

Integrating the Healthcare Enterprise



5      **IHE Quality Research and Public Health  
Technical Framework Supplement**

10     **Prescription Repository Query  
(PRQ)**

HL7® FHIR® STU 4

Using Resources at FMM Level 2-N

15     **Revision 1.1 – Trial Implementation**

20     Date:        September 11, 2019  
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25     Please verify you have the most recent version of this document. See [here](#) for Trial  
Implementation and Final Text versions and [here](#) for Public Comment versions.

## Foreword

30 This is a supplement to the IHE Quality Research and Public Health Technical Framework. Each supplement undergoes a process of public comment and trial implementation before being incorporated into the volumes of the Technical Frameworks.

35 This supplement is published on September 11, 2019 for trial implementation and may be available for testing at subsequent IHE Connectathons. The supplement may be amended based on the results of testing. Following successful testing it will be incorporated into the Quality, Research and Public Health Technical Framework. Comments are invited and may be submitted at [http://www.ihe.net/QRPH\\_Public\\_Comments](http://www.ihe.net/QRPH_Public_Comments).

This supplement describes changes to the existing technical framework documents.

“Boxed” instructions like the sample below indicate to the Volume Editor how to integrate the relevant section(s) into the relevant Technical Framework volume.

40 ***Amend Section X.X by the following:***

Where the amendment adds text, make the added text **bold underline**. Where the amendment removes text, make the removed text **bold strikethrough**. When entire new sections are added, introduce with editor’s instructions to “add new text” or similar, which for readability are not bolded or underlined.

45

General information about IHE can be found at [www.ihe.net](http://www.ihe.net).

Information about the IHE Quality Research and Public Health domain can be found at [ihe.net/IHE\\_Domains](http://ihe.net/IHE_Domains).

50 Information about the organization of IHE Technical Frameworks and Supplements and the process used to create them can be found at [http://ihe.net/IHE\\_Process](http://ihe.net/IHE_Process) and <http://ihe.net/Profiles>.

The current version of the IHE Quality Research and Public Health Technical Framework can be found at [http://ihe.net/Technical\\_Frameworks](http://ihe.net/Technical_Frameworks).

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## Introduction to this Supplement

- 160 Whenever possible, IHE profiles are based on established and stable underlying standards. However, if an IHE domain determines that an emerging standard has high likelihood of industry adoption, and the standard offers significant benefits for the use cases it is attempting to address, the domain may develop IHE profiles based on such a standard. During Trial Implementation, the IHE domain will update and republish the IHE profile as the underlying standard evolves.
- 165 Product implementations and site deployments may need to be updated in order for them to remain interoperable and conformant with an updated IHE profile.
- This PRQ Profile is based on Release 4 of the emerging HL7®<sup>1</sup> FHIR®<sup>2</sup> specification. HL7 describes FHIR Change Management and Versioning at <https://www.hl7.org/fhir/versions.html>.
- 170 HL7 provides a rating of the maturity of FHIR content based on the FHIR Maturity Model (FMM): level 0 (draft) through N (Normative). See <http://hl7.org/fhir/versions.html#maturity>.
- The FMM levels for FHIR content used in this profile are:

FHIR Content (Resources, ValueSets, etc.)	FMM Level
Patient	N
Practitioner	3
Organization	3
Medication	3
MedicationDispense	2

- 175 This transaction profile will integrate a prescription drug repository into an electronic medical records workflow to provide prescription drug information to physicians so they can make informed decisions on medication they should provide to their patients. This will help improve patient outcomes and prevent deadly drug to drug interactions.
- 180 This supplement references the following documents. The reader should review these documents as needed:

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<sup>1</sup> HL7 is the registered trademark of Health Level Seven International.

<sup>2</sup> FHIR is the registered trademark of Health Level Seven International.

1. IHE Pharmacy Common parts document  
[https://www.ihe.net/uploadedFiles/Documents/Pharmacy/IHE\\_Pharmacy\\_Suppl\\_Common.pdf](https://www.ihe.net/uploadedFiles/Documents/Pharmacy/IHE_Pharmacy_Suppl_Common.pdf)
- 185 2. IHE Pharmacy Community Medication Prescription and Dispense Integration Profile (CMPD)  
[https://www.ihe.net/uploadedFiles/Documents/Pharmacy/IHE\\_Pharmacy\\_Suppl\\_CMPD.pdf](https://www.ihe.net/uploadedFiles/Documents/Pharmacy/IHE_Pharmacy_Suppl_CMPD.pdf)
- 190 3. IHE Patient Care Coordination Technical Framework, Volume 1  
[https://www.ihe.net/uploadedFiles/Documents/PCC/IHE\\_PCC\\_TF\\_Vol1.pdf](https://www.ihe.net/uploadedFiles/Documents/PCC/IHE_PCC_TF_Vol1.pdf)
4. IHE Patient Care Coordination Technical Framework, Volume 2  
[https://www.ihe.net/uploadedFiles/Documents/PCC/IHE\\_PCC\\_TF\\_Vol2.pdf](https://www.ihe.net/uploadedFiles/Documents/PCC/IHE_PCC_TF_Vol2.pdf)
- 195 5. IHE Patient Care Coordination Technical Framework Supplement: CDA®<sup>3</sup> Content Modules  
[https://www.ihe.net/uploadedFiles/Documents/PCC/IHE\\_PCC\\_Suppl\\_CDA\\_Content\\_Modules.pdf](https://www.ihe.net/uploadedFiles/Documents/PCC/IHE_PCC_Suppl_CDA_Content_Modules.pdf)
6. IT Infrastructure Technical Framework Volume 1  
[https://www.ihe.net/uploadedFiles/Documents/ITI/IHE\\_ITI\\_TF\\_Vol1.pdf](https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol1.pdf)
7. IT Infrastructure Technical Framework Volume 2  
200 Transactions ITI-I through ITI-28:  
[https://www.ihe.net/uploadedFiles/Documents/ITI/IHE\\_ITI\\_TF\\_Vol2a.pdf](https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol2a.pdf)  
Transactions (cont'd) ITI-29 through ITI-64  
[https://www.ihe.net/uploadedFiles/Documents/ITI/IHE\\_ITI\\_TF\\_Vol2b.pdf](https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol2b.pdf)  
Appendices A through X and Glossary  
[https://www.ihe.net/uploadedFiles/Documents/ITI/IHE\\_ITI\\_TF\\_Vol2x.pdf](https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol2x.pdf)
- 205 8. IT Infrastructure Technical Framework Volume 3  
[https://www.ihe.net/uploadedFiles/Documents/ITI/IHE\\_ITI\\_TF\\_Vol3.pdf](https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol3.pdf)
9. Opioid Epidemic: Integrating Electronic Medical Records and Prescription Drug Monitoring Programs to limit abuse of controlled substances QRPH White Paper
- 210 10. HL7 FHIR US Meds Prescription Drug Monitoring Program (PDMP) FHIR Implementation Guide <http://hl7.org/fhir/us/meds/2018May/pdmp.html>

## Open Issues and Questions

1. There is no model for “days supplied,” can this be computed with dosage quantity and frequency (5/1/2019)?

---

<sup>3</sup> CDA is the registered trademark of Health Level Seven International.

- 215        2. Healthcare provider information is listed as optional in volume 4 because this information  
                is found through the DEA number. Would it make sense to make it optional or to keep it  
                as RE (5/2/2019)?
- 220        3. Community Dispense Document data elements found in PML will not be used in this  
                profile because the requirements of these elements will be fulfilled by the Dispenser and  
                Performer elements already listed (5/2/2019).
- 225        4. The Repeat Number data element in DIS indicates that it SHALL NOT be present, but  
                will be included in this profile as RE (5/2/2019).
- 230        5. Based on [ONC ISA](#) need to consider adding NCPDP 2017071 mapping to Appendix A as  
                it is the next listed standard for implementation. It is going into effect January 1, 2020  
                (5/10/2019).
- 235        6. This profile was created before PHARM was able to write a FHIR version of their  
                community medications list (PML) and this profile will need to be harmonized with this  
                while it is being created (7/25/2019).
- 240        7. Change the name of the profile to a title that does not contain the word “prescriptions” as  
                this profile only queries dispensed and administered medications (7/25/2019).

## Closed Issues

- 235        1. PML will have to be constrained to fit the use case requirements of this profile  
                (3/26/2019).
- 240        2. Submitting the prescription dispensing data to the repository is out of scope of this profile  
                (3/26/2019).
- 245        3. PML does not need to be expanded. Vol 4 will take care of the US centric Data elements  
                (3/26/2019).
- 250        4. Healthcare provider organization information is missing from NCPDP and FHIR PDMP  
                IG, because it is found with the DEA or NPI number (5/2/2019).
- 255        5. Dispenser information is missing from NCPDP and FHIR PDMP IG, because it is found  
                with the DEA or NPI number (5/2/2019).

## General Introduction and Shared Appendices

245 The [IHE Technical Framework General Introduction and Shared Appendices](#) are components shared by all of the IHE domain technical frameworks. Each technical framework volume contains links to these documents where appropriate.

*Update the following appendices to the General Introduction as indicated below. Note that these are **not** appendices to Volume 1.*

250 **Appendix A – Actor Summary Definitions**

*Add the following actors to the IHE Technical Frameworks General Introduction Appendix A:*

No new actors are used in this profile

## Appendix B – Transaction Summary Definitions

255 *Add the following transactions to the IHE Technical Frameworks General Introduction Appendix B:*

Transaction Name and Number	Definition
Dispensed Medication Query [QRPH-57]	A FHIR query for a patient's dispensed medication list from an HIE or a prescription drug repository.

## Appendix D – Glossary

260 *Add the following **new** glossary terms to the IHE Technical Frameworks General Introduction Appendix D.*

None

## Volume 1 – Profiles

265 **Copyright Licenses**

N/A

**Domain-specific additions**

N/A

270

Add new Section X

## X Prescription Repository Query (PRQ) Profile

275 Since 1999 there has been a drastic increase of opioid use that has become a problem amongst many countries and has continued to increase every year. In response to this, many jurisdictions have been interested in creating prescription drug repositories to collect data on prescribing and dispensing of controlled substances. Providers, pharmacists, and others can use the data in those repositories to address overuse of opioids, drug diversion, physician shopping, and prevent 280 accidental, life threatening, drug to drug interactions. This profile can help integrate this program into an Electronic Health Record (EHR) and help simplify the workflow and inform the physician when prescribing medications to a patient.

### X.1 PRQ Actors, Transactions, and Content Modules

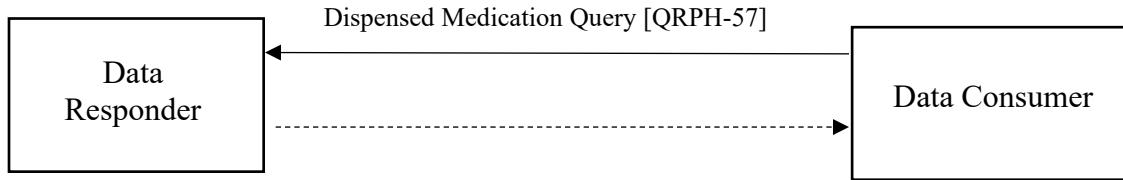
285 This section defines the actors, transactions, and/or content modules in this profile. General definitions of actors are given in the Technical Frameworks General Introduction Appendix A. IHE Transactions can be found in the Technical Frameworks General Introduction Appendix B. Both appendices are located at [http://ihe.net/Technical\\_Frameworks/#GenIntro](http://ihe.net/Technical_Frameworks/#GenIntro)

Figure X.1-1 shows the actors directly involved in the PRQ Profile and the direction that the content is exchanged.

290 A product implementation using this profile may group actors from this profile with actors from a workflow or transport profile to be functional. The grouping of the content module described in this profile to specific actors is described in more detail in Required Actor Groupings QRPH TF-1: X.3 or in Cross Profile Considerations QRPH TF-1: X.6.



**Figure X.1-1: PRQ CDA Actor Diagram**



295

**Figure X.1-2: PRQ FHIR Actor Diagram**

Table X.1-1 lists the content module(s) defined in the PRQ Profile. To claim support with this profile, an actor shall support all required content modules (labeled “R”) and may support optional content modules (labeled “O”).

300

**Table X.1-1: PRQ – Actors and Content Modules**

Actors	Content Modules	Optionality	Reference
Content Creator	The Query Pharmacy Documents [PHARM-1]	R	PHARM TF-3: 6.3.1.D
Content Consumer	The Query Pharmacy Documents [PHARM-1]	R	PHARM TF-3: 6.3.1.D
Data Consumer	Dispensed Medication Query [QRPH-57]	R	QRPH PRQ: 6.5
Data Responders	Dispensed Medication Query [QRPH-57]	R	QRPH PRQ: 6.5

### X.1.1 Actor Descriptions and Actor Profile Requirements

Transactional requirements are documented in QRPH TF-2 Transactions. This section documents any additional requirements on profile’s actors.

305

Content module requirements are documented in QRPH TF-3 Content Modules. This section documents any additional requirements on profile’s actors.

#### X.1.1.1 Content Creator

The Content Creator shall be responsible for the creation of content and sharing of the patient’s dispensed medications containing the data elements defined in QRPH TF-3: 6.3.1.D.4.

310

#### X.1.1.2 Content Consumer

A Content Consumer is responsible for viewing, importing, or other processing options for PRQ document content created by a PRQ Content Creator. This is specified in the Document Sharing [PCC-1] transaction in PCC TF-2: 3.1.

### X.1.1.3 Data Consumer

- 315 The Data Consumer is responsible for initiating a query to the Data Responder system for data elements meeting certain criteria and can retrieve selected data supplied by the Data Responder.

### X.1.1.4 Data Responders

The Data Responder shall be responsible for the creation of content and the transmission of PRQ data elements to a Data Consumer.

## 320 X.2 PRQ Actor Options

Options that may be selected for each actor in this profile, if any, are listed in the Table X.2-1. Dependencies between options, when applicable, are specified in notes.

**Table X.2-1: Prescription Repository Query – Actors and Options**

Actor	Option Name	Reference
Content Creator	CDA Option	Section X.2.1
Content Consumer Note 2	View Option <sup>Note1</sup>	PCC TF-1: 3.4.1.1
	Document Import Option <sup>Note1</sup>	PCC TF-1: 3.4.1.2
	Section Import Option <sup>Note1</sup>	PCC TF-1: 3.4.1.3
	Discrete Data Import Option <sup>Note1</sup>	Section: X.2.3
Data Responders	FHIR Option	Section X.2.2
Data Consumer	-	-

Note 1: The Content Consumer must implement at least one of these options.

325 Note 2: If the Content Consumer implements any of these options, it must also support the Discrete Data Import Option.

### X.2.1 CDA Option

This option defines the processing requirements placed on the Content Creators for producing a HL7 Clinical Document Architecture (CDA) structured document version of the PRQ documents. The CDA details are in Volume 3, Section 6.3.1.D.4.

### 330 X.2.2 FHIR Option

This option defines the processing requirements placed on the Data Responders for producing a FHIR document bundle version of the PRQ documents. The FHIR bundle details are in Volume 3, Section 6.6.x.1.

### X.2.3 Discrete Data Import Option

- 335 Refer back to PCC-1. This profile extends the requirements for this option to include the importing of the discrete data elements contained in Volume 3, Section TF-3: 6.3.1.D.4.

## X.3 PRQ Required Actor Groupings

There are no required actor groupings for this profile.

## X.4 PRQ Overview

- 340 PRQ defines services that allow clinicians to retrieve their patients' current dispensed medications. This can be useful for identifying potentially deadly drug to drug interactions and over prescribing for opioids.

### X.4.1 Concepts

- 345 Providers, pharmacists, and others can use current prescription drug repository data to address overuse of opioids, drug diversion, physician shopping, and accidental drug to drug interactions. Integrating this information into an Electronic Health Record (EHR) can help simplify the workflow and inform the physician when prescribing medications to a patient.

### X.4.2 Use Cases

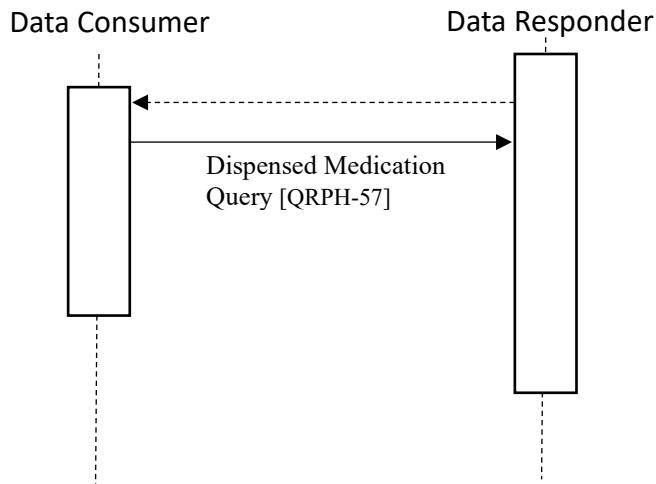
#### X.4.2.1 Use Case #1: Identifying Drug Seeking Behavior

- 350 This use case describes how utilizing a Health Information Exchange (HIE) and a prescription monitoring program can help prevent doctor shopping and help identify patients that could use therapy for opioid addiction.

#### X.4.2.1.1 Identifying Drug Seeking Behavior Use Case Description

- 355 A man goes into an emergency room complaining of severe back pain. He is unknown to the provider, so the provider requests the patient's record from the HIE. The patient's dispensed drug information is taken from a prescription drug repository as a part of the e-prescribing workflow. The provider can see that several opioid dispenses have been given to the patient from different providers. Based on this information, the provider can make the decision to recommend an alternative pain medication to the patient or help start a discussion of therapy.

360 **X.4.2.1.2 Identifying Drug Seeking Behavior Process Flow**



**Figure X.4.2.1.2-1: Basic Process Flow in PRQ Profile**

**Pre-conditions:**

- 365 The Provider must be participating in an HIE.  
Dispensed prescriptions reports must be sent to a prescription drug repository.

**Main Flow:**

- Patient arrives at the emergency room presenting with severe pain.  
A new provider is sent to treat the patient.
- 370 The physician looks at the patient's dispensed medication information.  
The provider is informed that the patient has been prescribed opioids from outside providers.  
The physician makes an informed decision on what to provide the patient for pain.

**Post-conditions:**

The patient is referred to a therapy program.

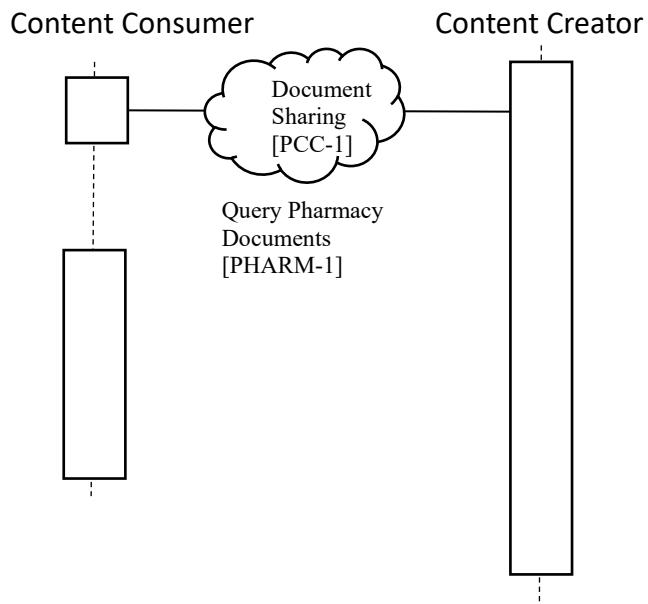
375 **X.4.2.2 Use Case #2: Drug to Drug Interaction**

This use case describes how a prescription drug repository can help inform physicians on what medications the patient is currently taking so that deadly drug to drug interactions can be prevented.

**X.4.2.2.1 Drug to Drug Interaction Use Case Description**

- 380 An elderly patient presents with hypertension, high blood pressure, a history of myocardial infarction, and a history of blood clots. The provider wants to prescribe a medication to treat the hypertension. Before the appointment the provider retrieves the list of dispensed medications that the patient is taking using an integrated prescription drug repository. The provider is able to make sure that the medication they are prescribing is not going to cause an unwanted drug to drug interaction that will be harmful to the patient.
- 385

**X.4.2.2.2 Drug to Drug Interaction Process Flow**



**Figure X.4.2.2.1: Basic Process Flow in PRQ Profile**

390 **Pre-conditions:**

Dispensed prescriptions reports must be sent to a prescription drug repository.

The Provider must be participating in an HIE that collects the prescription dispensing data.

**Main Flow:**

The patient makes an appointment with the provider.

- 395 The EHR retrieves the prescription data for the patient from the HIE.

The patient presents to the physician.

The provider can see the medications that have been dispensed to the patient and is able to make an informed decision.

- 400 The physician prescribes the patient a medication that won't cause a harmful interaction with the patient's other medications.

**Post-conditions:**

The patient picks up their prescription at the pharmacist and their e-prescribing data is sent into a prescription drug repository.

## X.5 PRQ Security Considerations

- 405 See ITI TF-2.x: Appendix Z.8 “Mobile Security Considerations”

Transport of PRQ data should be safeguarded according to jurisdictional guidelines and may need to adhere to the security mechanisms from the ITI Audit Trail and Node Authentication (ATNA) Profile. Access to this information may vary depending on jurisdictional laws.

- 410 In some jurisdictions, patient identity may need to be protected in prescription repository systems. In some jurisdictions, consent may be needed to provide this information to healthcare providers. For these cases, either the ITI Basic Patient Privacy Consent (BPPC) or the Advanced Patient Privacy Consent (APPC) Integration Profiles SHOULD be used to enable this consent management.

- 415 In most Jurisdictions it is important to establish user identity which should be implemented by using Enterprising User Authentication (EUA), Internet User Authentication (IUA), and Cross Enterprise User Authentication (XUA). The user identity established by this authentication should be recorded in the corresponding ATNA log. These user identities may also be important to supporting consent management (APPC, BPPC).

## X.6 PRQ Cross Profile Considerations

### X.6.1 PRQ Cross Profile Considerations

N/A

## Appendices

N/A

425

## Volume 2 – Transactions

*Add Section 3.57*

### 3.57 Dispensed Medication Query [QRPH-57]

The Data Consumer retrieves a patient's dispensed medications from the Data Responders.

#### 3.57.1 Scope

430 This transaction is used to query a prescription drug repository for a patient's dispensed medications.

#### 3.57.2 Actor Roles

**Table 3.57.2-1: Actor Roles**

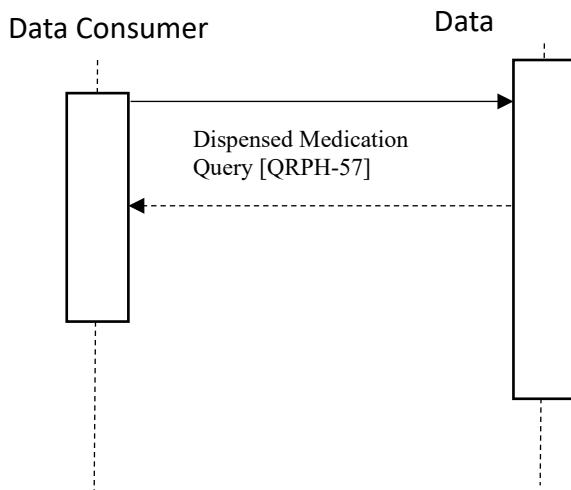
<b>Actor:</b>	Data Responders
<b>Role:</b>	Provides the requested dispensed medication information requested in the query.
<b>Actor:</b>	Data Consumer
<b>Role:</b>	Sends a query request for the dispensed medication

435 Transaction text specifies behavior for each role. The behavior of specific actors may also be specified when it goes beyond that of the general role.

#### 3.57.3 Referenced Standards

- HL7 FHIR standard STU4 <http://hl7.org/fhir/>

### 3.57.4 Messages



440

**Figure 3.57.4-1: Interaction Diagram**

#### 3.57.4.1 Dispensed Medication Query

445 The Data Consumer initiates a query to the Data Responders. The Data Responders returns the patient's dispensed medication data to the Data Consumer that will use this data for informing a provider on the medications the patient has been dispensed from other providers.

##### 3.57.4.1.1 Trigger Events

When a provider needs a patient's dispensed medication history to help make an informed decision for prescribing.

##### 3.57.4.1.2 Message Semantics

450 The message is a FHIR transaction using a request action by sending an HTTP GET request method specified in QRPH TF-3: 6.6.X.1 Dispensed Medication Query. The FHIR Bundle response is defined by the resource with content as constrained in QRPH TF-3: 6.6.X.1.2 Dispensed Medication Query Response content.

455 GET [base]/patient?indication.code:in=[Value set resource URL]&[other search criteria defined below]

GET [base]/patient?medicationAdministration.code:in=[Value set resource URL]&[other search criteria defined below]

GET [base]/patient?medicationDispense.code:in=[Value set resource URL]&[other search criteria defined below]

460 **3.57.4.1.3 Expected Actions**

The Data Consumer initiates a Dispensed Medication Query [QRPH-57 to retrieve the dispensed medication data resources specified in QRPH TF-3: 6.6.x.1 FHIR Resource Bundle Content using the message semantics specified in Section 3.57.4.1.2. The Data Responders receives the query and responds with the resources specified in QRPH TF-3: 6.6.X.1. FHIR Resource Bundle Content according to FHIR Search specification with the query response information or an error message. See: <http://hl7.org/fhir/>

465 **3.57.5 Protocol Requirements**

N/A

**3.57.6 Security Considerations**

470 This transaction includes identifiable health information, and depending upon the implementation and application, may constitute a disclosure of health information that require audit, encryption, and authentication of the Data Consumer and Data responder. For further guidance, see ITI TF Supplement: Appendix Z.8 “Mobile Security Considerations”.

**3.57.6.1 Security Audit Considerations – Dispensed Medication Query [QRPH-57]**

475 The Dispensed Medication Query [QRPH-57] (FHIR GET) messages are audited as “PHI Export” events, as defined in ITI TF-2a: Table 3.20.4.1.1.1-1. The following tables show items that are required to be part of the audit record for these specific Dispensed Medication Query Medications transactions.

**3.57.6.1.1 Data Responder Actor audit message:**

	Field Name	Opt	Value Constraints
Event AuditMessage/ EventIdentification	EventID	M	EV(110106, DCM, “Export”)
	EventActionCode	M	“C” (create) for QRPH-57 (Dispensed Medication Query)
	EventDateTime	M	<i>not specialized</i>
	EventOutcomeIndicator	M	<i>not specialized</i>
	EventTypeCode	M	EV(“QRPH-57”, “IHE Transactions”, “Dispensed Medication Query”)
Source (Data Responder Actor) (1)			
Human Requestor (0..n)			
Destination (Data Consumer Actor) (1)			
Audit Source (Data Responder Actor) (1)			
Patient (1)			

480

Where:

<b>Source</b> AuditMessage/ ActiveParticipant	UserID	M	The identity of the Data Responder facility and responder application; concatenated together, separated by the   character.
	AlternativeUserID	M	The process ID as used within the local operating system in the local system logs.
	UserName	U	<i>not specialized</i>
	UserIsRequestor	M	<i>not specialized</i>
	RoleIDCode	M	EV(110153, DCM, “Source”)
	NetworkAccessPointTypeCode	M	“1” for machine (DNS) name, “2” for IP address
	NetworkAccessPointID	M	The machine name or IP address

<b>Human Requestor (if known)</b> AuditMessage/ ActiveParticipant	UserID	M	Identity of the human that initiated the transaction.
	AlternativeUserID	U	<i>not specialized</i>
	UserName	U	<i>not specialized</i>
	UserIsRequestor	M	<i>not specialized</i>
	RoleIDCode	U	Access Control role(s) the user holds that allows this transaction.
	NetworkAccessPointTypeCode	NA	
	NetworkAccessPointID	NA	

485

<b>Destination</b> AuditMessage/ ActiveParticipant	UserID	M	The identity of the Data Consumer facility and responder application; concatenated together, separated by the   character.
	AlternativeUserID	M	<i>not specialized</i>
	UserName	U	<i>not specialized</i>
	UserIsRequestor	M	<i>not specialized</i>
	RoleIDCode	M	EV(110152, DCM, “Destination”)
	NetworkAccessPointTypeCode	M	“1” for machine (DNS) name, “2” for IP address
	NetworkAccessPointID	M	The machine name or IP address, as specified in RFC3881.

<b>Audit Source</b> AuditMessage/ AuditSourceIdentification	AuditSourceID	U	<i>not specialized</i>
	AuditEnterpriseSiteID	U	<i>not specialized</i>
	AuditSourceTypeCode	U	<i>not specialized</i>

490

<b>Patient</b> (AuditMessage/ ParticipantObjectIdentifi cation)	ParticipantObjectTypeCode	M	“1” (person)
	ParticipantObjectTypeCodeRole	M	“1” (patient)
	<i>ParticipantObjectDataLifeCycle</i>	U	<i>not specialized</i>
	ParticipantObjectIDTypeCode	M	EV(2, RFC-3881, “Patient Number”)
	<i>ParticipantObjectSensitivity</i>	U	<i>not specialized</i>
	ParticipantObjectID	M	The patient ID in HL7 CX format.
	<i>ParticipantObjectName</i>	U	<i>not specialized</i>
	<i>ParticipantObjectQuery</i>	U	<i>not specialized</i>
	ParticipantObjectDetail	M	Type=MSH-10 (the literal string), Value=the value of MSH-10 (from the message content, base64 encoded)

### 3.57.6.1.2 Death Reporting Data Consumer Actor audit message:

	Field Name	Opt	Value Constraints
<b>Event</b> AuditMessage/ EventIdentification	EventID	M	EV(110107, DCM, “Import”)
	EventActionCode	M	“C” (create) for QRPH-57 (Dispensed Medication Query)
	<i>EventDateTime</i>	M	<i>not specialized</i>
	<i>EventOutcomeIndicator</i>	M	<i>not specialized</i>
	EventTypeCode	M	EV(“QRPH-57”, “IHE Transactions”, “Dispensed Medication Query”)
Source (Data Consumer Actor) (1)			
Destination (Data Responder Actor) (1)			
Audit Source (Data Consumer Actor) (1)			
Patient(1)			

Where:

<b>Source</b> AuditMessage/ ActiveParticipant	UserID	M	The identity of the Data Consumer facility and consumer application; concatenated together, separated by the   character
	<i>AlternativeUserID</i>	U	<i>not specialized</i>
	<i>UserName</i>	U	<i>not specialized</i>
	<i>UserIsRequestor</i>	M	<i>not specialized</i>
	RoleIDCode	M	EV(110153, DCM, “Source”)
	NetworkAccessPointTypeCode	M	“1” for machine (DNS) name, “2” for IP address
	NetworkAccessPointID	M	The machine name or IP address

<b>Human Requestor (if known)</b> <small>AuditMessage/ ActiveParticipant</small>	UserID	M	Identity of the human that initiated the transaction.
	AlternativeUserID	U	<i>not specialized</i>
	UserName	U	<i>not specialized</i>
	UserIsRequestor	M	<i>not specialized</i>
	RoleIDCode	U	Access Control role(s) the user holds that allows this transaction.
	NetworkAccessPointTypeCode	NA	
	NetworkAccessPointID	NA	
<b>Destination</b> <small>AuditMessage/ ActiveParticipant</small>	UserID	M	The identity of the Data Consumer facility and responder application; concatenated together, separated by the   character
	AlternativeUserID	M	The process ID as used within the local operating system in the local system logs.
	UserName	U	<i>not specialized</i>
	UserIsRequestor	M	<i>not specialized</i>
	RoleIDCode	M	EV(110152, DCM, “Destination”)
	NetworkAccessPointTypeCode	M	“1” for machine (DNS) name, “2” for IP address
	NetworkAccessPointID	M	The machine name or IP address
<b>Audit Source</b> <small>AuditMessage/ AuditSourceIdentification</small>	AuditSourceID	U	<i>not specialized</i>
	AuditEnterpriseSiteID	U	<i>not specialized</i>
	AuditSourceTypeCode	U	<i>not specialized</i>
<b>Patient</b> <small>(AuditMessage/ ParticipantObjectIdentification)</small>	ParticipantObjectTypeCode	M	“1” (person)
	ParticipantObjectTypeCodeRole	M	“1” (patient)
	ParticipantObjectDataLifeCycle	U	<i>not specialized</i>
	ParticipantObjectIDTypeCode	M	EV(2, RFC-3881, “Patient Number”)
	ParticipantObjectSensitivity	U	<i>not specialized</i>
	ParticipantObjectID	M	The patient ID in HL7 CX format.
	ParticipantObjectName	U	<i>not specialized</i>
	ParticipantObjectQuery	U	<i>not specialized</i>
	ParticipantObjectDetail	M	Type=MSH-10 (the literal string), Value=the value of MSH-10 (from the message content, base64 encoded)

# Appendices

None

## Volume 2 Namespace Additions

505 The QRPH registry of OIDs is located at [http://wiki.ihe.net/index.php/QRPH\\_Registry](http://wiki.ihe.net/index.php/QRPH_Registry)

# Volume 3 – Content Modules

## 5 IHE Namespaces, Concept Domains and Vocabularies

*Add to Section 5 IHE Namespaces, Concept Domains and Vocabularies*

510

### 5.1 IHE Namespaces

### 5.2 IHE Concept Domains

### 5.3 IHE Format Codes and Vocabularies

#### 5.3.1 IHE Format Codes

515 The following new Format Codes are introduced with the PCS Profile. A complete listing of IHE Format Codes can be found at [http://wiki.ihe.net/index.php/IHE\\_Format\\_Codes](http://wiki.ihe.net/index.php/IHE_Format_Codes).

Profile	Format Code	Media Type	Template ID
Prescription Repository Query (PRQ)	urn:ihe: qrph:prq:2019	text/xml	1.3.6.1.4.1.19376.1.7.3.1.1.30

#### 5.3.2 IHEActCode Vocabulary

N/A

520 **5.3.3 IHESRoleCode Vocabulary**

N/A

## 6 Content Modules

### 6.3.1 CDA Document Content Modules

#### 6.3.1.D Prescription Repository Query (PRQ) Document Content Module

525    **6.3.1.D.1 Format Code**

The XDSDocumentEntry format code for this content is **urn:ihe:qrph:prq:2019**.

#### 6.3.1.D.2 Parent Template

This document is a specialization of the IHE PHARM Community Medication List (PML) Document template (OID = 1.3.6.1.4.1.19376.1.9.1.1.5).

530    Note: The Community Medication List includes requirements for various header elements; name, addr and telecom elements for identified persons and organizations; and basic participations record target, author, and legal authenticator.

#### 6.3.1.D.3 Referenced Standards

All standards which are referenced in this document are listed below with their common abbreviation, full title, and link to the standard.

535    **Table 6.3.1.D.3-1: Prescription Repository Query (PRQ) Document - Referenced Standards**

Abbreviation	Title	URL
HL7V3 NE2009	HL7 V3 2009 Normative Edition	HL7 V3 2009 Normative Edition
CDAR2	HL7 CDA Release 2.0	HL7 CDA Release 2.0
IHE Pharmacy	IHE PHARM Community Medication List (PML)	Community Medication List Specification (1.3.6.1.4.1.19376.1.9.1.1.5)
XMLXSL	Associating Style Sheets with XML documents	Associating Style Sheets with XML documents

#### 6.3.1.D.4 Data Element Requirement Mappings to CDA

This section identifies the mapping of data between referenced standards into the CDA implementation guide.

540    **Table 6.3.1.D.4-1: PRQ - Data Element Requirement Mappings to CDA**

Clinical Data Element	Optionality	CDA-DIR in PRQ	Concept Domain or Value Set
Patient Information	R	ClinicalDocument/recordTarget/patientRole	
Patient First Name	R	ClinicalDocument/recordTarget/patientRole/patient/name/given	

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Clinical Data Element	Optionality	CDA-DIR in PRQ	Concept Domain or Value Set
Patient Last Name	R	ClinicalDocument/recordTarget/patientRole/patient/name/family	
Patient Date of Birth	R	ClinicalDocument/recordTarget/patientRole/patient/birthTime	
Patient Gender	RE	ClinicalDocument/recordTarget/patientRole/patient/administrativeGenderCode	
Patient Street Address	RE	ClinicalDocument/recordTarget/patientRole/addr/streetAddressLine	
Patient City Address	RE	ClinicalDocument/recordTarget/patientRole/addr/city	
Patient State Code	RE	ClinicalDocument/recordTarget/patientRole/addr/state	
Patient Zip Code	RE	ClinicalDocument/recordTarget/patientRole/addr/postalCode	
Patient Telecom	RE	ClinicalDocument/recordTarget/patientRole/telecom	
Patient Identifier	R	ClinicalDocument/recordTarget/patientRole/id	
<b>Healthcare Provider (HCP) Person Information</b>	R	ClinicalDocument/author	
Prescriber First Name	RE	ClinicalDocument/author/assignedAuthor/assignedPerson/name/given	
Prescriber Last Name	RE	ClinicalDocument/author/assignedAuthor/assignedPerson/name/family	
Prescriber Street Address	RE	ClinicalDocument/author/assignedAuthor/assignedPerson/Addr/streetAddressLine	
Prescriber City Address	RE	ClinicalDocument/author/assignedAuthor/assignedPerson/Addr/city	
Prescriber State Code	RE	ClinicalDocument/author/assignedAuthor/assignedPerson/Addr/state	
Prescriber Zip Code	RE	ClinicalDocument/author/assignedAuthor/assignedPerson/Addr/postalCode	
Prescriber Specialty	RE	ClinicalDocument/author/assignedAuthor/code	
Prescriber Profession	RE	ClinicalDocument/author/functionCode	
Prescriber ID Number (e.g., DEA for the practitioner)	RE	ClinicalDocument/author/assignedAuthor/id	
Jurisdiction Provider ID Number (e.g., NPI for the practitioner)	RE	ClinicalDocument/author/assignedAuthor/id	

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Clinical Data Element	Optionality	CDA-DIR in PRQ	Concept Domain or Value Set
Jurisdiction License Identifier	RE	ClinicalDocument/author/assignedAuthor/id	
Jurisdiction of License	RE	ClinicalDocument/author/assignedAuthor/id	
Prescriber Telecom	O	ClinicalDocument/author/assignedAuthor/telecom	
<b>Healthcare Provider (HCP) Organization</b>	RE	ClinicalDocument/author/assignedAuthor/representedOrganization	
HCP Organization Name	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/name	
HCP Organization Address	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/address	
HCP Organization Telecom	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/telephone	
<b>Service Event</b>	RE	ClinicalDocument/documentationOf/serviceEvent	
Prescription Filled Date	RE	ClinicalDocument/author/time	
Prescription Written Date	RE	ClinicalDocument/author/time	
Dispenser ID	RE	ClinicalDocument/author/assignedAuthor/id	
Dispenser Specialty	RE	ClinicalDocument/author/assignedAuthor/code	
Dispenser Name	RE	ClinicalDocument/author/assignedAuthor/assignedPerson/name	
Date of Service Event	R	ClinicalDocument/documentationOf/serviceEvent/effectiveTime	
Service Event Code	RE	ClinicalDocument/documentationOf/serviceEvent/code	
Prescription Number	RE	ClinicalDocument/ ID templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.2]	
Authorization	O	ClinicalDocument/authorization/consent	
Patient contacts	O	ClinicalDocument/guardian	
<b>Medicine Entry</b>	R	ClinicalDocument/ templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.4]	
Medication Code	R	ClinicalDocument//code templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.4]	
Medication Name	RE	ClinicalDocument/ name templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.4]	
Medication Strength	RE	ClinicalDocument/ Strength templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.4]	
Medication Dosage form	RE	ClinicalDocument/ dosageForm templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.4]	

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Clinical Data Element	Optionality	CDA-DIR in PRQ	Concept Domain or Value Set
Medication Lot number	RE	ClinicalDocument/ lotNumber templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]	
Medication Expiration date	RE	ClinicalDocument/ ExpirationDate templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]	
Medication Generic equivalent	RE	ClinicalDocument/ genericEquivalent templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]	
Medication Packaging	RE	ClinicalDocument/ packaging templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]	
Active Ingredient	RE	ClinicalDocument/ activeIngredient templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]	
<b>Prescription Item Entry</b>	R	ClinicalDocument/ templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.2]	
substance Administration class Code	RE	ClinicalDocument/ AdministrationClass/code templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Product ID	RE	ClinicalDocument/ product/ID templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Product ID Qualifier	RE	ClinicalDocument/ product/ID/qualifier templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Product Code	R	ClinicalDocument/ product/code/qualifier templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Dosage Instructions	RE	ClinicalDocument/ dosage/instruction templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Medication Quantity	RE	ClinicalDocument/ Quantity Value templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]	
Days of supply	RE	ClinicalDocument/ days supply templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Refill number	RE	ClinicalDocument/ Number of repeats/refills templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Refills Authorized	RE	ClinicalDocument/ Number of repeats/authorized templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
Partial Refill Indicator	RE	ClinicalDocument/ partial refill/indicator templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]	
Method of Payment	O	ClinicalDocument/component/structuredBody/component/section/code /code	
Reason For Prescription	RE	ClinicalDocument/ Reason templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]	
<b>Dispensing Organization</b>	RE	ClinicalDocument/ <b>author/assignedAuthor/representedOrganization</b>	
Dispenser Organization Name (Facility)	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/name	

Clinical Data Element	Optionality	CDA-DIR in PRQ	Concept Domain or Value Set
Dispenser Organization Street Address	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/ad dr	
Dispenser Organization City Address	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/ad dr	
Dispenser Organization State Code	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/ad dr	
Dispenser Organization Zip Code	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/ad dr	
Dispenser Organization Phone Number	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/tel ecom	
Organization Prescriber ID Number (e.g., DEA)	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/id	
Prescription Drug Repository Number	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/id	
Organization Jurisdiction Provider ID Number (e.g., NPI for the organization)	RE	ClinicalDocument/author/assignedAuthor/representedOrganization/id	

### 6.3.1.D.5 Prescription Repository Query (PRQ) Document Content Module Specification

545 This section specifies the header, section, and entry content modules which comprise the Prescription Repository Query (PRQ) Document Content Module, using the Template ID as the key identifier.

Sections that are used according to the definitions in other specifications are identified with the relevant specification document. Additional constraints on vocabulary value sets, not specifically constrained within the section template, are also identified.

550

**Table 6.3.1.D.5-1: Prescription Repository Query (PRQ) Document Content Module Specification**

<b>Template Name</b>		Prescription Repository Query (PRQ)			
<b>Template ID</b>		1.3.6.1.4.1.19376.1.7.3.1.1.30			
<b>Parent Template</b>		Community Medication List (PML) (1.3.6.1.4.1.19376.1.9.1.1.5) [PHARM]			
<b>General Description</b>		Dispensed medication list will contain the prescription information for the patient's dispensed medication that can be used to inform prescribing decisions.			
<b>Document Code</b>		TBD			
Opt and Card	Condition	<b>Header Element or Section Name</b>	<b>Template ID</b>	<b>Specification Document</b>	<b>Vocabulary Constraint</b>
<b>Header Elements</b>					
R [1..1]		Patient Information	1.3.6.1.4.1.19376.1.9.1.4.1	PHARM TF-3: 6.3.2.H	
R [1..1]		Healthcare Provider Information	1.3.6.1.4.1.19376.1.9.1.4.2	PHARM TF-3: 6.3.2.H	
<b>Sections</b>					
R [1..1]		Prescription Repository Query Medication List	1.3.6.1.4.1.19376.1.9.1.2.5	PHARM TF-3: 6.3.3.10.S	Constrain

*Add to Section 6.3.2 Header Content Modules*

### 6.3.2 CDA Header Content Modules

555    **6.3.2.H1 Patient Information Header Content Module**

**Table 6.3.2.H1-1: Prescription Repository Query (PRQ) Header**

<b>Template Name</b>		Prescription Repository Patient Information			
<b>Template ID</b>		1.3.6.1.4.1.19376.1.7.3.1.1.30			
<b>Parent Template</b>		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
<b>Header Element</b>		recordTarget			
<b>General Description</b>		This header content module contains required and optional patient information.			
Opt and Card	Participation/Act Relationship	<b>Description</b>	<b>Template</b>	<b>Specification Document</b>	<b>Vocabulary Constraint</b>
R [1..*]		First Name		PHARM TF-3: 6.3.2.H	
R		Family Name		PHARM TF-3: 6.3.2.H	

[1..1]					
R [1..1]		Date of Birth		PHARM TF-3: 6.3.2.H	
R [1..1]		Gender		PHARM TF-3: 6.3.2.H	
RE [0..*]		Street Address		PHARM TF-3: 6.3.2.H	
RE [0..1]		City Address		PHARM TF-3: 6.3.2.H	
RE [0..1]		State Code		PHARM TF-3: 6.3.2.H	
RE [0..1]		Postal Code		PHARM TF-3: 6.3.2.H	
RE [0..*]		Telecom		PHARM TF-3: 6.3.2.H	
R [1..*]		Identifier		PHARM TF-3: 6.3.2.H	

### 6.3.2.H2 Healthcare Provider Information Header Content Module

**Table 6.3.2.H2-1: Prescription Repository Query (PRQ) Header**

<b>Template Name</b>		Prescription Repository Healthcare Provider Information			
<b>Template ID</b>		1.3.6.1.4.1.19376.1.7.3.1.2.30.1			
<b>Parent Template</b>		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
<b>Header Element</b>		author			
<b>General Description</b>		This header content module contains required and optional healthcare provider information (person, device and organization).			
Opt and Card	Participation/Act Relationship	Description	Template	Specification Document	Vocabulary Constraint
R [0..1]		Healthcare Provider Information - Person	1.3.6.1.4.1.19376.1.9.1.4.2.1	PHARM TF-3: 6.3.2.H	
R [0..1]		Healthcare Provider Information - Organization	1.3.6.1.4.1.19376.1.9.1.4.2.3	PHARM TF-3: 6.3.2.H	

### 6.3.2.H3 Healthcare Provider Information - Person Header Content Module

**Table 6.3.2.H3-1: Prescription Repository Query (PRQ) Header**

<b>Template Name</b>		Prescription Repository Healthcare Provider Information - Person			
<b>Template ID</b>		1.3.6.1.4.1.19376.1.7.3.1.2.30.2			
<b>Parent Template</b>		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
<b>Header Element</b>		author			
<b>General Description</b>		This header content module contains required and optional healthcare provider person information.			
Opt and Card	Participation/Act Relationship	Description	Template	Specification Document	Vocabulary Constraint
R [1..1]		Prescriber First Name		PHARM TF-3: 6.3.2.H	
R [1..1]		Prescriber Last Name		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Street Address		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber City Address		PHARM TF-3: 6.3.2.H	
R [1..1]		Prescriber State Code		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Postal Code		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Specialty		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Profession		PHARM TF-3: 6.3.2.H	
R [1..1]		Jurisdiction Identifier		PHARM TF-3: 6.3.2.H	6.3.2.H3.1
R [1..1]		Jurisdiction of License		PHARM TF-3: 6.3.2.H	
O [0..1]		Prescriber Telecom		PHARM TF-3: 6.3.2.H	

### 6.3.2.H3.1 Healthcare Provider Information - Person Header Jurisdiction Identifier Constraint

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The ID in this element SHALL identify the prescriber using the provider identifier issued by the jurisdiction under which the provider is authorized to issue the prescription.

### 6.3.2.H4 Healthcare Provider Information – Organization Header Content Module

**Table 6.3.2.H4-1: Prescription Repository Query (PRQ) Header**

<b>Template Name</b>		Prescription Repository Healthcare Provider Information - Organization			
<b>Template ID</b>		1.3.6.1.4.1.19376.1.7.3.1.2.30.3			
<b>Parent Template</b>		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
<b>Header Element</b>		author			
<b>General Description</b>		This header content module contains required and optional healthcare provider organization information			
Opt and Card	Participation/Act Relationship	Description	Template	Specification Document	Vocabulary Constraint
RE [0..1]		HCP Organization Name		PHARM TF-3: 6.3.2.H	4.I.2.1.2
RE [0..1]		HCP Organization Identifier		PHARM TF-3: 6.3.2.H	4.I.2.1.2
RE [0..1]		HCP Organization Address		PHARM TF-3: 6.3.2.H	4.I.2.1.2
RE [0..1]		HCP Organization Telecom		PHARM TF-3: 6.3.2.H	4.I.2.1.2

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### 6.3.3 CDA Section Content Modules

*Add to Section 6.3.3.10 Section Content Modules*

### 6.3.3.10.S1 Prescription Repository Medication List - Section Content Module

**Table 6.3.3.10.S1-1: Prescription Repository Medication List Section**

<b>Template Name</b>	Prescription Repository Medication List				
<b>Template ID</b>	1.3.6.1.4.1.19376.1.7.3.1.3.30.1				
<b>Parent Template</b>	PML 1.3.6.1.4.1.19376.1.9.1.2.5				
<b>General Description</b>	The Medication List section shall contain a description of the Medication Treatment Plan-, Prescription-, Dispense- and Medication Administration Items assembled to a medication list. It shall include zero to many Medication Treatment Plan items and/or Prescription items and/or Dispense items and/or Medication Administration Items altogether with related Pharmaceutical Advice Items. For specification of the Medication Treatment Plan-, Prescription-, Dispense-, Medication Administration- and Pharmaceutical Advice Item Entry Content Modules see Community Medication Treatment Plan (MTP), Community Prescription (PRE), Community Dispense (DIS), Community Medication Administration (CMA) and Community Pharmaceutical Advice (PADV) Profiles.				
<b>Section Code</b>	10160-0, LOINC, History of medication use				
<b>Author</b>	N/A				
<b>Informant</b>	N/A				
<b>Subject</b>	N/A				
Opt and Card	Condition	Data Element or Section Name	Template ID	Specification Document	Constraint
<b>Entries</b>					
O [0..*]		Medication Treatment Plan Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.7	PHARM MTP supplement	
O [0..*]		Prescription Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.2	PHARM PRE supplement	
RE [0..*]		Dispense Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.4	PHARM DIS supplement	6.3.3.10.S1.2
RE [0..*]		Medication Administration Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.16	PHARM CMA supplement	6.3.3.10.S1.3
O [0..*]		Pharmaceutical Advice Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.3	PHARM PADV supplement	

### 6.3.3.10.S1 Dispense Item Entry Content Module

- 575 Dispense Item Code SHALL specify the coded value of the medication prescribed for the product dispensed using the concept domain CD\_MedicationCode in /ClinicalDocument/code templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.4]

580 Dispense Item Product SHALL specify the coded value of the product dispensed using the concept domain CD\_ProductCode in / ClinicalDocument/ product/code/qualifier templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.2]

### **6.3.3.10.S2 Medication Administration Item Entry Content Module**

Dispense Item Code SHALL specify the coded value of the medication prescribed for the product administered using the concept domain CD\_MedicationCode in /ClinicalDocument//code templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.4]

585 Dispense Item Product SHALL specify the coded value of the product administered using the concept domain CD\_ProductCode in / ClinicalDocument/ product/code/qualifier templateId[@root= 1.3.6.1.4.1.19376.1.9.1.3.2]

### **6.3.4 CDA Entry Content Modules**

590 *Add to Section 6.3.4.E Entry Content Modules*

<b>Template Name</b>		Prescription Repository Query Prescription Item Entry			
<b>Template ID</b>		1.3.6.1.4.1.19376.1.7.3.1.4.30.1			
<b>Parent Template</b>		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
<b>General Description</b>					
Opt and Card	entryRelationship	Description	Template ID	Specification Document	Vocabulary Constraint
R		Prescription Item ID		PHARM PRE 6.3.4.2.3.4	
R		Code		PHARM PRE 6.3.4.2.3.5	
R		Narrative Text		PHARM PRE 6.3.4.2.3.6	
RE		Status Code		PHARM PRE 6.3.4.2.3.7	
R		Dosage Instructions		PHARM PRE 6.3.4.2.3.8	
R		Number of repeats/refills		PHARM PRE 6.3.4.2.3.9	
R		Consumable		PHARM PRE 6.3.4.2.3.10	
RE		Prescriber		PHARM PRE 6.3.4.2.3.11	
RE		Reason		PHARM PRE	

				6.3.4.2.3.13	
RE		Reference to Medication Treatment Plan Item		PHARM PRE 6.3.4.2.3.14	
O		Reference to a related prescription activity (supply)		PHARM PRE 6.3.4.2.3.15	
O		Patient Medication Instructions		PHARM PRE 6.3.4.2.3.16	
O		Fulfillment Instructions		PHARM PRE 6.3.4.2.3.17	
O		Amount of units of the consumable to dispense		PHARM PRE 6.3.4.2.3.18	
O		Renewal Period		PHARM PRE 6.3.4.2.3.19	
O		ID of parent container		PHARM PRE 6.3.4.2.3.20	
O		Precondition Criterion		PHARM PRE 6.3.4.2.3.21	

<b>Template Name</b>		Prescription Repository Query Dispense Item Entry			
<b>Template ID</b>		1.3.6.1.4.1.19376.1.7.3.1.4.30.2			
<b>Parent Template</b>		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
<b>General Description</b>		A Dispense Item belongs to one Dispensation and represents one dispensed medication. It contains the dispensed medicinal product including information such as product code, brand name and packaging information.			
Opt and Card	entryRelationship	Description	Template ID	Specification Document	Vocabulary Constraint
R		Dispense Item ID		PHARM DIS 6.3.4.5.3.3	
RE		Code		PHARM DIS 6.3.4.5.3.4	
R		Narrative Text		PHARM DIS 6.3.4.5.3.5	
RE		Repeat Number		PHARM DIS 6.3.4.5.3.6	
R		Quantity Value		PHARM DIS 6.3.4.5.3.7	
R		Product		PHARM DIS 6.3.4.5.3.8	
RE		Performer		PHARM DIS 6.3.4.5.3.9	

RE		Dispenser		PHARM DIS 6.3.4.5.3.10	
RE		Reference to Medication Treatment Plan Item		PHARM DIS 6.3.4.5.3.12	
RE		Reference to Prescription Item		PHARM DIS 6.3.4.5.3.13	
RE		Reference to Pharmaceutical Advice Item		PHARM DIS 6.3.4.5.3.14	
O		Patient Medication Instructions		PHARM DIS 6.3.4.5.3.15	
O		Fulfillment Notes		PHARM DIS 6.3.4.5.3.16	
O		Dosage Instructions		PHARM DIS 6.3.4.5.3.17	
O		ID of parent container		PHARM DIS 6.3.4.5.3.18	
O		Substitution act		PHARM DIS 6.3.4.5.3.19	

## 6.5 QRPH Value Sets and Concept Domains

595     Add to Table 6.5-1: Concept Domains as follows

**Table 6.5-1: Concept Domains**

UV Concept Domain	Concept Domain Description
CD_MedicationCode	The medication code concept domain defines the medication that was prescribed to the patient.
CD_ProductCode	The product code concept domain defines the product that was dispensed to or administered to the patient.

## 6.6 HL7 FHIR Content Module

### 6.6.X.1 FHIR Resource Bundle Content

600     These are the FHIR resource locations and structure definitions of the resources where the data elements are located.

FHIR Resource location	Optionality	Cardinality	Structured Definition
Patient	R	1..1	<a href="http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Patient">http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Patient</a>
Practitioner	RE	0..*	<a href="http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Practitioner">http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Practitioner</a>
Organization	RE	0..*	<a href="http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Organization">http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Organization</a>
Medication	RE	0..*	<a href="http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Medication">http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Medication</a>
MedicationDispense	RE	0..*	<a href="http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.MedicationDispense">http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.MedicationDispense</a>
MedicationAdministration	RE	0..*	<a href="http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.MedicationAdministration">http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.MedicationAdministration</a>

### 6.6.X.1.2 FHIR Resource Data Specifications

605 The following table shows the mapping of the FHIR Resources supporting the content for Prescription Repository data Elements/Attributes. The Data Responders SHALL support the Resources identified by this table. The Data Consumer SHALL receive paramedicine content from the specified resource for each attribute.

Prescription Repository Data Elements	FHIR Resource Location	Cardinality	Constraint
Patient First Name	Patient.name.given	0..*	
Patient Last Name	Patient.name.family	0..*	
Patient Date of Birth	Patient.birthdate	0..1	
Patient Gender	Patient.gender	0..1	
Patient Street Address	Patient.address.line	0..*	
Patient City Address	Patient.address.city	0..*	
Patient State Code	Patient.address.state	0..*	
Patient Zip Code	Patient.address.postalCode	0..*	
Patient Telecom	Patient.telecom	0..*	
Patient Identifier	Patient.identifier	0..*	
Prescriber First Name	Practitioner.name.given	0..*	
Prescriber Last Name	Practitioner.name.family	0..*	
Prescriber Street Address	Practitioner.address.line	0..*	
Prescriber City Address	Practitioner.address.city	0..*	
Prescriber State Code	Practitioner.address.state	0..*	
Prescriber Zip Code	Practitioner.address.postalCode	0..*	

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<b>Prescription Repository Data Elements</b>	<b>FHIR Resource Location</b>	<b>Cardinality</b>	<b>Constraint</b>
Prescriber Specialty	Practitioner.qualification	0..*	
Prescriber Profession	Practitioner.qualification	0..*	
Prescriber ID Number (e.g., DEA for the practitioner)	Practitioner.identifier	0..*	
Jurisdiction Provider ID Number (e.g., NPI for the practitioner)	Practitioner.identifier	0..*	
Jurisdiction License Identifier	Practitioner.identifier	0..*	
Jurisdiction of License	Practitioner.identifier	0..*	
Prescriber Telecom	Practitioner.telecom	0..*	
HCP Organization Name	Organization.name	0..*	
HCP Organization Address	Organization.address	0..*	
HCP Organization Telecom	Organization.telecom	0..*	
Prescription Filled Date	MedicationDispense.whenPrepared	0..*	
Prescription Written Date	MedicationDispense.authorizingPrescription.authoredOn	0..*	
Dispenser ID	MedicationDispenser.performer.actor	0..1	
Dispenser Specialty	MedicationDispense.performer.function	0..1	
Dispenser Name	MedicationDispense.performer	0..*	
Date of Service Event	MedicationDispense.whenHandedOver	0..1	
Service Event Code	MedicationDispense.type	0..1	
Prescription Number	MedicationDispense.Identifier	0..1	
Authorization	MedicationDispense.authorizingPrescription	0..*	
Patient contacts	Patient.contact	0..*	
Medication ID	Medication.identifier	0..*	
Medication Code	Medication.code	1..1	
Medication Name	MedicationDispense.medication[x]	0..*	
Medication Strength	Medication.ingredient.strength	0..1	
Medication Dosage form	Medication.form	0..*	
Medication Lot number	Medication.batch.lotNumber	0..1	
Medication Expiration date	Medication.batch.expirationDate	0..1	
Medication Generic equivalent	MedicationDispense.substitution	0..*	
Medication Packaging	Medication.batch	0..1	
Active Ingredient	Medication.ingredient.isActive	0..1	

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<b>Prescription Repository Data Elements</b>	<b>FHIR Resource Location</b>	<b>Cardinality</b>	<b>Constraint</b>
substance Administration class Code	Unknowns	N/A	
Product ID	MedicationDispense.medicationCodeableConcept.code.value	0..*	
Product Item code	MedicationDispense.medicationCodeableConcept.code.system	1..1	
Dosage Instructions	MedicationDispense.dosageInstruction	0..*	
Medication Quantity	MedicationDispense.quantity	0..1	
Days of supply	MedicationDispense.daysSupply	0..1	
Refill number	Medication.request - extension	0..1	
Refills Authorized	MedicationDispense.authorizingPrescription.dispenseRequest.numberOfRepeatsAllowed	0..1	
Partial Refill Indicator	MedicationDispense.type	0..1	
Method of Payment	MedicationDispense.note	0..1	
Reason For Prescription	MedicationRequest.reasonCode	0..*	
Dispenser Organization Name (Facility)	Organization.name	0..1	
Dispenser Organization Street Address	Organization.address.line	0..1	
Dispenser Organization City Address	Organization.address.city	0..1	
Dispenser Organization State Code	Organization.address.state	0..1	
Dispenser Organization Zip Code	Organization.address.postalCode	0..1	
Dispenser Organization Phone Number	Organization.telecom	0..*	
Organization Prescriber ID Number (e.g., DEA)	Organization.identifier	0..*	
Prescription Drug Repository Number	Organization.identifier	0..*	
Organization Jurisdiction Provider ID Number (e.g., NPI for the organization)	Organization.identifier	0..*	

# Volume 4 – National Extensions

*Add appropriate Country section*

## 4 National Extensions

### 4.I National Extensions for the United States

#### 615 4.I.1 Comment Submission

This national extension document was authored under the sponsorship and supervision of Quality, Research and Public Health, who welcome comments on this document and the IHE USA initiative. Comments should be directed to:

[http://www.ihe.net/QRPH\\_Public\\_Comments](http://www.ihe.net/QRPH_Public_Comments)

#### 620 4.I.2 Prescription Repository Query (PRQ)

This US extension references the NCPDP standard and the Prescription Drug Monitoring Program (PDMP) FHIR Implementation guide.

#### 625 ONC ISA:<https://www.healthit.gov/isa/allows-a-prescriber-request-a-patients-medication-history-a-state-prescription-drug-monitoring>

The PDMP Responder SHALL Support the US Core Patient, US Core Practitioner, and US Core Organization resource profiles.

#### 4.I.2.1 PRQ US Volume 3 Constraints

##### 630 4.I.2.1.1 US Volume 3 Attribute Constraints

N/A

##### 4.I.2.1.2 PRQ US Volume 3 Section Constraints

The following additional cardinality constraints apply to the Prescription Repository Query document specification and entries in Table 6.3.2.H4-1 Prescription Repository Query (PRQ) Document Content Module Specification.

**Table 4.I.2.1.2-1: PCS US Section Constraints**

Cardinality	Section Element	Value Set OID	Specification Document	Vocabulary Constraint
O [0..1]	HCP Organization Name		PHARM TF-3: 6.3.2.H	
O [0..1]	HCP Organization Identifier		PHARM TF-3: 6.3.2.H	
O [0..1]	HCP Organization Address		PHARM TF-3: 6.3.2.H	
O [0..1]	HCP Organization Telecom		PHARM TF-3: 6.3.2.H	

Note: these attributes are available by reference using the DEA number

# Appendices

## Appendix A – Content Module Data Element Definitions

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### A.1 NCPDP Request Transport Layer Document Definitions

Data Element	Definition
XML declaration	Standard XML declaration.
Message	Wrapper for the entire message. Includes XML namespace declarations.
Header	Wrapper for the header.
To	Indicates the intended message recipient.
From	Indicates the sender of the message. Could be assigned by the PMP or an intermediary.
Message ID	A unique reference identifier for the transmission, generated from the sender of the request and the sender of the response. Echoed back in the response
Sent time	The time and date of the transmission. In the format CCYY-MM-DDThh:mm:ssZ.
Security	Wrapper for security information.
Username Token	Wrapper for User Name
Username	User name.
Sender	Wrapper for authorized sender
Tertiary identification	Used to identify the requesting facility or provider.
Receiver	Wrapper for receiver of response message
Tertiary identification	Used to identify where to send the response transaction
Test Message	Element typically included in NCPDP 10.6 standard required for header.
Tertiary Identifier	Used to classify the transaction as a “fill” or “medication history” request, as opposed to a “dispense” or “e-prescription”. PDMP queries are medication history requests and data in the tag should always be FIL

### A.2 NCPDP Request Body Document Definitions

Data Element	Definition
Body	Wrapper for the body.
Rx History Request	Wrapper for the Rx History Request
Patient section	Wraps patient information
Patient identification	Wraps patient identification
Social security number	Patient social security number NOTE: If SSN is not known, remove Patient Identification and SSN xml tags from request xml file.
Patient name	Wraps patient name
Last name	Patient last name
First name	Patient first name
Gender	Patient gender

Data Element	Definition
Date of birth	Wraps patient date of birth
Date [numeric date]	Patient date of birth, without time. Format=CCYY-MMDD (CC=Century YY=Year MM=Month DD=Day)
Address	Wraps patient address
Address line 1	First line of patient's address
Address line 2	Second line of patient's address. Use only if address line 1 exists.
City	City of patient address
State	State of patient address
Zip code	Zip code of patient address. 5 or 9 digits
Benefits coordination	Wraps consent information
Effective Date	Wraps effective date
Date [numeric date]	Effective date, without time. Format=CCYY-MM-DD (CC=Century YY=Year MM=Month DD=Day)
Expiration Date	Wraps expiration date
Date [numeric date]	Expiration date, without time. Format=CCYY-MM-DD (CC=Century YY=Year MM=Month DD=Day)
Consent	Y - Patient gave consent for prescriber to receive the medication history from any prescriber. N - Patient consent not given. P - Patient gave consent for prescriber to only receive the medication history this prescriber prescribed. X - Parental/Guardian consent on behalf of a minor for prescriber to receive the medication history from any prescriber. Z - Parental/Guardian consent on behalf of a minor for prescriber to only receive the medication history this prescriber prescribed.

### A.3 NCPDP Response Transport Layer Document Definitions

Data Element	Definitions
XML declaration	Standard XML declaration.
Message	Wrapper for the entire message. Includes XML namespace declarations.
Header	Wrapper for the transport header.
To	Indicates the intended message recipient.
From	Indicates the sender of the message.
Message ID	A unique reference identifier for the transmission, generated from the sender of the request and the sender of the response. Echoed back in the response.
Relates To Message ID	A unique reference identifier for the transmission, generated from the sender of the request and the sender of the response. Echoed back in the response
Sent time	The time and date of the transmission. In the format CCYY-MM-DDThh:mm:ss.

## A.4 NCPDP Response Body Document Definitions

<b>Data Element</b>	<b>Definitions</b>
Script Rx History Response	Wraps body of Response Approval/Denied
Response	Wraps SCRIPT request status
Approved	Indicates approval and wraps reference number. Only occurs if RxHistoryRequest was approved.
Denied	Indicates denial and wraps reference number. Only occurs if RxHistoryRequest was denied.
Reference number	Request reference number. Echoed back from the RxHistoryRequest.
Patient section	Wraps patient information
Patient name	Wraps patient name
Last name	Patient last name
First name	Patient first name
Gender	Patient gender
Date of birth	Wraps patient date of birth
Date	Patient date of birth, without time. Format=CCYY-MMDD (CC=Century YY=Year MM=Month DD=Day)
Address	Wraps patient address
Address line 1	First line of patient's address
Address line 2	Second line of patient's address. Use only if address line 1 exists.
City	City of patient address
State	State of patient address
Zip code	Zip code of patient address. 5 or 9 digits
Benefits coordination	Wraps consent information
Medication dispensed1	Wraps the information for one medication dispensed. May occur up to 300 times.
Drug description	Description of the drug
Drug coding	Wraps drug coding information
Product code	Wraps drug coding information
Drug code	Drug code; type of code is qualified by the drug code qualifier. Typically an NDC code.
Drug quantity	Wraps drug quantity information
Quantity value	The numeric quantity of drug prescribed.
Quantity qualifier	38 - Original Quantity 40 - Remaining Quantity 87 - Quantity Received -QS - Quantity sufficient as determined by the dispensing pharmacy. Quantity to be based on established dispensing protocols between the prescriber and pharmacy/pharmacist. CF - Compound Final Quantity
Unit Source Code	Unit of measure code for the given quantity value.
Unit Potency Code	Unit Potency Code
Days supply	Days supply
Substitutions	Substitutions
Written date	This wraps the date written
Date	Written date of prescription without the time. Format=YYYY MM DD

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<b>Data Element</b>	<b>Definitions</b>
Last fill date	This wraps the last fill date
Date	Last fill date of the prescription without the time. Format= YYYY MM DD
Pharmacy 2	This wraps pharmacy information
Identification	This wraps pharmacy identifying information
Identification data	Pharmacy identifying information including NCPDP ID, DEA number
Pharmacy Name	Pharmacy name
Pharmacy Address	Address information
Communication Numbers	This wraps Communication Numbers
Communication	This wraps communication data
Number	Number
Qualifier	Qualifier
Prescriber information3	This wraps Prescriber information
Identification	This wraps prescriber identification information
Identifiers	Prescriber identifiers
Prescriber Name	This wraps Prescriber name information
Prescriber Name fields	Last and first names
Prescriber Address	This wraps prescriber address information
Address fields	Address information
History Source	History Source Wrapper
Source4	Source wrapper
Source qualifier	Source qualifier
Source Reference	Script reference wrapper
Reference Information	Reference information fields
Source Reference	Source Reference data
Fill number	Fill number information