Prescription Repository Query (PRQ)

HL7® FHIR® STU 4
Using Resources at FMM Level 2-N

Revision 1.1 – Trial Implementation

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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

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.

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.

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.

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.

General information about IHE can be found at www.ihe.net.

Information about the IHE Quality Research and Public Health domain can be found at ihe.net/IHE_Domains.

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 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.
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Introduction to this Supplement

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.

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® FHIR® specification. HL7 describes FHIR Change Management and Versioning at https://www.hl7.org/fhir/versions.html.

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:

<table>
<thead>
<tr>
<th>FHIR Content (Resources, ValueSets, etc.)</th>
<th>FMM Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>N</td>
</tr>
<tr>
<td>Practitioner</td>
<td>3</td>
</tr>
<tr>
<td>Organization</td>
<td>3</td>
</tr>
<tr>
<td>Medication</td>
<td>3</td>
</tr>
<tr>
<td>MedicationDispense</td>
<td>2</td>
</tr>
</tbody>
</table>

This transaction profile will integrate a prescription drug repository into an electronic medical records workflow to provide prescription drug information to physicians to 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.

This supplement references the following documents. The reader should review these documents as needed:

1 HL7 is the registered trademark of Health Level Seven International.
2 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

2. IHE Pharmacy Community Medication Prescription and Dispense Integration Profile (CMPD)
   https://www.ihe.net/uploadedFiles/Documents/Pharmacy/IHE_Pharmacy_Suppl_CMPD.pdf

3. IHE Patient Care Coordination Technical Framework, Volume 1

4. IHE Patient Care Coordination Technical Framework, Volume 2

5. IHE Patient Care Coordination Technical Framework Supplement: CDA®3 Content Modules

6. IT Infrastructure Technical Framework Volume 1
   https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol1.pdf

7. IT Infrastructure Technical Framework Volume 2
   Transactions ITI-I through ITI-28:
   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
   Appendices A through X and Glossary
   https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol2x.pdf

8. IT Infrastructure Technical Framework Volume 3


Open Issues and Questions

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

CDA is the registered trademark of Health Level Seven International.
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)?

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).

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).

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).

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).

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

1. PML will have to be constrained to fit the use case requirements of this profile (3/26/2019).

2. Submitting the prescription dispensing data to the repository is out of scope of this profile (3/26/2019).

3. PML does not need to be expanded. Vol 4 will take care of the US centric Data elements (3/26/2019).

4. Healthcare provider organization information is missing form NCPDP and FHIR PDMP IG, because it is found with the DEA or NPI number (5/2/2019).

5. Dispenser information is missing form NCPDP and FHIR PDMP IG, because it is found with the DEA or NPI number (5/2/2019).
General Introduction and Shared Appendices

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.

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

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

<table>
<thead>
<tr>
<th>Transaction Name and Number</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensed Medication Query [QRPH-57]</td>
<td>A FHIR query for a patient’s dispensed medication list from an HIE or a prescription drug repository.</td>
</tr>
</tbody>
</table>

Appendix D – Glossary

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

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 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

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

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

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](image-url)
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”).

<table>
<thead>
<tr>
<th>Actors</th>
<th>Content Modules</th>
<th>Optionality</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Creator</td>
<td>The Query Pharmacy Documents [PHARM-1]</td>
<td>R</td>
<td>PHARM TF-3: 6.3.1.D</td>
</tr>
<tr>
<td>Content Consumer</td>
<td>The Query Pharmacy Documents [PHARM-1]</td>
<td>R</td>
<td>PHARM TF-3: 6.3.1.D</td>
</tr>
<tr>
<td>Data Consumer</td>
<td>Dispensed Medication Query [QRPH-57]</td>
<td>R</td>
<td>QRPH PRQ: 6.5</td>
</tr>
<tr>
<td>Data Responders</td>
<td>Dispensed Medication Query [QRPH-57]</td>
<td>R</td>
<td>QRPH PRQ: 6.5</td>
</tr>
</tbody>
</table>

**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.

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.

**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

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.

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

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

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.

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

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

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

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

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

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.
X.4.2.1.2 Identifying Drug Seeking Behavior Process Flow

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.
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

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.

X.4.2.2.2 Drug to Drug Interaction Process Flow

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.

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.

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

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.

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.

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
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

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

3.57.2 Actor Roles

<table>
<thead>
<tr>
<th>Actor: Data Responders</th>
<th>Role: Provides the requested dispensed medication information requested in the query.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actor: Data Consumer</td>
<td>Role: Sends a query request for the dispensed medication</td>
</tr>
</tbody>
</table>

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

3.57.4 Messages

**Figure 3.57.4-1: Interaction Diagram**

3.57.4.1 Dispensed Medication Query

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

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.

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]
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/

3.57.5 Protocol Requirements

N/A

3.57.6 Security Considerations

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]

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:

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Opt</th>
<th>Value Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>EventID</td>
<td>M</td>
<td>EV(110106, DCM, “Export”)</td>
</tr>
<tr>
<td>EventActionCode</td>
<td>M</td>
<td>“C” (create) for QRPH-57 (Dispensed Medication Query)</td>
</tr>
<tr>
<td>EventDateTime</td>
<td>M</td>
<td>not specialized</td>
</tr>
<tr>
<td>EventOutcomeIndicator</td>
<td>M</td>
<td>not specialized</td>
</tr>
<tr>
<td>EventTypeCode</td>
<td>M</td>
<td>EV(“QRPH-57”, “IHE Transactions”, “Dispensed Medication Query”)</td>
</tr>
</tbody>
</table>

Source (Data Responder Actor) (1)
Human Requestor (0..n)
Destination (Data Consumer Actor) (1)
Audit Source (Data Responder Actor) (1)
Patient (1)
Where:

<table>
<thead>
<tr>
<th>Source</th>
<th>UserID</th>
<th>M</th>
<th>The identity of the Data Responder facility and responder application; concatenated together, separated by the</th>
<th>character.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>The identity of the Data Consumer facility and responder application; concatenated together, separated by the</td>
<td>character.</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>The process ID as used within the local operating system in the local system logs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>not specialized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>not specialized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>EV(110153, DCM, “Destination”)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>“1” for machine (DNS) name, “2” for IP address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>The machine name or IP address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>not specialized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>not specialized</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>Access Control role(s) the user holds that allows this transaction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>The machine name or IP address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>not specialized</td>
<td></td>
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<td></td>
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<td></td>
<td>Access Control role(s) the user holds that allows this transaction.</td>
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<table>
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<tr>
<th>Human Requestor (if known)</th>
<th>UserID</th>
<th>M</th>
<th>Identity of the human that initiated the transaction.</th>
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</thead>
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<td>The identity of the human that initiated the transaction.</td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>not specialized</td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>not specialized</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>not specialized</td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>Access Control role(s) the user holds that allows this transaction.</td>
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<table>
<thead>
<tr>
<th>Destination</th>
<th>UserID</th>
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<th>The identity of the Data Consumer facility and responder application; concatenated together, separated by the</th>
<th>character.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>The identity of the Data Consumer facility and responder application; concatenated together, separated by the</td>
<td>character.</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>not specialized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U</td>
<td></td>
<td>not specialized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>not specialized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>EV(110152, DCM, “Destination”)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>“1” for machine (DNS) name, “2” for IP address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
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<td>The machine name or IP address as specified in RFC3881.</td>
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<table>
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### 3.57.6.1.2 Death Reporting Data Consumer Actor audit message:

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<th>Opt</th>
<th>Value Constraints</th>
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<td>EventDateTime</td>
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<td>EventOutcomeIndicator</td>
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<td>EventTypeCode</td>
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<td>Source (Data Consumer Actor)</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>Destination (Data Responder Actor)</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>Audit Source (Data Consumer Actor)</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>Patient(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where:</td>
<td></td>
<td></td>
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<table>
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<th>Source</th>
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</thead>
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<tr>
<td>AlternativeUserID</td>
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<tr>
<td>UserName</td>
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<td>not specialized</td>
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<tr>
<td>UserIsRequestor</td>
<td>M</td>
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</tr>
<tr>
<td>RoleIDCode</td>
<td>M</td>
<td>EV(110153, DCM, “Source”)</td>
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<tr>
<td>NetworkAccessPointTypeCode</td>
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<td>“1” for machine (DNS) name, “2” for IP address</td>
</tr>
<tr>
<td>NetworkAccessPointID</td>
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<td>The machine name or IP address</td>
</tr>
<tr>
<td>Human Requestor (if known)</td>
<td>UserID</td>
<td>M</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------</td>
<td>---</td>
</tr>
<tr>
<td>AlternativeUserID</td>
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<td>not specialized</td>
</tr>
<tr>
<td>UserName</td>
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<tr>
<td>UserIsRequestor</td>
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<td>RoleIDCode</td>
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<tr>
<td>NetworkAccessPointID</td>
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<td></td>
</tr>
</tbody>
</table>

| Destination | 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 | not specialized |
| UserIsRequestor | M | not specialized |
| 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 |

<table>
<thead>
<tr>
<th>Audit Source</th>
<th>AuditSourceID</th>
<th>U</th>
<th>not specialized</th>
</tr>
</thead>
<tbody>
<tr>
<td>AuditEnterpriseSiteID</td>
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<td>not specialized</td>
<td></td>
</tr>
<tr>
<td>AuditSourceTypeCode</td>
<td>U</td>
<td>not specialized</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>M</th>
<th>“1” (person)</th>
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<tbody>
<tr>
<td>ParticipantObjectTypeCodeRole</td>
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<td>“1” (patient)</td>
<td></td>
</tr>
<tr>
<td>ParticipantObjectDataTypeCycle</td>
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<td>not specialized</td>
<td></td>
</tr>
<tr>
<td>ParticipantObjectIDTypeCode</td>
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<td>EV(2, RFC-3881, “Patient Number”)</td>
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</tr>
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<td>ParticipantObjectSensitivity</td>
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</tr>
<tr>
<td>ParticipantObjectID</td>
<td>M</td>
<td>The patient ID in HL7 CX format.</td>
<td></td>
</tr>
<tr>
<td>ParticipantObjectName</td>
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<td>not specialized</td>
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<td>ParticipantObjectQuery</td>
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<td>ParticipantObjectDetail</td>
<td>M</td>
<td>Type=MSH-10 (the literal string), Value=the value of MSH-10 (from the message content, base64 encoded)</td>
<td></td>
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</tbody>
</table>
Appendices

None
Volume 2 Namespace Additions

The QRPH registry of OIDs is located at http://wiki.ihe.net/index.php/QRPH_Registry
Volume 3 – Content Modules

5 IHE Namespaces, Concept Domains and Vocabularies

5.1 IHE Namespaces

5.2 IHE Concept Domains

5.3 IHE Format Codes and Vocabularies

5.3.1 IHE Format Codes

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.

<table>
<thead>
<tr>
<th>Profile</th>
<th>Format Code</th>
<th>Media Type</th>
<th>Template ID</th>
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<td>text/xml</td>
<td>1.3.6.1.4.1.19376.1.7.3.1.1.30</td>
</tr>
</tbody>
</table>

5.3.2 IHEActCode Vocabulary

N/A

5.3.3 IHERoleCode Vocabulary

N/A
6 Content Modules

6.3.1 CDA Document Content Modules

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

6.3.1.D.1 Format Code

The XDSDocumentEntry format code for this content is \texttt{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).

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.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Title</th>
<th>URL</th>
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<td>HL7 CDA Release 2.0</td>
<td>HL7 CDA Release 2.0</td>
</tr>
<tr>
<td>IHE Pharmacy</td>
<td>IHE PHARM Community Medication List (PML)</td>
<td>Community Medication List Specification (1.3.6.1.4.1.19376.1.9.1.1.5)</td>
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<td>XMLXSL</td>
<td>Associating Style Sheets with XML documents</td>
<td>Associating Style Sheets with XML documents</td>
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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.

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<tr>
<th>Clinical Data Element</th>
<th>Optionality</th>
<th>CDA-DIR in PRQ</th>
<th>Concept Domain or Value Set</th>
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</thead>
<tbody>
<tr>
<td>Patient Information</td>
<td>R</td>
<td>ClinicalDocument/recordTarget/patientRole</td>
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</tr>
<tr>
<td>Patient First Name</td>
<td>R</td>
<td>ClinicalDocument/recordTarget/patientRole/patient/name/given</td>
<td></td>
</tr>
<tr>
<td>Clinical Data Element</td>
<td>Optionality</td>
<td>CDA-DIR in PRQ</td>
<td>Concept Domain or Value Set</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
<td>---------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Patient Last Name</td>
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</tr>
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<td>Patient Date of Birth</td>
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</tr>
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<td>Medication Generic equivalent</td>
<td>RE</td>
<td>ClinicalDocument/ genericEquivalent templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]</td>
<td></td>
</tr>
<tr>
<td>Medication Packaging</td>
<td>RE</td>
<td>ClinicalDocument/ packaging templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]</td>
<td></td>
</tr>
<tr>
<td>Active Ingredient</td>
<td>RE</td>
<td>ClinicalDocument/ activeIngredient templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]</td>
<td></td>
</tr>
<tr>
<td>Prescription Item Entry</td>
<td>R</td>
<td>ClinicalDocument/ templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>substance Administration class Code</td>
<td>RE</td>
<td>ClinicalDocument/ AdministrationClass/code templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Product ID</td>
<td>RE</td>
<td>ClinicalDocument/ product/ID templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Product ID Qualifier</td>
<td>RE</td>
<td>ClinicalDocument/ product/ID/qualifier templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Product Code</td>
<td>R</td>
<td>ClinicalDocument/ product/code/qualifier templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Dosage Instructions</td>
<td>RE</td>
<td>ClinicalDocument/ dosage/instruction templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Medication Quantity</td>
<td>RE</td>
<td>ClinicalDocument/ Quantity Value templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Days of supply</td>
<td>RE</td>
<td>ClinicalDocument/ days supply templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Refill number</td>
<td>RE</td>
<td>ClinicalDocument/ Number of repeats/refills templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Refills Authorized</td>
<td>RE</td>
<td>ClinicalDocument/ Number of repeats/authorized templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Partial Refill Indicator</td>
<td>RE</td>
<td>ClinicalDocument/ partial refill/indicator templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.4]</td>
<td></td>
</tr>
<tr>
<td>Method of Payment</td>
<td>O</td>
<td>ClinicalDocument/component/structuredBody/component/section/code/code</td>
<td></td>
</tr>
<tr>
<td>Reason For Prescription</td>
<td>RE</td>
<td>ClinicalDocument/ Reason templateId[@root=1.3.6.1.4.1.19376.1.9.1.3.2]</td>
<td></td>
</tr>
<tr>
<td>Dispensing Organization</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization</td>
<td></td>
</tr>
<tr>
<td>Dispenser Organization Name (Facility)</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/name</td>
<td></td>
</tr>
</tbody>
</table>
### Clinical Data Element | Optionality | CDA-DIR in PRQ |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispenser Organization Street Address</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/address</td>
</tr>
<tr>
<td>Dispenser Organization City Address</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/address</td>
</tr>
<tr>
<td>Dispenser Organization State Code</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/address</td>
</tr>
<tr>
<td>Dispenser Organization Zip Code</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/address</td>
</tr>
<tr>
<td>Dispenser Organization Phone Number</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/telecom</td>
</tr>
<tr>
<td>Organization Prescriber ID Number (e.g., DEA)</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/id</td>
</tr>
<tr>
<td>Prescription Drug Repository Number</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/id</td>
</tr>
<tr>
<td>Organization Jurisdiction Provider ID Number (e.g., NPI for the organization)</td>
<td>RE</td>
<td>ClinicalDocument/author/assignedAuthor/representedOrganization/id</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Prescription Repository Query (PRQ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Template ID</td>
<td>1.3.6.1.4.1.19376.1.7.3.1.1.30</td>
</tr>
<tr>
<td>Parent Template</td>
<td>Community Medication List (PML) (1.3.6.1.4.1.19376.1.9.1.1.5) [PHARM]</td>
</tr>
<tr>
<td>General Description</td>
<td>Dispensed medication list will contain the prescription information for the patient’s dispensed medication that can be used to inform prescribing decisions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Code</th>
<th>TBD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Opt and Card</th>
<th>Condition</th>
<th>Header Element or Section Name</th>
<th>Template ID</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Patient Information</td>
<td>1.3.6.1.4.1.19376.1.9.1.4.1</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Healthcare Provider Information</td>
<td>1.3.6.1.4.1.19376.1.9.1.4.2</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
</tbody>
</table>

| Sections      | 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

6.3.2.H1 Patient Information Header Content Module

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

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Prescription Repository Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Template ID</td>
<td>1.3.6.1.4.1.19376.1.7.3.1.1.30</td>
</tr>
<tr>
<td>Parent Template</td>
<td>PML 1.3.6.1.4.1.19376.1.9.1.2.5</td>
</tr>
<tr>
<td>Header Element</td>
<td>recordTarget</td>
</tr>
<tr>
<td>General Description</td>
<td>This header content module contains required and optional patient information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opt and Card</th>
<th>Participation/ Act Relationship</th>
<th>Description</th>
<th>Template</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[1..*]</td>
<td>First Name</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Name</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.3.2.H2 Healthcare Provider Information Header Content Module

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

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Description</th>
<th>Template</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Repository Healthcare Provider Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.6.1.4.1.19376.1.7.3.1.2.30.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PML 1.3.6.1.4.1.19376.1.9.1.2.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This header content module contains required and optional healthcare provider information (person, device and organization).

### Healthcare Provider Information - Person

<table>
<thead>
<tr>
<th>Opt and Card</th>
<th>Participation/Act Relationship</th>
<th>Description</th>
<th>Template</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>R [0..1]</td>
<td></td>
<td>Healthcare Provider Information - Person</td>
<td>1.3.6.1.4.1.19376.1.9.1.4.2.1</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
</tbody>
</table>

### Healthcare Provider Information - Organization

<table>
<thead>
<tr>
<th>Opt and Card</th>
<th>Participation/Act Relationship</th>
<th>Description</th>
<th>Template</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>R [0..1]</td>
<td></td>
<td>Healthcare Provider Information - Organization</td>
<td>1.3.6.1.4.1.19376.1.9.1.4.2.3</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
</tbody>
</table>
6.3.2.H3 Healthcare Provider Information - Person Header Content Module

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

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Repository Healthcare Provider Information - Person</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opt and Card</th>
<th>Participation/Act Relationship</th>
<th>Description</th>
<th>Template</th>
<th>Specification Document</th>
<th>Vocabularies Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>R [1..1]</td>
<td></td>
<td>Prescriber First Name</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R [1..1]</td>
<td></td>
<td>Prescriber Last Name</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>Prescriber Street Address</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>Prescriber City Address</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R [1..1]</td>
<td></td>
<td>Prescriber State Code</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>Prescriber Postal Code</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>Prescriber Specialty</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>Prescriber Profession</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R [1..1]</td>
<td></td>
<td>Jurisdiction Identifier</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R [1..1]</td>
<td></td>
<td>Jurisdiction of License</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O [0..1]</td>
<td></td>
<td>Prescriber Telecom</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Prescription Repository Healthcare Provider Information - Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Template ID</strong></td>
<td>1.3.6.1.4.1.19376.1.7.3.1.2.30.3</td>
</tr>
<tr>
<td><strong>Parent Template</strong></td>
<td>PML 1.3.6.1.4.1.19376.1.9.1.2.5</td>
</tr>
<tr>
<td><strong>Header Element</strong></td>
<td>author</td>
</tr>
</tbody>
</table>

**General Description:**

This header content module contains required and optional healthcare provider organization information.

<table>
<thead>
<tr>
<th>Opt and Card</th>
<th>Participation/Act Relationship</th>
<th>Description</th>
<th>Template</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>HCP Organization Name</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td>4.1.2.1.2</td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>HCP Organization Identifier</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td>4.1.2.1.2</td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>HCP Organization Address</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td>4.1.2.1.2</td>
<td></td>
</tr>
<tr>
<td>RE [0..1]</td>
<td></td>
<td>HCP Organization Telecom</td>
<td>PHARM TF-3: 6.3.2.H</td>
<td>4.1.2.1.2</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Prescription Repository Medication List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Template ID</td>
<td>1.3.6.1.4.1.19376.1.7.3.1.3.30.1</td>
</tr>
<tr>
<td>Parent Template</td>
<td>PML 1.3.6.1.4.1.19376.1.9.1.2.5</td>
</tr>
<tr>
<td>General Description</td>
<td>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.</td>
</tr>
<tr>
<td>Section Code</td>
<td>10160-0, LOINC, History of medication use</td>
</tr>
<tr>
<td>Author</td>
<td>N/A</td>
</tr>
<tr>
<td>Informant</td>
<td>N/A</td>
</tr>
<tr>
<td>Subject</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Opt and Card | Condition | Data Element or Section Name | Template ID | Specification Document | Constraint |
--- | --- | --- | --- | --- | ---
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

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]
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]

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

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Description</th>
<th>Template ID</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Repository Query Prescription Item Entry</td>
<td></td>
<td>1.3.6.1.4.1.19376.1.7.1.4.30.1</td>
<td>PHARM PRE 6.3.4.2.3.4</td>
<td></td>
</tr>
</tbody>
</table>
### IHE Quality. Research and Public Health Technical Framework Supplement – Prescription Repository Query (PRQ)

<table>
<thead>
<tr>
<th>Opt and Card</th>
<th>entryRelationship</th>
<th>Description</th>
<th>Template ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td></td>
<td>Dispense Item ID</td>
<td>PHARM DIS 6.3.4.5.3.3</td>
</tr>
<tr>
<td>RE</td>
<td></td>
<td>Code</td>
<td>PHARM DIS 6.3.4.5.3.4</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Narrative Text</td>
<td>PHARM DIS 6.3.4.5.3.5</td>
</tr>
<tr>
<td>RE</td>
<td></td>
<td>Repeat Number</td>
<td>PHARM DIS 6.3.4.5.3.6</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Quantity Value</td>
<td>PHARM DIS 6.3.4.5.3.7</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Product</td>
<td>PHARM DIS 6.3.4.5.3.8</td>
</tr>
<tr>
<td>RE</td>
<td></td>
<td>Performer</td>
<td>PHARM DIS 6.3.4.5.3.9</td>
</tr>
</tbody>
</table>

### Template Name

**Template Name**

Prescription Repository Query Dispense Item Entry

**Template ID**

1.3.6.1.4.1.19376.1.7.3.1.4.30.2

**Parent Template**

PML 1.3.6.1.4.1.19376.1.9.1.2.5

**General Description**

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.
6.5 QRPH Value Sets and Concept Domains

Add to Table 6.5-1: Concept Domains as follows

<table>
<thead>
<tr>
<th>UV Concept Domain</th>
<th>Concept Domain Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD_MedicationCode</td>
<td>The medication code concept domain defines the medication that was prescribed to the patient.</td>
</tr>
<tr>
<td>CD_ProductCode</td>
<td>The product code concept domain defines the product that was dispensed to or administered to the patient.</td>
</tr>
</tbody>
</table>

6.6 HL7 FHIR Content Module

6.6.X.1 FHIR Resource Bundle Content

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

<table>
<thead>
<tr>
<th>Prescription Repository Data Elements</th>
<th>FHIR Resource Location</th>
<th>Cardinality</th>
<th>Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name</td>
<td>Patient.name.given</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>Patient.name.family</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient Date of Birth</td>
<td>Patient.birthdate</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Patient Gender</td>
<td>Patient.gender</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Patient Street Address</td>
<td>Patient.address.line</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient City Address</td>
<td>Patient.address.city</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient State Code</td>
<td>Patient.address.state</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient Zip Code</td>
<td>Patient.address.postalCode</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient Telecom</td>
<td>Patient.telecom</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient Identifier</td>
<td>Patient.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber First Name</td>
<td>Practitioner.name.given</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber Last Name</td>
<td>Practitioner.name.family</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber Street Address</td>
<td>Practitioner.address.line</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber City Address</td>
<td>Practitioner.address.city</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber State Code</td>
<td>Practitioner.address.state</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber Zip Code</td>
<td>Practitioner.address.postalCode</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescription Repository Data Elements</td>
<td>FHIR Resource Location</td>
<td>Cardinality</td>
<td>Constraint</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Prescriber Specialty</td>
<td>Practitioner.qualification</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber Profession</td>
<td>Practitioner.qualification</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber ID Number (e.g., DEA for the practitioner)</td>
<td>Practitioner.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Jurisdiction Provider ID Number (e.g., NPI for the practitioner)</td>
<td>Practitioner.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Jurisdiction License Identifier</td>
<td>Practitioner.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Jurisdiction of License</td>
<td>Practitioner.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescriber Telecom</td>
<td>Practitioner.telecom</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>HCP Organization Name</td>
<td>Organization.name</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>HCP Organization Address</td>
<td>Organization.address</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>HCP Organization Telecom</td>
<td>Organization.telecom</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescription Filled Date</td>
<td>MedicationDispense.whenPrepared</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescription Written Date</td>
<td>MedicationDispense.authorizingPrescription.authoredOn</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Dispenser ID</td>
<td>MedicationDispenser.performer.actor</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Dispenser Specialty</td>
<td>MedicationDispenser.performer.function</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Dispenser Name</td>
<td>MedicationDispenser.performer</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Date of Service Event</td>
<td>MedicationDispense.whenHandedOver</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Service Event Code</td>
<td>MedicationDispense.type</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Prescription Number</td>
<td>MedicationDispense.Identifier</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Authorization</td>
<td>MedicationDispense.authorizingPrescription</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Patient contacts</td>
<td>Patient.contact</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Medication ID</td>
<td>Medication.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Medication Code</td>
<td>Medication.code</td>
<td>1..1</td>
<td></td>
</tr>
<tr>
<td>Medication Name</td>
<td>MedicationDispense.medication[x]</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Medication Strength</td>
<td>Medication.ingredient.strength</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Medication Dosage form</td>
<td>Medication.form</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Medication Lot number</td>
<td>Medication.batch.lotNumber</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Medication Expiration date</td>
<td>Medication.batch.expirationDate</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Medication Generic equivalent</td>
<td>MedicationDispense.substitution</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Medication Packaging</td>
<td>Medication.batch</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Active Ingredient</td>
<td>Medication.ingredient.isActive</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Prescription Repository Data Elements</td>
<td>FHIR Resource Location</td>
<td>Cardinality</td>
<td>Constraint</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>substance Administration class Code</td>
<td>Unknowns</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Product ID</td>
<td>MedicationDispense.medicationCodeableConcept.code.value</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Product Item code</td>
<td>MedicationDispense.medicationCodeableConcept.code.system</td>
<td>1..1</td>
<td></td>
</tr>
<tr>
<td>Dosage Instructions</td>
<td>MedicationDispense.dosageInstruction</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Medication Quantity</td>
<td>MedicationDispense.quantity</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Days of supply</td>
<td>MedicationDispense.daysSupply</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Refill number</td>
<td>Medication.request - extension</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Refills Authorized</td>
<td>MedicationDispense.authorizingPrescription.dispenseRequest.numberOfRepeatsAllowed</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Partial Refill Indicator</td>
<td>MedicationDispense.type</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Method of Payment</td>
<td>MedicationDispense.note</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Reason For Prescription</td>
<td>MedicationRequest.reasonCode</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Dispenser Organization Name (Facility)</td>
<td>Organization.name</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Dispenser Organization Street Address</td>
<td>Organization.address.line</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Dispenser Organization City Address</td>
<td>Organization.address.city</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Dispenser Organization State Code</td>
<td>Organization.address.state</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Dispenser Organization Zip Code</td>
<td>Organization.address.postalCode</td>
<td>0..1</td>
<td></td>
</tr>
<tr>
<td>Dispenser Organization Phone Number</td>
<td>Organization.telecom</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Organization Prescriber ID Number (e.g., DEA)</td>
<td>Organization.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Repository Number</td>
<td>Organization.identifier</td>
<td>0..*</td>
<td></td>
</tr>
<tr>
<td>Organization Jurisdiction Provider ID Number (e.g., NPI for the organization)</td>
<td>Organization.identifier</td>
<td>0..*</td>
<td></td>
</tr>
</tbody>
</table>
Volume 4 – National Extensions

Add appropriate Country section

4 National Extensions

4.I National Extensions for the United States

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

4.I.2 Prescription Repository Query (PRQ)

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

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

4.1.2.1.1 US Volume 3 Attribute Constraints

N/A

4.1.2.1.2 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>
<thead>
<tr>
<th>Cardinality</th>
<th>Section Element</th>
<th>Value Set OID</th>
<th>Specification Document</th>
<th>Vocabulary Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>HCP Organization Name</td>
<td></td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
<tr>
<td>O [0..1]</td>
<td>HCP Organization Identifier</td>
<td></td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
<tr>
<td>O [0..1]</td>
<td>HCP Organization Address</td>
<td></td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
<tr>
<td>O [0..1]</td>
<td>HCP Organization Telecom</td>
<td></td>
<td>PHARM TF-3: 6.3.2.H</td>
<td></td>
</tr>
</tbody>
</table>

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

## Appendix A – Content Module Data Element Definitions

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>XML declaration</td>
<td>Standard XML declaration.</td>
</tr>
<tr>
<td>Message</td>
<td>Wrapper for the entire message. Includes XML namespace declarations.</td>
</tr>
<tr>
<td>Header</td>
<td>Wrapper for the header.</td>
</tr>
<tr>
<td>To</td>
<td>Indicates the intended message recipient.</td>
</tr>
<tr>
<td>From</td>
<td>Indicates the sender of the message. Could be assigned by the PMP or an intermediary.</td>
</tr>
<tr>
<td>Message ID</td>
<td>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</td>
</tr>
<tr>
<td>Sent time</td>
<td>The time and date of the transmission. In the format CCYY-MM-DDThh:mm:ssZ.</td>
</tr>
<tr>
<td>Security</td>
<td>Wrapper for security information.</td>
</tr>
<tr>
<td>Username Token</td>
<td>Wrapper for User Name</td>
</tr>
<tr>
<td>Username</td>
<td>User name.</td>
</tr>
<tr>
<td>Sender</td>
<td>Wrapper for authorized sender</td>
</tr>
<tr>
<td>Tertiary Identification</td>
<td>Used to identify the requesting facility or provider.</td>
</tr>
<tr>
<td>Receiver</td>
<td>Wrapper for receiver of response message</td>
</tr>
<tr>
<td>Tertiary Identification</td>
<td>Used to identify where to send the response transaction</td>
</tr>
<tr>
<td>Test Message</td>
<td>Element typically included in NCPDP 10.6 standard required for header.</td>
</tr>
<tr>
<td>Tertiary Identifier</td>
<td>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</td>
</tr>
</tbody>
</table>

### A.2 NCPDP Request Body Document Definitions

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body</td>
<td>Wrapper for the body.</td>
</tr>
<tr>
<td>Rx History Request</td>
<td>Wrapper for the Rx History Request</td>
</tr>
<tr>
<td>Patient section</td>
<td>Wraps patient information</td>
</tr>
<tr>
<td>Patient identification</td>
<td>Wraps patient identification</td>
</tr>
<tr>
<td>Social security number</td>
<td>Patient social security number NOTE: If SSN is not known, remove Patient Identification and SSN xml tags from request xml file.</td>
</tr>
<tr>
<td>Patient name</td>
<td>Wraps patient name</td>
</tr>
<tr>
<td>Last name</td>
<td>Patient last name</td>
</tr>
<tr>
<td>First name</td>
<td>Patient first name</td>
</tr>
<tr>
<td>Gender</td>
<td>Patient gender</td>
</tr>
<tr>
<td>Data Element</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Wraps patient date of birth</td>
</tr>
<tr>
<td>Date</td>
<td>Patient date of birth, without time. Format=CCYY-MMDD (CC=Century YY=Year MM=Month DD=Day)</td>
</tr>
<tr>
<td>Address</td>
<td>Wraps patient address</td>
</tr>
<tr>
<td>Address line 1</td>
<td>First line of patient's address</td>
</tr>
<tr>
<td>Address line 2</td>
<td>Second line of patient's address. Use only if address line 1 exists.</td>
</tr>
<tr>
<td>City</td>
<td>City of patient address</td>
</tr>
<tr>
<td>State</td>
<td>State of patient address</td>
</tr>
<tr>
<td>Zip code</td>
<td>Zip code of patient address. 5 or 9 digits</td>
</tr>
<tr>
<td>Benefits coordination</td>
<td>Wraps consent information</td>
</tr>
<tr>
<td>Effective Date</td>
<td>Wraps effective date</td>
</tr>
<tr>
<td>Date</td>
<td>Effective date, without time. Format=CCYY-MM-DD (CC=Century YY=Year MM=Month DD=Day)</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>Wraps expiration date</td>
</tr>
<tr>
<td>Date</td>
<td>Expiration date, without time. Format=CCYY-MM-DD (CC=Century YY=Year MM=Month DD=Day)</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>XML declaration</td>
<td>Standard XML declaration.</td>
</tr>
<tr>
<td>Message</td>
<td>Wrapper for the entire message. Includes XML namespace declarations.</td>
</tr>
<tr>
<td>Header</td>
<td>Wrapper for the transport header.</td>
</tr>
<tr>
<td>To</td>
<td>Indicates the intended message recipient.</td>
</tr>
<tr>
<td>From</td>
<td>Indicates the sender of the message.</td>
</tr>
<tr>
<td>Message ID</td>
<td>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.</td>
</tr>
<tr>
<td>Relates To Message ID</td>
<td>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.</td>
</tr>
<tr>
<td>Sent time</td>
<td>The time and date of the transmission. In the format CCYY-MM-DDThh:mm:ss.</td>
</tr>
</tbody>
</table>
### A.4 NCPDP Response Body Document Definitions

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Script Rx History Response</td>
<td>Wraps body of Response Approval/Denied</td>
</tr>
<tr>
<td>Response</td>
<td>Wraps SCRIPT request status</td>
</tr>
<tr>
<td>Approved</td>
<td>Indicates approval and wraps reference number. Only occurs if RxHistoryRequest was approved.</td>
</tr>
<tr>
<td>Denied</td>
<td>Indicates denial and wraps reference number. Only occurs if RxHistoryRequest was denied.</td>
</tr>
<tr>
<td>Reference number</td>
<td>Request reference number. Echoed back from the RxHistoryRequest.</td>
</tr>
<tr>
<td>Patient section</td>
<td>Wraps patient information</td>
</tr>
<tr>
<td>Patient name</td>
<td>Wraps patient name</td>
</tr>
<tr>
<td>Last name</td>
<td>Patient last name</td>
</tr>
<tr>
<td>First name</td>
<td>Patient first name</td>
</tr>
<tr>
<td>Gender</td>
<td>Patient gender</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Wraps patient date of birth</td>
</tr>
<tr>
<td>Date</td>
<td>Patient date of birth, without time. Format=CCYY-MMDD (CC=Century YY=Year MM=Month DD=Day)</td>
</tr>
<tr>
<td>Address</td>
<td>Wraps patient address</td>
</tr>
<tr>
<td>Address line 1</td>
<td>First line of patient's address</td>
</tr>
<tr>
<td>Address line 2</td>
<td>Second line of patient's address. Use only if address line 1 exists.</td>
</tr>
<tr>
<td>City</td>
<td>City of patient address</td>
</tr>
<tr>
<td>State</td>
<td>State of patient address</td>
</tr>
<tr>
<td>Zip code</td>
<td>Zip code of patient address. 5 or 9 digits</td>
</tr>
<tr>
<td>Benefits coordination</td>
<td>Wraps consent information</td>
</tr>
<tr>
<td>Medication dispensed1</td>
<td>Wraps the information for one medication dispensed. May occur up to 300 times.</td>
</tr>
<tr>
<td>Drug description</td>
<td>Description of the drug</td>
</tr>
<tr>
<td>Drug coding</td>
<td>Wraps drug coding information</td>
</tr>
<tr>
<td>Product code</td>
<td>Wraps drug coding information</td>
</tr>
<tr>
<td>Drug code</td>
<td>Drug code; type of code is qualified by the drug code qualifier. Typically an NDC code.</td>
</tr>
<tr>
<td>Drug quantity</td>
<td>Wraps drug quantity information</td>
</tr>
<tr>
<td>Quantity value</td>
<td>The numeric quantity of drug prescribed.</td>
</tr>
<tr>
<td>Quantity qualifier</td>
<td>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</td>
</tr>
<tr>
<td>Unit Source Code</td>
<td>Unit of measure code for the given quantity value.</td>
</tr>
<tr>
<td>Unit Potency Code</td>
<td>Unit Potency Code</td>
</tr>
<tr>
<td>Days supply</td>
<td>Days supply</td>
</tr>
<tr>
<td>Substitutions</td>
<td>Substitutions</td>
</tr>
<tr>
<td>Written date</td>
<td>This wraps the date written</td>
</tr>
<tr>
<td>Date</td>
<td>Written date of prescription without the time. Format=YYYY MM DD</td>
</tr>
<tr>
<td>Data Element</td>
<td>Definitions</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Last fill date</td>
<td>This wraps the last fill date</td>
</tr>
<tr>
<td>Date</td>
<td>Last fill date of the prescription without the time. Format= YYYY MM DD</td>
</tr>
<tr>
<td>Pharmacy 2</td>
<td>This wraps pharmacy information</td>
</tr>
<tr>
<td>Identification</td>
<td>This wraps pharmacy identifying information</td>
</tr>
<tr>
<td>Identification data</td>
<td>Pharmacy identifying information including NCPDP ID, DEA number</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>Pharmacy name</td>
</tr>
<tr>
<td>Pharmacy Address</td>
<td>Address information</td>
</tr>
<tr>
<td>Communication Numbers</td>
<td>This wraps Communication Numbers</td>
</tr>
<tr>
<td>Communication</td>
<td>This wraps communication data</td>
</tr>
<tr>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Qualifier</td>
<td>Qualifier</td>
</tr>
<tr>
<td>Prescriber information3</td>
<td>This wraps Prescriber information</td>
</tr>
<tr>
<td>Identification</td>
<td>This wraps prescriber identification information</td>
</tr>
<tr>
<td>Identifiers</td>
<td>Prescriber identifiers</td>
</tr>
<tr>
<td>Prescriber Name</td>
<td>This wraps Prescriber name information</td>
</tr>
<tr>
<td>Prescriber Name fields</td>
<td>Last and first names</td>
</tr>
<tr>
<td>Prescriber Address</td>
<td>This wraps prescriber address information</td>
</tr>
<tr>
<td>Address fields</td>
<td>Address information</td>
</tr>
<tr>
<td>History Source</td>
<td>History Source Wrapper</td>
</tr>
<tr>
<td>Source4</td>
<td>Source wrapper</td>
</tr>
<tr>
<td>Source qualifier</td>
<td>Source qualifier</td>
</tr>
<tr>
<td>Source Reference</td>
<td>Script reference wrapper</td>
</tr>
<tr>
<td>Reference Information</td>
<td>Reference information fields</td>
</tr>
<tr>
<td>Source Reference</td>
<td>Source Reference data</td>
</tr>
<tr>
<td>Fill number</td>
<td>Fill number information</td>
</tr>
</tbody>
</table>