

STAR 2000™



STAR PHARMACY REFERENCE GUIDE Worksheets Volume

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Preface

The *Worksheets Volume* of the *STAR Pharmacy Reference Guide* provides the worksheets for gathering information to build and maintain a hospital's STAR Pharmacy tables, parameters, and formulary.

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Introduction

The *Worksheets Volume* of the *STAR Pharmacy Reference Guide* contains the worksheets used in gathering information to create the STAR Pharmacy tables and parameters and the formulary.

Chapter 1: Table Worksheets

This chapter provides the worksheets for gathering information for STAR Pharmacy tables that the hospital creates and maintains.

Chapter 2: Parameter Worksheets

This chapter provides worksheets for gathering information needed to complete and maintain the STAR Pharmacy parameters.

Chapter 3: Formulary Worksheets

This chapter provides worksheets for gathering information needed to build and maintain your formulary.

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INTRODUCTION

This section provides the worksheets used by the hospital to gather and build the information needed to create and maintain the STAR Pharmacy tables.

Several tables are not built or maintained by the hospital. As a result, no worksheets are provided in this section for the following tables:

- Disease States
- Generic Name Codes
- Ingredient Codes
- IV Base Solutions
- O/P Third Party Claim Info
- O/P Third Party Conversion Formulas

ALLERGY CLASSES

Allergy Classes are predefined classes of drugs to which patients may experience an adverse reaction. As each patient is registered in the STAR Pharmacy System, their known adverse drug classes (allergies) are identified. The code assigned to each allergy class enables the computer to automatically screen for potential reactions as the drug is ordered. User-defined codes, as well as codes provided by First DataBank, Inc. (FDB) are available. The FDB codes are automatically updated via the FDB update tapes except the Abbreviation and Allergy Information fields that are maintained by the pharmacy department. The Abbreviation is the first ten characters of the Description, and can be revised.

CODE: 7C _ _ _ _ _

DESCRIPTION: 33C

_ _ _ _ _

_ _ _ _ _

ALTERNATE CODE: 5C _ _ _ _ _

ALLERGEN TYPE: 2C _ _

ABBREVIATION: 10C _ _ _ _ _

ALLERGY INFORMATION: 180C

_ _ _ _ _

_ _ _ _ _

_ _ _ _ _

_ _ _ _ _

_ _ _ _ _

_ _ _ _ _

_ _ _ _ _

ALLERGY REACTIONS

An Allergy Reaction is a patient's physical response to a drug or item to which they are allergic or sensitive. An Allergy Reaction can be defined for each Ingredient, Drug and/or Allergy class identified for a patient. When a drug to which the patient may experience an adverse reaction is ordered, the system displays a screen of Allergy information that includes this allergy reaction description.

CODE: Display Only _ _ _

DESCRIPTION: 26C

SEVERITY: (see Table)

SENSITIVITY TYPE: 5C _ _ _ _ _

CODE: Display Only _ _ _

DESCRIPTION: 26C

SEVERITY: (see Table)

SENSITIVITY TYPE: 5C _ _ _ _ _

CODE: Display Only _ _ _

DESCRIPTION: 26C

SEVERITY: (see Table)

SENSITIVITY TYPE: 5C _ _ _ _ _

CODE: Display Only _ _ _

DESCRIPTION: 26C

SEVERITY: (see Table)

SENSITIVITY TYPE: 5C _ _ _ _ _

AHFS THERAPEUTIC CLASSES

The American Hospital Formulary Service groups drugs by therapeutic class and assigns a unique code to each class. The AHFS Therapeutic Class codes are used to perform duplicate drug checks. Duplicate drug checking on a specific AHFS Class for specific order types can be turned off by checking the appropriate order type. The information for this table is provided by and maintained by First DataBank (FDB), except the Duplicate Exclusion field that is maintained by the pharmacy department. Canadian customers can indicate the sub account code.

CLASS CODE: 6N _____

DESCRIPTION: 74C _____

DUPLICATE EXCLUSION: (circle one) IV Orders Sol-Sol Orders All Orders

SUB ACCOUNT CODE (Canada Only): _____

CLASS CODE: 6N _____

DESCRIPTION: 74C _____

DUPLICATE EXCLUSION: (circle one) IV Orders Sol-Sol Orders All Orders

SUB ACCOUNT CODE (Canada Only): _____

CLASS CODE: 6N _____

DESCRIPTION: 74C _____

DUPLICATE EXCLUSION: (circle one) IV Orders Sol-Sol Orders All Orders

SUB ACCOUNT CODE (Canada Only): _____

AUTOMATIC STOP TYPES

An Automatic Stop Order type defines a stop order policy used by the pharmacy department to determine a stop order date and time for pharmacy orders. The ASO type most appropriate for the order is selected during order entry. A printed report and/or labels are used to notify the physician and/or pharmacy of impending stop dates. The ASO Notification parameter determines when warnings of impending stop orders are given and the form (report and/or labels) of the warning.

```
CODE: 5C      _ _ _ _ _  
  
DESCRIPTION: 33C  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _  
  
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _  
  
SHORT DESCRIPTION: 15C  _ _ _ _ _ _ _ _ _ _ _ _ _ _  
  
STOP TYPE: (check one)   ___Hard    ___Soft  
  
AUTO EXTEND? (check one)                                DURATION: (8N, specify one)  
  
___Yes     ___No                                           _ _ _ _ _ _ _ _ _ _  
  
                                                                Hours    Days    DOses  
  
STOP TIME: (for Duration in DAYS only)   _ _ _ : _ _ _
```

```

CODE: 5C      _ _ _ _ _

DESCRIPTION: 33C  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
                _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

SHORT DESCRIPTION: 15C  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

STOP TYPE: (check one)  _ _ Hard      _ _ Soft

AUTO EXTEND? (check one)                                DURATION: (8N, specify one)

_ _ Yes      _ _ No                                _ _ _ _ _ _ _ _ _ _

                                                Hours    Days    DOses

STOP TIME: (for Duration in DAYS only)  _ _ _ : _ _ _

```


BOTTLE SCHEDULES

A Bottle Schedule is specified for each drug in a solution order. The Bottle Schedule defines which bottles of the solution order contain the drug. For example, the bottle schedule of the base solution is often every bottle or every other bottle whereas the bottle schedule of an additive might be every third bottle, or only the first bottle daily. This table defines all of the bottle schedules used by the pharmacy department. Do not delete or modify the QB bottle schedule because this bottle schedule means *every bottle* and has a Schedule of QD (that is, every day).

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CODE: 5C

DESCRIPTION: 19C

___ First Bottle Daily

___ Interval: Every ___ bottles

BOTTLE SCHEDULES (PAGE 2)

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CODE: 5C

DESCRIPTION: 19C

BOTTLE SCHEDULE: (select one)

SCHEDULE: (see Table)

___ First Bottle Daily

___ Interval: Every ___ bottles

CANCEL ORDER REASONS

A cancellation reason is a reason for cancelling a pharmacy order processed using the Inpatient Processing Module of the STAR Pharmacy System. The system requires that you enter a predefined cancellation reason each time you cancel a pharmacy order. This table defines each of the cancellation reasons used by the pharmacy department.

CODE: 5C	DESCRIPTION: 33C
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —

CONTROL CLASSES (CANADA ONLY)

Control classes are defined by Canadian facilities. Six classes are provided by First DataBank (FDB). This table defines each of the control classes used by the pharmacy department.

CODE: 5C	DESCRIPTION: 33C
-----	----- -----
-----	----- -----
-----	----- -----
-----	----- -----
-----	----- -----
-----	----- -----
-----	----- -----
-----	----- -----
-----	----- -----

CRT NAMES

In order to use STAR Pharmacy, each cathode ray tube (CRT) accessing the system must be identified. This table identifies each CRT and sets guidelines regarding the use and capabilities of the individual CRTs.

SCREEN #1 - GENERAL INFORMATION

CODE: 3A/N

CRT NAME: 19C

FACILITIES:

PORT # OR PC NAME: 64C

INITIAL MENU: (see Table)

NAME INQUIRY: (select one) (N)ewborn (T)elephone (S)tandard

DEFAULT PRINTER: (see Table)

DEFAULT I/P CHG LOC: (select one) Nurse Station O/P Charge Location

DEFAULT O/P CHG LOC: (see Table)

SCREEN #5 - PHARMACY INFORMATION

NON-CONTROLLED PRIMARY LOCATION: (see Table)

NON-CONTROLLED SECONDARY LOCATIONS: (see Table)

CONTROLLED PRIMARY LOCATION: (see Table)

CONTROLLED SECONDARY LOCATIONS: (see Table)

SPECIALTY CHARGE: (select one) Yes No

LABEL GROUP: 3N

OVERRIDES (Label Group) 3N (one per facility)

Facility :

Facility :

Facility :

Facility :

Facility :

SATELLITE LOCATION: (see Table)

PRIMARY O/P MEDICATION LOCATION: (see Table)

SECONDARY O/P MEDICATION LOCATION: (see Table)

PRIMARY O/P SOLUTION LOCATION: (see Table)

SECONDARY O/P SOLUTION LOCATION: (see Table)

PRESCRIPTION NUMBER SEQUENCE: (see Table) _____

O/P CRT: (select one) ☐ Yes ☐ No

O/P DISPENSING LOCATION: (see Table) _____

LBL GRP OVERRIDES: (see Table) _____

D/C REASONS

A Discontinue Reason defines the reason for discontinuing an order. The user is requested to enter a discontinue reason each time an order is discontinued. This table defines each of the discontinue reasons used by the pharmacy department. When a patient is discharged, the system automatically discontinues any active orders and assigns a discontinue reason of Discharged. Do not delete this discontinue reason.

CODE: 5C

DESCRIPTION: 33C

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DOWNLOAD PC DEFINITIONS

Download PC Definitions define the port, data path, and file name for the downloading of workload data using the Workload Data Download File function.

Port:3N ___ ___ ___

Description: _____

Data file path for download: 30 C

Download file: ___ ___ ___ . ___ ___

(The system adds the facility letter at the beginning of the file name.)

Port:3N ___ ___ ___

Description: _____

Data file path for download: 30 C

Download file: ___ ___ ___ . ___ ___

(The system adds the facility letter at the beginning of the file name.)

Port:3N ___ ___ ___

Description: _____

Data file path for download: 30 C

Download file: ___ ___ ___ . ___ ___

(The system adds the facility letter at the beginning of the file name.)

DOSAGE FORMS

Dosage Form is the physical form of the product (for example, tablet, liquid, syringe). The dosage form of each drug is specified in the formulary file. First DataBank (FDB) provides the information for this table. The pharmacy department needs to only edit the FDB-provided information to improve clarity; but not change the basic meaning and intent of dosage forms. The pharmacy department is responsible for maintaining current information in this table.

CODE: 7C**DESCRIPTION: 25C**

DOSE ADJUSTMENT FACTORS

Use this worksheet for each dosage adjustment factor you wish to enter in the system.

CODE 4C

DESCRIPTION 20C

DOSE ADJUSTMENT FACTOR TEXT 12 LINES, 60 C EACH

[illegible]

DRUG-DRUG INTERACT ACTION CODES

A Drug-Drug Interact Action is a specific course of action recommended in the event of a drug-drug interaction. Each Interact Action applies only to certain types of drug-drug interactions. The Drug-Drug Interact Action Code ties the action to the appropriate interactions. When an item is ordered that would interact with a previously ordered drug, a screen of interaction information appears. This information includes the Drug-Drug Interact Action and its code. McKesson provides the information for this table. The pharmacy department needs to only edit the McKesson-provided information to improve clarity; but not change the basic meaning and intent of interact actions. The pharmacy department is responsible for maintaining current information in this table.

CODE: 1N

DESCRIPTION: 33C

SEVERITY: 150C

CODE: 1N

DESCRIPTION: 33C

SEVERITY: 150C

DRUG-DRUG INTERACT SEVERITY CODES

A Drug-Drug Interact Severity defines the severity of a drug-drug interaction. The code assigned to each severity indicates the level of the interaction's severity. When an item is ordered that would interact with a previously ordered drug, the system logs the interaction on a report or displays the drug-drug interaction depending upon the severity of the interaction and the Screening - Drug to Drug Int parameter. The drug-drug interaction information logged to the report or displayed on the screen includes this severity. McKesson provides the information for this table and the pharmacy department is responsible for maintaining current information. The pharmacy department needs to edit the McKesson-provided information only to improve clarity; but not change the basic meaning and intent of interact severities.

CODE: 1N

DESCRIPTION: 33C

SEVERITY: 150C

CODE: 1N

DESCRIPTION: 33C

SEVERITY: 150C

EXTEMPORANEOUS COMMENTS

An Extemporaneous Comment is a short phrase pertinent to the handling and/or administration of an extemporaneous order. Extemporaneous comments can be printed on the extemporaneous label. This table defines all of the extemporaneous comments used by the Pharmacy Department.

CODE: 5C	DESCRIPTION: 15C
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —
— — — — —	— — — — —

EXTEMPORANEOUS TYPES

An extemporaneous order is an order that requires a repackaging of the formulary items ordered. Extemporaneous Type definitions classify extemporaneous orders based upon the type of repackaging required (for example, oral syringe and oral cup). The worklist and labels for extemporaneous orders print the orders by extemporaneous type.

CODE: 3C	DESCRIPTION: 33C	ADD-ON FEE: N
---	-----	\$ ---.---
---	-----	

CODE: 3C	DESCRIPTION: 33C	ADD-ON FEE: N
---	-----	\$ ---.---
---	-----	

CODE: 3C	DESCRIPTION: 33C	ADD-ON FEE: N
---	-----	\$ --. --
---	-----	

CODE: 3C	DESCRIPTION: 33C	ADD-ON FEE: N
---	-----	\$ ---.---

FORMULARY USAGE GROUPS

The Formulary Usage Groups Table enables you to identify specific groups of formulary items for which you want to generate usage reports. There are three parts of this table: the Basic Information, the Included Items and the Print Defaults. The Basic Information identifies the group and defines some basic report generation criteria. The Included Items part identifies the formulary items included in the group. The Print Defaults determine how the system collates the information and format the report. Use the Print Formulary Usage Groups function to generate the formulary usage group reports.

BASIC INFORMATION:

CODE: 3C

DESCRIPTION: 30C

____ _

 TYPE: (select one) ☐ Control Classes ☐ Formulary Items ☐ AHFS Classes

 STOCK LOCATIONS: (see Table) ALL or _____

 END OF MONTH: (select one) ☐ Yes ☐ No

INCLUDED ITEMS:

The included item categories correspond directly to the usage group types offered in the Type field of the Basic Information. Complete only the included item information for the usage group type selected.

CONTROL CLASSES: (select options)

<input type="checkbox"/> 1-Research Only	<input type="checkbox"/> 2-Most Abused	<input type="checkbox"/> 3-Less Abused
<input type="checkbox"/> 4-Potential Abuse	<input type="checkbox"/> 5-Controlled Sale	<input type="checkbox"/> 0-Not Controlled
By Pharmacy Only		

FORMULARY ITEMS: (max.=51)	ALL	or	_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

AHFS CLASSES: (limit = 6)

FREE-FORM MEDICATION LABELS

The Free-Form Medication Label is a medication label that prints only upon request. The content of the label and number of labels printed are determined at the time of request. This table enables the pharmacy department to design and store the formats of several different free-form medication labels. This enables the pharmacy to just select the desired free-form medication label and make the necessary edits instead of having to create a label from scratch each time the function is used (the system does not save labels after they have printed).

CODE: 4C

DESCRIPTION: 19C

INITIAL LABEL TEXT:

Line #	Column #	Text
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----
---	---	-----

FREE-FORM SOLUTION LABELS

The Free-Form Solution Label is a solution label that prints only upon request. The content of the label and number of labels printed are determined at the time of request. This table enables the pharmacy department to design and store the formats of several different free-form solution labels. This enables the pharmacy to just select the desired free-form solution label and make the necessary edits instead of having to create a label from scratch each time the function is used (the system does not save labels after they have printed).

CODE: 4C

DESCRIPTION: 19C

INITIAL LABEL TEXT:

Line #

Column #

Text

FREQUENCIES

Frequency defines the interval or specific times during a day (a 24-hour period) that an order is to be administered to the patient. Because the actual administration of a given frequency may vary by nurse station, STAR Pharmacy enables the pharmacy to specify the order entry defaults of a given frequency by nurse station. These order entry defaults include the Label Description, Schedule, PRN Doses/Day, Scheduled Doses/Day, Dosing Interval and Administration Times fields.

CODE: 5C _____

DESCRIPTION: 33C _____

LABEL DESCRIPTION: 19C

SCHEDULE: (see Table)

PRN DOSES/DAY: 2N

SCHEDULED DOSES/DAY: 3N _____ DOSING INTERVAL: 2N:2N ____:____

ADMINISTRATION TIMES: ____:____ ____:____ ____:____

____:____ ____:____ ____:____ ____:____

DRC PRN DOSES/DAY: 2N _____

STATION OVERRIDES: (see Table) _____

FREQUENCIES (PAGE 2)

This is the second page of the Frequency Table worksheet. This page is used to define the schedule for additional override stations not covered on the first page.

DEFAULTS FOR OVERRIDE STATION: _____

LABEL DESCRIPTION: 19C _____

SCHEDULE: (see Table) _____ PRN DOSES/DAY: 2N _____

SCHEDULED DOSES/DAY: 3N _____ DOSING INTERVAL: 2N:2N _____:____

ADMINISTRATION TIMES: _____:____ _____:____ _____:____

_____:____ _____:____ _____:____ _____:____ _____:____

DRC PRN DOSES/DAY: 2N _____

DEFAULTS FOR OVERRIDE STATION: _____

LABEL DESCRIPTION: 19C _____

SCHEDULE: (see Table) _____ PRN DOSES/DAY: 2N _____

SCHEDULED DOSES/DAY: 3N _____ DOSING INTERVAL: 2N:2N _____:____

ADMINISTRATION TIMES: _____:____ _____:____ _____:____

_____:____ _____:____ _____:____ _____:____ _____:____

DRC PRN DOSES/DAY: 2N _____

DEFAULTS FOR OVERRIDE STATION: _____

LABEL DESCRIPTION: 19C _____

SCHEDULE: (see Table) _____ PRN DOSES/DAY: 2N _____

SCHEDULED DOSES/DAY: 3N _____ DOSING INTERVAL: 2N:2N _____:____

ADMINISTRATION TIMES: _____:____ _____:____ _____:____

_____:____ _____:____ _____:____ _____:____ _____:____

DRC PRN DOSES/DAY: 2N _____

HOLD REASONS

A Hold Reason defines the reason for placing an order on hold. The user is requested to enter a hold reason each time an order is put on hold. This table defines each of the hold reasons used by the pharmacy department.

CODE: 5C	DESCRIPTION: 33C
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —

INPATIENT LABEL WARNINGS

An Inpatient Label Warning is a warning regarding the administration and/or content of the order that can be printed on a label for inpatient orders. This table defines each of the inpatient label warnings used by the pharmacy department.

CODE: 5C	DESCRIPTION: 33C
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —
— — — — —	— — — — — — — — — —

INTERVENTION IMPORTANCE

Intervention Importance defines the priority and impact of the intervention. This table defines each of the intervention importance levels used by the pharmacy department.

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

INTERVENTION OUTCOMES

An Intervention Outcome defines the type of intervention outcome and the cost impact. This table defines each of the intervention outcomes used by the pharmacy department.

[illegible]

INTERVENTION RESULTS

Intervention Results defines results types that can be used in the Results field for Clinical Intervention worksheets. This table defines each of the intervention results types used by the pharmacy department.

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

CODE: 5C _ _ _ _ _

DESCRIPTION: 15C _ _ _ _ _

INTERVENTION TYPES

An Intervention Type defines the type of interventions, the relative value units (RVUs), and the importance. This table defines each of the intervention types used by the pharmacy department. You can override the cost impact from the Intervention Outcomes table.

CODE: 4C

DESCRIPTION: 33C

RVU(minutes):3N

Display Print Request: ☐ Yes ☐ No

Importance: _____

Intervention Outcomes code (table code): _____

Cost Impact (Intervention Outcomes table or manual override): 5N.2N _____.____

Results: _____

Notes: 9 lines of 75C

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Line 6: _____

Line 7: _____

Line 8: _____

Line 9: _____

INVENTORY RETURN REASONS

An Inventory Return Reason defines the reason for returning inventory to a vendor. This table defines each of the inventory return reasons used by the pharmacy department.

CODE: 5C	DESCRIPTION: 33C
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INVENTORY VALUE GROUPS (PAGE 2)

PRINT DEFAULTS: (Cont.)

NUMERIC ORDER: (select one) Ascending Descending

NUMBER OF ITEMS: (3N or ALL, max. = 100) items OR All

CUMULATIVE SORT? (select one)	Cumulative Totals	Stock Location Totals
-------------------------------	-------------------	-----------------------

LOCATION DETAIL:	(select one)	Yes	No
-------------------------	--------------	------------	-----------

CURRENT/MAXIMUM: (select one) Current Maximum

LEVEL ZERO OPTION: (select one) Zero Level Maximum Level

COST BASIS: (select one) Acquisition AWP SWP DP WAC Hierarchy

COST ZERO OPTION: (select one) Zero Level AWP Level

PACKAGE COST: _____ . _____

TOTAL VALUE/ITEM: _____ . _____

DESCRIPTION: (5 lines of 75C) 17

_____ 69

(2) _____ 19

_____ 45

----- 71

(3) _____ 21

47

----- 73

(4) _____ 23

----- 49

----- 75

(5) _____ 25

----- 51

_____ 75

IV SETS

The IV Set used to administer an order affects the drip rate of the order. This table defines the different IV Sets used by the hospital and specifies the number of drops/ml for each set. STAR Pharmacy uses the drops/ml to automatically calculate the appropriate drip rate for orders.

CODE: 5N	DESCRIPTION: 33C	DROPS/ML: 3N
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —
— — — — —	— — — — — — — — — —	— — — — —

JCAHO UNIT FORMULARY ABBREVIATIONS

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Institute for Safe Medication Practices (ISMP) have established standards for patient identification prior to the administration of medications and/or solutions. Certain drug name and dosage abbreviations can pose a risk to patient safety if they are misinterpreted or misunderstood. You can access a list of prohibited abbreviations on the ISMP Web site.

This table defines the prohibited abbreviations that are applicable to your organization and enables you to enter the acceptable description to replace that drug name or dosage.

ABBREVIATION: 15C	_____
DESCRIPTION: 19C	_____
REPLACEMENT TEXT: 19C	_____

ABBREVIATION: 15C	_____
DESCRIPTION: 19C	_____
REPLACEMENT TEXT: 19C	_____

ABBREVIATION: 15C	_____
DESCRIPTION: 19C	_____
REPLACEMENT TEXT: 19C	_____

ABBREVIATION: 15C	_____
DESCRIPTION: 19C	_____
REPLACEMENT TEXT: 19C	_____

ABBREVIATION: 15C	_____
DESCRIPTION: 19C	_____
REPLACEMENT TEXT: 19C	_____

ABBREVIATION: 15C	_____
DESCRIPTION: 19C	_____
REPLACEMENT TEXT: 19C	_____

KINETICS PC DEFINITIONS

PORT (Defined by the MIS staff:) __ __ __

DESCRIPTION (Assigned under Port Modification): _____

PROGRAM PATH (Based on type of kinetics package) __ : \ __ __ __ __ __ __ __ \

PROGRAM EXECUTE STRING:

PACKAGE ((M)MEDICOM or (D) DataMed): __

DATA FILE PATH (Drive and Directory - for example, c:\xxxxxx\xxxxxx\)

__ : \ __ __ __ __ __ __ __ \

DOWNLOAD FILE (xxxxxxxx.xxx):

__ __ __ __ __ __ __ . __ __ __

UPLOAD FILE (xxxxxxxx.xxx):

__ __ __ __ __ __ __ . __ __ __

NOTE: Use this worksheet only if your facility is installing the Kinetics interface.

MANUFACTURERS

This table identifies the name and code number of all manufacturers who have products included in the Product Information File. The Short Description field provides an opportunity to define an abbreviated name for each manufacturer that can be printed on labels. McKesson provides the initial information for this table including the codes that represent the first five digits of the 11-digit manufacturer code, or the labeler code. The pharmacy department can add to, delete from, or modify the starter file information as deemed necessary.

CODE: 15C _____

DESCRIPTION: 15C _____

SHORT DESCRIPTION: 10C _____

CODE: 15C _____

DESCRIPTION: 15C _____

SHORT DESCRIPTION: 10C _____

CODE: 15C _____

DESCRIPTION: 15C _____

SHORT DESCRIPTION: 10C _____

CODE: 15C _____

DESCRIPTION: 15C _____

SHORT DESCRIPTION: 10C _____

CODE: 15C _____

DESCRIPTION: 15C _____

SHORT DESCRIPTION: 10C _____

CODE: 15C _____

DESCRIPTION: 15C _____

SHORT DESCRIPTION: 10C _____

MESSAGE TYPES

This table defines different types of messages that may be sent to the pharmacy department from the nursing staff. The system requests different information from the nursing staff when they are entering a message based upon the message type.

CODE: 4AN

DESCRIPTION: 19C

PATIENT RELATED:

ORDER RELATED:

FORMULARY RELATED:

__ Yes __ No

__ Yes __ No

__ Yes __ No

LINES/LABEL: 2N (max.=75)

CHARACTERS PER LINE: 2N (min.=4, max.=10)

____ lines

____ characters

NON-SATELLITE FORM NAME:

SATELLITE FORM NAME:

TRANSACTION TEXT: 76C

INITIAL LABEL TEXT: (Line # and Column # limits set by Lines/Label and Characters
Per Line fields above)

Line #	Column #	Text
____	____	_____
____	____	_____
____	____	_____
____	____	_____
____	____	_____
____	____	_____
____	____	_____
____	____	_____
____	____	_____
____	____	_____

MISSING DOSE REASONS

Any time the Missing Dose function is used to replace medication that is missing from the cart, a reason must be identified. This table identifies all of the reasons for replacing a missing dose used by the pharmacy department.

CODE: 5C

DESCRIPTION: 20C

CHARGE SCHEDULE MEDS: (select one)

☐ Yes ☐ No

CHARGE SOLUTIONS: (select one)

☐ Yes ☐ No

CHARGE PRN'S: (select one)

☐ Yes ☐ No

LIMIT: 10N

CODE: 5C

DESCRIPTION: 20C

CHARGE SCHEDULE MEDS: (select one)

☐ Yes ☐ No

CHARGE SOLUTIONS: (select one)

☐ Yes ☐ No

CHARGE PRN'S: (select one)

☐ Yes ☐ No

LIMIT: 10N

CODE: 5C

DESCRIPTION: 20C

CHARGE SCHEDULE MEDS: (select one)

☐ Yes ☐ No

CHARGE SOLUTIONS: (select one)

☐ Yes ☐ No

CHARGE PRN'S: (select one)

☐ Yes ☐ No

LIMIT: 10N

CODE: 5C

DESCRIPTION: 20C

CHARGE SCHEDULE MEDS: (select one)

☐ Yes ☐ No

CHARGE SOLUTIONS: (select one)

☐ Yes ☐ No

CHARGE PRN'S: (select one)

☐ Yes ☐ No

LIMIT: 10N

NON-FORMULARY REASONS

The Product Information File contains a vast number of available drug products. The Hospital Formulary contains only those items dispensed by the hospital pharmacy. Any item not included in the Hospital Formulary is considered a Non-Formulary Item and a reason for dispensing such an item is required at the time of order entry. This table defines all of the non-formulary reasons used by the pharmacy department.

CODE: 5C _____

DESCRIPTION: 74C _____

SHORT DESCRIPTION: 15C _____

CODE: 5C _____

DESCRIPTION: 74C _____

SHORT DESCRIPTION: 15C _____

CODE: 5C _____

DESCRIPTION: 74C _____

SHORT DESCRIPTION: 15C _____

CODE: 5C _____

DESCRIPTION: 74C _____

SHORT DESCRIPTION: 15C _____

NURSE STATION PARAMETERS

The Nurse Station Parameters table maintains the dispensing management guidelines for each nurse station and controls the generation and use of the dispensing management tools provided by the STAR Pharmacy System. The dates and times for the exchanges, lists and labels determine which orders are included on the next batch of dispensing management reports while the parameters such as Dispensing Method and Cart Interval state the operational procedures of each individual nurse station. Enter the code and name of an existing STAR Patient Care nurse station in the Station Code and Station Name fields.

STATION CODE: 5C

STATION NAME: 19C

DISPENSING METHOD: (check one) Unit dose Traditional Floorstock

FILL INTERVAL: (complete one) hours OR Special Days

If Special Days, enter a cart time in the appropriate days: (HH:MM)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

 : : : : : :

CARTS: 1N UPDATE LABEL PERIOD: 2N SATELLITE LOCATION: (see Table)

 hours

	<u>Date</u>	<u>Time</u>		<u>Date</u>	<u>Time</u>
PREVIOUS FILL	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	LAST FILL	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>
NEXT FILL	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	LAST FILL LIST	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>
LAST UPDATE LIST	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	LAST EXTEMPO LIST	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>

SOLUTION PULL THROUGH TIMES: (see Table for Solution Types)

<u>Solution Type</u>	<u>Date</u>	<u>Time</u>	<u>Solution Type</u>	<u>Date</u>	<u>Time</u>
<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>
<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>
<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>
<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>
<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>
<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>	<u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> : <u> </u>

SAR LABEL PRINT GROUP

MAR LABEL PRINT GROUP

NURSE STATION PARAMETERS (PAGE 2)

MED CHG OVERRIDES

Sch, Unit Dose: (check one) ☐ Dispensing(D)
☐ Posting(P)
☐ Not Charged (N)

Sch, Bulks:(check one) ☐ Dispensing(D)
☐ Not Charged(N)

FS Quantity Given:(check one) ☐ Dispensing(D)
☐ Not Charged(N)

PRN, Unit Dose: (check one) ☐ Dispensing(D)
☐ Posting(P)
☐ Not Charged(N)
☐ Charge on Replacement(R)

PRN, Bulks: (check one) ☐ Dispensing(D)
☐ Posting(P)
☐ Not Charged(N)

SOLN CHG OVERRIDES: (see Table for Solution Types)

Solution Type (Y=yes, N=no)	Charge on Dispensing? (Y=yes, N=no)	Credit items back to inventory during revisions?
--------------------------------	--	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STOCK OVERRIDES

Update Inventory?
 (Y=yes, N=no)

Charge: ☐
 Credit: ☐
 Late Charge/Credit: ☐
 Outpatient Charge: ☐
 Narcotic Charge: ☐
 Specialty Charge: ☐
 Nurse Floorstock Charge: ☐

O/P CASH PLANS - MEDS

This table determines which pricing formula the system uses to calculate prices for medication prescriptions not covered by a third party. Use the O/P Pricing Formulas table worksheet to define your pricing formulas before completing this worksheet. This table is used exclusively by the Ambulatory Care Module of the STAR Pharmacy System. **IMPORTANT:** If you do not define a default pricing plan, you must define an alternate plan for every route.

PRICING PLAN: DEFAULT PRICING or **ALTERNATE:** _____

Plan For Default Routes

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	___	___	___	___	___	___
MLs	___	___	___	___	___	___
GMs	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	___	___
MLs	___	___
GMs	___	___

Plan For Exception Route: _____

COPY FROM OTHER ROUTE: (select one) No Yes, Route: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	___	___	___	___	___	___
MLs	___	___	___	___	___	___
GMs	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	___	___
MLs	___	___
GMs	___	___

O/P CASH PLANS - MEDS (PAGE 2)

PRICING PLAN: DEFAULT PRICING or ALTERNATE: _____

Plan For: Default Routes or Exception Route: _____

COPY FROM OTHER ROUTE: (select one) ☐ No ☐ Yes, Route: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	____	____	____	____	____	____
MLs	____	____	____	____	____	____
GMS	____	____	____	____	____	____

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	____	____
MLs	____	____
GMS	____	____

PRICING PLAN: DEFAULT PRICING or ALTERNATE: _____

Plan For: Default Routes or Exception Route: _____

COPY FROM OTHER ROUTE: (select one) ☐ No ☐ Yes, Route: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	____	____	____	____	____	____
MLs	____	____	____	____	____	____
GMS	____	____	____	____	____	____

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	____	____
MLs	____	____
GMS	____	____

O/P CASH PLANS - SOLUTIONS

This table determines which pricing formula the system uses to calculate prices for solution prescriptions paid for with cash. Cash payments include credit cards and personal checks. Alternative to cash payment are third party billings. Use the O/P Pricing Formulas table worksheet to define your pricing formulas before completing this worksheet. This table is used exclusively by the Ambulatory Care Module of the STAR Pharmacy System. IMPORTANT: If you do not define a default pricing plan, you must define an alternate plan for every route.

PRICING PLAN: DEFAULT PRICING or **ALTERNATE:** _____

Plan For Default IV Types

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

Plan For Exception IV Type: _____

COPY FROM OTHER IV TYPE: (select one) No Yes, IV Type:

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

O/P CASH PLANS - SOLUTIONS (PAGE 2)

PRICING PLAN: DEFAULT PRICING or ALTERNATE: _____

Plan For: Default IV Types or Exception IV Type: _____

COPY FROM OTHER IV TYPE: (select one) ☐ No ☐ Yes, IV Type: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

PRICING PLAN: DEFAULT PRICING or ALTERNATE: _____

Plan For: Default IV Types or Exception IV Type: _____

COPY FROM OTHER IV TYPE: (select one) ☐ No ☐ Yes, IV Type: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

O/P CLAIM FORM/REPORT

This table determines the format used by the system to print third party claims. You can set up a different format for single-item medication orders, compound medication orders, and solution orders for each third party plan, as necessary. The O/P Third Party Plans Table determines when the system uses the formats defined in this table. The *dummy* fields define a test form that you can use to line up preprinted forms in the printer before printing out your claims. The information for this table is supplied by your installation or support contact once the claim forms have been established.

CODE: 5C		DESCRIPTION: 33C	
-----		-----	
SELECT ONE: <input type="checkbox"/> Report <input type="checkbox"/> Form			
REPORT/DETAIL FORM	DETAIL FIRST LINE: 2N	DETAIL LAST LINE: 2N	
^ _____		^ _____	
HEADER FORM NAME	HEADER FIRST LINE	FOOTER FORM NAME	FOOTER FIRST LINE
^ _____		^ _____	
DUMMY REPORT/FORM	DUMMY HEADER FORM	DUMMY FOOTER FORM	
^ _____		^ _____	

CODE: 5C		DESCRIPTION: 33C	
-----		-----	
SELECT ONE: <input type="checkbox"/> Report <input type="checkbox"/> Form			
REPORT/DETAIL FORM	DETAIL FIRST LINE: 2N	DETAIL LAST LINE: 2N	
^ _____		^ _____	
HEADER FORM NAME	HEADER FIRST LINE	FOOTER FORM NAME	FOOTER FIRST LINE
^ _____		^ _____	
DUMMY REPORT/FORM	DUMMY HEADER FORM	DUMMY FOOTER FORM	
^ _____		^ _____	

O/P ELIGIBILITY CLARIFICATION CODE

This table contains the codes that can be selected in the Ambulatory Care DUR Alert function to clarify eligibility when resubmitting a claim that has previously been denied. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

O/P LABEL WARNING CODES

A Label Warning is a warning regarding the administration, handling and/or content of an outpatient prescription that can be printed on labels. This table is provided by McKesson. The pharmacy department needs to only edit entries in this table to improve clarity; but not change the basic meaning and intent of the warning.

CODE: 2N

DESCRIPTION: 33C

LANGUAGES: (see STAR Patient Care table)

Language:_____

ABBREVIATED WARNING: 33C

WARNING: 5 lines of 34C

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

O/P LABEL WARNING CODES (PAGE 2)

Language: _____

ABBREVIATED WARNING: 33C

WARNING: 5 lines of 34C

Line 1: -----

Line 2: -----

Line 3: -----

Line 4: -----

Line 5: -----

Language: _____

ABBREVIATED WARNING: 33C

WARNING: 5 lines of 34C

Line 1: -----

Line 2: -----

Line 3: -----

Line 4: -----

Line 5: -----

O/P OTHER COVERAGE CODE

This table defines codes that describe claim information about other insurance coverage for a patient. You can select codes in the Ambulatory Care Coordination of Benefits function, but it requires enabling electronic claim submission. In addition, the prescription must be a completed fill for this option to be available. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P OTHER PAYER AMOUNT PAID QUALIFIER

This table defines codes that describe the amount paid by another payor. You can select codes in the Ambulatory Care Coordination of Benefits function, but it requires enabling electronic claim submission. In addition, the prescription must be a completed fill for this option to be available. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P OTHER PAYER COVERAGE TYPE

This table defines codes that describe the other payor coverage information for a patient. You can select codes in the Ambulatory Care Coordination of Benefits function, but it requires enabling electronic claim submission. In addition, the prescription must be a completed fill for this option to be available. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P PAYER ID QUALIFIER

This table defines codes that describe the other payor for a patient. You can select codes from the BIN field of the O/P Third Party Claim Info Table. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P PRESCRIBER ID QUALIFIER

Each prescriber of services can be a member of multiple plans. This table contains the identity of the plans possible for each prescriber. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P PRESCRIPTION NUMBER SEQUENCES

This table defines the prescription number assignment sequences used by the system to assign prescription numbers to new prescriptions. The code and description are used to identify the prescription number sequence set. The description is typically the name of an outpatient location. The Prescription Number Sequence field of the CRT Names Table determines which prescription number sequence set is used to assign the prescription number. Within the prescription number sequence set, you can set up three different prescription number assignment sequences. You cannot assign more than one sequence to a single control class but you must assign at least one sequence to each control class.

CODE: 5C _____

DESCRIPTION: 15C _____

	NEXT NUMBER: (8N)	CONTROL CLASSES: (select options)	PREFIX/SUFFIX INDICATOR (select one)	PREFIX/SUFFIX CHARACTER (1C)
SEQUENCE 1	_____	___0___3	___Prefix	_____
	_____	___1___4	___Suffix	
	_____	___2___5	___None	
SEQUENCE 2	_____	___0___3	___Prefix	_____
	_____	___1___4	___Suffix	
	_____	___2___5	___None	
SEQUENCE 3	_____	___0___3	___Prefix	_____
	_____	___1___4	___Suffix	
	_____	___2___5	___None	
	_____	___0___3	___Prefix	

O/P PRESCRIPTION ORIGIN CODE

This table contains the code that identifies the manner in which the prescription information was communicated to the pharmacy. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

CODE: 1C _____

DESCRIPTION: 33C _____

O/P PRICING FORMULAS

This table defines the pricing formulas used by the Ambulatory Care Module to calculate prescription prices. The O/P Cash Plans table assigns the pricing formulas to each of the cash plans and the O/P Third Party Plans table assigns the pricing formulas to each third party plan. The maximum number of ranges for each pricing formula is 12.

CODE: 2C		DESCRIPTION: 36C	
<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> </div> <div> <p>_____</p> <p>_____</p> </div> </div>			
RANGES BY: (select one) <input type="checkbox"/> Cost Basis <input type="checkbox"/> Quantity			
COST BASIS: (select one) <input type="checkbox"/> Acquisition Cost <input type="checkbox"/> AWP <input type="checkbox"/> Unit Price			
<input type="checkbox"/> Higher of Acquisition/AWP <input type="checkbox"/> Lower of Acquisition/AWP			
<input type="checkbox"/> SWP <input type="checkbox"/> DP <input type="checkbox"/> WAC <input type="checkbox"/> Hierarchy			
ADD-ON FEES? (select one)		DISCOUNT? (select one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SALES TAX CODE: (see Table)			
TAX COVERS (select one) <input type="checkbox"/> Product Price Only <input type="checkbox"/> Fee Only <input type="checkbox"/> Product Price and Fee			
COPAY TAX? (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<u>RANGE 1</u>	<u>RANGE 2</u>	<u>RANGE 3</u>
UPPER LIMIT:			
4N.2N (Cost)	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
6N (Qty)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
FLAT RATE:			
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
MULTIPLIER:			
1N.2N	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _
FEE: 3N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
ROUND: 2N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _
MINIMUM:			
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
MAXIMUM:			
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
COPAY: 3N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _

O/P PRICING FORMULAS (PAGE 2)

	<u>RANGE 5</u>	<u>RANGE 6</u>	<u>RANGE 7</u>	<u>RANGE 8</u>
UPPER LIMIT:				
4N.2N (Cost)	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
6N (Qty)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
FLAT RATE:				
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
MULTIPLIER:				
1N.2N	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _
FEE: 3N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _
ROUND: 2N.2N	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _
MINIMUM:				
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
MAXIMUM:				
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
COPAY: 3N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _

	<u>RANGE 9</u>	<u>RANGE 10</u>	<u>RANGE 11</u>	<u>RANGE 12</u>
UPPER LIMIT:				
4N.2N (Cost)	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
6N (Qty)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
FLAT RATE:				
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
MULTIPLIER:				
1N.2N	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _
FEE: 3N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _
ROUND: 2N.2N	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _
MINIMUM:				
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
MAXIMUM:				
4N.2N	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _	\$ _ _ _ . _ _
COPAY: 3N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _

O/P PRIOR AUTHORIZATION TYPE CODE

This table contains the types of prior authorization codes that can be attached to a prescription. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P PRODUCT CATEGORIES

A Product Category is a group of products that are similar in nature and often experience the same third party coverage restrictions (for example, birth control pills). The Ambulatory Care Module of the STAR Pharmacy System uses the Product Categories to exclude groups of products from third party coverage. This table defines the different product groups used by the pharmacy department.

CODE: 5A

DESCRIPTION: 33C

[illegible]

O/P PRODUCT QUALIFIER CODE

This table contains the type of product qualifier code that can be attached to a prescription. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P RX CANCELLATION REASONS

An outpatient prescription cancellation reason is a reason for cancelling a prescription processed using the Ambulatory Care Module of the STAR Pharmacy System. The system requires that you enter a predefined cancellation reason each time you cancel a prescription. This table defines each of the cancellation reasons used by the pharmacy department.

[illegible]

O/P RX INACTIVATE REASONS

An outpatient prescription inactivate reason is a reason for inactivating a prescription processed using the Ambulatory Care Module of the STAR Pharmacy System. The system requests that you enter a predefined inactivate reason each time you inactivate a prescription. This table defines each of the inactivate reasons used by the pharmacy department.

[illegible]

O/P SERVICE PROVIDER ID QUALIFIER

Each provider of services can be a member of multiple plans. This table contains the identity of the plans possible for each provider. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P SIG

A SIG is a short code that translates into prescription administration instructions when printed on the prescription label. A single SIG may translate into one word or a multiple-word phrase. Translations of the SIG code can be defined for several different languages (only those languages defined in the STAR Patient Care System Languages Table). This table defines all of the SIGs used by the pharmacy department and their translations.

NOTE: If you enter a colon (:) when building a SIG, the system converts the colon to a hyphen (-) to make it compatible with the programming language.

CODE: 15C

DESCRIPTION: 33C

UNITS PER DOSE: 6N _____ DOSES PER DAY: 3N _____

Language: (see STAR Patient Care table) _____

SIG: (4 lines of 50C)

Line 1 _____

 Line 2 _____

 Line 3 _____

 Line 4 _____

Language: (see STAR Patient Care table) _____

SIG: (4 lines of 50C)

Line 1 _____

 Line 2 _____

 Line 3 _____

 Line 4 _____

O/P SUBMISSION CLARIFICATION CODE

This table contains the types of submission clarification codes that can be attached to a prescription. Some values are preloaded, but they can be modified (or additional codes can be added) by the hospital if necessary.

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

CODE: 2C ____

DESCRIPTION: 33C _____

O/P THIRD PARTY PLANS

This table identifies the different third party plans (private and state) honored by the pharmacy department, assigns the pricing formulas used by each plan to price the prescriptions, and maintains claim requirements and claim processing information. Do not complete the State field for private plans.

CODE: 5C DESCRIPTION: 30C STATE: 2A

PLAN NAME: 5C _____ GROUP NUMBER: _____

STATE MAXIMUM COST BASIS: (select one)

___ AWP ___ Low of MAC, MAIC ___ Low of MAC, MAIC, EAC, AWP
 ___ MAC ___ Low of MAC, EAC ___ Low of MAC, MAIC, EAC, AWP, ACQ
 ___ MAIC ___ Low of MAIC, EAC
 ___ EAC ___ Low of MAC, MAIC, EAC

COST BASIS HIERARCHY: (assign #'s 1-6 in order of priority, 1=highest, 6=lowest)

___ AWP ___ MAC ___ MAIC ___ EAC ___ Acquisition ___ Unit Price

REPORT UNITS ___ Metric ___ Apothecary

SINGLE ITEM MEDS: (select one)

___ Format: _____
 ___ Report: _____
 ___ Send to Financial System
 ___ Electronic Claim Submission
 ___ Other

COMPOUND MEDS: (select one)

___ Format: _____
 ___ Report: _____
 ___ Send to Financial System
 ___ Electronic Claim Submission
 ___ Other

SOLUTIONS: (select one)

___ Format: _____
 ___ Report: _____
 ___ Send to Financial System
 ___ Electronic Claim Submission
 ___ Other

O/P THIRD PARTY PLANS (PAGE 2)

ECS LABEL PRT: ☐ Before ☐ AfterECS TRANS PRT: ☐ Yes ☐ NoMAX DAYS SUPPLY: 4N daysMAX QTY/RX: 6N MAX PRICE/RX: 5N.2N \$ MAXIMUM REFILLS: 2N refillsREFILL MONTHS: 2N monthsSEPARATE NBR? (select one) ☐ Yes ☐ NoPATTERN MATCH: 15C OTC COVERAGE? (select one) ☐ Yes ☐ NoPRODUCT CATEGORIES NOT COVERED: PHARMACY PROVIDER: (S)ocial Security Number (L)Provider License NumberECS TYPE: ☐ Realtime ☐ Batch

OVERRIDE? (select one) FORM OVERRIDE? (select one)

☐ Yes ☐ No☐ Yes ☐ No

ADDITIVE FEE: (select one)

☐ First Additive Only☐ Every Additive

PRICING FORMULA ASSIGNMENT - Complete forms 47a and 47b for each Third Party Plan

O/P THIRD PARTY PLANS - MEDS

This table determines which pricing formula the system uses to calculate prices for medication prescriptions covered by the third party. Use the O/P Pricing Formulas table worksheet to define your pricing formulas before completing this worksheet. This table is used exclusively by the Ambulatory Care Module of the STAR Pharmacy System. **IMPORTANT:** If you do not define a default pricing plan, you must define an alternate plan for every route.

PRICING PLAN: **DEFAULT PRICING** or **ALTERNATE:** _____

Plan For Default Routes

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	_____	_____	_____	_____	_____	_____
MLs	_____	_____	_____	_____	_____	_____
GMs	_____	_____	_____	_____	_____	_____

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	_____	_____
MLs	_____	_____
GMs	_____	_____

Plan For Exception Route: _____

COPY FROM OTHER ROUTE: (select one) ☐ No ☐ Yes, Route: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	_____	_____	_____	_____	_____	_____
MLs	_____	_____	_____	_____	_____	_____
GMs	_____	_____	_____	_____	_____	_____

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	_____	_____
MLs	_____	_____
GMs	_____	_____

O/P THIRD PARTY PLANS - MEDS (PAGE 2)

PRICING PLAN: **DEFAULT PRICING** or **ALTERNATE:** _____

Plan For: **Default Routes** or **Exception Route:** _____

COPY FROM OTHER ROUTE: (select one) ___ No ___ Yes, Route: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	___	___	___	___	___	___
MLs	___	___	___	___	___	___
GMs	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	___	___
MLs	___	___
GMs	___	___

PRICING PLAN: **DEFAULT PRICING** or **ALTERNATE:** _____

Plan For: **Default Routes** or **Exception Route:** _____

COPY FROM OTHER ROUTE: (select one) ___ No ___ Yes, Route: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
EACH	___	___	___	___	___	___
MLs	___	___	___	___	___	___
GMs	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
EACH	___	___
MLs	___	___
GMs	___	___

O/P THIRD PARTY PLANS - SOLUTIONS

This table determines which pricing formula the system uses to calculate prices for solution prescriptions covered by the third party. Use the O/P Pricing Formulas table worksheet to define your pricing formulas before completing this worksheet. This table is used exclusively by the Ambulatory Care Module of the STAR Pharmacy System. **IMPORTANT:** If you do not define a default pricing plan, you must define an alternate plan for every route.

PRICING PLAN: DEFAULT PRICING or ALTERNATE: _____

Plan For Default IV Types

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

Plan For Exception IV Type: _____

COPY FROM OTHER IV TYPE: (select one) ___ No ___ Yes, IV Type: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

O/P THIRD PARTY PLANS - SOLUTIONS (PAGE 2)

PRICING PLAN: DEFAULT PRICING or ALTERNATE: _____

Plan For: Default IV Types or Exception IV Type: _____

COPY FROM OTHER IV TYPE: (select one) ☐ No ☐ Yes, IV Type: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

PRICING PLAN: DEFAULT PRICING or ALTERNATE: _____

Plan For: Default IV Types or Exception IV Type: _____

COPY FROM OTHER IV TYPE: (select one) ☐ No ☐ Yes, IV Type: _____

PRESCRIPTION ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 1	Ctrl 2	Ctrl 3	Ctrl 4	Ctrl 5
BASE	___	___	___	___	___	___
ADDITIVE	___	___	___	___	___	___

OVER-THE-COUNTER ITEMS (Enter Pricing Formula Codes - 2C)

	Non-Controlled	Ctrl 5
BASE	___	___
ADDITIVE	___	___

O/P THIRD PARTY UNITS CONVERSIONS

This table assigns conversion formulas to each of the state units used by the state third parties. For each state unit, you can specify a different conversion formula for ML, GM, and EA. The conversion formulas are defined using the O/P Third Party Conversion Formulas table. This table is provided by and maintained by McKesson.

STATE ABBREVIATION: (see Table) __ __

STATE UNIT: 2A/N __ __

ML CONVERSION: (see Table) **GM CONVERSION: (see Table)** **EA CONVERSION: (see Table)**

__ __

__ __

__ __

STATE UNIT: 2A/N __ __

ML CONVERSION: (see Table) **GM CONVERSION: (see Table)** **EA CONVERSION: (see Table)**

__ __

__ __

__ __

STATE UNIT: 2A/N __ __

ML CONVERSION: (see Table) **GM CONVERSION: (see Table)** **EA CONVERSION: (see Table)**

__ __

__ __

__ __

STATE UNIT: 2A/N __ __

ML CONVERSION: (see Table) **GM CONVERSION: (see Table)** **EA CONVERSION: (see Table)**

__ __

__ __

__ __

STATE UNIT: 2A/N __ __

ML CONVERSION: (see Table) **GM CONVERSION: (see Table)** **EA CONVERSION: (see Table)**

__ __

__ __

__ __

STATE UNIT: 2A/N __ __

ML CONVERSION: (see Table) **GM CONVERSION: (see Table)** **EA CONVERSION: (see Table)**

__ __

__ __

__ __

O/P THIRD PARTY PLANS - CLAIM REJECT

CLAIM REJECT REASONS

CODE: (5 A/N) _ _ _ _ _

DESCRIPTION: (40 A/N) _

 _

 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

LABEL DESCRIPTION: (15 A/N) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

This table is built with a modified editor function:

F1 Prev Page

F2 Next Page

F3 Insert

F4 Delete

F5 Reset

F6 Exit

NOTE: You can access this table only if your facility is using electronic claims processing.

O/P THIRD PARTY PLANS - DUR ALERT

DUR ALERT CODES

CODE: (5 A/N) _ _ _ _ _

DESCRIPTION: (40 A/N) _ _ _ _ _

_ _ _ _ _

_ _ _ _ _

LABEL DESCRIPTION: (15 A/N) _ _ _ _ _

This table is built with a modified editor function:

F1 Prev Page

F2 Next Page

F3 Insert

F4 Delete

F5 Reset

F6 Exit

NOTE:You can access this table only if your facility is using electronic claims processing.

ORDER DOCUMENTATION

Order Documentation enables the pharmacy department to collect and maintain additional information regarding individual patient orders. This table is used to define specific formats for the consistent collection/maintenance of information. To enter order documentation, the user simply selects the order documentation option, chooses the desired documentation format and then enters the appropriate information.

CODE:	4C	DESCRIPTION:	19C	REVISABLE:	(select one)
_____	_____	_____	_____	____Yes	____No

INITIAL DOCUMENTATION TEXT: (16 lines of 75C)

[illegible]

PERSONNEL RECORD

Each hospital employee who may use the STAR Pharmacy System must be registered in the system's employee files. This table assists in the collection of employee information for the employee file. Refer to the *ALLSTAR SignOn User's Guide* for details.

ALLSTAR

ID CODE : 7/AN _ _ _ _ _

EMPLOYEE NAME: 22C (Last,First Middle) _ _ _ _ _

INITIALS: 3C _ _ _

EMPLOYEE NUMBER: 12C _ _ _ _ _

STAR ENVIRONMENTS: (Table/Optional) _____

DEFAULT STAR ENVIRONMENT: (Table/Optional) _____

O.S. ID CODE: 7C _ _ _ _ _

PRODUCT

POSITION: (see Table) _____

HOME PHONE: N (_ _ _) _ _ _ - _ _ _

BEEPER: N (_ _ _) _ _ _ - _ _ _

INITIAL MENU: (see Table) _____

CRT: (see Table) _____

TEMPORARY SECURITY LEVEL: (see Table) _____

UNTIL: N (month/day/year) _ _ / _ _ / _ _

DEPARTMENT: (see Table) _____

FACILITIES: (see Table) _____

SECURITY: (see Table) _____

PHARMACY EMPLOYEE TYPE: Pharmacy Employee __Y __N Registered RPh: __Y __N

VALID ENTITIES: (see Table) ALL or _____

RESOURCE CODE: (Table/Optional) _____

CLINICOM GROUP: (see Table) _____

EMPLOYEE DEMOGRAPHICS

Each hospital employee who may use the STAR Pharmacy System must be registered in the system's employee files. This table assists in the collection of employee information for the employee file.

SOCIAL SECURITY NUMBER: 9N _ _ _ _ _

LICENSE NUMBER: 16C _ _ _ _ _

HIRE DATE: N (month/day/year) _ _ / _ _ / _ _

TERMINATION DATE: N (month/day/year) _ _ / _ _ / _ _

BIRTHDATE: N (month/day/year) _ _ / _ _ / _ _

EMPLOYEE ADDRESS: 30C _ _ _ _ _

CITY: 15C _ _ _ _ _

STATE: 2A _ _

ZIP CODE: 9N _ _ _ - _ _

EMPLOYEE HOME PHONE: 10N (_ _ _) _ _ - _ _

WORK EXTENSION: _ _ _ _

PHARMACY EMPLOYEE? ☐ Yes ☐ No

REGISTERED PHARMACIST? ☐ Yes ☐ No

PAYROLL ENTITY: (see Table) _____

PAYROLL NUMBER: _____

VIEW TABLES: _____

TABLE MAINTENANCE: _____

ACCESS CODES

An Access Code is a code that must be entered in order to gain access to specific functions of the STAR Pharmacy System. The pharmacy department controls which functions require entry of an access code and can also set access code requirements based upon the security level of the user. This table identifies all of the valid access codes used by the pharmacy department. This table is optional because functions can be secured by the menu assigned to each employee.

ACCESS CODES: 20C

A hospital provides many different services to its patients. These services are often identified as individual departments for organizational purposes. Each employee working in the hospital is identified as working for a specific department. This table identifies each of the departments in your hospital.

SECRET CODE DAYS: 3N

[illegible]

POSITIONS

Each employee in a hospital performs a specific role based upon the position they hold. This table identifies each of the positions that can be held by hospital employees and defines the security parameters for each position.

POSITION NAME	SECURITY LEVEL	SPECIAL ACCESS		ACCESS CODES
	(see Table)	(select one)		(see Table)
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

EMPLOYEE PARAMETERS

Employee Parameters set guidelines and defaults that assist in the creation and maintenance of accurate personnel records.

TOP MANAGEMENT LEVEL:
(see Table)

ADD EMPLOYEES:
(see Table)

EDIT ACCESS CODES:
(see Table)

DEFAULT AREA CODE: 3N

___ _ _

DEFAULT CITY: 15N

___ _ _ _ _ _ _ _ _ _ _

DEFAULT STATE: 2A

___ _

ANNIVERSARY YEAR: (select one)

___ Yes ___ No

PHARMACY INVENTORY CONTRACTS

CODE: 8C _ _ _ _ _

CONTRACT NAME: 33C _ _ _ _ _

GROUP NAME: 33C _ _ _ _ _

VENDOR: (Table Lookup)

DISCOUNT: . _ _ _ _

START DATE: _ _ / _ _ / _ _

END DATE: _ _ / _ _ / _ _

PHARMACY LAB CODES

Pharmacy Lab Codes contain the laboratory test component codes for the facility. The codes must match the component codes used by the laboratory system.

Component Code # (40 C)

___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___

Lab Component Name (30 C)

___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___

Update the creatinine on the Patient Demographics screen for this component?

___ Yes ___ No

Component Code # (40 C)

___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___

Lab Component Name (30 C)

___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___

Update the creatinine on the Patient Demographics screen for this component?

___ Yes ___ No

PHARMACY VENDORS

This table identifies all of the vendors supplying the pharmacy department with drugs and supplies and maintains information on each vendor that makes it possible to process orders quickly and efficiently.

MAIN VENDOR INFORMATION

VENDOR CODE: 10C

VENDOR NAME: 30C

____ _

____ _

FAX PHONE: N (____ _)

ADDRESS ONE: 25C

ADDRESS TWO: 25C

____ _

____ _

CITY: 18C _____

STATE: (2A - see Table) ____ _

ZIP CODE: N _____

CONTACT NAME: 25C _____

____ _

CONTACT PHONE: N (____ _)

IP SALES TAX PERCENT: N OP SALES TAX PERCENT: N

____ _ . ____ _

IP DISCOUNT PERCENT: N OP DISCOUNT PERCENT: N

____ _ . ____ _

PHARMACY VENDORS (PAGE 2)

MAIN VENDOR INFORMATION (Cont.)

IP PHARMACY CUSTOMER NUMBER: 16C

AUTO IP ORDER: (select one) __No __Yes, every (4N) __ __ __ __ days

IP ORDER FORMAT: (see Table)

NEXT IP ORDER: N

__ __/__ __/__ __

IP PURCHASE ORDER COMMENT: 60C

OP PHARMACY CUSTOMER NUMBER: 16C

AUTO OP ORDER: (select one) __No __Yes, every (4N) __ __ __ __ days

OP ORDER FORMAT: (see Table)

NEXT OP ORDER: N

__ __/__ __/__ __

IP PURCHASE ORDER COMMENT: 60C

PHARMACY VENDORS (PAGE 3)

REMITTANCE ADDRESS INFORMATION

REMITTANCE NAME: 30AP _____

 ADDRESS LINE ONE: 25C ADDRESS LINE TWO: 25C

 CITY: 18C _____
 STATE: (2A - see Table) _____
 ZIP CODE: N _____
 CONTACT: 25C _____

 PHONE: N EXT: 4N FAX PHONE: N
 (____)____-____-____ (____)____-____-____

ALTERNATE ADDRESS INFORMATION

ALTERNATE NAME: 30C _____

 ADDRESS ONE: 25C ADDRESS TWO: 25C

 CITY: 18C _____
 STATE: (2A - see Table) _____
 ZIP: N _____
 CONTACT: 25C _____

 PHONE: N EXT: 4N FAX PHONE: N
 (____)____-____-____ (____)____-____-____
 PURPOSE: 25C _____

PHARMACY VENDORS (PAGE 4)

TAX INFORMATION (CANADA ONLY):

INPATIENT TAX TYPES: Enter codes for up to 4 tax types

OUTPATIENT TAX TYPES: Enter codes for up to 4 tax types

PHYSICIAN PROVIDER NUMBER ASSIGNMENT

A Physician Provider Number is a unique identification number assigned to physicians by third parties. Provider numbers are used in the processing of third party claims. Provider numbers may be required information for some third parties although not all third parties assign provider numbers to individual physicians.

PHYSICIAN CODE: (see Table) _ _ _ _ _

DOCTOR NAME: _____

THIRD PARTY PLAN: (see Table)

PROVIDER NUMBER: 10C

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

PRICING FORMULA ASSIGNMENT - MEDICATIONS

The price charged to the patient for an order is determined by many factors, one of which is the pricing formula. The pharmacy department can create many different price formulas in order to accommodate almost any pricing need. This table assigns price formulas to orders processed using the Inpatient Processing Module of the STAR Pharmacy System based upon the route of administration, order type, control class of the drug and origin of the order (inpatient or outpatient).

ROUTE OF ADMINISTRATION: (see Table) _____

ORDER TYPE: MEDS

PRICING FORMULA CODES: (see Table)

Drug Form = EACH

Non-Controlled Inpatient Order	_____	_____
Non-Controlled Outpatient Order	_____	_____
Controlled Inpatient Order	_____	_____
Controlled Outpatient Order	_____	_____

Drug Form = MLs

Non-Controlled Inpatient Order	_____	_____
Non-Controlled Outpatient Order	_____	_____
Controlled Inpatient Order	_____	_____
Controlled Outpatient Order	_____	_____

Drug Form = GMs

Non-Controlled Inpatient Order	_____	_____
Non-Controlled Outpatient Order	_____	_____
Controlled Inpatient Order	_____	_____
Controlled Outpatient Order	_____	_____

PRICING FORMULA ASSIGNMENT - SOLUTIONS

The price charged to the patient for an order is determined by many factors, one of which is the pricing formula. The pharmacy department can create many different pricing formulas in order to accommodate almost any pricing need. This table assigns pricing formulas to orders based upon the route of administration, order type, control class of the drug and origin of the order (inpatient or outpatient pharmacy).

ROUTE OF ADMINISTRATION: (see Table) _____

SOLUTION TYPE: (see Table) _____

Drug Form = BASE

Non-Controlled IP Order

Non-Controlled OP Order

Drug Form = ADDITIVE

Non-Controlled

Non-Controlled

Controlled

Controlled

IP Order

OP Order

IP Order

OP Order

SOLUTION TYPE: (see Table) _____

Drug Form = BASE

Non-Controlled IP Order

Non-Controlled OP Order

Drug Form = ADDITIVE

Non-Controlled

Non-Controlled

Controlled

Controlled

IP Order

OP Order

IP Order

OP Order

SOLUTION TYPE: (see Table) _____

Drug Form = BASE

Non-Controlled IP Order

Non-Controlled OP Order

Drug Form = ADDITIVE

Non-Controlled

Non-Controlled

Controlled

Controlled

IP Order

OP Order

IP Order

OP Order

PRICING FORMULAS

A Pricing Formula is a set of dollar amounts that are multiplied and added in order to calculate the price of a pharmacy order. Due to the use of ranges, a different price calculation can be set up based upon the base cost of each individual order. The Pricing Formula Assignment Table tells the STAR Pharmacy System which pricing formula to use for each pharmacy order. The maximum number of ranges for each pricing formula is seven.

PRICING FORMULA CODE: 2C _____

DESCRIPTION: 50C _____

COST BASIS: (select one) _____ Acquisition Cost _____ AWP _____ Unit Price
 _____ SWP _____ DP _____ WAC _____ Hierarchy

	<u>RANGE 1</u>	<u>RANGE 2</u>	<u>RANGE 3</u>	<u>RANGE 4</u>
UPPER LIMIT: 5N.2N	\$.	\$.	\$.	\$.
FLAT CHG: 5N.2N	\$.	\$.	\$.	\$.
MULTI- PLIER: 1N.2N	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _	\$ _ . _ _
A FEE: 2N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _
D FEE: 2N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _
ROUND: 2N.2N	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _	\$ _ _ . _ _
MINIMUM: 5N.2N	\$.	\$.	\$.	\$.

(continued on other side)

PRICING FORMULAS (PAGE 2)

	<u>RANGE 5</u>	<u>RANGE 6</u>	<u>RANGE 7</u>
UPPER LIMIT: 5N.2N	\$.	\$.	\$.
FLAT CHG: 5N.2N	\$.	\$.	\$.
MULTI- PLIER: 1N.2N	\$. . .	\$. . .	\$. . .
A FEE: 2N.2N	\$. . .	\$. . .	\$. . .
D FEE: 2N.2N	\$. . .	\$. . .	\$. . .
ROUND: 2N.2N	\$. . .	\$. . .	\$. . .
MINIMUM: 5N.2N	\$.	\$.	\$.

PROFESSIONAL NOTES

Professional Notes are text comments that can be printed on a label and/or the Medication Administration Record (MAR). The final content of the professional notes text is determined at the order level. This table enables the pharmacy department to define several different standard professional notes. This enables the pharmacy to just select the desired professional notes and then the necessary edits instead of having to create new professional notes from scratch each time.

CODE: 5C

DESCRIPTION: 33C

TEXT FOR PROFESSIONAL NOTES: (The characters per line and lines per label are defined in the parameters, Rpt - Professional Notes.)

[illegible]

PURCHASE ORDER FORMATS

This table defines the different formats used by the pharmacy to print purchase orders. Purchase order formats are assigned to vendors in the Pharmacy Vendors table. The information for this table is supplied by your installation or support contact once the purchase order forms have been established.

CODE: 5AN _ _ _ _ _

DESCRIPTION: 33C _ _ _ _ _

DETAIL FORM: ^ _ _ _ _

DETAIL FIRST LINE: 2N _ _

DETAIL LAST LINE: 2N _ _

HEADER FORM NAME: ^ _ _ _ _

HEADER FIRST LINE: 2N _ _

FOOTER FORM NAME: ^ _ _ _ _

FOOTER FIRST LINE: 2N _ _

DUMMY DETAIL FORM: ^ _ _ _ _

DUMMY HEADER FORM: ^ _ _ _ _

DUMMY FOOTER FORM: ^ _ _ _ _

MAX ITEMS: _ _ _ _

CODE: 5AN _ _ _ _ _

DESCRIPTION: 33C _ _ _ _ _

DETAIL FORM: ^ _ _ _ _

DETAIL FIRST LINE: 2N _ _

DETAIL LAST LINE: 2N _ _

HEADER FORM NAME: ^ _ _ _ _

HEADER FIRST LINE: 2N _ _

FOOTER FORM NAME: ^ _ _ _ _

FOOTER FIRST LINE: 2N _ _

DUMMY DETAIL FORM: ^ _ _ _ _

DUMMY HEADER FORM: ^ _ _ _ _

DUMMY FOOTER FORM: ^ _ _ _ _

MAX ITEMS: _ _ _ _

PURCHASING TAX TYPES (CANADA ONLY)

For Canadian facilities, this table defines the different purchasing types.

CODE: 3C _ _ _

DESCRIPTION: 19C _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

INPATIENT TAX RATE (%): . _ _ _ _

INPATIENT RECOVERY RATE (%): . _ _ _ _

OUTPATIENT TAX RATE (%): . _ _ _ _

OUTPATIENT RECOVERY RATE (%): . _ _ _ _

CODE: 3C _ _ _

DESCRIPTION: 19C _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

INPATIENT TAX RATE (%): . _ _ _ _

INPATIENT RECOVERY RATE (%): . _ _ _ _

OUTPATIENT TAX RATE (%): . _ _ _ _

OUTPATIENT RECOVERY RATE (%): . _ _ _ _

CODE: 3C _ _ _

DESCRIPTION: 19C _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

INPATIENT TAX RATE (%): . _ _ _ _

INPATIENT RECOVERY RATE (%): . _ _ _ _

OUTPATIENT TAX RATE (%): . _ _ _ _

OUTPATIENT RECOVERY RATE (%): . _ _ _ _

RESTRICTED COMMENTS CODES

A formulary item may be placed on restricted use for many different reasons. The Restricted Comments Codes Table identifies the different reasons for restricting the use of a formulary item and assigns a unique code to each reason for identification purposes. The Warning message appears on the CRT screen when an item on restricted use is selected during order entry.

CODE: 5C

DESCRIPTION: 33C

WARNING: 5 lines of 34C

Line 1: -----

----- Line 2: -----

----- Line 3: -----

----- Line 4: -----

----- Line 5: -----

CODE: 5C

DESCRIPTION: 33C

WARNING: 5 lines of 34C

Line 1: -----

----- Line 2: -----

----- Line 3: -----

----- Line 4: -----

----- Line 5: -----

ROUTES

A Route is a method of administering a drug such as orally or intravenously. The most common routes of administration for each formulary item are defined in the item's formulary file and a route of administration must be identified for each order entered. This table defines all of the routes used by the pharmacy department. The information for this table is provided by and maintained by First DataBank (FDB), except the IV Solution field that is maintained by the pharmacy department. The pharmacy department needs to only edit FDB-provided information to improve clarity; but not change the basic meaning and intent of the route description.

CODE: 4C	DESCRIPTION: 18C	IV SOLUTION: (check one)	
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		
— — — —	— — — — — — — — — —	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	— — — — — — — — — —		

SCHEDULES

The Schedule tells the STAR Pharmacy System the days on which an order is to be administered. A schedule can be an interval (for example, every 3 days), a specific day or set of days (for example, every Monday and Thursday), or an unspecified schedule such as PRN. This table defines each of the schedules used by the pharmacy department to define the administration of orders.

CODE: 5C	_____	_____	_____	_____	_____
DESCRIPTION: 19C	_____	_____	_____	_____	_____
LABEL DESCRIPTION: 19C	_____	_____	_____	_____	_____
SCH OR PRN: (select one)	_____ Scheduled	_____ PRN			
SPECIAL DAYS: (select one)	_____ Specified	_____ Unspecified	_____ Special		
	Interval	Interval	Days		
INTERVAL: 2N	_____	_____	days		
DURATION: (enter number and circle appropriate description)				MAR: (select one)	
_____	DOses	Days	Hours	_____ Yes	_____ No
START TIME (select one)	Yes	No			
CODE: 5C	_____	_____	_____	_____	_____
DESCRIPTION: 19C	_____	_____	_____	_____	_____
LABEL DESCRIPTION: 19C	_____	_____	_____	_____	_____
SCH OR PRN: (select one)	_____ Scheduled	_____ PRN			
SPECIAL DAYS: (select one)	_____ Specified	_____ Unspecified	_____ Special		
	Interval	Interval	Days		
INTERVAL: 2N	_____	_____	days		
DURATION: (enter number and circle appropriate description)				MAR: (select one)	
_____	DOses	Days	Hours	_____ Yes	_____ No
START TIME (select one)	Yes	No			

SOLUTION TYPE CODES

The Solution Type Codes table defines the different types of solution orders processed by the pharmacy department. This table enables the pharmacy to determine how the system handles each different solution type including required order information, dispensing limits, maximum pull time, dosage revision restrictions, label formats and station pull through times, and worklist sort criteria.

CODE: 1A/N _____

DESCRIPTION: 10A/N _____

ABBREVIATION: 3A/N _____

SOLUTION CHG IND (Facility Level Charge Parameter)

Charge for solution when dispensed? (Y=Yes, N=No) _____

Credit items back to inventory during revisions? (Y=Yes, N=No) _____

STATION CHG IND (Station Overrides for the Charge Parameter)

Station Charge on Dispensing? Credit items back to inventory during revisions?

(Y=yes, N=no)

(Y=yes, N=no)

INFUSION RATE? ____Yes ____No

ADMINISTRATION TIMES? ____Yes ____No

DRUG RATE? ____Yes ____No

I/P MAX BOTTLES: 3N _____

O/P MAX BOTTLES: 3N _____

MAX PULL TIME: 3N _____ hours

SOLUTION TYPE CODES (PAGE 2)

DOSAGE REVISION? ☐ Yes ☐ NoLABEL PRINT GROUP: 8A/N ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

NON-SATELLITE FORM: 8C

Solution Bottle Label ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Solution Out of Control Form ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Solution Transfer Header ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

STATION PULL THROUGH TIMES:

Station Name	Date	Time	Station Name	Date	Time
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

WORKLIST SORT: (select one) ☐ Base ☐ AdditiveType of Sort for Prep Labels: ☐ Base ☐ Additive ☐ PatientFS DEFAULT: ☐ Yes ☐ No

SATELLITE FORM: 8C

Solution Bottle Label ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Solution Out of Control Form ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Solution Transfer Header ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

MAR/SAR INFORMATION

UPDATE LABEL ☐ Yes ☐ NoLABEL PRINT GROUP: 8A/N ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐FORM NAME: 8C ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

[DON'T FORGET TO ASSIGN PRICING FORMULAS FOR EACH SOLUTION TYPE!]

Include in the Workload Download Data file: ☐ Yes ☐ No

STOCK LOCATIONS

A Stock Location is an area from which pharmacy orders are dispensed and drugs are stored. This table defines each of the stock locations in the pharmacy department. The location codes for the main inpatient pharmacy and the main outpatient pharmacy locations are RXI and RXO respectively. These codes are hard-coded and cannot be deleted or modified by the pharmacy department.

CODE: 5C	DESCRIPTION: 33C
<hr/> <hr/> <hr/>	
FACILITIES: (see Table) <hr/>	
LOCATION TYPE: (select one) <input type="checkbox"/> Satellite <input type="checkbox"/> O/P Location <input type="checkbox"/> Neither	
LABEL PRINT GROUP: <hr/>	
ADJUSTABLE REVENUE CENTER? (select one) <input type="checkbox"/> No <input type="checkbox"/> Yes	
IF YES, DEFAULT I/P REVENUE CENTER: (see Table) <hr/>	
IF YES, DEFAULT O/P REVENUE CENTER: (see Table) <hr/>	
DEFAULT RESTOCK METHOD: (select one)	
<input type="checkbox"/> Controlled Item	<input type="checkbox"/> Change Labels
<input type="checkbox"/> Demand Reorder	<input type="checkbox"/> Demand Usage List
<input type="checkbox"/> Daily Usage List at Midnight	
DEFAULT RESTOCK SOURCE: (see Table) <hr/>	
RESTOCK METHOD PARAMETERS:	
Replenishment	Automatic
<u>Method</u>	<u>Transfer</u> <u>Transfer With</u> <u>Retention (3N)</u>
Controlled Item	<input type="checkbox"/> No not applicable not applicable
Demand Reorder	<input type="checkbox"/> Yes <input type="checkbox"/> Req. Generation <input type="checkbox"/> No <input type="checkbox"/> User Review <input type="text"/> <input type="text"/> <input type="text"/> days
Daily Usage	<input type="checkbox"/> Yes <input type="checkbox"/> Req. Generation <input type="checkbox"/> No <input type="checkbox"/> User Review <input type="text"/> <input type="text"/> <input type="text"/> days
Daily Reorder List	<input type="checkbox"/> Yes <input type="checkbox"/> Req. Generation <input type="checkbox"/> No <input type="checkbox"/> User Review <input type="text"/> <input type="text"/> <input type="text"/> days
Charge Labels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demand Usage	<input type="checkbox"/> Yes <input type="checkbox"/> Req. Generation <input type="checkbox"/> No <input type="checkbox"/> User Review <input type="text"/> <input type="text"/> <input type="text"/> days
GENERAL LEDGER DEPARTMENT NUMBER (Canada Only): 10N <hr/>	

STOCK LOCATIONS (PAGE 2)

IF RESTOCK METHOD IS Daily Usage List at Midnight, COMPLETE THE FOLLOWING FIELDS:

SCHEDULED DAYS: ☐ Every ☐ days OR ☐ Special Days (specify below)

Special Days: ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

LAST LIST: N (month/day/year) / /

NEXT LIST: N (month/day/year) / /

IF STOCK LOCATION IS A SATELLITE, COMPLETE THE FOLLOWING FIELDS:

SATELLITE COVERAGE: (select one) ☐ All Patients ☐ Designated Stations

MEDICATION DISPENSING: (select one) ☐ First Issues Only ☐ All Issues

SOLUTION DISPENSING:

FACILITY	SOLUTION TYPE	FILL QUANTITY	LABEL PRINT	MAR/SAR LABEL
CODE	(see Table)	(check one)	GROUP	PRINT GROUP
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>

FILL QUANTITY SELECTION KEY: F=First Bottle, N=First N Bottles, B=Through Batch, A=All

STOCK LOCATIONS (PAGE 3)

IF STOCK LOCATION IS A SATELLITE, COMPLETE THE FOLLOWING FIELDS:

LABEL SELECTION:

	PRINT LABELS?		LABEL PRINT GROUP:	FORM NAME:
Med Status Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Sol Status Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Extempo Status Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
MAR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Med Unit Dose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Med Bulk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Med Transfer Header	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Leave of Absence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Med Free-Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Sol Free-Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

EXTEMPO LABEL ROUTING:

EXTEMPORANEOUS TYPE:	PRINT LABEL GROUP:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUB ACCOUNT (CANADIAN ONLY)

This table defines each of the sub account codes used by the pharmacy department in Canadian facilities.

CODE: 7C

DESCRIPTION: 33C

[illegible]

SUBSTANCE HISTORY CODES

The Substance History information field on the STAR Pharmacy Patient Demographics screen enables the pharmacy to identify any known history of substance use or abuse experienced by the patient. This table defines the different types of substance abuse that can be identified.

CODE: 2C**DESCRIPTION: 11C**

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TARGET DRUG/CLASSES (PAGE 2)

FORMULARY ITEMS: (limit = 18)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LOGIC: (select one) ☐ And ☐ Or

AHFS CLASSES: (limit = 6)

_____	_____	_____
_____	_____	_____

LOGIC: (select one) ☐ And ☐ Or

PARAMETERS:

FACILITIES: (see Table) ALL or _____

FINANCIAL CLASSES: (see Table) ALL or _____

PATIENT TYPES: (select one) ☐ Inpatient ☐ Outpatient ☐ Both

NURSE STATIONS: ALL or _____

SERVICES: ALL or _____

AGE RANGE: LOWER AGE: 2N _____ UPPER AGE: 2N _____

SELECT ONE: ☐ Include Age Range ☐ Exclude Age Range

ORDERING PHYSICIANS/GROUPS: (see Table) ALL or _____

ORDER TYPES: (select one) ☐ Medications ☐ Solutions ☐ Both

WEIGHT RANGE: ☐ All

Lower ☐ 0 or ☐ _____ lbs/ozs or ☐ _____ K

Upper ☐ No Limit or ☐ _____ lbs/ozs or ☐ _____ K

For ranges other than All: (select one) ☐ Actual Body Weight ☐ Ideal Body Weight

TARGET DRUG/CLASSES (PAGE 3)

PARAMETERS: (Cont.)

ROUTES: (see Table) _____

IV SOLUTION TYPES: (see Table)

CONTROL CLASSES: (select options)

___1-Research Only ___2-Most Abused ___3-Less Abused
 ___4-Potential Abuse ___5-Controlled Sale ___0-Not Controlled

By Pharmacy Only

MINIMUM LENGTH OF THERAPY: 3N _____ days

DISEASE STATES: ___All or

(see Table) _____

ScR RANGE: LOWER: ___0 or ___ mg/dl

UPPER: ___No Limit or ___ mg/dl

CrCl RANGE: LOWER: ___0 or ___ ml/min

UPPER: ___No Limit or ___ ml/min

DUE INDICATORS:

NUMBER OF THE DUE INDICATOR _____ THRESHOLD <___ >___ PERCENT: _____ %

PRINT ON SUMMARY? YES___ NO___

DUE INDICATOR DESCRIPTION: 50C

TARGET DRUG/DUE INDICATORS

This table defines each of the target drug/DUE indicators used by the pharmacy department.

CODE: 3A

DESCRIPTION: 50C

— — — — —
— — — — —
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— — — — —

THRESHOLD: 3N — — — % SELECT ONE: LESS THAN <— GREATER THAN >—

COMMENTS: 5 X 38C

Line 1: — — — — —
— — — — —
Line 2: — — — — —
— — — — —
Line 3: — — — — —
— — — — —
Line 4: — — — — —
— — — — —
Line 5: — — — — —
— — — — —

WASTE/CREDIT REASONS

A waste credit reason explains the reason for crediting a wastage. This table defines each of the waste credit reasons used by the pharmacy department.

CODE: 5C

DESCRIPTION: 33C

[illegible]

WORKLOAD ACTIVITY

This table defines additional workload reporting categories that can be included in the daily and monthly workload statistics reports. Use the Log Miscellaneous Workload function to accumulate data for these user-defined workload categories. The system automatically accumulates data for system-generated workload statistics and provides them on the workload reports according to the Workload Reporting parameter.

CODE: 5 AN**DESCRIPTION: 19C**

____ _

____ _

Workload Category: _____

Workload Units (3N): ____ _

CODE: 5 AN**DESCRIPTION: 19C**

____ _

____ _

Workload Category: _____

Workload Units (3N): ____ _

CODE: 5 AN**DESCRIPTION: 19C**

____ _

____ _

Workload Category: _____

Workload Units (3N): ____ _

CODE: 5 AN**DESCRIPTION: 19C**

____ _

____ _

Workload Category: _____

Workload Units (3N): ____ _

WORKLOAD CATEGORY

This table creates codes that are used by the Workload Activities table and the Log Miscellaneous Workload functions. You can use a workload category to group related workload activities.

CODE: _ _ _ _ _

DESCRIPTION: 33C

_ _ _ _ _

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CODE: _ _ _ _ _

DESCRIPTION: 33C

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_ _ _ _ _

CODE: _ _ _ _ _

DESCRIPTION: 33C

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_ _ _ _ _

CODE: _ _ _ _ _

DESCRIPTION: 33C

_ _ _ _ _

_ _ _ _ _

CODE: _ _ _ _ _

DESCRIPTION: 33C

_ _ _ _ _

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INTRODUCTION

This section provides the worksheets used by the hospital to specify the information needed to complete and maintain the STAR Pharmacy parameters.

A separate worksheet is provided for hospital-maintained parameters and for McKesson-maintained parameters. On each worksheet, the parameters are separated by module and then by parameter prefix. Within each parameter prefix, the parameters are presented in alphabetic order.

Complete documentation for the parameters is provided in the Hospital-Maintained Parameters and the McKesson-Maintained Parameters sections of the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

AMB CARE - AMBULATORY CARE PARAMETERS

Prescription Parameters

This parameter contains fields used by both the Inpatient Processing Module and the Ambulatory Care Module of the STAR Pharmacy System. Because the fields are used primarily by the Ambulatory Care Module, we have placed the parameters on the Ambulatory Care Module pages of the worksheet.

CART - CART MANAGEMENT PARAMETERS

Check List Defaults

Include Vacant Beds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Brand & Generic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print ADRs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
One Patient per Page (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Nursing Comment (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include Demand Meds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Missing Orders (select one)		
<input type="checkbox"/> Do Not Print	<input type="checkbox"/> Print Only, Do Not Fill	<input type="checkbox"/> Print and Fill

Fill List Defaults

Include Vacant Beds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Brand & Generic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print ADRs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include Bulk/Multi-dose (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include Demand Meds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print All Orders (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carts to Include Hold (2N)	<input type="checkbox"/> <input type="checkbox"/> Carts	
Carts to Include DC(2N)	<input type="checkbox"/> <input type="checkbox"/> Carts	
One Patient Per Page (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign-Off Line (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Nursing Comment (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CART - CART MANAGEMENT PARAMETERS (PAGE 2)

Update List Defaults

Include Vacant Beds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Brand & Generic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print ADRs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include Bulk/Multi-dose (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include Demand Meds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print All Orders (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carts to Include Hold (2N)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carts to Include DC (2N)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
One Patient per Page (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Nursing Comment (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHG - CHARGING PARAMETERS

INVENTORY UPDATE DEFAULTS (Facility Level value for Update Inventory field)

Update Inventory
(Y=Yes, N=No)

Charge: _____
 Credit: _____
 Late Charge/Credit: _____
 Outpatient Charge: _____
 Narcotic Charge: _____
 Specialty Charge: _____
 Nurse Floorstock Charge: _____

STATION OVERRIDES FOR INVENTORY UPDATES

Station: _____
 Update Inventory
 (Y=Yes, N=No)

Station: _____
 Update Inventory
 (Y=Yes, N=No)

Charge: _____
 Credit: _____
 Late Charge/Credit: _____
 Outpatient Charge: _____
 Narcotic Charge: _____
 Specialty Charge: _____
 Nurse Floorstock Charge: _____

No Acquisition Cost (select one) _____ Use Zero _____ Use Cost Basis Default

Max Manual Chg (N) \$ _____ . _____

Minimum Charge (select one) _____ Per Unit _____ Per Dose

Round Charges (select one) _____ Per Unit _____ Per Dose

Add On Fees (select one) _____ Per Unit _____ Per Dose

Dispensing Fees (select one) _____ Per Package _____ Per Charge

CHG - CHARGING PARAMETERS (PAGE 2)

Non-Formulary Fee (2N.2N) _____ . _____

Credit Fee (select one) _____ Whole _____ Partial _____ No

Partial Fees? (select one) _____ Yes _____ No

Specialty Charge (select one) _____ Yes _____ No

D/C Credit (select one) _____ Yes _____ No

Home Meds (select one) _____ Yes _____ No _____ Warning

**Bill Code Default 9999 (hospital specific) _____

Amb Care Bill Code Default (hospital specific) _____

Print Unpriced Orders (3N) _____ days

Auto Charge Floorstock Solutions (select one) _____ Yes _____ No

Default Formulary (5-AN-0) _____

Outpatient Order Entry FIM _____ Inpatient FIM _____ Outpatient FIM _____

CMS Rounding - Round fractional CMS quantities to next whole number _____ Yes _____ No

Calculate CMS quantity for whole pkg if lowest charge=pkg _____ Yes _____ No

NDC Rounding) _____ Yes _____ No

INVENTORY UPDATE SECURITY

Allow this user to change the value of the Update Inventory field in the charge functions?

(Y=Yes, N=No)

Non-Pharmacy Personnel: _____

Pharmacy Technicians: _____

Pharmacists: _____

CHG - MED/SOL CHARGE INDICATOR

FACILITY MEDICATION CHARGE INDICATORS

Sch, Unit Dose: (check one) ☐ Dispensing (D) ☐ Posting (P) ☐ Not Charged (N)

Sch, Bulks: (check one) ☐ Dispensing (D) ☐ Not Charged (N)

FS Quantity Given: (check one) ☐ Dispensing (D) ☐ Not Charged (N)

PRN, Unit Dose: (check one) ☐ Dispensing (D) ☐ Posting (P) ☐ Not Charged (N)

☐ Charge on Replacement (R)

PRN, Bulks: (check one) ☐ Dispensing (D) ☐ Posting (P) ☐ Not Charged (N)

STATION OVERRIDES FOR MED CHARGES

Station: _____

Sch, Unit Dose: (check one) ☐ Dispensing (D) ☐ Posting (P) ☐ Not Charged (N)

Sch, Bulks: (check one) ☐ Dispensing (D) ☐ Not Charged (N)

FS Quantity Given: (check one) ☐ Dispensing (D) ☐ Not Charged (N)

PRN, Unit Dose: (check one) ☐ Dispensing (D) ☐ Posting (P) ☐ Not Charged (N)

☐ Charge on Replacement (R)

PRN, Bulks: (check one) ☐ Dispensing (D) ☐ Posting (P) ☐ Not Charged (N)

SOLUTION CHARGE INDICATORS BY TYPE - Facility Level (see Table for Solution Types)

Solution Type	Charge on Dispensing? (Y=yes, N=no)	Credit items back to inventory during revisions? (Y=yes, N=no)
_____	_____	_____
_____	_____	_____

STATION OVERRIDES FOR SOLN CHARGES

Station: _____

Solution Type	Charge on Dispensing? (Y=yes, N=no)	Credit items back to inventory during revisions? (Y=yes, N=no)
_____	_____	_____
_____	_____	_____

DISP - DISPENSING MANAGEMENT PARAMETERS

DISPENSING PARAMETERS

Units/Doses default (select one)	_____ Unit	_____ Doses
Default Dispensing Method (select one)	_____ Unit Dose	_____ Traditional
Disp/Dose Rounding (select one)	_____ Yes	_____ No
Start/Resume Demand Sol Default (select one)	_____ Yes	_____ No
Revise Demand Sol Default (select one)	_____ Yes	_____ No
Replace Demand Sol Default (select one)	_____ Yes	_____ No
First Issue Station Default)	_____	_____ (nurse station code)

DOSES/BOTTLE DISPENSE CONTROL

Maximum Inpatient Medication Doses (3N)	_____	_____	_____ doses
Maximum I/P Specialty Charge Labels (3N)	_____	_____	_____ labels
Maximum Inpatient Solution Bottles (Identify solution type and enter number of bottles, 3N)			

	<u>Number of Bottles</u>		<u>Number of Bottles</u>
Primary	_____ bottles	Syringe	_____ bottles
Piggyback	_____ bottles	Chemotherapy	_____ bottles
Infusion	_____ bottles	Enteral	_____ bottles
TPN	_____ bottles	Fat Emulsion	_____ bottles
Irrigation	_____ bottles		

DISP - DISPENSING MANAGEMENT PARAMETERS (PAGE 2)

DOSES/BOTTLE DISPENSE CONTROL

Maximum Outpatient Solution Bottles

(identity solution type and enter number of bottles, 3N)

	<u>Number of Bottles</u>		<u>Number of Bottles</u>
Primary	____ _ bottles	Syringe	____ _ bottles
Piggyback	____ _ bottles	Chemotherapy	____ _ bottles
Infusion	____ _ bottles	Enteral	____ _ bottles
TPN	____ _ bottles	Fat Emulsion	____ _ bottles
Irrigation	____ _ bottles		

Maximum Disp/Dose Each's (6N)

____ _

Maximum Disp/Dose ML's (6N)

____ _

Maximum Disp/Dose GM's (6N)

____ _

FORM - FORMULARY MANAGEMENT PARAMETERS

AHFS INQUIRY

Pricing Basis (select one)

Acquisition Cost	AWP	Unit Price	No Pricing
------------------	-----	------------	------------

SWP DP WAC Hierarchy

Pricing Quantity (select one)

ML/GM/Each	Package/Each	Dose	Day
------------	--------------	------	-----

CONTROLLED ITEMS

Beginning Control Number 10AN

Control Class

Stock Transfer Level Warning (select one)

	No Warning	Warning	Disallow
<u> </u>			

	No Warning	Warning	Disallow
<u> </u>			

	No Warning	Warning	Disallow
1	0.00	0.00	0.00
2	0.00	0.00	0.00
3	0.00	0.00	0.00
4	0.00	0.00	0.00
5	0.00	0.00	0.00
6	0.00	0.00	0.00
7	0.00	0.00	0.00
8	0.00	0.00	0.00
9	0.00	0.00	0.00
10	0.00	0.00	0.00
11	0.00	0.00	0.00
12	0.00	0.00	0.00
13	0.00	0.00	0.00
14	0.00	0.00	0.00
15	0.00	0.00	0.00
16	0.00	0.00	0.00
17	0.00	0.00	0.00
18	0.00	0.00	0.00
19	0.00	0.00	0.00
20	0.00	0.00	0.00
21	0.00	0.00	0.00
22	0.00	0.00	0.00
23	0.00	0.00	0.00
24	0.00	0.00	0.00
25	0.00	0.00	0.00
26	0.00	0.00	0.00
27	0.00	0.00	0.00
28	0.00	0.00	0.00
29	0.00	0.00	0.00
30	0.00	0.00	0.00
31	0.00	0.00	0.00
32	0.00	0.00	0.00
33	0.00	0.00	0.00
34	0.00	0.00	0.00
35	0.00	0.00	0.00
36	0.00	0.00	0.00
37	0.00	0.00	0.00
38	0.00	0.00	0.00
39	0.00	0.00	0.00
40	0.00	0.00	0.00
41	0.00	0.00	0.00
42	0.00	0.00	0.00
43	0.00	0.00	0.00
44	0.00	0.00	0.00
45	0.00	0.00	0.00
46	0.00	0.00	0.00
47	0.00	0.00	0.00
48	0.00	0.00	0.00
49	0.00	0.00	0.00
50	0.00	0.00	0.00
51	0.00	0.00	0.00
52	0.00	0.00	0.00
53	0.00	0.00	0.00
54	0.00	0.00	0.00
55	0.00	0.00	0.00
56	0.00	0.00	0.00
57	0.00	0.00	0.00
58	0.00	0.00	0.00
59	0.00	0.00	0.00
60	0.00	0.00	0.00
61	0.00	0.00	0.00
62	0.00	0.00	0.00
63	0.00	0.00	0.00
64	0.00	0.00	0.00
65	0.00	0.00	0.00
66	0.00	0.00	0.00
67	0.00	0.00	0.00
68	0.00	0.00	0.00
69	0.00	0.00	0.00
70	0.00	0.00	0.00
71	0.00	0.00	0.00
72	0.00	0.00	0.00
73	0.00	0.00	0.00
74	0.00	0.00	0.00
75	0.00	0.00	0.00
76	0.00	0.00	0.00
77	0.00	0.00	0.00
78	0.00	0.00	0.00
79	0.00	0.00	0.00
80	0.00	0.00	0.00
81	0.00	0.00	0.00
82	0.00	0.00	0.00
83	0.00	0.00	0.00
84	0.00	0.00	0.00
85	0.00	0.00	0.00
86	0.00	0.00	0.00
87	0.00	0.00	0.00
88	0.00	0.00	0.00
89	0.00	0.00	0.00
90	0.00	0.00	0.00
9			

	No Warning	Warning	Disallow

	No Warning	Warning	Disallow
1	0.00	0.00	0.00
2	0.00	0.00	0.00
3	0.00	0.00	0.00
4	0.00	0.00	0.00
5	0.00	0.00	0.00
6	0.00	0.00	0.00
7	0.00	0.00	0.00
8	0.00	0.00	0.00
9	0.00	0.00	0.00
10	0.00	0.00	0.00
11	0.00	0.00	0.00
12	0.00	0.00	0.00
13	0.00	0.00	0.00
14	0.00	0.00	0.00
15	0.00	0.00	0.00
16	0.00	0.00	0.00
17	0.00	0.00	0.00
18	0.00	0.00	0.00
19	0.00	0.00	0.00
20	0.00	0.00	0.00
21	0.00	0.00	0.00
22	0.00	0.00	0.00
23	0.00	0.00	0.00
24	0.00	0.00	0.00
25	0.00	0.00	0.00
26	0.00	0.00	0.00
27	0.00	0.00	0.00
28	0.00	0.00	0.00
29	0.00	0.00	0.00
30	0.00	0.00	0.00
31	0.00	0.00	0.00
32	0.00	0.00	0.00
33	0.00	0.00	0.00
34	0.00	0.00	0.00
35	0.00	0.00	0.00
36	0.00	0.00	0.00
37	0.00	0.00	0.00
38	0.00	0.00	0.00
39	0.00	0.00	0.00
40	0.00	0.00	0.00
41	0.00	0.00	0.00
42	0.00	0.00	0.00
43	0.00	0.00	0.00
44	0.00	0.00	0.00
45	0.00	0.00	0.00
46	0.00	0.00	0.00
47	0.00	0.00	0.00
48	0.00	0.00	0.00
49	0.00	0.00	0.00
50	0.00	0.00	0.00
51	0.00	0.00	0.00
52	0.00	0.00	0.00
53	0.00	0.00	0.00
54	0.00	0.00	0.00
55	0.00	0.00	0.00
56	0.00	0.00	0.00
57	0.00	0.00	0.00
58	0.00	0.00	0.00
59	0.00	0.00	0.00
60	0.00	0.00	0.00
61	0.00	0.00	0.00
62	0.00	0.00	0.00
63	0.00	0.00	0.00
64	0.00	0.00	0.00
65	0.00	0.00	0.00
66	0.00	0.00	0.00
67	0.00	0.00	0.00
68	0.00	0.00	0.00
69	0.00	0.00	0.00
70	0.00	0.00	0.00
71	0.00	0.00	0.00
72	0.00	0.00	0.00
73	0.00	0.00	0.00
74	0.00	0.00	0.00
75	0.00	0.00	0.00
76	0.00	0.00	0.00
77	0.00	0.00	0.00
78	0.00	0.00	0.00
79	0.00	0.00	0.00
80	0.00	0.00	0.00
81	0.00	0.00	0.00
82	0.00	0.00	0.00
83	0.00	0.00	0.00
84	0.00	0.00	0.00
85	0.00	0.00	0.00
86	0.00	0.00	0.00
87	0.00	0.00	0.00
88	0.00	0.00	0.00
89	0.00	0.00	0.00
90	0.00	0.00	0.00
9			

	No Warning	Warning	Disallow

FORM - FORMULARY MANAGEMENT PARAMETERS (PAGE 2)

Employee Type	Wastage Documentation Required?					
Pharmacists	<input type="checkbox"/> Control Class I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> Not Controlled
Rx Technicians	<input type="checkbox"/> Control Class I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> Not Controlled
Non-Rx employee	<input type="checkbox"/> Control Class I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> Not Controlled

Wastage Requires Witness? (designate all control items that require a witness)

☐ Control Class I ☐ II ☐ III ☐ IV ☐ V ☐ Not Controlled

Purge Days for Inactive sheets days (up to 9999 per state law)

FDB SELECTION

This parameter applies to all facilities and appears on the All Facilities page of the worksheet for the Inpatient Processing Module. See "ALL FACILITIES PARAMETERS" on page 2-77.

LAB - LABORATORY PARAMETERS

Lab Result Display

Receive HL7® lab results

☐ Yes ☐ No

Formula for calculating creatinine clearance levels

☐ Cockcroft-Gault

☐ Jelliffe

☐ Modified Schwartz

Automatically update Scr and CrCl on the
Patient Demographics screen?

☐ Yes ☐ No

Round SCr Results <1 Up to 1 in Calculations

☐ Yes ☐ No

MISC - MISCELLANEOUS PARAMETERS

CONTROLLED CLASSES (select one)

☐ 1 - Research Only ☐ 2 - Most Abused ☐ 3 - Less Abused
☐ 4 - Potential Abuse ☐ 5 - Controlled Sale by Pharmacy Only

FISCAL YEAR START (select one) ** Hospital Defined

<input type="checkbox"/> 1 - Jan	<input type="checkbox"/> 7 - July
<input type="checkbox"/> 2 - Feb	<input type="checkbox"/> 8 - Aug
<input type="checkbox"/> 3 - Mar	<input type="checkbox"/> 9 - Sept
<input type="checkbox"/> 4 - Apr	<input type="checkbox"/> 10 - Oct
<input type="checkbox"/> 5 - May	<input type="checkbox"/> 11 - Nov
<input type="checkbox"/> 6 - Jun	<input type="checkbox"/> 12 - Dec

WORKLOAD PERIOD REPORTING ☐ Yes ☐ No

MISC - PREDEFINED ORDER UPDATE

FORMULARY UPDATES

Immediate Updates (select options)

Generic Name	Extempo Type	Stability
Brand Name	Nursing Comment	Solution Type
Dosage Form	Professional Notes	Dose Type
Route 1	Multi-Dose	
ASO Type	Refrigerate	

Scheduled Updates (select options)

Package Size
Brand Name Change

TABLE UPDATES

Immediate Updates (select option)

MAR Flag

ALERT/REPORT

Display Name (select option)

Order Name
Order Description
Order Mnemonic Cd
Order 1st Alt Name

PROF MGT - PATIENT DEMOGRAPHIC

Visit Data Access ☐ Yes ☐ No

SCr/CrCl Units of Measure M (Metric) S (Standard International Units)

ORD MGT - ORDER MANAGEMENT PARAMETERS

ORDER ENTRY PARAMETERS

PRN Calculation (select one) ☐ Yes ☐ No

First Issue Labels (select one) ☐ Yes ☐ No

Dosage Range Inquiry (select one) ☐ Yes ☐ No

Default (select one) ☐ Yes ☐ No

Screen Acceptance (select one) ☐ Add'l ☐ Yes

PRN "Demand" First Issue Quantity (1N)

SCH "Demand" First Issue Quantity (1N)

Med/Sol Question (select one) ☐ Yes ☐ No

Cutoff Start Time (HHMM) : PM or NONE

Default Stop Time : AM or MIDNIGHT

Screening Hours (2N) hours

DC Delay (3N) minutes

Ordering Physician (select one) ☐ Yes ☐ No

Patient Status Warning (B,C,D,O) (select up to 4)

Default (select one) ☐ Yes ☐ No ☐ blank

PROFILE MAINTENANCE

Cancellation Time Limit (3N) Hours or NONE

Summarized Order Retention (4N) days

Audit Trail (select one) ☐ Yes ☐ No

Med Revise Disp/Dose (select one) ☐ Yes ☐ No

Patient Documentation retained with summarized profile ☐ Yes ☐ No

Clinical Interventions retained with summarized profile ☐ Yes ☐ No

Order Sort Default (select one) ☐ (S)tandard ☐ (O)rder # ☐ (R)everse Order #

Profile Order Entry (select one) ☐ (D)isplay profile ☐ (L)oop order entry after new each order

Filter Settings (select one) ☐ (R)etain settings ☐ Re(S)et to All Orders between patients

Provide Census Prompt (select one) ☐ Yes ☐ No

Default (select one) ☐ Yes ☐ No

Sol Revise Disp/Dose (identify solution type and select one response)

Primary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enteral	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Syringe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TPN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Piggyback	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fat Emulsion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Irrigation	<input type="checkbox"/> Yes	
Infusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

ORD MGT - ORDER MANAGEMENT PARAMETERS (PAGE 2)

ORDER ENTRY PARAMETERS

Sol Revise Disp/Dose

_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No

Oral Routes (see Table)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ASO PARAMETERS

Advance Notification (2N)	_____	_____ Days
Print Reports (select one)	_____ Base	_____ Form
Print Labels? (select one)	_____ Yes	_____ No
Order Type (select one)	_____ Meds	_____ Solns
Stop Type (select one)	_____ Hard	_____ Soft
Report Sort Options (select one)	_____ US	_____ Station/Room/Bed
	_____ Canada	_____ Ward/Room/Bed
		_____ Station/Physician/Room/Bed
		_____ Ward/Consultant/Room/Bed

DOSE RANGE CHK PARAMETERS

Client Defined DRC Active (select one)	_____ Yes	_____ No
FDB DRC Active (select one)	_____ Yes	_____ No
Proceed with DRC if no dx (select one)	_____ Yes	_____ No
Notify User if DRC Passed (select one)	_____ Yes	_____ No

Screen Acceptance (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renal/Hepatic Adjustment Warning (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Run DRC when Ht/Wt Revised? (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
% Ht/Wt Change to run DRC (set % for each age range)	Age Range _____	% _____
	Age Range _____	% _____
	Age Range _____	% _____
	Age Range _____	% _____
	Age Range _____	% _____
Alert when Ht/Wt changed by Non-Rx? (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
% Ht/Wt Change to show alert (set % for each age range)	Age Range _____	% _____
	Age Range _____	% _____
	Age Range _____	% _____
	Age Range _____	% _____
	Age Range _____	% _____

REPLACE DOSE

This parameter can be set differently for each nurse station, nurse station group, or facility. It is presented on a separate page for easy duplication. See page 2-75.

ORD MGT - ORDER MANAGEMENT PARAMETERS (PAGE 3)

VERIFICATION REQUIREMENTS

Please consider the following when setting this parameter: If an order is awaiting Review Only verification and a non-pharmacy employee performs another function on the order, the order takes on the verification requirements of the new function. For example, if a Start Med order is awaiting Review Only and a non-pharmacist performs another function that does not require verification, the order no longer requires Review Only verification for the Start Med transaction.

(Check one box for each transaction type)

NO, Not
Required

YES, Before
Processing

YES, After
Processing

YES, Review
Only

Start Medication

Start Solution

Revise Medication *

Revise Solution **

Hold Order

Resume Order

Discontinue Order

Cancel Order

* Revise Medication Non-Verification Fields (select option)

____ Route

____ Ordering Physician

____ Product Label Comment

____ Non-Formulary Reason

____ Non-Formulary Unit Price

____ Stability

____ Print on MAR Indicator

____ Comment

____ Ordered As

** Revise Solution Non-Verification Fields (select options)

____ Route

____ Ordering Physician

____ Produce Label Comment

____ Non-Formulary Reason

____ Non-Formulary Unit Price

____ Stability

____ Print on MAR

____ Comment

____ Ordered As

____ Next Bottle Number

____ Next Bottle Date

____ Next Bottle Time

____ Refrigerate Indicator

RPT - REPORTS/REPORTING PARAMETERS (PAGE 2)

PROFILE/DISCHG PRINT

Patient Profile Defaults

Order Types (select one) ☐ Meds ☐ Solns ☐ Both

Solution Types (enter solution types)

Print Active Orders? (select one) ☐ Yes ☐ No

Print Held Orders? (select one) ☐ Yes ☐ No

Print Discontinued Orders? (select one) ☐ Yes ☐ No

If Yes, For How Many Days Past? (3N) days

Print Patient Documentation (select one) ☐ Yes ☐ No

Print Order Documentation (select one) ☐ Yes ☐ No

Print Kinetics (select one) ☐ Yes ☐ No

Print Clinical Interventions (select one) ☐ Yes ☐ No

Patients (select one)

☐ Print All Patients ☐ Print Only Those Meeting The Criteria

Split Meds/Sols (select one) ☐ Yes ☐ No

Print Ordered As Name? (select one) ☐ Yes ☐ No

Patient Header (2N) lines

Professional Notes (select one) ☐ Yes ☐ No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 3)

PROFILE/DISCHG PRINT

Discharge Summary Defaults

Display Audit Trail? (select one) ☐ Yes ☐ No

Sort (select one) ☐ Name ☐ Account Number

Include Outpatients? (select one) ☐ Yes ☐ No

Professional Notes (select one) ☐ Yes ☐ No

Kinetics (select one) ☐ Yes ☐ No

SOLUTION WORKLIST/PREP LABELS

Solution Worklist Defaults

Print Worklist? (select one) ☐ Yes ☐ No

Print Distribution List? (select one) ☐ Yes ☐ No

Prep Label Control

Maximum Hours (identify solution type and enter number of hours, 3N)

Primary hours

Piggyback hours

Infusion hours

TPN hours

Irrigation hours

Syringe hours

Chemotherapy hours

Enteral hours

FatEmulsn hours

RPT - REPORTS/REPORTING PARAMETERS (PAGE 4)

STATUS CHANGE LABELS

Status Change Labels

Med D/C Labels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Med Hold Labels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Med Cancel Labels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Med Start Labels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Default Transfer CRT Name (5C)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
MAR D/C Labels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAR Hold Labels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAR Cancel Labels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WORKLOAD

	DAILY		MONTHLY	
Facility Stats (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inpatient Stats (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outpatient Stats (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comparison Month (select one)	DAILY	MONTHLY
	Not Applicable	<input type="checkbox"/> Previous Month, Current Year <input type="checkbox"/> Same Month, Previous Year

RPT - REPORTS/REPORTING PARAMETERS (PAGE 5)

WORKLOAD, Detail Parameters

CHARGE STATISTICS

Medication Charge Totals

DAILY

MONTHLY

Charge Stats (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Narcotic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floorstock (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medication Credit Totals

Credit Stats (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Narcotic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floorstock (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medication Net Totals

Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Narcotic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floorstock (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 6)

WORKLOAD, Detail Parameters

CHARGE STATISTICS

Solution Charge Report

DAILY

MONTHLY

Charge Stats (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Credit Stats (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Formula Charge Report

Charge Stats (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Credit Stats (select one) ☐ Yes ☐ No ☐ Yes ☐ No

DEMAND ORDER STATISTICS

Demand Medication

Sch/PRN Order (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Extempo Order (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Sch/PRN Doses (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Extempo Doses (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Sch/PRN Pkgs (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Extempo Pkgs (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Demand Solution

Order IV Type (select one) ☐ Yes ☐ No ☐ Yes ☐ No

Doses IV Type (select one) ☐ Yes ☐ No ☐ Yes ☐ No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 7)

WORKLOAD, Detail Parameters

FIRST ISSUES STATISTICS

Medication First Issues

DAILY

MONTHLY

Sch/PRN Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sch/PRN Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sch/PRN Pkgs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo Pkgs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Solution First Issues

Order IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doses IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICATION ORDER STATISTICS

All New Orders

Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Narcotic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floorstock (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Predefined (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start/Restart (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 8)

WORKLOAD, Detail Parameters

MEDICATION ORDER STATISTICS

Started Orders

DAILY

MONTHLY

Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Narcotic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floorstock (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Restarted Orders

Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Narcotic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floorstock (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Revised/Cancelled/Held/Resumed Orders

Rev Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hold Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Res Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Discontinued Orders

Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DC Types (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 9)

WORKLOAD, Detail Parameters

REPLACE ORDER STATISTICS

Replace Medication		DAILY		MONTHLY	
Sch/PRN Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Extempo Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sch/PRN Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Extempo Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sch/PRN Pkgs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Extempo Pkgs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Replace Solution

Order IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doses IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SOLUTION ORDER STATISTICS

New Solution Orders

New IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Predefined (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start/Restart (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restart IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 10)

WORKLOAD, Detail Parameters

SOLUTION ORDER STATISTICS

Revised/Cancelled/Held/Resumed Solution Orders

	DAILY		MONTHLY	
Rev IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hold IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Res IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discontinued Solution Orders				
DC IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DC Types (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UNIT/PREP DOSE STATISTICS

Medication Unit Dose Fills

Sch/PRN Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sch/PRN Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sch/PRN Pkgs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extempo Pkgs (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 11)

WORKLOAD, Detail Parameters

UNIT/PREP DOSE STATISTICS

Solution Prep Doses Issued

	DAILY		MONTHLY	
Order IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doses IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VERIFY ORDER STATISTICS

Verified Medication Orders

New Sch/PRN (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Extempo (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Narcotic (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Floorstock (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Revisions (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DC's (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancel's (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resumes (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Verified Solution Orders

New - IV Type (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Revisions (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DC's (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 12)

WORKLOAD, Detail Parameters

VERIFY ORDER STATISTICS

Verified Solution Orders

DAILY

MONTHLY

Cancels (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holds (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resumes (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Nurse Stations

DAILY

MONTHLY

(see Table)

Satellites

(see Table)

RPT - REPORTS/REPORTING PARAMETERS (PAGE 13)

WORKLOAD

Outpatient Types (see Table)

Shift 1 (4N) ____ ____ : ____ ____ a.m. or p.m. Not Applicable

Shift 2 (4N) ____ ____ : ____ ____ a.m. or p.m. Not Applicable

Shift 3 (4N) ____ ____ : ____ ____ a.m. or p.m. Not Applicable

Hourly/Emp Parm

MEDICATIONS

DAILY

MONTHLY

New Orders (select one)	____ Yes	____ No	____ Yes	____ No
Rev Orders (select one)	____ Yes	____ No	____ Yes	____ No
D/C Orders (select one)	____ Yes	____ No	____ Yes	____ No
Ver New Order (select one)	____ Yes	____ No	____ Yes	____ No
Ver Rev Order (select one)	____ Yes	____ No	____ Yes	____ No
Sch FI Doses (select one)	____ Yes	____ No	____ Yes	____ No
PRN FI Doses (select one)	____ Yes	____ No	____ Yes	____ No
SCH Filled (select one)	____ Yes	____ No	____ Yes	____ No
PRN Filled (select one)	____ Yes	____ No	____ Yes	____ No

RPT - REPORTS/REPORTING PARAMETERS (PAGE 14)

WORKLOAD

Hourly/Emp Parm

DAILY

MONTHLY

SOLUTIONS

New Orders (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rev Orders (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D/C Orders (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ver New Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ver Rev Order (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FI Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filled Doses (select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCREENING - CLINICAL SCREENING PARAMETERS

ADR LEVELS

(1N or circle "Never")

	Log	Display	Abort
Non-Pharmacy Personnel	_____ or NEVER	_____ or NEVER	_____ or NEVER
Pharmacy Technicians	_____ or NEVER	_____ or NEVER	_____ or NEVER
Pharmacists	_____ or NEVER	_____ or NEVER	_____ or NEVER
Review Non-Screened Orders	(P)harmacists	(T)echs	(N)either (B)oth
Exclude Inert Ingredients (select one)	_____ (Y)es	_____ (N)o	
Review Unverified Allergies (select one)	_____ (Y)es	_____ (N)o	

DRUG TO DRUG INT

(1N or circle "Never")

	Log Level	Display Level
Non-Pharmacy Personnel	_____ or NEVER	_____ or NEVER
Pharmacy Technicians	_____ or NEVER	_____ or NEVER
Pharmacists	_____ or NEVER	_____ or NEVER
Inpatient Screening Days (2N)	_____ days	

CLINICAL INTERVENTIONS

Number of Days for Worksheet Retention (3N) _____ days

Printer for Worksheets Printed during Order Entry (select one):

_____ CRT printer _____ Spooled Report printer

Print Report Parameters Page ____Yes ____No Assign Self to Default ____Yes ____No

Employee types who can access clinical intervention detail (select one)

_____ Non-Pharmacy Personnel _____ Pharmacy Technicians _____ Pharmacists

SCREENING - CLINICAL SCREENING PARAMETERS (PAGE 2)

DOSE RANGE CHECK

Non-Pharmacy Personnel ☐ Yes ☐ No

Non-Pharmacy Personnel ☐ Abort ☐ Edit Only
☐ Edit and/or Override

Pharmacy Technicians ☐ Yes ☐ No

Pharmacy Technicians ☐ Abort ☐ Edit Only
☐ Edit and/or Override

Pharmacists ☐ Yes ☐ No

Pharmacists ☐ Abort ☐ Edit Only
☐ Edit and/or Override

Percent Variance (99 max)

SCREENING - CLINICAL SCREENING PARAMETERS (PAGE 3)

DRUG TO FOOD NOTICES

Report (select one)

____ Patient Station ____ Ordering CRT Location ____ Report Name _____

Lowest Severity Code (enter a number from 0 to 9) _____

Notice Form ^ ptfdfn

Report (select one)

____ Patient Station ____ Ordering CRT Location ____ Report Name _____

Lowest Severity Code (enter a number from 0 to 9) _____

Notice Form ^ _____

Report (select one)

____ Patient Station ____ Ordering CRT Location ____ Report Name _____

Lowest Severity Code (enter a number from 0 to 9) _____

Notice Form ^ _____

SCREENING - CLINICAL SCREENING PARAMETERS (PAGE 4)

DRUG/DISEASE STATE

(1N or circle "Never")

	Log	Display	Abort
Non-Pharmacy Personnel	_____ or NEVER	_____ or NEVER	_____ or NEVER
Pharmacy Technicians	_____ or NEVER	_____ or NEVER	_____ or NEVER
Pharmacists	_____ or NEVER	_____ or NEVER	_____ or NEVER
Warning if no Disease State (select one) _____(Y)es _____(N)o			

DUPLICATE CHECKING

(circle one response)

	Exact Matches	AHFS Classes	Screen Acceptance
Non-Pharmacy Personnel	YES or NO	YES or NO	N-Abort, Y-Accept, H-Hardcopy, I-Intervention
Pharmacy Technicians	YES or NO	YES or NO	N-Abort, Y-Accept, H-Hardcopy, I-Intervention
Pharmacists	YES or NO	YES or NO	N-Abort, Y-Accept, H-Hardcopy, I-Intervention
RX DISPLAY DAYS (4-N-R) _____			

Screen against other base solution items on the profile when a base solution is added

_____ Yes _____ No

SPECIALTY CHARGE

(circle one in each box)

	Non-Pharmacy Employees	Pharmacy Technician	Pharmacist
Duplicate Checking	YES or NO	YES or NO	YES or NO
Adverse Drug Reactions	YES or NO	YES or NO	YES or NO
Drug-Drug Interactions	YES or NO	YES or NO	YES or NO
Drug-Food Notices	YES or NO	YES or NO	YES or NO

ORD MGT - REPLACE DOSE PARAMETER

FACILITY NAME (30C) _____

NURSE STATION GROUP _____ OR

NURSE STATIONS ALL OR _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDS/SOLUTIONS (select one) _____ Meds _____ Solns _____ Both

MED TYPE (select one) _____ Unit Dose Meds Only _____ Bulk Meds Only _____ Both

VERIFICATION REQUIRED? (select one) _____ Yes _____ No

DEMAND SOLUTION (select one) _____ Non-Demand Only _____ Demand Only _____ Both

SOLUTION TYPES (select options)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DISPLAY HOURS (4N) _____ hours

TRAD REFILL (3N) _____ hours

WAITING PERIOD (3N) _____ minutes

ALLOW FLOORSTOCK REPLACEMENT? (Y/N) _____

ALL FACILITIES PARAMETERS

The following parameters can be set only once for all facilities of the system. Because you cannot define a different response for each facility these parameters were not included in the previous pages of the worksheet.

FORM - FDB SELECTION PARAMETER

FDB SELECTION

FDB Update Exclusions (select options)

<input type="checkbox"/> A - Unit AWP	<input type="checkbox"/> B - Brand Name	<input type="checkbox"/> C - Display Strength
<input type="checkbox"/> D - Pkg Description	<input type="checkbox"/> E - Package Size	<input type="checkbox"/> F - Drug Form Ml, G, EA
<input type="checkbox"/> G - Generic Name	<input type="checkbox"/> H - Dosage Form Description	<input type="checkbox"/> I - IV Base Category
<input type="checkbox"/> J - Route Description	<input type="checkbox"/> K - Generic Class Code	<input type="checkbox"/> L - Label Brand Name
<input type="checkbox"/> M-Control Class	<input type="checkbox"/> N-DESI Indicator	<input type="checkbox"/> O-Dosage Form Descr[ription]
<input type="checkbox"/> P-HCPCS Code	<input type="checkbox"/> Q-Manufacturer	<input type="checkbox"/> R-Routes
<input type="checkbox"/> S-Strength	<input type="checkbox"/> T-OP Label Warnings	<input type="checkbox"/> U-Unit Dose Indicat[or]
<input type="checkbox"/> V-Volume	<input type="checkbox"/> W-AHFS Classification	<input type="checkbox"/> Y-Case Size
<input type="checkbox"/> a-Unit WAC	<input type="checkbox"/> b-Unit DP	<input type="checkbox"/> c-Unit SWP

RPT - DUE WORKSHEETS

Default for Printer Prompt (select one)	<input type="checkbox"/> CRT Printer	<input type="checkbox"/> Spooled Printer
Employee Types Who Can Print Worksheets	<input type="checkbox"/> Pharmacists	
	<input type="checkbox"/> Technicians	
	<input type="checkbox"/> Non-Rx Employees	

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INTRODUCTION

This section contains a worksheet for building the product information needed to build and maintain your formulary. The worksheets contain only those fields that experience has shown to be frequently used. The number that precedes each field name is the option number of the field on the Formulary Maintenance screen.

To further increase the effectiveness of the worksheets, all fields required by the system are marked with an asterisk (*) and those fields for which FDB provides a default response are marked with a tilde (~). Fields that appear on screen only for main inpatient (RXI) and main outpatient (RXO) stock locations are marked with two asterisks (**).

A separate Financial Information page is provided for each McKesson financial system (STAR Financials or HealthQuest Patient Accounting).

The Floorstock Information page can be copied multiple times to accommodate item information that is specific to different stock locations.

After each field name, the data entry requirements of the field are presented in parentheses. If the entry must be selected from a hospital-defined table, the data entry requirement is *Table Lookup*. It is suggested that you provide the person completing the worksheets with copies of the table entries to ensure that they enter valid information. For fields that specify a particular number of characters, the correct number of blanks are provided and the data entry requirements specifies if you can enter numbers only (N), any character (C), or letters and numbers only (A/N).

For more detailed information about the specific requirements of each formulary field, see the Formulary Maintenance section in the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

BASIC DESCRIPTION

1. Code _____
2. Generic Name*~ (Table Lookup) _____
3. Strength ~ (16C) _____
4. Volume~ (10C) _____
5. Dosage Form~ (Table Lookup) _____
6. Drug Form*~ (select one) _____GM _____ML _____Each
7. Control Class (select one) _____0 _____1 _____2 _____3 _____4 _____5
8. Route 1*~ (Table Lookup) _____
9. Route 2 (Table Lookup) _____
10. Route 3 (Table Lookup) _____
11. Enabled for IVs*~ (select one) _____YES _____NO
12. IV Base Category (Table Lookup) _____
13. AHFS Category 1 (Table Lookup) _____
14. AHFS Category 2 (Table Lookup) _____
15. AHFS Category 3 (Table Lookup) _____
16. On Formulary (select one) _____YES _____NO
17. Availability* (select one) _____Inpatients _____Outpatients
_____Both _____Neither
18. Exempt Duplicate screen (select one) _____YES _____NO
21. Dose Type (Table Lookup) _____

ADDITIONAL ITEM INFORMATION

FORMULARY CODE	_____	
PRODUCT NUMBER (11N)	____ _	
2. Alternate Brand 2 (Table Lookup)	_____	
5. Currently Dispensed Item*~ (30C)	____ _	
	____ _	
7. Display Strength~ (19C)	____ _	
10. Lowest Unit (select one)	<input type="checkbox"/> ONE <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> N/A	
16. Lowest Charge (select one)	<input type="checkbox"/> PKG <input type="checkbox"/> UNIT <input type="checkbox"/> MIX	
17. Package Size~ (12C)	____ _	
18. Package Description~ (20C)	____ _	
	____ _	
19. FDB Exclusion (select options)	<input type="checkbox"/> A-UNIT AWP <input type="checkbox"/> C-DISPLAY STRENGTH <input type="checkbox"/> E-PACKAGE SIZE <input type="checkbox"/> G-GENERIC NAME <input type="checkbox"/> I-IV BASE CATEGORY <input type="checkbox"/> K-GENERIC CLASS CODE <input type="checkbox"/> M-CONTROL CLASS <input type="checkbox"/> O-DOSAGE FORM <input type="checkbox"/> Q-MANUFACTURER <input type="checkbox"/> S-STRENGTH <input type="checkbox"/> U-UNIT DOSE IND. <input type="checkbox"/> W-AHFS CLASS	<input type="checkbox"/> B-BRAND NAME <input type="checkbox"/> D-PKG DESCRIPTION <input type="checkbox"/> F-DRUG FORM ML,G,EA <input type="checkbox"/> H-DOSAGE FORM DESCR <input type="checkbox"/> J-ROUTE DESCRIPTION <input type="checkbox"/> L-LABEL BRAND NAME <input type="checkbox"/> N-DESI INDICATOR <input type="checkbox"/> P-HCPCS CODE <input type="checkbox"/> R-ROUTES <input type="checkbox"/> T-OP LABEL WARNINGS <input type="checkbox"/> V-VOLUME <input type="checkbox"/> Y-CASE SIZE
20. Controlled Drug	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ORDER INFORMATION

FORMULARY CODE	_____
PRODUCT NUMBER (11N)	____ _
1. Frequency (Table Lookup)	_____
2. Schedule (Table Lookup)	_____
3. ASO Type (Table Lookup)	_____
4. Usual PRN Doses (3N)	____ _
5. Max SCH Units (4N)	____ _
7. Multi-Dose (select one)	___ YES ___ NO
8. Profile Spec Charges (select one)	___ YES ___ NO
9. Extempo Type (Table Lookup)	_____
10. Compound (select one)	___ YES ___ NO
11. Refrigerate? (select one)	___ YES ___ NO
12. Stability (4N)	____ _ HOURS or ____ _ DAYS
13. Extempo Comment 1 (Table Lookup)	_____
16. Product Label Comment (Table Lookup)	_____
17. Nursing Comment (33C)	____ _
	____ _
18. Professional Notes (Table Lookup)	_____
19. Solution Type (1C)	_____

ALTERNATE ACCESS METHODS

FORMULARY CODE

PRODUCT NUMBER (11N)

1. Nursing Display (select one)

☐ YES ☐ NO

2. Pharmacy Display (select one)

☐ YES ☐ NO

3. Alternate Name 1 (30C)

5. Mnemonic 1 (8C)

6. Mnemonic 2 (8C)

9. Pharmacy Comment (33C)

FINANCIAL INFORMATION - STAR FINANCIALS

FORMULARY CODE	_____
PRODUCT NUMBER (11N)	____ _
2. Financial/Insurance Description* (30C)	____ _
	____ _
3. Revenue Code* (Table Lookup)	_____
4. Detail Revenue Center (Table Lookup)	_____
5. Proration Summary Code* (Table Lookup)	_____
6. Alt. Bill Summary Cd 1 (Table Lookup)	_____
7. Alt. Bill Summary Cd 2 (Table Lookup)	_____
8. Alt. Bill Summary Cd 3 (Table Lookup)	_____
9. Type of Service (Table Lookup)	_____
10. Attachment Code (Table Lookup)	_____
11. Alternate Code (10A/N)	____ _
12. Inventory Location (Table Lookup)	_____
13. Inventory # (Table Lookup)	_____
14. Statistic Flag (select one)	___ Statistic Only ___ Print on Bill Only ___ Both
15. Relative Value (5N)	____ _ . ____ _
16. HCPCS (7A/N)	____ _
17. UB Code* (Table Lookup)	_____

FINANCIAL INFO. - HEALTHQUEST PATIENT ACCOUNTING

FORMULARY CODE	_____		
PRODUCT NUMBER (11N)	____ _		
2. Revenue Code* (Table Lookup)	_____		
3. Financial/Insurance Description* (30C)	____ _		
	____ _		
4. Billcode 1 (8C)	____ _		
5. Billcode 2 (8C)	____ _		
6. Billcode 3 (8C)	____ _		
7. Insurance Coverage (Table Lookup)	_____		
8. UB Code* (Table Lookup)	_____		
9. Write Off Ind (select one)	___YES	___NO	
10. Message Ind (select one)	___YES	___NO	
11. Standard Code Ind (1A/N)	____		
12. Charge Ind (select one)	___0	___1	___2
13. Description Override (select one)	___YES	___NO	
14. GL Key* (3N)	____ _		
15. Unit Cost (7N)	____ _ . ____ _	16. Unit Cost GL Key(3N)	____ _
17. Pro Fee Rate (7N)	____ _ . ____ _	18. Pro Fee GL Key (3N)	____ _
19. Pro Fee Rev Dept (4A/N)	____ _		

INPATIENT PRICING INFORMATION

FORMULARY CODE _____

PRODUCT NUMBER (11N) _____

4. Package Cost (4N.4N) _____

5. Unit Cost (4N.5N) _____

9. Package AWP~ (4N.4N) _____

10. Unit AWP~ (4N.5N) _____

13. Package Price (4N.4N) _____

14. Unit Price (4N.5N) _____

17. Formula Override (Table Lookup) _____

18. Cost Override (select one)

____ACQUISITION COST ____AWP ____UNIT PRICE ____SWP ____DP ____WAC ____Hierarchy

19. Fee Type (select one) ____ADMINISTRATION ____DISPENSING

21. Med Add-on Fee (4N.2N) \$ _____

22. Sol Add-on Fee (4N.2N) \$ _____

25. Override Purchasing Location (select one)

____RXI ____OTHER (Table Lookup): _____

26. Taxable (select one) ____Yes ____No

OUTPATIENT PRICING INFORMATION

FORMULARY CODE _____

PRODUCT NUMBER (11N) _____

5. Fee Type (select one) _____ADMINISTRATION _____DISPENSING

6. Med Add-on Fee (4N.2N) \$ _____ . _____

7. Sol Add-on Fee (4N.2N) \$ _____ . _____

8. Package Cost (4N.4N) _____ . _____

9. Unit Cost (4N.5N) _____ . _____

12. Package AWP~ (4N.4N) _____ . _____

13. Unit AWP~ (4N.5N) _____ . _____

16. Package Price (4N.4N) _____ . _____

17. Unit Price (4N.5N) _____ . _____

20. O/P Formula Override (Table Lookup) _____

21. O/P Cost Override (select one) _____ACQUISITION COST _____AWP _____UNIT PRICE _____SWP
 _____DP _____WAC _____Hierarchy

24. Amb Care Formula Override (Table Lookup) _____

25. Amb Care Cost Override (select one)
 _____ACQ. COST _____AWP _____UNIT PRICE _____HIGHER OF ACQUISITION/AWP _____LOWER OF ACQUISITION/AWP
 _____SWP _____DP _____WAC _____Hierarchy

28. Override Purchasing Location (select one) _____RXO _____OTHER (Table Lookup): _____

29. Taxable (select one) _____Yes _____No

SWP/DP WAC PRICING PAGE

I/P or O/P

FORMULARY CODE _____

PRODUCT NUMBER (11N) _____

1 Pkg SWP _____ . _____

2 Unit SWP _____ . _____

3 Prev Pkg SWP _____ . _____

4 Prev Unit SWP _____ . _____

5 Pkg DP _____ . _____

6 Unit DP _____ . _____

7 Prev Pkg DP _____ . _____

8 Prev Unit DP _____ . _____

9 Pkg WAC _____ . _____

10 Unit WAC _____ . _____

11 Prev Pkg WAC _____ . _____

12 Prev Unit WAC _____ . _____

OUTPATIENT INFORMATION

FORMULARY CODE	_____
PRODUCT NUMBER (11N)	____ _
1. Label Name~ (30C)	____ _ ____ _
2. Drug Class*~ (select one)	____PRESCRIPTION ____OVER-THE-COUNTER
3. Product Category (Table Lookup)	_____
4. Expiration Days (3N)	____ _
5. Label Warning 1~ (Table Lookup)	_____
6. Label Warning 2~ (Table Lookup)	_____
7. Label Warning 3~ (Table Lookup)	_____
8. Label Warning 4~ (Table Lookup)	_____
9. Label Warning 5~ (Table Lookup)	_____
10. Default SIG (61C)	____ _ ____ _ ____ _ ____ _

FLOORSTOCK INFORMATION

FORMULARY CODE _____

PRODUCT NUMBER (11N) _____

Stock Location Code* (Table Lookup) _____

2. Current Level (6N.2N) _____ . _____

3. Maximum Level (6N) _____

4. Reorder Level (6N) _____

5. Emergency Level (6N) _____

6. Issue Status* (select one)

_____ ALL ISSUES _____ FIRST ISSUES ONLY _____ STAT/EMERGENCY ONLY

7. Patient Charge (select one) _____ YES _____ NO

8. Lowest Charge (select one) _____ PACKAGE _____ UNIT _____ MIX _____ FORMULARY

9. Restock Method* (select one)

_____ CONTROLLED ITEM

_____ DEMAND REORDER

_____ DAILY USAGE LIST

_____ DAILY REORDER LIST

_____ CHARGE LABELS

_____ DEMAND USAGE LIST

10. Restock Source (Table Lookup) _____

11. Comment (33C) _____

12. Availability* (select one) _____ MEDS _____ SOLNS _____ BOTH

FLOORSTOCK INFORMATION (PAGE 2)

FORMULARY CODE	_____
PRODUCT NUMBER (11N)	____ _
Stock Location Code* (Table Lookup)	_____
**15. Repackaged From (Product File)	_____
**16. Package Conversion (5N)	____ _
17. I/P Adjusted Revenue Center (Table Lookup)	_____
18. O/P Adjusted Revenue Center (Table Lookup)	_____
19. Shelf/Bin Location (75C)	____ _
	____ _
	____ _
	____ _

COMPOUND INFORMATION MAINTENANCE

FORMULARY CODE _____

PRODUCT NUMBER (11N) _____

BASIC INFORMATION

1. Compound Name (70C) _____

2. Container Type (33C) _____

3. Container Closure Type (33C) _____

4. Source of Formula (33C) _____

5. Storage Conditions (33C) _____

+6. Update IP Cost (select one)

___Yes ___No

7. IP Cost Basis (select one)

___Acq Cost ___AWP ___Unit Price

8. IP Cost/Unit (9N)

___ . ___

9. IP Cost/Package (9N)

___ . ___

+10. Update OP Cost (select one)

___Yes ___No

11. OP Cost Basis (select one)

___Acq Cost ___AWP ___Unit Price

12. OP Cost/Unit (9N)

___ . ___

13. OP Cost/Package (9N)

___ . ___

+These fields are accessible only if the Availability field on the Basic Description Page indicates that the item is available for the respective type of dispensing.

COMPOUND INFORMATION MAINTENANCE (PAGE 2)

Formulary Items (Components)

FORMULARY CODE _____

PRODUCT NUMBER (11N) _____

1. Item _____

2. Strength (14C) _____

3. Volume (10C) _____

4. Lowest Charge (select one) ___Unit ___Package

+5. IP Cost/Unit (9C) ___ . ___

+6. Total IP Cost (9C) ___ . ___

+7. OP Cost/Unit (9C) ___ . ___

+8. Total OP Cost (9N) ___ . ___

1. Item _____

2. Strength (14C) _____

3. Volume (10C) _____

4. Lowest Charge (select one) ___Unit ___Package

+5. IP Cost/Unit (9C) ___ . ___

+6. Total IP Cost (9C) ___ . ___

+7. OP Cost/Unit (9C) ___ . ___

+8. Total OP Cost (9N) ___ . ___

+These fields are only accessible if the Availability field on the Basic Description Page indicates that the item is available for the respective type of dispensing.

COMPOUNDING INSTRUCTIONS

PRODUCT NUMBER (11N) _____

[illegible]

DEPARTMENT NOTICES

1. Active ☐ Yes ☐ No

2. D/C Labels ☐ Yes ☐ No

3. Hold Labels ☐ Yes ☐ No

4. Cancel Labels ☐ Yes ☐ No

5. Start Labels ☐ Yes ☐ No

6. Printers ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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