Requirements Document: Al-Driven Drug Proposal Analysis Agent

1. Introduction

1.1 Purpose

The agent aims to assist healthcare professionals—especially pharmacists and clinicians—by analyzing a proposed drug against a patient's historical medical data (e.g., past diagnoses, medications, allergies, lab results, age, etc.) and generating an Al-powered summary that supports safe prescribing, better decision making and. feed into down stream processing.

1.2 Scope

This Agent will:

- Analyze Doctor notes, proposed medication.
- Generate Gen Al-based summaries that highlight risks, considerations, and alternatives comparing and contrasting the above against patient's history
- Detects high-risk patterns, especially in elderly or polypharmacy patients.

Primary users: Pharmacists, Prescribing Physicians, Clinical Decision Support (CDS) Teams.

2. Functional Requirements

2.1 Proposed Drug Analysis Based on Patient History

- **FR1.1**: The Agent shall accept Doctor Notes, prescription details and the patient history as input (in a shared folder)
- FR1.2: Patient history will include:
 - o Existing medications
 - o Allergies

- Comorbidities
- o Recent lab results
- o Age, gender, weight
- Prior adverse reactions (if any)
- FR1.3: The Agent shall analyze compatibility and highlight potential risks, such as:
 - Known allergies
 - Disease contraindications
 - Unfavorable lab values (e.g., renal or hepatic impairment)
- FR1.4: The Agent shall check for therapeutic duplication or potential ineffectiveness based on history and provide a summary

2.2 Al-Generated Clinical Summary for Decision Support

- FR2.1: The Agent shall provide a concise Gen Al-powered summary that includes:
 - Key facts from patient history relevant to the prescription
 - o Risk assessment
 - Monitoring recommendations (e.g., check blood sugar, LDL, HDL)
 - Suggested alternatives (if relevant)
- FR2.2: The summary shall be context-sensitive and generated in under 5 seconds.
- **FR2.3:** Users shall be able to request a "detailed explanation" or "layman's summary".

2.3 High-Risk Medication Pattern Detection

- **FR3.1:** The Agent shall flag high-risk profiles (e.g., elderly patients with 5+ medications).
- FR3.2: When a new drug is proposed, it shall assess cumulative burden and suggest caution if needed.

• **FR3.3:** It shall alert on risky drug classes (e.g., CNS depressants, anticoagulants) based on existing patient medications and history.

3. Non-Functional Requirements

3.1 Performance

- Summarization response time: <5 seconds.
- Daily support for 100,000+ drug analysis requests.

3.2 Usability

- Clear, color-coded risk flags (e.g., Red = major risk, Yellow = moderate).
- Toggle to expand summary for clinical details or recommendations.

3.3 Interoperability

- EHR integration via FHIR/HL7 for real-time patient data access.
- External APIs for drug safety reference (e.g., RxNorm, FDA database).

3.4 Security

- Full HIPAA compliance with role-based access control and data encryption.
- Audit trails for every analysis request and summary generation.

4. System Architecture Overview

- Document Upload Shared folder (Patient Record, Doctor Notes, Prescription)
- OCR/IDP Google Tesseract, Azure Document Analyzer etc
- Output Files Document providing the Analysis Result (to be used downstream)
- Backend:
 - Al engine (e.g., Azure OpenAl for summarization)

- Medical rules engine (drug-disease, drug-allergy, drug-lab)
- o Integration service for EHR data access

Data Sources:

- Patient EHR records
- o Clinical decision support databases (RxNorm, DrugBank, etc.)

Optional

• Frontend: Sample front end that can assimilate the output from the Agent

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