    MDM     Master Drug Mapping

Select Formulary Menu Option: ad  Add New Drug to Formulary
Select DRUG NAME: biotin
    1    BIOTIN 300MCG TAB        TAB
          **NON-FORMULARY**USE COMMENT TO JUSTIFY USE**    $0.0314/Each
    2    BIOTIN 5 MG ORAL CAP
          **NON-FORMULARY** NEEDS COMMANDER'S APPROVAL**
          (M) |Preferred|  $0.2277/Each
    3    BIOTIN 50MG CAP (COMPOUNDED)
          **NON-FORMULARY**COMPOUNDED BY PANORAMA PHARMACY    $ Unknown
    4    BIOTIN SOLN 10MG/ML        MG
          NON-FORMULARY** **COMPOUNDED ITEM**TAKES 24-48 HOURS    $ Unknown

**Interactions, Class Overlaps, Allergy checks limited**
**Drug checking information for one or more components is not available**
    5    BIOTIN SOLN 2MG/ML        ML
          NON-FORMULARY*COMPOUNDED ITEM*    $ Unknown
**Interactions, Class Overlaps, Allergy checks limited**
**Drug checking information for one or more components is not available**
Choose 1-5:
```

```
File  Edit  Connection  Setup  Macro  Window  Help
                        **** Mapped Drug Add/Edit ****

Drug Name: BIOTIN 5 MG ORAL CAP                    IEN: 5146515
NDC: 00394-0130-12 BIOTIN (MERIBIN) 5 MG ORAL CAPSULE
    DUID: 2010                        GCNSEQNO: 16901
    Drug Route: PO                    Dosage Strength: 5
    Content Unit: MG                  Dosage Form: CAP
    Default Unit:                     Drug Check: ALL ENABLED
    Package Size:                     Metric Units: Each
    Legal Status: 9
    TMOP Unit of Measure: TABLETS or CAPSULES(not blister packs)
    TMOP Mailable: Yes
    Label Print Name: BIOTIN 5MG (5000MCG) CAP
    Synonym:
    NFD
    BIOTIN
    BIO5
    BIOT5CAP
    MERIBIN

Help = HELP        Exit = F10        File/Exit = DO            INSERT OFF
```

Default master drug file data fields

When Entering New IENs

- Offered the opportunity to "import" from Master
  - Only if one exist

- Default data fields are viewable prior to import

Auto-Population: Not Mapped

- ❑ New drugs entries to **CHCS** and **not mapped** to the Master Drug File, auto-populate based on the assigned NDC. 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 drug/NDC.**

- ❑ **Changes** these fields are allowed **after** these fields have been auto-populated.

- ❑ If a drug (e.g. **investigational or compounded**) does not have an associated NDC, these fields will **not auto-populate**.

Auto-Population: Mapped

- ❑ Once you select a Master Drug to map to when adding the new drug, all pass fields will **auto-populate, unlike a MTF created drug.**

- ❑ Data inherent to the Master Drug file will be the **default data**.

- ❑ Remember the slide which designates all the fields controlled by **PASS** and the fields controlled by the **MTF**.

- ❑ Some NDCs representing OTC and **multi-ingredient medications** (e.g., Prinzide)/ topical meds (e.g., hydrocortisone), Dosage Strength and Content Unit fields will not auto-populate.

- ❑ The facility will default to all the fields including the NDC. Remember, the default NDC as well as the **IEN** have not affected automation like **Omnicell and ScriptPro**.

- ❑ The inpatient dosing unit can not be each for single ingredient medications. As this will disable the dose check feature in CHCS. For **Omnicell**, Ft. Hood did note the **units had to match** between **CHCS and Omnicell** to prevent profiling units from pulling more than the prescribed amount.

New dosage forms

❑ New Dosage Forms were added as part of the PDS project to support auto-population when entering a new drug.

❑ The Dosage Form file will increase to 457 entries. The Dosage Form file currently in the field is a static file with 71 entries—no additions or changes are allowed by sites. With this update, the original 71 entries are not impacted.

Dosage Forms Jan 2018

Editing NDC

- Considerations 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.

Local Drugs

❑ Definition: Local drugs are **unmapped, pre-existing or newly** added CHCS drugs.

❑ Drug must be **active** in the Formulary. Non-Formulary (N/F) drugs do not appear.

❑ All local drugs will be automatically transmitted to the PASS for possible standardization and inclusion in the Master Drug file for the DoD Enterprise.

❑ Local drugs can still be **ordered** in **CHCS and in AHLTA**.

❑ If the Local drug is standardized by the PASS, the Master Drug will be transmitted to CHCS sites with the nightly update.

❑ **PASS will communicate Master File updates via MilSuite.**

Communication with the PASS

❑ MilSuite is the primary means of communication with email as secondary.

❑ 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. (Pharmacy enters drug)

  ▪ The PASS initiates the addition of new drugs or the editing of existing drugs in the Master Drug File. (PASS enters drug)

Pharmacy Data Standardization (PDS) Troubleshooting and Feedback Form

DHA-Pharmacy Analytics Support Section (PASS)

For assistance completing this form or any other related information email:
dha.jbsa.pharmacy.mbx.pass@mail.mil or call the PASS at 1-866-275-4732 or
210-536-6650, *option 1*. Once completed submit to email provided.
** Never send PHI/PII (SSN, DEERs, Member Name, etc.) on this form.**

Contact Information:

Name/Title:	
Email:	
Phone Number:	
Site:	
Best form of contact?	
Best time available?	Time Zone:

Request Information:

Date of Request:	
Urgency:	O High Justification: _____
* Explanation at bottom of page	O Medium O Low

Description of Request:

Urgency (High, Medium, Low): Use the table below to determine the urgency of your request

Urgency	Definition
High (Justification required)	Jeopardizes patient safety, information security, or accomplishment of a mission essential capability. **No workaround solution exists.**
Medium	Adversely affects the accomplishment of an operational mission essential capability. A workaround solution is known
Low	Results in user operational inconvenience but does not affect a required operational or mission essential capability.

- ❑ All CHCS functionality issues will be addressed through Global Service Center (GSC)
- ❑ Drug file, questions and feedback will be handled by DHA PASS.
  - ❑ PASS Troubleshooting and Feedback Form available through MilSuite and Health.Mil Sharepoint

"Medically Ready Force...Ready Medical Force"

PDS Points of Contact & Implementation

- PDS System acceptance testing completed 19 Jan
- PDS Deployment to begin 22 Jan
- 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

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

"Medically Ready Force…Ready Medical Force"

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 acronym 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.

  MDM – Master Drug Mapping

  IMD- Inquire to Master Drug File

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

- Required new Security Key to access the MDM Option: PSD MASTER DRUG

- Required Security Key to access the IMD Inquire to Master Drug File option: PS FORMULARY

- **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.

- A local IEN is assigned when a drug is directly imported form the master drug file. Pharmacy automation that requires an IEN should not be impacted by PDS.

- **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.