



OUTPATIENT PHARMACY

TECHNICIAN'S USER MANUAL

Version 7.0
December 1997

(Revised May 2013)

Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All,” replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

Date	Revised Pages	Patch Number	Description
05/2013	i, ii, vi, 24 , 68-68d , 75-75d , 77-78 , 85	PSO*7*391	Updated Table of Contents New sort selection for CS. New security key named "PSDRPH" introduced. Added Hash Counts and DEA Certification section. Added two System Error messages. Updated Index (N.Goyal, PM; J.Owczarzak, Tech Writer)
01/2013	i-ii, v-vi 8 4, 6, 22, 23, 26n, 28, 29b, 29v, 36, 52, 55, 56 18a-18d 26e-26e2 27, 48, 55a 29f-29g2 79-84 85	PSO*7*390	Updated Revision History & Table of Contents Added new option Check Interaction Added Creatinine Clearance (CrCl) and Body Surface Area (BSA), when available, to the header area of Patient and Medication Profile displays Added new option Check Drug Interaction Added information regarding clinic orders Update Hidden Actions Added drug allergy changes Update Glossary Update Index (G. Tucker, PM; S. Heiress, Tech Writer)
09/2012	i, ii, vi, 55a – 55d	PSO*7*386	Added section on HOLD and UNHOLD functionality. (N.Goyal, PM; J. Owczarzak, Tech Writer)
02/2012	i-ii, v-vi, 14, 34, 37-40, 42-43, 45a-45h, 63, 66, 68a-b, 70, 79-83	PSO*7*385 PSO*7*359	Added signature alert Expanded ECME Numbers to twelve digits Corrected typos Updated wording on p. 34 from “a message” to “messages” Updated Service Code values Added CHAMPVA functionality Added TRICARE to Glossary Added CHAMPVA to Glossary (S. Spence, PM; C. Smith, Tech Writer)
04/2011	i v, vi 4	PSO*7*251	The following changes are included in this patch: -Updated Revision History -Updated Table of Contents

Date	Revised Pages	Patch Number	Description
	5 8 21 22 24 25-26r 27 28-28b 29-29ff 50 54 75 77-78 79-84 85		<p>-Outpatient List Manager Screen Views</p> <p>-Added HP and H to Hold Status, and Added DF,DE,DP,DD and DA</p> <p>-Added Intervention menu hidden action information</p> <p>-Added DF,DE,DP,DD and DA, and Added HP and H to Hold Status</p> <p>-Replaced Medication Short Profile</p> <p>-Added Intervention menu hidden action information</p> <p>-Inserted enhanced Order checks, Outpatient Pharmacy generated order checks</p> <p>-Added IN to Screen Scrape</p> <p>-Modified New Order Screen Scrape</p> <p>-Updated Entering a New Order,Added Allergy/ADR, Therapeutic Duplication,and CPRS Order Checks</p> <p>-Duplicate Drug examples</p> <p>-Duplicate Drug examples</p> <p>-CPRS Order Checks – How They Work</p> <p>-Error Messages</p> <p>-Added API, DATUP, DIF, DoD, ETC, FDB, HDR-Hx, and HDR-IMS to the Glossary, and updated page numbering</p> <p>-Updated Index to include Enhanced Drug-Drug Interactions, Duplicate Drug Order Check, Allergy/ADR Order Check Display, Therapeutic Duplication, and CPRS Order Checks, and updated page numbering</p> <p>(H. Whitney, Developer, S. Heiress, Tech Writer)</p>
10/09	v, 11, 21-23, 61, 81	PSO*7*326	The Social Security Number was removed from print outs given to patients. The patient lookup has been expanded to include the ability to look up by prescription number or wand a barcode with the prescription from many options. (E. Wright, PM; S. B. Gilbert, Tech Writer)
08/09	All	PSO*7*320	<p>The following changes are included in this patch.</p> <ul style="list-style-type: none"> • Remote Data prompt, notification, and screen have been added. • A hidden action, DR [Display Remote], has been added. • "THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES" prints at the end of the Pull Early from Suspense report. <p>(G. Tucker, PM; S. B. Scudder, Tech Writer)</p>

Preface

This user manual describes the functional characteristics of Outpatient Pharmacy V. 7.0. It is intended for pharmacists and technicians who are familiar with the functioning of Outpatient Pharmacy in a VA Medical Center.

(This page included for two-sided copying.)

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Chapter 1: Introduction

The Outpatient Pharmacy (OP) software provides a way to manage the medication regimen of veterans seen in the outpatient clinics and to monitor and manage the workload and costs in the Outpatient Pharmacy. The Pharmacy Ordering Enhancements (POE) project (patch PSO*7*46 for Outpatient Pharmacy) improves the flow of orders between Inpatient and Outpatient Pharmacy as well as between Computerized Patient Record System (CPRS) and backdoor pharmacy.

The primary benefits to the veteran are the assurance that he or she is receiving the proper medication and the convenience of obtaining refills easily. The clinicians and pharmacists responsible for patient care benefit from a complete, accurate, and current medication profile available at any time to permit professional evaluation of treatment plans. Utilization, cost, and workload reports provide management cost controlling tools while maintaining the highest level of patient care.

Documentation Conventions

This *Outpatient Pharmacy V. 7.0 Technician's User Manual* includes documentation conventions, also known as notations, which are used consistently throughout this manual. Each convention is outlined below.

Convention	Example
Menu option text is italicized.	There are eight options on the <i>Archiving</i> menu.
Screen prompts are denoted with quotation marks around them.	The "Dosage:" prompt displays next.
Responses in bold face indicate user input.	Select Orders by number: (1-6): 5
<Enter> indicates that the Enter key (or Return key on some keyboards) must be pressed. <Tab> indicates that the Tab key must be pressed.	Type Y for Yes or N for No and press <Enter>. Press <Tab> to move the cursor to the next field.
 Indicates especially important or helpful information.	 Up to four of the last LAB results can be displayed in the message.
 Indicates that options are locked with a particular security key. The user must hold the particular security key to be able to perform the menu option.	 This option requires the security key PSOLCKCLOZ.

Remarks:
Division: ALBANY (500) Active 4 Refills Left

-----example continues-----

Example: Medication Profile – Long Format (continued)

Non-VA MEDS (Not Dispensed by VA)
GINKO BILLOBA TAB
Dosage: 1 TABLET
Schedule: ONCE A DAY
Route: MOUTH
Status: Discontinued (10/08/03)
Start Date: 09/03/03 CPRS Order #: 12232
Documented By: OPCLERK21,FOUR on 09/03/03
Statement of Explanation: Non-VA medication not recommended by VA provider.

Example: Medication Profile – Long Format (continued)

ACETAMINPHEN 325MG CT
Dosage: 325MG
Schedule:
Route:
Status: Active
Start Date: 09/03/03 CPRS Order #: 12234
Documented By: OPCLERK21,FOUR on 09/03/03
Statement of Explanation: Non-VA medication recommended by VA provider
Patient wants to buy from Non-VA pharmacy

The Intervention menu hidden action has been included in the Patient Information, the Medication Profile and Detailed Order ListMan screens when utilizing the following options:

- Patient Prescription Processing [PSO LM BACKDOOR ORDERS]
- Complete Orders from OERR [PSO LMOE FINISH]
- Edit Prescriptions [PSO RXEDIT]

Note: Patch PSO*7*391 added a new sort selection, 'CS' to the Complete Orders from OERR, enabling users to select digitally signed pending CS orders separately.

See “Using the Pharmacy Intervention Menu” for more details.

Chapter 2: Processing a Prescription

This chapter describes the option and processes used in processing prescriptions.

Patient Prescription Processing

[PSO LM BACKDOOR ORDERS]

The *Patient Prescription Processing* option is used to process outpatient medication orders from OERR V. 3.0. This option uses List Manager features that allow the pharmacy technician to perform the following actions on a prescription without leaving this option.

- Enter a new Rx
- Refill
- Copy (new)
- Renew
- Reprint
- Release
- Order a partial
- Pull early from suspense
- Show a profile
- View activity log (new)

When a new drug order is processed (new, renewal, finish, verify, copy, or an edit that creates a new order), order checks are performed. These include checking for duplicate drug, duplicate drug therapy, drug-drug interaction, and drug-drug allergy.

With the introduction of Enhanced Order Checks (PSO*7*251), Outpatient Pharmacy generated order checks are displayed in this sequence:

- System Errors
- Duplicate Drug
- Clozapine
- Allergy/ADR (local & remote) or Non-Assessment
- CPRS checks generated backdoor (3 new checks)
- Drug Level Errors
- Local & Remote Critical Drug Interactions
- Local & Remote Significant Drug Interactions
- Local & Remote Duplicate Therapy

Additionally, the order check display sequence is applied to the following processes:

- Backdoor new order entry
- Finishing a pending order
- Renewing an outpatient medication order
- Creating a new order when editing an outpatient medication order
- Verifying an outpatient medication order.
- Copying an outpatient medication order
- Reinstating a discontinued outpatient medication order.

If a prescription is not in a releasable status, the user will be given an error message, such as:

- Prescription has a status of (status) and is not eligible for release.
- Prescription was deleted.
- Improper barcode format.
- Non-existent prescription.

Copay is not charged for a partial fill.

*****Important*****

This is a mandatory function that the pharmacy must use.

Changes to Releasing Orders Function - Digitally Signed Orders Only

The release function in the *Patient Prescription Processing* option has been modified with patch PSO*7*131 to require that all digitally signed orders for Schedule II controlled substances (CSII orders) be released through the *Outpatient Rx's* option in the *Controlled Substances* (CS) menu. If DEA/PKI is activated and an order is digitally signed, the user is advised that the order must be released through the *Outpatient Rx's* option in the *Controlled Substances* (CS) menu. The same message displays if a user attempts to release a digitally signed CSII order during Speed Release or when using the *Release Medication* option.

A new security key named "PSDRPH", was introduced by the Controlled Substances patch PSD*3*76 that authorizes pharmacists to finish/verify digitally signed Schedule II-V CS orders placed via CPRS.

When processing a digitally signed pending order, the integrity of the original order placed in CPRS is now being checked to ensure that the data fields listed below are not altered from the time the order is signed in CPRS and later selected for processing in backdoor pharmacy. This is done by passing the data elements listed below to a Kernel Application Programming Interface (API), Integration Control Registration (ICR) #3539 along with the CPRS hash count provided by ICR #5709. The Kernel API compares these two hash values and returns an "OK" if the pending order is unaltered; otherwise, a "-1^error code^error message" is returned.

Example: "-1^89802016^Mismatched digital signature hash values."

The following fields are used in the hash check:

- Date of Issuance
- Full Name and Address of the Patient
- Drug Name
- Quantity Prescribed
- Directions for Use
- Prescriber Name
- Prescriber Address (site address)
- Prescriber DEA / VA Registration Number
- Order Number (CPRS)

The Kernel API will also check for the validity of the DEA certificate. If the certificate is revoked or expired, the API will return the appropriate error code. If the error code is related to hash mismatch, or the DEA certificate is revoked, the following events will be triggered during pending order processing:

- The order will be auto discontinued.
- First line of the pending order screen will have the message "Digital Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked" concatenated with "Order Auto Discontinued", and the message will be highlighted.
- The status bar of the screen will have the message "Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked."

A mail message will be generated to the holders of the PSDMGR key notifying that the order has been auto-discontinued (similar to the example listed below). If the discontinuation is due to a hash mismatch as a result of altering one of the fields listed above, the mail message will show the altered fields with the discrepancies as shown in the following example.

Example: Mail Message of Discontinuation Due to Hash Mismatch

```
Subj: DIGITALLY SIGNED NEW ORDER AUTO DISCONTINUED  [#196353]
      03/20/12@17:1024 lines
From: POSTMASTER  In 'IN' basket.    Page 1  *New*

-----

Following order was auto discontinued when finishing a pending order
due to Corrupted (Hash mismatch) - 89802016

Division      : GREELEY CLINIC
CPRS Order #  : 5587651
Issue Date    : MAR 7,2012
Patient       : TEST,PATIENT (0908)
Address       : P.O. BOX 31
               LAPORTE, CA 95981
Drug          : CODEINE SULFATE 60MG TAB
Dosage Ordered: 120(MG)
Dosage Form   : TABLETS
Quantity      : 54
Provider      : TEST,PROVIDER
DEA#          : TA1234563
Site Address  : 2360 E PERSHING BLVD
               2360 East Pershing Boulevard
               CHEYENNE

Differences in CPRS and Pharmacy Pending File

Data Name      CPRS File      Pharmacy Pending File
-----
QTY PRESCRIBED 15             30
```

If the error code is related to 'certificate expired', the pending order will be processed (will not be auto-discontinued), and a notification will be sent to the provider with the message "DEA certificate expired. Renew your certificate."

The following changes have been made for finishing a CS order:

- When finishing a pending CS order, if the user does not hold the new PSDRPH security key, the order will be marked as 'Non-Verified'. To verify a 'Non-Verified' CS order, the PSDRPH security key is now required. To discontinue a pending CS order, the PSDRPH security key is now required.
- The pending order screen will now display the provider's DEA/VA #, the DETOX# (if available), and the site address.
- When finishing a new pending CS order, the dosage, provider name, or the number of refills will not be allowed editing; however, the user will be allowed to select other possible dosages for the same drug if available. If the changes to the dispense drug results in creating a new order, the user will be notified by the message " Digitally Signed Order - No such changes allowed." If pharmacy wants to make such changes, then they have to discontinue (DC) the pending order and start a new order. However, the user will be allowed to select other possible dosages for the same drug that does not change the prescribed dosage.
- When finishing a new pending CS order, the day supply or the quantity will not be allowed to increase but can be decreased. If the day supply is decreased, the number of refills will also be adjusted accordingly depending on the drug setup (maximum refills, not refillable, etc). The quantity may be auto-calculated to a higher quantity by the system only when the dosage remains the same, but the dispense drug strength is changed – i.e. 2mg tablets #30 is changed to 1mg tablets, the Sig is updated, and the system changes the quantity to 60. A manual change to a higher quantity is not allowed.
- When finishing a pending CS order or verifying a CS order by the PSDRPH key holder, any edit to some of the key fields, such as dispense drug, dosage, dispense units, issue date, day's supply, quantity or number of refills, will now be captured and stored in the activity log.

Note: In patch PSO*7*99, a change was made for pending orders not to recalculate the quantity for CS drugs on selecting a different strength of the same drug and resulting in the same prescribed dosage. This change is removed in patch PSO*7*391.

Changes to Releasing Orders Function - ScripTalk®

The release function in the *Patient Prescription Processing* option has been modified to display a message to the user when the site is using a Bingo Board and when the patient is enrolled in ScripTalk®. This message will alert the user that the patient is enrolled in ScripTalk® and may need to have a verbal announcement that the prescription(s) is ready, instead of a visual announcement.

Example: Releasing Medication to a ScripTalk® Patient

```
Prescription Number 400693 Released
No Refill(s) to be Released
No Partial(s) to be Released

OPPATIENT16,ONE added to the WAITING display.
This patient is enrolled in ScripTalk and may benefit from
a non-visual announcement that prescriptions are ready.

Press Return to Continue:
```

Changes to Releasing Orders Function – Signature Alert

With Patch PSO*7*385, the release function in the *Patient Prescription Processing* option has been modified to display a message to the user when an ECME-billable prescription is being released as a window fill. This message will alert the user that the patient's signature must be obtained. The user is not required to press <Enter> to continue or respond to the alert in any other manner.

Example: Releasing an ePharmacy Window Fill

```
Prescription Number 100003853 Released
No Refill(s) to be Released
No Partial(s) to be Released

ePharmacy Rx - Obtain Signature
```

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Chapter 3: CPRS Order Checks: How They Work

Introduction

In CPRS, Order Checks occur by evaluating a requested order against existing patient data. Most order checks are processed via the CPRS Expert System. A few are processed within the Pharmacy, Allergy Tracking System, and Order Entry packages. Order Checks are a real-time process that occurs during the ordering session and is driven by responses entered by the ordering provider. Order Check messages are displayed interactively in the ordering session.

Order Checks review existing data and current events to produce a relevant message, which is presented to patient caregivers. Order Checks use the CPRS Expert System (OCX namespace), to define logical expressions for this evaluation and message creation. In addition to the expert system Order Checks have some hard-coded algorithms. For example, the drug-drug interaction order check is made via an entry point in the pharmacy package whereas Renal Functions for Patients 65 and Over is defined as a rule in the CPRS Expert System.

Hash Counts and DEA Certification

When processing a digitally signed pending order, the integrity of the original order placed in CPRS is now being checked to ensure that the data fields listed below are not altered from the time the order is signed in CPRS and later selected for processing in backdoor pharmacy. This is done by passing the data elements listed below to a Kernel Application Programming Interface (API), Integration Control Registration (ICR) #3539 along with the CPRS hash count provided by ICR #5709. The Kernel API compares these two hash values and returns an "OK" if the pending order is unaltered; otherwise, a "-1^error code^error message" is returned.

Example: "-1^89802016^Mismatched digital signature hash values."

The following fields are used in the hash check:

- Date of Issuance
- Full Name and Address of the Patient
- Drug Name
- Quantity Prescribed
- Directions for Use
- Prescriber Name
- Prescriber Address (site address)
- Prescriber DEA / VA Registration Number
- Order Number (CPRS)

The Kernel API will also check for the validity of the DEA certificate. If the certificate is revoked or expired, the API will return the appropriate error code. If the error code is related to hash mismatch, or the DEA certificate is revoked, the following events will be triggered during pending order processing:

- The order will be auto discontinued.

- First line of the pending order screen will have the message "Digital Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked" concatenated with "Order Auto Discontinued", and the message will be highlighted.
- The status bar of the screen will have the message "Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked."

A mail message will be generated to the holders of the PSDMGR key notifying that the order has been auto-discontinued (similar to the example listed below). If the discontinuation is due to a hash mismatch as a result of altering one of the fields listed above, the mail message will show the altered fields with the discrepancies as shown in the following example.

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Patient       : TEST,PATIENT (0908)
Address       : P.O. BOX 31
               LAPORTE, CA 95981
Drug          : CODEINE SULFATE 60MG TAB
Dosage Ordered: 120(MG)
Dosage Form   : TABLETS
Quantity      : 54
Provider      : TEST,PROVIDER
DEA#          : TA1234563
Site Address  : 2360 E PERSHING BLVD
               2360 East Pershing Boulevard
               CHEYENNE

Differences in CPRS and Pharmacy Pending File

Data Name      CPRS File      Pharmacy Pending File
-----
QTY PRESCRIBED 15             30

```

If the error code is related to 'certificate expired', the pending order will be processed (will not be auto-discontinued), and a notification will be sent to the provider with the message, "DEA certificate expired. Renew your certificate."

The following changes have been made for finishing a CS order:

- When finishing a pending CS order, if the user does not hold the new PSDRPH security key, the order will be marked as 'Non-Verified'. To verify a 'Non-Verified' CS order, the PSDRPH security key is now required. To discontinue a pending CS order, the PSDRPH security key is now required.

- The pending order screen will now display the provider's DEA/VA #, the DETOX# (if available), and the site address.
- When finishing a new pending CS order, the dosage, provider name, or the number of refills will not be allowed editing; however, the user will be allowed to select other possible dosages for the same drug if available. If the changes to the dispense drug results in creating a new order, the user will be notified by the message " Digitally Signed Order - No such changes allowed." If pharmacy wants to make such changes, then they have to discontinue (DC) the pending order and start a new order. However, the user will be allowed to select other possible dosages for the same drug that does not change the prescribed dosage.
- When finishing a new pending CS order, the day supply or the quantity will not be allowed to increase but can be decreased. If the day supply is decreased, the number of refills will also be adjusted accordingly depending on the drug setup (maximum refills, not refillable, etc). The quantity may be auto-calculated to a higher quantity by the system only when the dosage remains the same, but the dispense drug strength is changed – i.e. 2mg tablets #30 is changed to 1mg tablets, the Sig is updated, and the system changes the quantity to 60. A manual change to a higher quantity is not allowed.
- When finishing a pending CS order or verifying a CS order by the PSDRPH key holder, any edit to some of the key fields, such as dispense drug, dosage, dispense units, issue date, day's supply, quantity or number of refills, will now be captured and stored in the activity log.

Note: In patch PSO*7*99, a change was made for pending orders not to recalculate the quantity for CS drugs on selecting a different strength of the same drug and resulting in the same prescribed dosage. This change is removed in patch PSO*7*391.

Order Check Data Caching

Data caching was recently added to improve the speed of order checks. Before data caching, order checks could be slow because each order check retrieved data from the other VISTA packages—even if the order checks used the same data. With data caching, the first order check in an ordering session retrieves data from other VISTA packages, uses the data to evaluate whether it should display a warning, and then stores the retrieved data in the ^XTMP(“OCXCACHE” global for five minutes. The order checks that occur in the next five minutes can use the cached data, if it is the appropriate data, instead of retrieving data from the other packages. After five minutes, the cached data expires, and order checks must retrieve new data from the VISTA packages.

For example, before data caching was implemented, if an order check took 3 seconds to retrieve data from other VISTA packages, and there were 12 order checks, clinicians might wait 36 seconds to sign orders. With data caching, the first order check might take 3 seconds to retrieve the data, but subsequent order checks could use the cache and might take only .03 seconds each. That would be 3.33 seconds compared to 36 seconds. The numbers in this example are for illustration only and do not reflect real system speed. However, data caching should speed up order checks.

To avoid using all available disk space for storing data from order checks, there are several ways to clear the ^XTMP(“OCXCACHE” global. ORMTIME removes data from the global when it runs. The suggested frequency for running ORMTIME is every 30 minutes, but not every site runs it that frequently. Kernel clean up utilities also remove data from the cache when they run, which is usually every 24 hours. If needed, users that have access to the programmer’s prompt can manually clear the cache from that prompt by using PURGE^OCXCACHE.

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Chapter 4: Error Messages

Error Level	Error Message	Reason	Why message is being displayed.
System	No Enhanced Order Checks can be performed.	Vendor Database cannot be reached.	The connectivity to the vendor database has gone down. A MailMan message is sent to the G. PSS ORDER CHECKS mail group when the link goes down and when it comes back up.
System	No Enhanced Order Checks can be performed.	The connection to the vendor database has been disabled.	A user has executed the Enable/Disable Vendor Database Link [PSS ENABLE/DISABLE DB LINK] option and disabled the interface.
System	No Enhanced Order Checks can be performed	Vendor database updates are being processed	The vendor database (custom and standard data) is being updated using the DATUP (Data Update) process.
System	“Signed Failed- Order Auto Discontinued”	Hash mismatch	Original digitally signed CS order placed in CPRS is checked to ensure data fields are not altered from the time the order is signed in CPRS and later selected for processing in backdoor pharmacy.
System	“DEA certificate expired. Renew your certificate.”	Validity of the DEA certificate.	Kernel API check for the validity of the DEA certificate. If certificate is revoked or expired, the API will return the appropriate error code.
Drug	Enhanced Order Checks cannot be performed for Local or Local Outpatient Drug: <DRUG NAME>	Drug not matched to NDF	The local drug being ordered/ or on profile has not been matched to NDF. Matching the drug to a VA Product will eliminate this message.
Drug	Order Checks could not be done for Remote Drug: <DRUG NAME>, please complete a manual check for Drug Interactions and Duplicate Therapy. Remote order indicator		If this error message is displayed, it means that the VA product that the local or remote drug being ordered/or on the local or remote profile does not have a GCNSEQNO or in rare cases, the GCNSEQNO assigned to the VA Product does not match up with a GCNSEQNO in the vendor database.
Drug	Enhanced Order Checks cannot be performed for Orderable Item: <OI NAME>	No active Dispense Drug found	Highly unlikely that this error would be seen. At the time the order check was being performed the orderable item did not have an active dispense drug associated.
Drug	Enhanced Order Checks cannot be performed for Orderable Item: <OI NAME>	No active, marked for IV Fluid Order Entry IV Additive/Solution found	The orderable item associate with an IV Fluid order did not have an active IV Additive/IV Solution marked for IV fluid order entry use at the time the order check was executed. This is another error the user will probably not see.

Error Information

The text in the error message and reason column will be displayed to the user. The type of error is displayed in column 1.

Two Levels of Error Messages

System	When a system level error occurs, no Drug Interaction or Duplicate Therapy order checks that utilize the COTS database (FDB) will be performed. Other order checks, such as Allergy/ADRs, Duplicate Drug (for outpatient only), and the new CPRS order checks, etc. that are performed entirely within VISTA will continue to be executed.
Drug	<p>When a drug level error occurs, no Drug Interaction or Duplicate Therapy order checks will be performed for a specific drug. Drug level errors can occur for the prospective drug (drug being processed) or the profile drug. If a drug level error occurs on the prospective drug, no profile drug errors will be displayed. The only exception to this is when you are processing an IV order with multiple prospective drugs (i.e. multiple IV Additives). Profile drug level errors will only be shown once per patient session.</p> <p>There are two reasons that a drug level error is generated; the drug is not matched to NDF or the drug is matched to NDF, but the VA Product to which it is matched does not have a GCNSEQNO assigned or the GCNSEQNO assigned does not match up to the GCNSEQNO in the COTS database. The latter (GCNSEQNO mismatch) is rare.</p>

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