PHARMACY REENGINEERING (PRE) Version 0.5 Pre-Release

Implementation Guide

PSS*1*129 & PSS*1*147

February 2010

Department of Veterans Affairs
Office of Enterprise Development

Revision History

Date	Revised Pages	Patch Number	Description
02/2010	All	PSS*1*147	Added Revision History page. Updated patch references to include PSS*1*147. Described files, fields, options and routines added/modified as part of this patch. Added Chapter 5, Additive Frequency for IV Additives, to describe the steps needed to ensure correct data is in the new IV Additive REDACTED
01/2009	All	PSS*1*129	Original version REDACTED

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Introduction

Purpose

This Implementation Guide provides information needed to implement the Pharmacy Reengineering (PRE) Version 0.5 Pre-Release patch PSS*1*129 and Pre-Release Enhancements patch PSS*1*147. The intended audience for this document is the Pharmacy staff responsible for maintaining Pharmacy files.

In order to be able to implement a portion of the enhanced order checking functionality, specifically the new dosing checks, the work required by this Pre-Release patch PSS*1*129 and Pre-Release Enhancements patch PSS*1*147 must be completed.

Project Description

The PRE V. 0.5 project will deliver enhanced order checking functionality utilizing Health*e*Vet (H*e*V) compatible architecture to the field and address some Patient Safety Issues (PSI) regarding order checks. PRE V. 0.5 will implement the enhanced order checking accomplished in 2006 with the development of the Proof -Of-Concept (POC). Services provided by First DataBank (FDB), our current drug database vendor, will be utilized. A Pre-Release will be delivered to allow for file mapping, setup, and review in preparation of the new dosing checks to be implemented in PRE V. 0.5. A Graphical User Interface (GUI) application will be developed to allow for customization of FDB standard reference tables used in the enhanced order checking. The GUI application will be utilized by the National Drug File (NDF) Manager or designee to update the FDB custom tables. In the future, access will be given to local users to request custom changes. A process via File Transfer Protocol (FTP) to update local/regional instances of FDB standard and custom tables from a national database will also be provided.

Enhanced Order Checking Features for PRE V. 0.5:

- Enhanced drug-drug interaction order check to provide the clinician with more information by displaying a short description of the clinical effects of the drug interaction and providing an optional view of a detailed professional drug interaction monograph
- The *Enter/Edit Local Drug Interaction* [PSS INTERACTION LOCAL ADD] option will be deleted
- Create a new option called *Request Changes to Enhanced Order Check Database* to allow custom requests by pharmacy users
- The *Edit Drug Interaction Severity* [PSS INTERACTION SEVERITY] stand alone option will be deleted
- Enhanced duplicate therapy order check to utilize FDB's Enhanced Therapeutic Classification System which allows for multiple classes per drug

- New Maximum Single Dosage order check
- New Daily Dosage Range order check
- Provide general dosing information for a drug when dosage checks cannot be performed
- Incorporate new dosage checks within Outpatient Pharmacy verification options
- Redesign drug interaction and duplicate therapy order check display warnings and action prompts for Inpatient Medications (IV and Unit Dose) application to minimize user confusion (PSI-07-080)
- Add new intervention types to accommodate interventions added for dosage checks
- Order check display sequence changes for efficiency and consistency between Outpatient Pharmacy and Inpatient Medications applications (PSI-07-080)
- Order check information display changes for consistency between Remote Data Interoperability (RDI) and local medication order information and for improved readability and processing
- Provide error messages at the system, drug or order level when order checks cannot be performed
- Send a priority notification message to a mail group when FDB link is down
- Ability to perform drug-drug interaction, duplicate therapy and dosing order checks on PreMix solutions (PSI-06-01)
- Provide a quick and timely notification display of recently discontinued/expired outpatient and inpatient medication orders
- Provide quick identification of the action on the medication profile by which an outpatient or inpatient order was discontinued or held
- Provide display changes to Duplicate Drug Order Check for outpatient pharmacy to be consistent with the enhanced Drug Interaction and Duplicate Therapy Order Checks
- Remove Duplicate Drug Order Check from Inpatient Medications application; all duplicate drug orders will be presented as duplicate therapy warnings
- Provide Intervention Menu hidden action on additional ListMan order screens for both Outpatient Pharmacy and Inpatient Medications applications
- Addition of three new Computerized Patient Record System (CPRS) (OE./RR) V. 3.0 Order Checks (Aminoglycoside Ordered, Glucophage Lab Results, and Dangerous Meds for Patient >64) to Pharmacy backdoor order checks
- Provide an option to allow a user to check to see if the link to the FDB database is up or down
- Provide consistency between Allergy/ADR order check displays in Outpatient Pharmacy and Inpatient Medications
- Allow the user to take action after an Allergy/ADR order check is displayed for Inpatient Medications application

- Provide user notifications of updates/additions within Standard Medication Routes file
- Create/Modify Application Programmers Interfaces (APIs) (i.e. CPRS, etc) in M environment to support order check enhancements
- Provide an option to allow a user to disable/enable the connection to the vendor database
- Provide an option to ensure that the connection to the vendor database is operational and that the enhanced order checks can be executed successfully
- Provide option to keep track of when and for how long the vendor database connection is unavailable

H*e*V Construction includes:

- Component(s) to utilize services provided by a commercial drug database to support Legacy VistA order check changes

The enhancements to drug-drug interactions, duplicate therapy, duplicate drug order checks and introduction of new dosing order checks will also be incorporated within the CPRS application.

Scope

The purpose of this PRE V.0.5 Pre-Release patch is to have sites perform some preparation work for the upcoming release of the Pharmacy Reengineering (PRE) Version 0.5 order check enhancements. Enhancing current Drug-Drug interaction and Duplicate Class order checks, as well as introducing new dosing order checks will be accomplished by utilizing a First DataBank (FDB) Drug Information Framework (DIF) database and APIs. Interfacing to FDB's database and utilizing their APIs requires some mapping to be performed between VistA files and FDB tables. Local Medication Routes will have to be mapped to a Standard Medication Route which is mapped to an FDB table entry. In order to be able to perform dosing checks on a Local Possible Dosage, which is free text, sites will be asked to break down each Local Possible Dosage into a Numeric Dose and Dose Unit. The FREQUENCY (IN MINUTES) field (#2) of ADMINISTRATION SCHEDULE file (#51.1) and the FREQUENCY (IN MINUTES) field (#31) of the MEDICATION INSTRUCTION file (#51) will require review to ensure they have been populated, if appropriate. The frequency is necessary when executing a daily dose range check on a prescribed drug within an order. Sites will be asked to identify IV Solutions that are considered as PreMixes so that they can be included in order checks.

Patch PSS*1*147 – Pre-Release Enhancements creates a new ADDITIVE FREQUENCY field (#18) in the IV ADDITIVES file (#52.6). During the post-init the patch will auto populate the field with data. A new IV Additive Report [PSS ADDITIVE REPORT] is provided for users to review the data for accuracy and edit if necessary. This new field will be used to provide a default value for the ADDITIVE FREQUENCY field in CPRS for the IV Fluid dialog when continuous IV orders with additives are entered.

Pharmacy Data Management V.1.0 package, PSS*1*129 and PSS*1*147 patches, create new fields and files and provide reports and options to assist in the population and maintenance of data necessary for the future installation of the Enhanced Order Checks PRE V. 0.5 project patches for

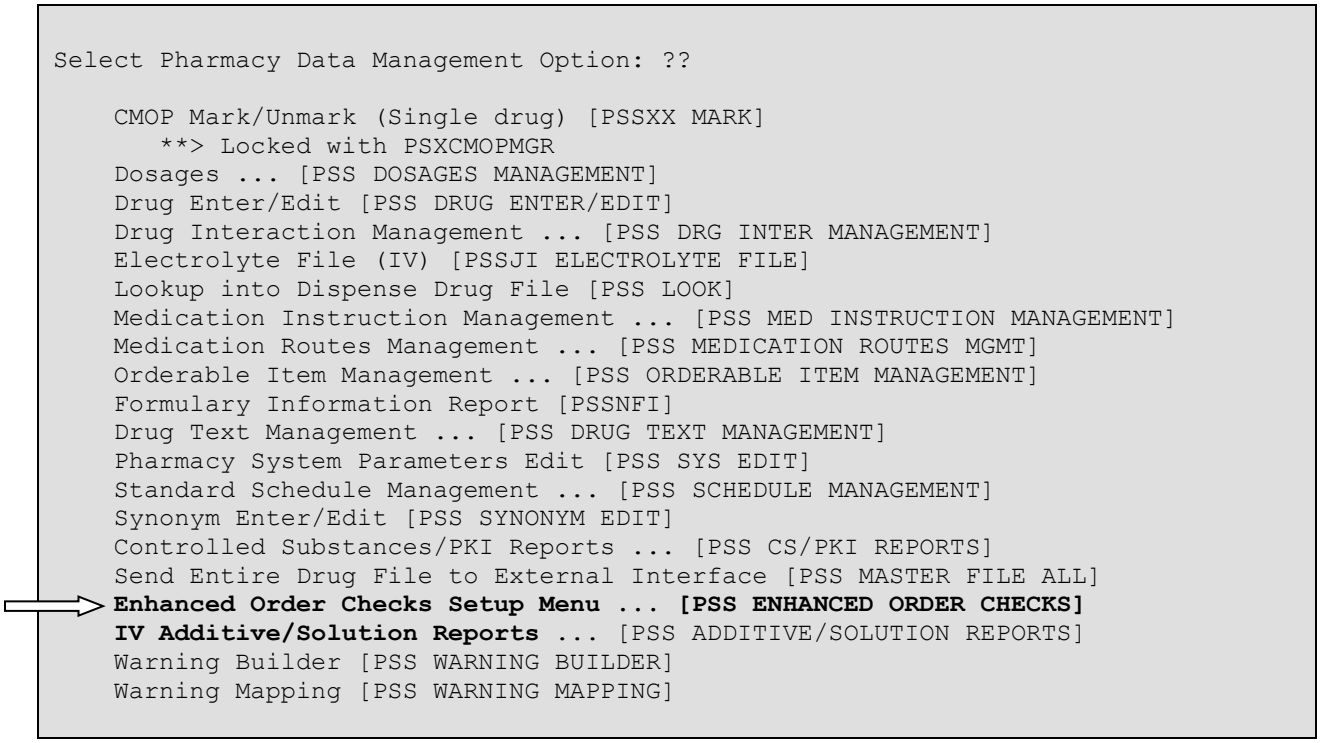
Pharmacy Data Management V. 1.0, Inpatient Medications V. 5.0, Outpatient Pharmacy V. 7.0 and CPRS.

Menu Changes

A new *Enhanced Order Checks Setup Menu* has been created under the main *Pharmacy Data Management* menu. The existing *Pharmacy Data Management* menu has been restructured to add some of the same new reports and options on the *Enhanced Order Checks Setup Menu*. The *Enhanced Order Checks Setup Menu* will be deleted once PRE V. 0.5 is released. Details on the new and modified options can also be found in the *Pharmacy Reengineering (PRE) V.0.5 Pre-Release Release Notes*, *Pharmacy Data Management (PDM) V.1.0 User Manual* and *Pharmacy Data Management (PDM) V.1.0 Technical Manual*.

Pharmacy Data Management menu (Restructured)

[PSS MGR]



Enhanced Order Checks Setup Menu (New)

[PSS ENHANCED ORDER CHECKS]

```
Select Pharmacy Data Management Option: ENHANCed Order Checks Setup Menu

    Find Unmapped Local Medication Routes [PSS MED ROUTES INITIAL MAPPING]
    Map Local Medication Route to Standard [PSS MAP ONE MED ROUTE]
    Medication Route Mapping Report [PSS MED ROUTE MAPPING REPORT]
    Medication Route File Enter/Edit [PSS MEDICATION ROUTES EDIT]
    Medication Route Mapping History Report [PSS MED ROUTE MAPPING CHANGES]
    Request Change to Standard Medication Route [PSS MEDICATION ROUTE REQUEST]
    Find Unmapped Local Possible Dosages [PSS LOCAL DOSAGES EDIT ALL]
    Map Local Possible Dosages [PSS LOCAL DOSAGES EDIT]
    Local Possible Dosages Report [PSS LOCAL POSSIBLE DOSAGES]
    Strength Mismatch Report [PSS STRENGTH MISMATCH]
    Enter/Edit Dosages [PSS EDIT DOSAGES]
    Request Change to Dose Unit [PSS DOSE UNIT REQUEST]
    Mark PreMix Solutions [PSS MARK PREMIX SOLUTIONS]
    IV Solution Report [PSS IV SOLUTION REPORT]
    Administration Schedule File Report [PSS SCHEDULE REPORT]
    Medication Instruction File Report [PSS MED INSTRUCTION REPORT]
```

IV Additive/Solution Reports (New)

[PSS ADDITIVE/SOLUTION REPORTS]

```
Select Pharmacy Data Management Option: IV Additive/Solution Reports

     IV Additive Report (New)
     IV Solution Report
```

NOTE: These options do not affect the current functionality of the Inpatient Medications, Outpatient Pharmacy, or CPRS applications.

Functionality

Functionality of the PRE V. 0.5 Pre-Release (PSS*1*129) and Pre-Release enhancements (PSS*1*147) patches can be divided into five areas:

1. **Local Medication Route Mapping**
2. **Local Possible Dosage Setup**
3. **Frequency Review**
4. **Identify IV Solution PreMixes**

5. Enter/Edit Additive Frequency for IV Additives

Of these five, the area that will command the most time is the Local Possible Dosage Setup. In order to accurately perform dosage checks, it is very important that each Local Possible Dosage be broken down to an appropriate Dose Unit and corresponding Numeric Dose.

Each of the five affected areas is discussed in detail below.

1. Local Medication Route Mapping

In order to perform a dosage check, the medication route by which a medication is given must be taken into account. Since the First DataBank (FDB) database is utilized to perform the dosage checks, we need to map our Local Medication Routes in VistA to an FDB Route. A new STANDARD MEDICATION ROUTES file (#51.23) was created in VistA to accomplish this. This file has been standardized by Standards and Terminology Service (STS) and mapped to an FDB Route. Options have been provided for sites to map each Local Medication Route that is marked for 'All Packages' to an active Standard Medication Route. Reports have also been provided to review the mappings. When dosage checks are performed, the software will use this mapping to pass the equivalent FDB Route for the Local Medication Route that was specified in the medication order for the drug to the interface. If the Local Medication Route is not mapped, dosage checks will not be performed. The user entering the order will be informed that the dosage check was not performed and the reason why. In this case, general dosing information cannot be provided to the user either. If a Local Medication Route cannot be mapped because a corresponding Standard Medication Route is not available, an option to request a new Standard Medication Route or change an existing one is provided.

Appendix E provides examples of Local Medication Route Mappings to a Standard. When mapping, if it is not clear as to which Standard Medication Route one should map their Local Medication Route to, use the following guidelines:

(1) The first thing you should look at is the drugs being ordered with that Local Medication Route. By what route are they normally administered? For example, a Local Medication Route of 'Affected Area' is usually used with topical drugs. The most appropriate Standard Route to map the Local Medication Route of 'Affected Area' would be 'Topical'.
(2) If you have Local Medication Routes defined that are used when ordering supplies, map to the Standard Medication Route of 'NOT APPLICABLE'.
(3) Local Medication Routes that are combinations, i.e. Intramuscularly or By Mouth should be mapped to the Standard Medication Route of 'NOT APPLICABLE'.
(4) In some cases, you may not find the exact Local Medication Route term in the Standard Medication Route file to map to. However, there may be a Standard Medication Route that is comparable to map to that is named differently. For example, the Local Medication Route of 'Percutaneous' can be mapped to the Standard Medication Route of 'Transdermal' and a Local Medication Route of 'Intra-Abdominal' can be mapped to 'Intraperitoneal'.
(5) In some cases, there will just be no appropriate Standard Medication Route to map to. In those cases, leave the Local Medication Route unmapped. For example, it would be appropriate to leave a Local Medication Route of 'Intrathoracic' or 'Intrafollicular' unmapped. If any drugs are being ordered using that particular Local Medication Route, and

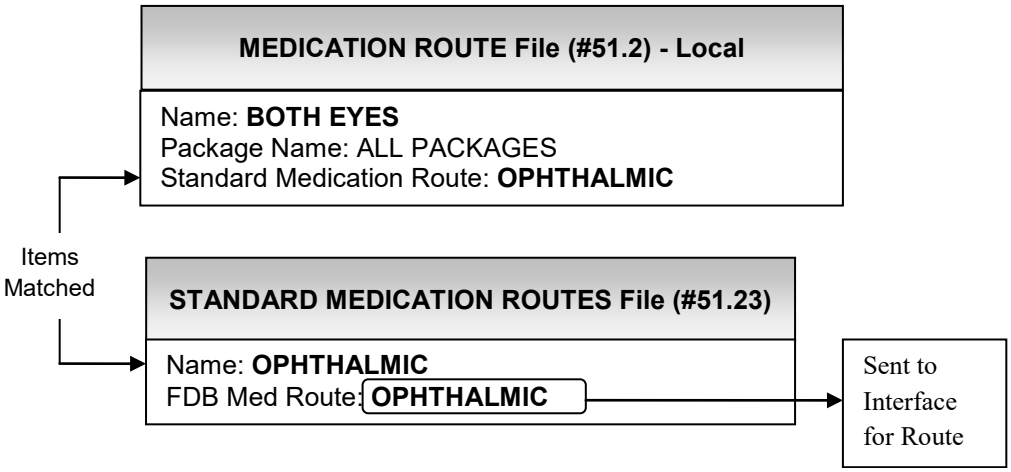
you feel that it should be added to the Standard Medication Route file, please submit your request at the following website: REDACTED.

Some auto population will be performed during the post-init of the Pre-Release patch installation. The software will attempt to map a Local Medication Route that is marked for 'All Packages' to a Standard Medication Route based on developed business rules. Sites need to review this auto mapping for accuracy.

Appendix A provides a list of all Standard Medication Routes and corresponding FDB Route mapping initially released with the Pre-Release patch. Since then there have been additions pushed out by the New Term Rapid Turnaround (NTRT) process. For a complete listing use FileMan to print the NAME field (#.01) and FIRST DATABANK MED ROUTE field (#1) from the STANDARD MEDICATION ROUTES file (#51.23).

Example:

Order SIG: INSTILL 2 DROP(S) in BOTH EYES TWICE DAILY



The software will look at the Local Medication Route that is in the medication order and find the Standard Medication Route that it is mapped to. It will then look in the STANDARD MEDICATION ROUTES file (#51.23) to locate the equivalent FDB Route to send to the interface.

If no mapping to a Standard Medication Route is found, no dosage checks will be performed, the user will see a message informing them and a reason why.

There is no current functionality to allow the inactivation of a Local Medication Route. If you do not want a Local Medication Route to be selectable for order entry, mark the PACKAGE USE field for 'National Drug File Only'. No further action is needed. This will also make it ineligible for mapping. You do NOT need to delete the Local Medication Route if associated with a dosage form from the DOSAGE FORM file (#50.606).

2. Local Possible Dosage Setup

In order to perform a dosage check, a Dose Unit and Numeric Dose are required. The software can take a Possible Dosage and break it down to a Numeric Dose and Dose Unit; however it cannot do the same for a Local Possible Dosage because it is a free text entry. Two new fields, NUMERIC DOSE (#5) and DOSE UNIT (#4) have been created in the LOCAL POSSIBLE DOSAGE multiple (#50.0904) of the DRUG file (#50). Sites will have to review all their Local Possible Dosages and populate the Dose Unit and corresponding Numeric Dose fields.

A new DOSE UNITS file (#51.24) was created in VistA to accomplish the mapping to FDB. All entries in this file have been mapped to an FDB Dose Unit. Although this file has not yet been

standardized by STS, no local editing will be allowed. When populating the Dose Unit field for a Local Possible Dosage, selection will be from this new file.

A new field, EXCLUDE FROM DOSAGE CHECKS (#11), was created in the DOSAGE FORM file (#50.606) to allow a dosage form to be excluded from dosage checks. Dosage checks will not be performed on a drug that is associated with a dosage form excluded from dosage checks. A list of Dosage Forms to be excluded has been determined and a listing is provided in Appendix C. In some cases all VA products associated with a dosage form did not belong to the 'exclude' or 'not exclude' category. In order to deal with these exceptions, the National Drug File patch (PSN*4*169) which is required for the Pre-Release patch will create a new field, OVERRIDE DF DOSE CHK EXCLUSION (#31), in the VA PRODUCT file (#50.68) to allow overriding of this dosage form exclusion for a VA Product. For example, if the dosage form is set to be excluded from dosage checks and the override field in the VA PRODUCT file is set to 'Yes', a dosage check will be performed on a dispense drug that is matched to this VA Product. If data is missing in either the EXCLUDE FROM DOSAGE CHECKS field in the DOSAGE FORM file or the OVERRIDE DF DOSE CHK EXCLUSION field in the VA PRODUCT file, dosage checks will be performed. An initial list of VA Products that have the new OVERRIDE DF DOSE CHK EXCLUSION field (#31) set to 'Yes' is provided in Appendix D.

Below is a table to describe how the values of the two new fields determine whether dosage checks will be performed on a drug.

The null values represent fields with missing data.

Dosage Form Field – Exclude from Dosage Checks	**VA Product Field – OVERRIDE DF DOSE CHK EXCLUSION**	**Dosage Check Performed? (Y/N)**
Yes	No	No
Yes	Yes	Yes
No	No	Yes
No	Yes	No
Null	No	Yes
Null	Yes	Yes
Yes	Null	Yes
No	Null	Yes
Null	Null	Yes

Some auto population will be performed during the post-init of the Pre-Release patch installation. The software will attempt to populate the Numeric Dose and Dose Unit fields for Local Possible Dosages that are defined for drugs eligible for dosing checks based on developed business rules. Sites need to review this auto population for accuracy. Drugs that are NOT eligible for dosing checks are:

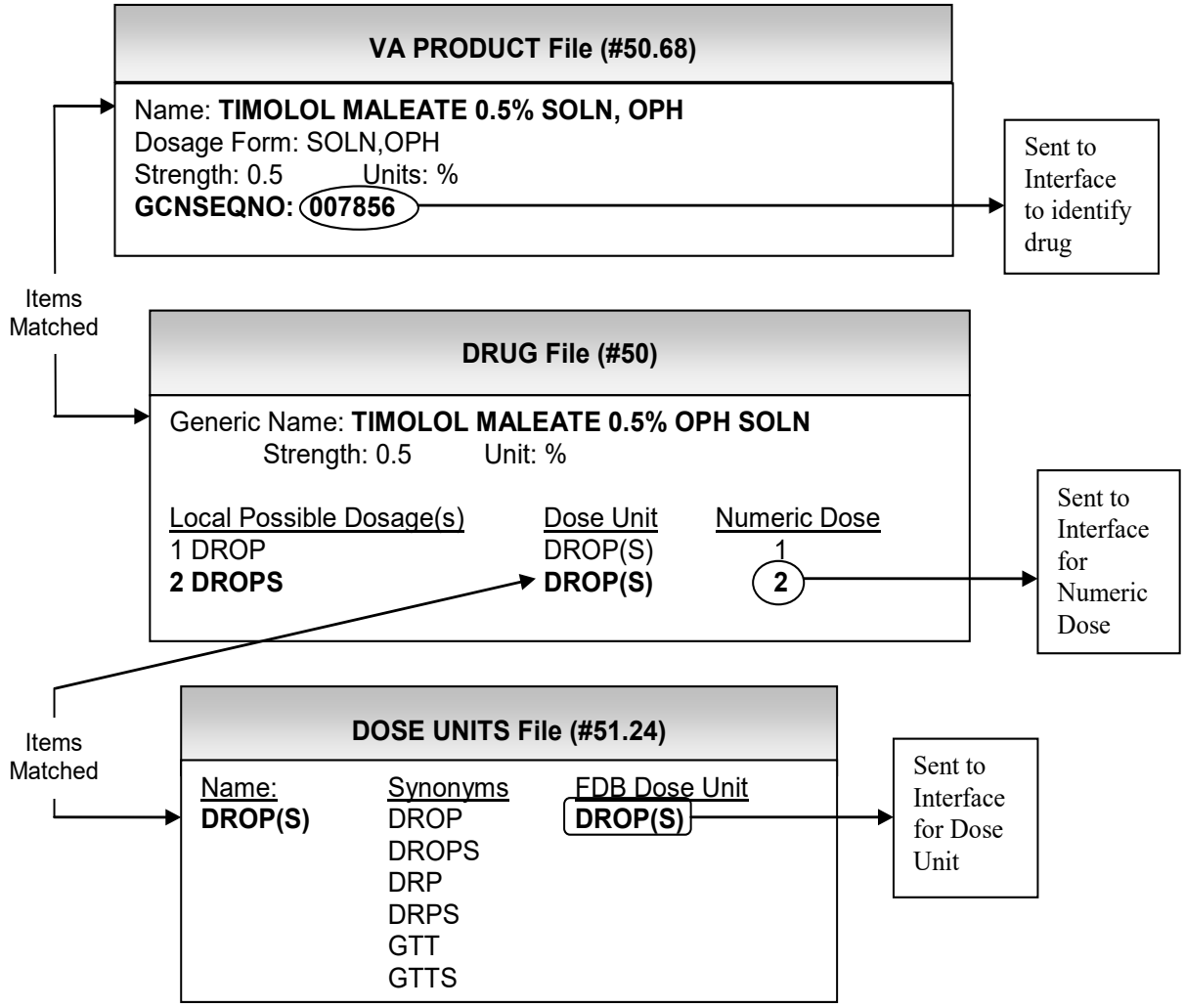
(1) Inactive
(2) Not Matched to NDF
(3) Associated with a dosage form that is excluded from dosage checks and matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field (#31) set to 'No'.

(4) Marked as a supply item ('S' in DEA, SPECIAL HDLG field or assigned a VA Drug Class starting with an 'XA')

(5) Associated with a dosage form that is NOT excluded from dosage checks, but is matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'.

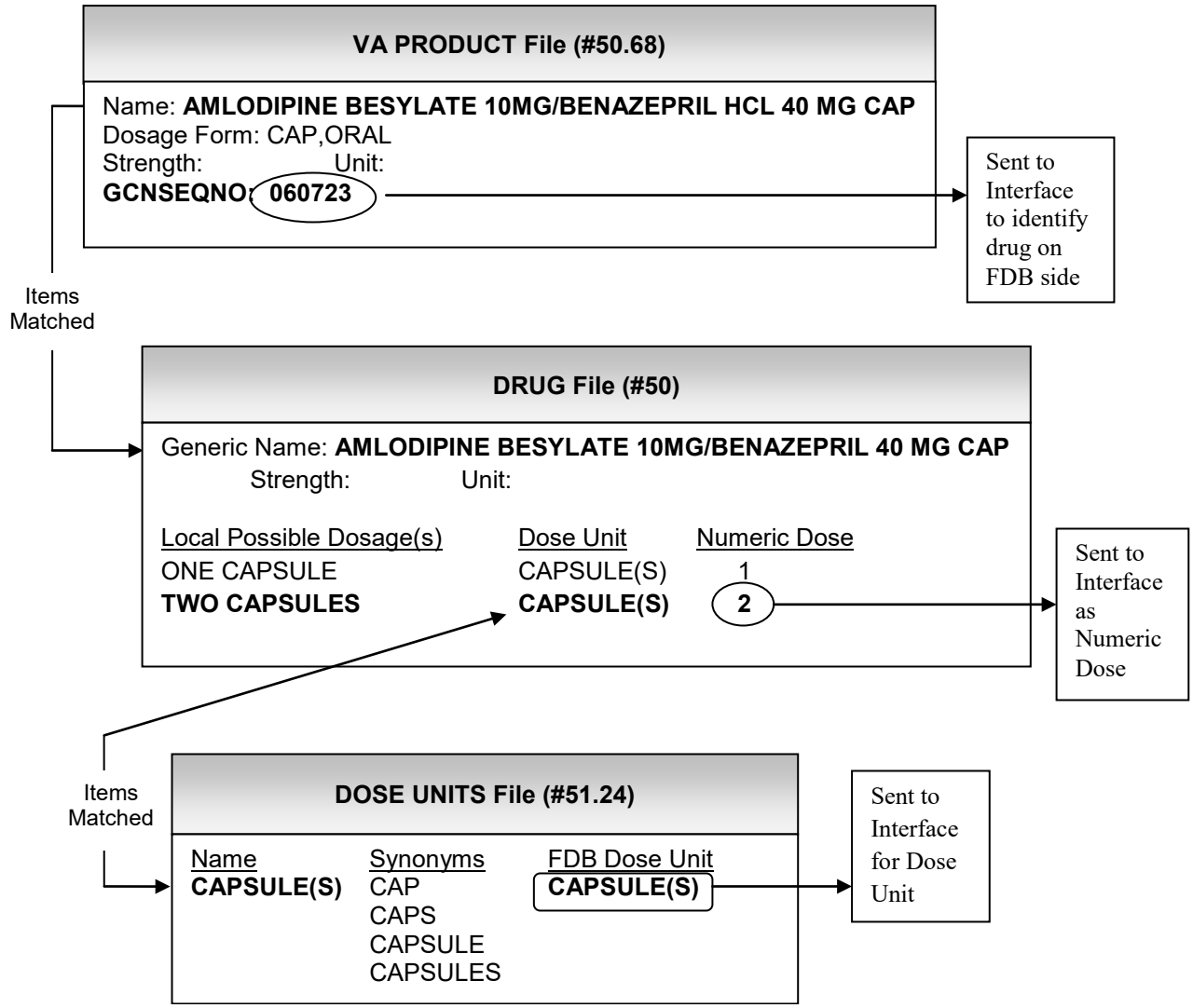
Appendix B provides a list of all Dose Units and corresponding FDB Dose Unit mapping. If a Dose Unit is not available for selection, an option to request a new Dose Unit or change an existing one is provided. VistA VA Products have been mapped to FDB drugs using the GCNSEQNO. The GCNSEQNO is an FDB drug identifier. It represents a generic formulation. It is specific to the generic ingredient(s), route of administration, dosage form, and strength. The Formulation ID (GCN), in some cases, may have the same value for different dosage forms, strengths, or non-active ingredient list differences and therefore may be linked to more than one GCNSEQNO. But a GCNSEQNO is unique in its association with each combination of factors. The GCNSEQNO is found for most Products in the VA PRODUCT file (#50.68) and is currently used to map a Product to a Patient Medication Instruction Sheet (PMIS) that is obtained from First DataBank (FDB).

Example 1:



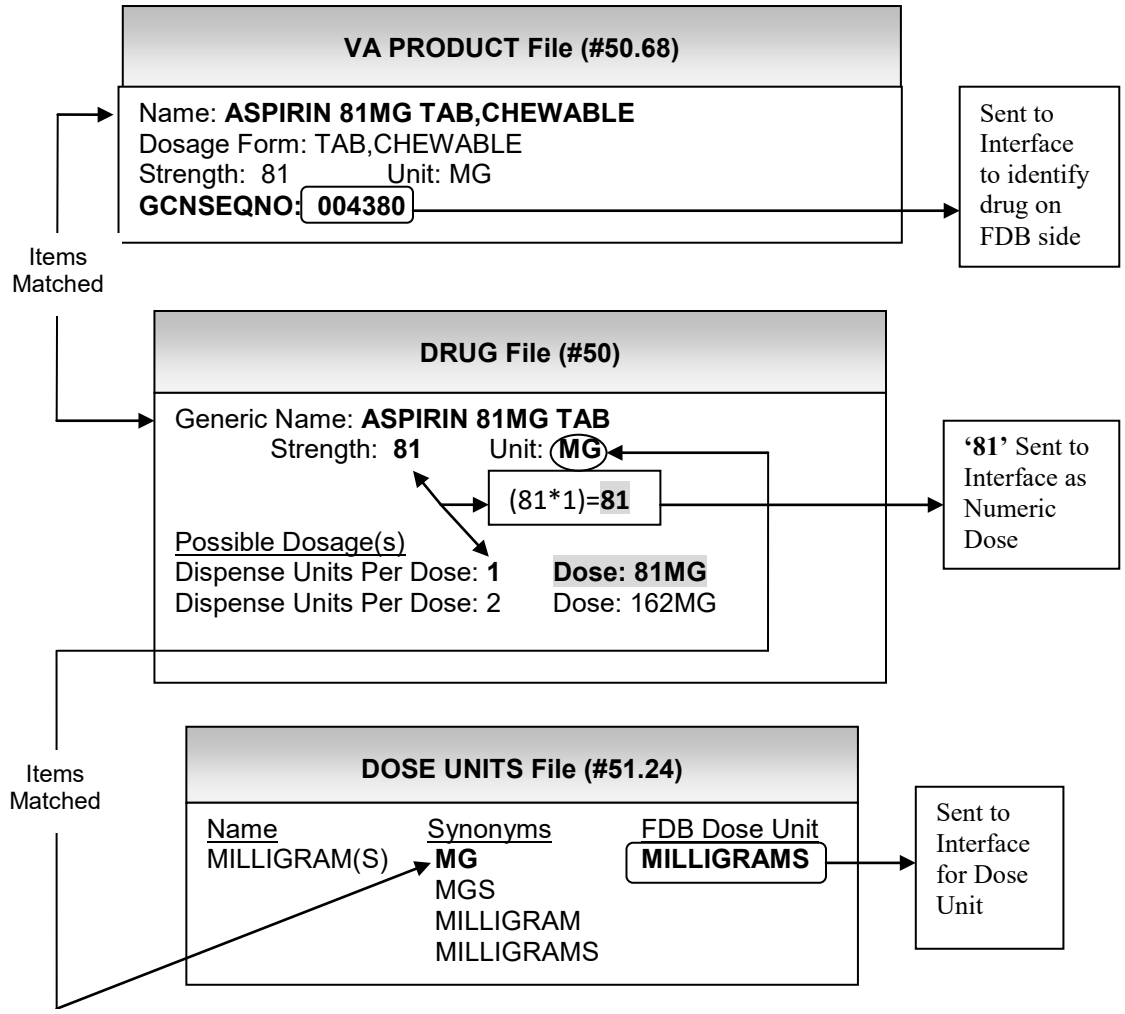
In this example, we identify the drug Timolol Maleate 0.5% Oph Soln to the FDB database by passing in the GCNSEQNO found for the VA product that the drug Timolol Maleate 0.5% Oph Soln is matched to. For the Local Possible Dosage of '2 DROPS' we have selected DROP(S) from the DOSE UNITS file as the Dose Unit and entered a '2' for the corresponding Numeric Dose which will be sent to the interface. The corresponding FDB Dose Unit 'DROP(S)' will be sent to the interface.

Example 2:



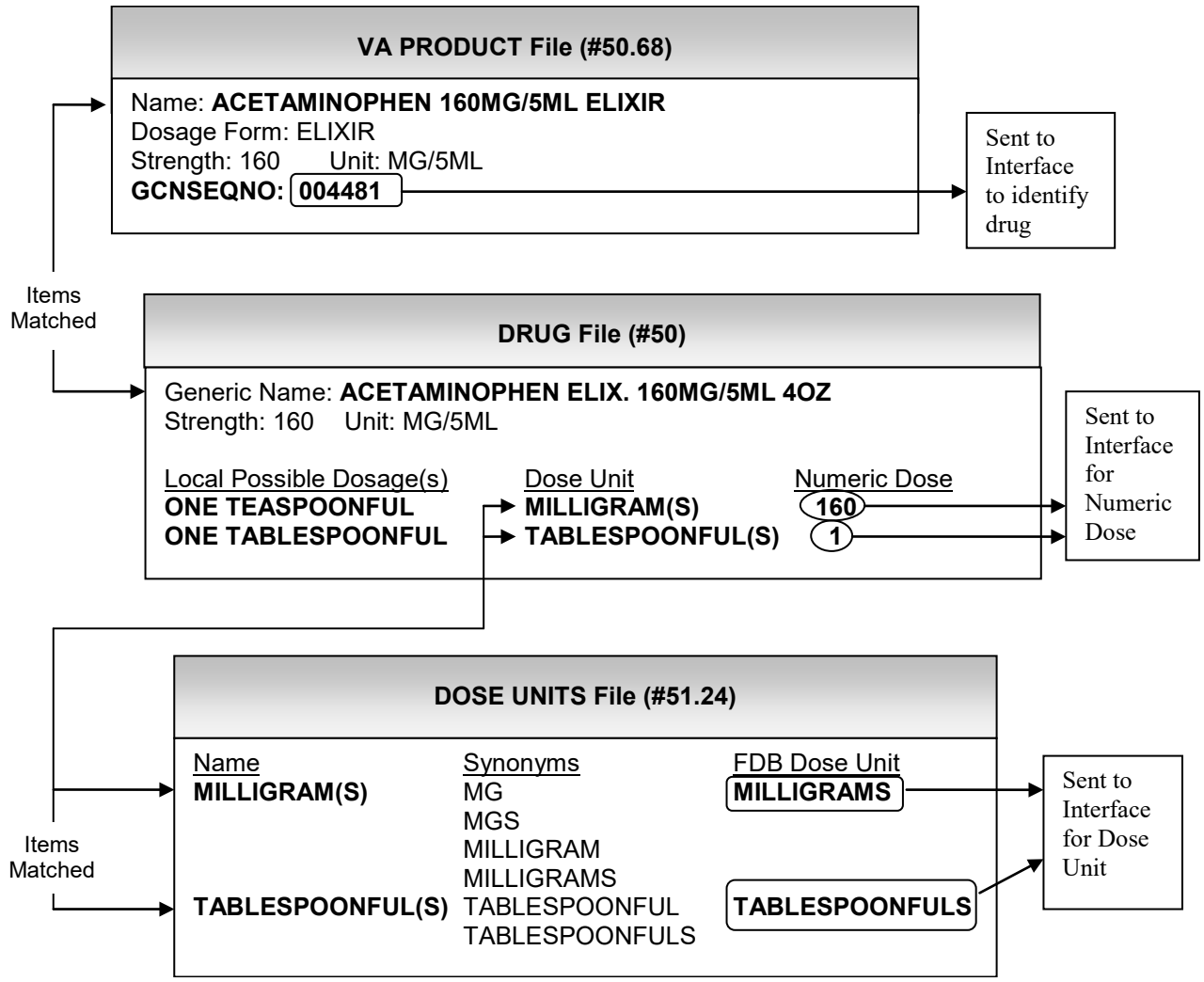
In this second example, for a combination product, Amlodipine Besylate 10mg/Benazapril 40mg cap the GCNSEQNO that is sent to the interface identifies the drug and strength. So when we send '2' for the Numeric Dose and CAPSULE(S) for the Dose Unit to the interface, it is understood what '2 CAPSULE(S)' represents.

Example 3:



An example of how a dosage check will be done on a Possible Dosage is given here. If a Possible Dosage of '81MG' is ordered, the software will use the unit identified in the DRUG file and do a look up in the DOSE UNITS File on the name and synonym fields. Once a match is found, we will take the corresponding FDB Dose Unit and send that to the interface. The Numeric Dose sent to the interface will be calculated by multiplying the Dispense Units per Dose by the Strength specified in the Drug File. The drug will be identified by the GCNSEQNO of the VA Product that it is matched to.

Example 4:



In some cases, more than one Dose Unit can be specified for a Local Possible Dosage. Let's look at the first Local Possible Dosage defined, 'ONE TEASPOONFUL'. In this case we could select a 'TEASPOONFUL(S)' or 'MILLIGRAM(S)' as a Dose Unit. Either would be acceptable, as long as the Numeric Dose is entered correctly for that Dose Unit. In the example above we chose 'MILLIGRAM(S)' for the Dose Unit with a corresponding Numeric Dose of '160'. For the second Local Possible Dosage defined, 'ONE TABLESPOONFUL', we could select 'TABLESPOONFUL(S)' or 'MILLIGRAM(S)'. In this case, we selected 'TABLESPOONFUL(S)' for the Dose Unit and assigned '1' as the Numeric Dose. For the second Local Possible Dosage, since 'TABLESPOONFUL(S)' was selected, the GCNSEQNO will identify the drug and strength within the FDB database, in order to be able to evaluate the dosage prescribed. For the first Local Possible Dosage, since 'MILLIGRAM(S)' was selected, the GCNSEQNO is needed to identify the drug, but not the strength.

Whatever Dose Unit is selected, should a message be returned indicating a problem with the dosage after the dosing check is performed; the message will contain the Dose Unit sent into the interface.

For example, if there was a problem with the dosages above, see the messages that would have been returned and displayed to the clinician:

For 160 MILLIGRAMS:

Single dose amount of XX MILLIGRAMS exceeds the maximum single dose amount of XXX MILLIGRAMS.

Total dose amount of XX MILLIGRAMS/DAY exceeds the dosing range of XXX MILLIGRAMS/DAY to XXX MILLIGRAMS/DAY.

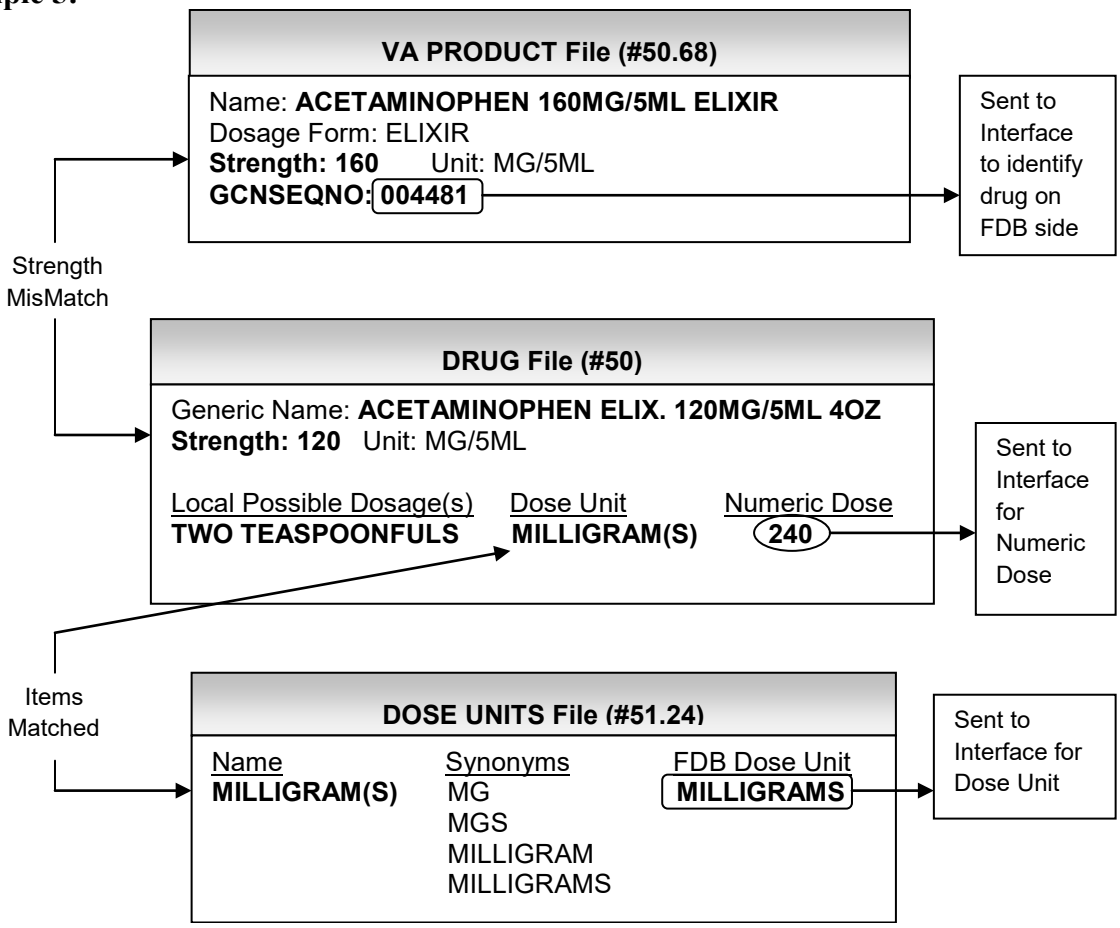
For 1 TABLESPOONFULS:

Single dose form amount of XX TABLESPOONFULS exceeds the maximum single dose form amount of XXX TABLESPOONFULS.

Total dose form amount of XX TABLESPOONFULS/DAY exceeds the dosing range of XXX TABLESPOONFULS/DAY to XXX TABLESPOONFULS/DAY.

The messages using the MILLIGRAMS Dose Unit may be more meaningful to the clinician vs. the TABLESPOONFULS Dose Unit.

Example 5:



In the final example above, if a strength mismatch exists between the strength in the DRUG file (#50) and the strength of the VA Product the drug is matched to; you need to be very careful when populating the Dose Unit and Numeric Dose fields. The Numeric Dose should reflect the strength that is defined for the drug in the DRUG file. Although for the Local Possible Dosage of 'TWO TEASPOONFULS' you can assign a Dose Unit of 'TEASPOONFUL(S)' or 'MILLIGRAM(S)', it is recommended that 'MILLIGRAM(S)' be selected with '240' entered as the Numeric Dose in order to have the dosage check evaluated correctly. The reason for this is that the GCNSEQNO that is passed in for the VA Product that the dispense drug is matched to reflects a different strength. If we had assigned 'TEASPOONFUL(S)' as the Dose Unit with a corresponding Numeric Dose of '2', the GCNSEQNO passed into the interface would identify the drug and strength as **ACETAMINOPHEN 160MG/5ML ELIXIR** and evaluate '2 TEASPOONFULS' as '320MG' instead of '240MG'.

3. Frequency Review

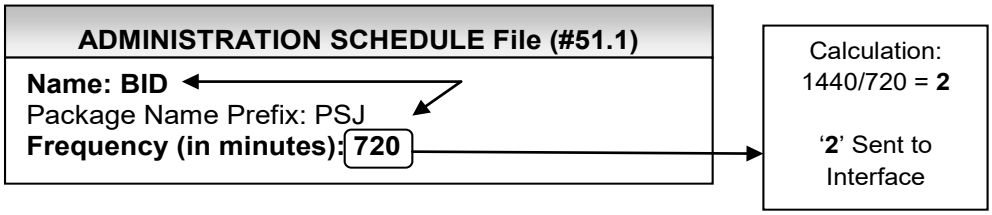
In order to perform a daily dose range check on a prescribed medication, the software needs to determine how many times per day the single dosage is taken. The FREQUENCY (IN MINUTES) field in the Administration Schedule and Medication Instruction File will be used to determine a frequency. If a schedule entered for a medication order is not found in either the Administration Schedule (marked with prefix of 'PSJ') or Medication Instruction files, or is found in one of those

two files but a frequency (in minutes) does not exist, a daily dose range check will not be performed. The user will be informed of this and a reason given as to why. A maximum single dose check will still be performed and general dosing information for the drug will be provided.

If the TYPE OF SCHEDULE for an Administration Schedule within an order is designated as ONE-TIME or ON CALL; or if the Schedule Type for a Unit Dose order is ONE-TIME or ON CALL only a maximum single dose check will be performed on the order and a frequency is not needed.

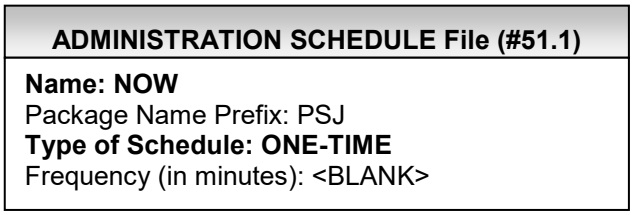
If the TYPE OF SCHEDULE for an Administration Schedule within an order is designated as DAY OF THE WEEK, the number of administration times will be used to determine the frequency in order to perform a daily dose range check. If none are defined, a frequency of '1' will be assumed.

Example 1:



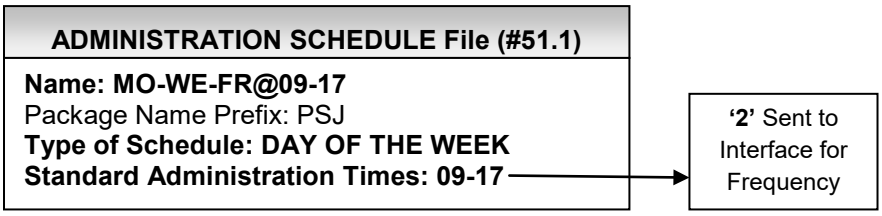
In the example above, the medication order specified the schedule of 'BID'. The software will first look at the Administration Schedule file to see if the entry is there. In this case BID was found. The software will then check to see if there is a value in the frequency (in minutes) field. In this case a value of '720' is present. The software will take the value '720' and divide it into '1440' which is the number of minutes for 24 hours to get the number of administrations per day. The result of '1440/720' is '2'. '2' will be sent to the interface for frequency.

Example 2:



In example 2, a schedule of 'NOW' was selected for an order. The TYPE OF SCHEDULE for this Administration Schedule has been designated as a ONE-TIME. In this case, it does not matter if there is a frequency defined. The software will not look at this field at all. If an order contains a schedule that is designated as a ONE-TIME or ON CALL in the type of schedule field or if a Unit Dose order has a ONE-TIME or ON CALL for the schedule type, the software will not be looking for a frequency. In these cases, the software will only perform a maximum single dose order check. A daily dose range check will not be performed. The frequency is needed for the daily dose range order check only.

Example 3:



In example 3, a schedule of 'MO-WE-FR@09-17' was selected for an order. The TYPE OF SCHEDULE for this Administration Schedule has been designated as a DAY OF THE WEEK. The software will determine the number of administration times defined for this schedule and that number will represent the frequency. In this example, two administration times of 09 and 17 have been defined for this DAY OF THE WEEK schedule. The frequency that will be sent to the interface is '2'.

4. Identify IV Solution PreMixes

A PreMix solution is an IV Solution that comes prepared from the manufacturer with additives. Some examples would be Heparin 25,000 units in 5% Dextrose 250ml or 5% Dextrose 0.45% Sodium Chloride with 20 MeQ Potassium Chloride 1000ml. Currently if such a drug is entered as an IV Solution for an IV order, it does not participate in order checks (i.e. drug-drug interactions, duplicate class, etc). If entered as an IV Additive it does. You can now enter these types of premixed drugs as IV Solutions and mark them as PreMixes and they will participate in order checks. Order checks will be performed on the dispense drug associated with the IV Solution.

If you have your PreMix solutions set up as IV Additives or set up as an IV Additive and IV Solution in order to participate in order checks, you do NOT have to make any changes if you do not wish to. They will continue to participate in order checks when PRE V. 0.5 is released.

However, if you want to enter your PreMixes as IV Solutions and mark them as PreMixes you have two options:

(1) Make your file changes AFTER PRE V. 0.5 is installed.
(2) Make your file changes NOW, but keep them inactivated. Once PRE V. 0.5 is installed, you can delete the inactivation date and inactivate the IV additives or IV Additive and IV solution entries that you are replacing.

Remember, these changes will only be recognized by PRE V. 0.5 software.

5. Enter/Edit Additive Frequency for IV Additives

To facilitate accurate daily dose checking for a continuous IV Solution with IV Additives, the software must calculate the amount of an IV Additive that is administered to a patient over a 24 hour

period of time. In order to capture that information at the time the provider enters the IV order through the CPRS Continuous IV Dialog, software changes were required. PSS*1.0*147 creates a new ADDITIVE FREQUENCY (#18) field in the IV ADDITIVES (#52.6) file to provide a default value for a new additive frequency field in CPRS when continuous IV orders with additives are entered. The provider will have three choices for selection; '1 Bag/day', 'All bags', and 'See Comments'. If the provider selects 'See Comments', the software will check to make sure instructions are entered in the Provider comments field.

When the pharmacist finishes the order, the value entered in the additive frequency for an IV Additive will be transferred to the IV Additive bottle field. A '1 Bag/day' value will be represented as '1'; 'All bags' value will be represented as 'All' and 'See Comments' will be represented as 'All' with the understanding that the pharmacist will have to edit the bottle # field based on the provider instructions entered in the Provider comments.

These defaults will not start to appear in CPRS until Pharmacy Re-Engineering (PRE) V. 0.5 software is installed. Data for the IV Additive file will be auto-populated by a Post-Install routine for patch PSS*1*147 based on defined business rules. The selection values for the additive frequency in the IV Additive file will be '1 Bag/day', 'All Bags' or it can be left blank. The business rules for the auto population logic are as follows:

1. If the dispense drug associated with the IV Additive has a VA Drug Class assigned and the VA Drug Class code contains a 'VT', the additive frequency will be set to '1 Bag/day'.
2. If the dispense drug associated with the IV Additive has a VA Drug Class assigned and the VA Drug Class code does not contain a 'VT', the additive frequency will be set to 'All bags'.
3. If the dispense drug associated with the IV Additive does not a VA Drug Class assigned, the additive frequency will be left blank.

A new IV Additive Report [PSS IV ADDITIVE REPORT] option has also been added to allow review of the Additive Frequency data. Some guidance when reviewing the auto populated additive frequency:

1. If an IV Additive (i.e. MVI Inj) is always administered once per day, a value of '1 Bag/day' should be entered for the additive frequency.
2. If an IV Additive (i.e. Antibiotic; or Drug administered continuously such as Dopamine, Dobutamine) will always be placed in all IV Bags for an IV order, a value of 'All Bags' should be entered for the additive frequency.
3. If an IV Additive (i.e. Potassium Chloride) can be placed in all bags or sometimes in 1 or 2 bags for an IV order, leave the additive frequency blank.

This new field can be edited using the *Drug Enter/Edit* [PSS DRUG ENTER/EDIT] option or the *Additives File* [PSSJI DRUG] option.

Remember, changes to the CPRS software to display the Additive Frequency field with defaults from Pharmacy in the IV Dialog will only occur when the PRE V. 0.5 software is installed.

Steps

When installation of PSS*1*129 is complete a Mailman message is sent to the patch installer and anyone else who has been added to receive the message during patch installation. **Do not start manual mapping until confirmation has been received that the post-init is complete and this Mailman message has been received.**

```
Subj: PSS*1*129 Installation Complete  [#43593] 07/25/08@07:53  1 line
From: PSS*1*129 INSTALL  In 'IN' basket.   Page 1
-------------------------------------------------------------------------------
The Installation of patch PSS*1.0*129 is complete.

Enter message action (in IN basket): Ignore//
```

If you did not receive this Mailman message, contact your local IRM office. Possible causes for not receiving the message could be that the install is still running, you were not included as a recipient of the message or there is a problem and further investigation is required.

What follows is a summary of the steps that need to be completed within each functional area for the PRE V. 0.5 Pre-Release patch (PSS*1*129) and Pre-Release Enhancements patch (PSS*1*147). There is no specific order in which the functional areas need to be completed. The work must be completed in order for the new dosing checks implemented in PRE V.0.5 enhanced order check functionality to work. More detailed information on each option/report mentioned in each step is included later in the document.

Local Medication Route Mapping

Step 1: Using the *Medication Route Mapping Report* [PSS MED ROUTE MAPPING REPORT] option, print the report selecting "All Medication Routes." It will provide a look at the auto mapping that was performed during the post-init when the Pre-Release patch was installed. Review your Local Medication Routes that were mapped to a Standard Medication Route for accuracy. It will also display Local Medication Routes marked for "All Packages' that still require mapping to be performed. See Appendix A for a list of Standard Medication Routes that were released with the Pre-Release patch. Since then there have been additions pushed out by the New Term Rapid Turnaround (NTRT) process. For a complete listing, use FileMan to print the NAME field (#.01) and FIRST DATABANK MED ROUTE field (#1) from the STANDARD MEDICATION ROUTES file (#51.23).
See Appendix E for sample medication route mappings from test sites.

Step 2: After reviewing the report, you can begin mapping the rest of your unmapped Local Medication Routes. The *Find Unmapped Local Medication Routes* [PSS MED ROUTES INITIAL

MAPPING] option will identify all Local Medication Routes that require mapping and present them one by one for mapping.
Step 3: If while mapping you discover that a Standard Medication Route is not available for use, request it to be added to the Standard Medication Route list at the following website: REDACTED. The request will be reviewed and acted upon. The requestor will be informed of the outcome.

Step 4: Upon completion of the mapping or any time you need to review your Local Medication Route mappings for accuracy and completeness, rerun the report in Step 1. You can print all medication routes marked for 'All Packages' that are mapped or unmapped or just those that remain unmapped.

Step 5: After reviewing, if changes need to be made the following options can also be used:

Map Local Medication Route to Standard [PSS MAP ONE MED ROUTE] option – Allows the user to select a single medication route for quick mapping or remapping to a Standard Medication Route. No other medication route fields can be edited using this option.

Medication Route File Enter/Edit [PSS MEDICATION ROUTES EDIT] option –Allows the user to select a single medication route for editing of all fields pertaining to that route, including the mapping/remapping to a Standard Medication Route. This is the only option from which you can delete the mapping to a Standard Medication Route.

Step 6: If it is necessary to track mapping changes, the *Medication Route Mapping History Report* [PSS MED ROUTE MAPPING CHANGES] option is available. This report can provide all mapping changes for all medication routes or for a single route over a specified timeframe.

There is no current functionality to allow the inactivation of a Local Medication Route. If you do not want a Local Medication Route to be selectable for order entry, mark the PACKAGE USE field for 'National Drug File Only'. No further action is needed. This will also make it ineligible for mapping. You do NOT need to delete the Local Medication Route if associated with a dosage form from the DOSAGE FORM file (#50.606).

Local Possible Dosage Setup

Step 1: Using the *Local Possible Dosages Report* [PSS LOCAL POSSIBLE DOSAGES] option, print the report selecting "All Local Possible Dosages'. It will provide a look at the auto population of the Numeric Dose and Dose Unit fields that was performed during the post-init when the Pre-Release patch was installed. Review your Local Possible Dosages that were populated for accuracy. It will also display Local Possible Dosages that still require population. See Appendix B for a list of Dose Units that you will be able to select from. An example of a Local Possible Dosage Report is provided in Appendix F.

Step 2: After reviewing the report, you can begin populating the Numeric Dose and Dose Unit fields for the rest of your eligible Local Possible Dosages. The *Find Unmapped Local Possible Dosages*

[PSS LOCAL DOSAGES EDIT ALL] option will identify all Local Possible Dosages eligible for dosage checks that require population and present them one by one for processing.

Step 3: While populating the Numeric Dose and Dose Unit fields, if it is discovered that a Dose Unit needs to be changed or added to the DOSE UNITS file, use the *Request Change to Dose Unit* [PSS DOSE UNIT REQUEST] option to request it to be added to the DOSE UNITS file (#51.24). The request will be directed to the Outlook mail group REDACTED. The request will be reviewed and acted upon. The requestor will be informed of the outcome.

Step 4: Upon completion of the Local Possible Dosage population or at any time if you need to review your Local Possible Dosage population of the Numeric Dose and Dose Unit fields for accuracy and completeness, rerun the report in Step (1). You can print all Local Possible Dosages or those just missing data.

Step 5: After reviewing, if changes need to be made the following options can also be used;

Map Local Possible Dosages [PSS LOCAL DOSAGES EDIT] option – Allows the user to select a single drug and add/edit values for the Numeric Dose and Dose Unit fields for its Local Possible Dosages. No other data can be modified using this option.

Enter/Edit Dosages [PSS EDIT DOSAGES] option – Allows the user to edit all dosage related fields for a single drug. The Numeric Dose and Dose Unit fields have been added.

Drug Enter/Edit [PSS DRUG ENTER/EDIT] option – Allows user to add/edit all drug related fields for a single drug. This option was modified to allow editing of the Numeric Dose and Dose Unit fields.

In addition to drugs that are eligible for Dosage Checks, all three options above will allow a user to enter values in the Numeric Dose and Dose Unit fields for a Local Possible Dosage defined for an inactive drug or one that has not been matched to NDF.

Step 6: Two other reports that are available:

Strength Mismatch Report [PSS STRENGTH MISMATCH] option – This report will print Dosage information for all entries in the DRUG file (#50) that have a different Strength than what is in the VA Product file (#50.68) match. This report can only identify strength mismatches if the drug qualifies for Possible Dosages, and a strength has been defined in the DRUG file (#50).

Review Dosages Report [PSS DOSAGE REVIEW REPORT] option – The Numeric Dose and Dose Unit fields were added to display on this existing report.

Frequency Review

Step 1: Use the *Administration Schedule File Report* [PSS SCHEDULE REPORT] option to review that all appropriate administration schedules have the FREQUENCY (IN MINUTES) field defined. This report allows you to print all administration schedules or just those without a frequency defined.

Step 2: Use the *Standard Schedule Edit* [PSS SCHEDULE EDIT] option to add/modify data in the FREQUENCY (IN MINUTES) field.

Step 3: The *Administration Schedule File Report* [PSS SCHEDULE REPORT] option can be rerun as many times as needed.

Step 4: Use the *Medication Instruction File Report* [PSS MED INSTRUCTION REPORT] option to review that all appropriate medication instructions have the FREQUENCY (IN MINUTES) field defined. This report allows you to print all medication instructions or just those without a frequency defined.

Step 5: Use the *Medication Instruction File Add/Edit* [PSSJU MI] option to add/modify data in the FREQUENCY (IN MINUTES) field.

Step 6: The *Medication Instruction File Report* [PSS MED INSTRUCTION REPORT] option can be rerun as many times as needed.

Identify IV Solution PreMixes

Step 1: Use the *IV Solution Report* [PSS IV SOLUTION REPORT] option to review all your IV Solutions and identify the ones that are PreMixes. Initially when printing this report select to print "All IV Solutions'. This report allows one to also just print those IV Solutions marked as PreMixes.

Step 2: Use the *Mark PreMix Solutions* [PSS MARK PREMIX SOLUTIONS] option to mark an IV Solution as a PreMix. Other fields may also be edited using this option.

Step 3: The *IV Solution Report* [PSS IV SOLUTION REPORT] option can be rerun as many times as needed.

Step4: The following options have been modified to allow a user to mark an IV Solution as a PreMix:

Drug Enter/ Edit [PSS DRUG ENTER/EDIT] option – Allows user to add/edit all drug related fields for a single drug.

Primary Solution File (IV) [PSSJI SOLN] Stand alone option – Allows user to add/edit all IV Solution related fields.

Enter/Edit Additive Frequency for IV Additives

Step 1: Using the *IV Additive Report [PSS IV ADDITIVE REPORT]* option, print the report selecting "Print all IV Additives." It will provide a look at the auto mapping that was performed during the post-init when the PSS*1.0*147 patch was installed. Review the Additive Frequency data for

accuracy. This report allows one to also just print those IV Additives that have no value in the Additive Frequency field or those IV Additives that have a value of '1 BAG/DAY' in the Additive Frequency field.

Step 2: The following options have been modified to allow a user to edit the Additive Frequency field:

Drug Enter/ Edit [PSS DRUG ENTER/EDIT] option – Allows user to add/edit all drug related fields for a single drug.

Additives File [PSSJI DRUG] Stand alone option – Allows user to add/edit all IV Additive related fields.

Step 3: The *IV Additive Report* [PSS IV ADDITIVE REPORT] option can be rerun as many times as needed.

Chapter 1 – Local Medication Route Mapping

In order to perform a dosage check, the medication route by which a medication is given must be taken into account. Since the First DataBank (FDB) database is utilized to perform the dosage checks, we need to map our Local Medication Routes in VistA to an FDB Route. A new STANDARD MEDICATION ROUTES file (#51.23) was created in VistA to accomplish this. This file has been standardized by Standards and Terminology Service (STS) and mapped to an FDB Route. Options have been provided for sites to map each Local Medication Route that is marked for 'All Packages' to an active Standard Medication Route. Reports have also been provided to review the mappings. When dosage checks are performed, the software will use this mapping to pass the equivalent FDB Route for the Local Medication Route that was specified in the medication order for the drug to the interface. If the Local Medication Route is not mapped, dosage checks will not be performed. The user entering the order will be informed that the dosage check was not performed and the reason why. In this case, general dosing information cannot be provided to the user either. If a Local Medication Route cannot be mapped because a corresponding Standard Medication Route is not available, an option to request a new Standard Medication Route or change an existing one is provided.

Appendix E provides examples of Local Medication Route Mappings to a Standard. When mapping, if it is not clear as to which Standard Medication Route one should map their Local Medication Route to, use the following guidelines:

(1) The first thing you should look at is the drugs being ordered with that Local Medication Route. By what route are they normally administered? For example, a Local Medication Route of 'Affected Area' is usually used with topical drugs. The most appropriate Standard Route to map the Local Medication Route of 'Affected Area' would be 'Topical'.
(2) If you have Local Medication Routes defined that are used when ordering supplies, map to the Standard Medication Route of 'NOT APPLICABLE'.
(3) Local Medication Routes that are combinations, i.e. Intramuscularly or By Mouth should be mapped to the Standard Medication Route of 'NOT APPLICABLE'.
(4) In some cases, you may not find the exact Local Medication Route term in the Standard Medication Route file to map to. However, there may be a Standard Medication Route that is comparable to map to that is named differently. For example, the Local Medication Route of 'Percutaneous' can be mapped to the Standard Medication Route of 'Transdermal' and a Local Medication Route of 'Intra-Abdominal' can be mapped to 'Intraperitoneal'.
(5) In some cases, there will just be no appropriate Standard Medication Route to map to. In those cases, leave the Local Medication Route unmapped. For example, it would be appropriate to leave a Local Medication Route of 'Intrathoracic' or 'Intrafollicular' unmapped. If any drugs are being ordered using that particular Local Medication Route, and you feel that it should be added to the Standard Medication Route file, please submit your request at the following website: REDACTED.

Some auto population will be performed during the post-init of the Pre-Release patch installation. The software will attempt to map a Local Medication Route that is marked for 'All Packages' to a Standard Medication Route based on developed business rules. Sites need to review this auto mapping for accuracy.

Appendix A provides a list of all Standard Medication Routes and corresponding FDB Route mapping initially released with the Pre-Release patch. Since then there have been additions pushed out by the New Term Rapid Turnaround (NTRT) process. For a complete listing use FileMan to print the NAME field (#.01) and FIRST DATABANK MED ROUTE field (#1) from the STANDARD MEDICATION ROUTES file (#51.23).

The bolded options below are created specifically for the Local Medication Route Mapping tasks.

Enhanced Order Checks Setup Menu:

Find Unmapped Local Medication Routes
Map Local Medication Route to Standard
Medication Route Mapping Report
Medication Route File Enter/Edit
Medication Route Mapping History Report
Request Change to Standard Medication Route
Find Unmapped Local Possible Dosages
Map Local Possible Dosages
Local Possible Dosages Report
Strength Mismatch Report
Enter/Edit Dosages
Request Change to Dose Unit
Mark PreMix Solutions
IV Solution Report
Administration Schedule File Report
Medication Instruction File Report

The detailed descriptions of the options that follow are presented in the logical sequence to accomplish the file setup, not the order in which they are displayed on the menu.

Medication Route Mapping Report

[PSS MED ROUTE MAPPING REPORT]

The *Medication Route Mapping Report* [PSS MED ROUTE MAPPING REPORT] option displays the mapping between the Local Medication Route, the Standard Medication Route and the FDB Route.

You can choose to display all Local Medication Routes that are marked for 'All Packages' (that are mapped or unmapped) or unmapped Local Medication Routes (that are marked for 'All Packages'). The report will list alphabetically only those Local Medication Routes that are marked for 'All packages'.

- Report formatted for 132 column width

- Displays the Local Medication Route, the Standard Medication Route, the FDB Route and the outpatient expansion associated with the Local Medication Route
- Displays totals at the end of the report for the number of all Local Medication Routes (marked for 'All Packages') and the number of unmapped Local Medication Routes if the user chooses to display all Local Medication Routes. If only unmapped Local Medication Routes are chosen, only the total for the number of unmapped entries will be displayed
- Output can be sent to a printer or screen

User selects all Local Medication Routes

```
Medication Route Mapping Report

This report will print Medication Route mapping information for Medication
Routes marked for All Packages in the PACKAGE USE (#3) Field of the MEDICATION
ROUTES (#51.2) File.


     Select one of the following:

          A         ALL MEDICATION ROUTES
          O         ONLY UNMAPPED MEDICATION ROUTES

Enter 'A' for All Routes, 'O' for Only Unmapped Routes: O// ALL MEDICATION ROUTES

   This report is designed for 132 column format!

DEVICE: HOME// <ENTER>

MEDICATION ROUTES MAPPING REPORT                                          Page: 1

MEDICATION ROUTES (File 51.2)       STANDARD ROUTE       FDB ROUTE
    OUTPATIENT EXPANSION
-------------------------------------------------------------------------------
BY MOUTH                            ORAL                 ORAL

DENTAL                              DENTAL               DENTAL

EPIDURAL                            EPIDURAL             EPIDURAL

INTRA-URETHRAL                      URETHRAL             INTRA-URETHRAL

ORAL
    BY MOUTH


MEDICATION ROUTES MAPPING REPORT                       Page: 2

MEDICATION ROUTES (File 51.2)      STANDARD ROUTE     FDB ROUTE
    OUTPATIENT EXPANSION
-------------------------------------------------------------------------------

TOTAL LOCAL MEDICATION ROUTES = 5
TOTAL UNMAPPED LOCAL MEDICATION ROUTES = 1

End of Report.
```

User selects only unmapped Local Medication Routes

```
Medication Route Mapping Report


This report will print Medication Route mapping information for Medication
Routes marked for All Packages in the PACKAGE USE (#3) Field of the MEDICATION
ROUTES (#51.2) File.


     Select one of the following:

          A         ALL MEDICATION ROUTES
          O         ONLY UNMAPPED MEDICATION ROUTES

Enter 'A' for All Routes, 'O' for Only Unmapped Routes: O// <ENTER> NLY UNMAPPED MEDICAT
ION ROUTES

   This report is designed for 132 column format!

DEVICE: HOME// <ENTER>


MEDICATION ROUTES
 MAPPING EXCEPTION REPORT                                  Page: 1

MEDICATION ROUTES (File 51.2)
    OUTPATIENT EXPANSION
-------------------------------------------------------------------------------
BOTH EYES
    THIS IS A TEST

G TUBE

ORAL (BY MOUTH)
    BY MOUTH

SUBCUTANEOUS


MEDICATION ROUTES MAPPING EXCEPTION REPORT                                Page: 2

MEDICATION ROUTES (File 51.2)
    OUTPATIENT EXPANSION
-------------------------------------------------------------------------------

TOTAL UNMAPPED MEDICATION ROUTES = 4

End of Report.
```

Find Unmapped Local Medication Routes

[PSS MED ROUTES INITIAL MAPPING]

The *Find Unmapped Local Medication Routes* [PSS MED ROUTES INITIAL MAPPING] option identifies all medication routes in the MEDICATION ROUTES file (#51.2) that are marked for 'All Packages' but are not mapped to an active Standard Medication Route.

Every time an unmapped Local Medication Route is identified, it will be displayed and the user asked to select a Standard Medication Route to map it to.

Once a Standard Medication Route is selected, the First DataBank (FDB) route that the Standard Medication Route is mapped to will display.

If no selection for mapping is made, the next unmapped Local Medication Route will be displayed.

If the user enters an up-arrow (^) at the 'Select STANDARD MEDICATION ROUTES NAME' prompt, the system will ask if they want to continue. If the response is 'Yes', the system will display the next unmapped Local Medication Route. If the response is 'No', the system will check whether all Local Medication Routes have been mapped. If some are still unmapped, a message to that effect will display and the user referred to the *Medication Route Mapping Report* for details. If all Local Medication Routes have been mapped, a message to that effect will display.

Up-Arrow (^) exit with Remaining Unmapped Local Med Routes

```
Select Enhanced Order Checks Setup Menu Option: Find Unmapped Local Medication Routes

This option will find local Medication Routes marked for 'All Packages' not
mapped to a Standard Medication Route, and prompt you to map the local route.
This mapping is necessary to perform Dosage checks.

Searching for unmapped Med Routes...


Mapping local Med Route of 'INTRATHORACIC'

Select STANDARD MEDICATION ROUTES NAME: <ENTER>


Mapping local Med Route of 'ORAL SUBLINGUAL'

Select STANDARD MEDICATION ROUTES NAME: ^


Do you want to continue mapping Med Routes? Y// <ENTER> ES


Mapping local Med Route of 'RETROBULBAR'

Select STANDARD MEDICATION ROUTES NAME: ^

Do you want to continue mapping Med Routes? Y// NO


Checking for any remaining unmapped Local Med Routes...


There are still local Med Routes marked for 'All Packages' not yet mapped,
see the 'Medication Route Mapping Report' option for more details.


Press Return to continue:
```

All Local Med Routes Mapped

```
Select Enhanced Order Checks Setup Menu Option: Find Unmapped Local Medication Routes

This option will find local Medication Routes marked for 'All Packages' not
mapped to a Standard Medication Route, and prompt you to map the local route.
This mapping is necessary to perform Dosage checks.

Searching for unmapped Med Routes...

Mapping local Med Route of 'G TUBE'

Select STANDARD MEDICATION ROUTES NAME: ENTERAL    FDB Route: ORAL

Local Route: 'G TUBE' has been mapped to
Stnd Route: 'ENTERAL'   FDB Route: 'ORAL'

Mapping local Med Route of 'SUBCUTANEOUS'

Select STANDARD MEDICATION ROUTES NAME: SUBCUTANEOUS    FDB Route: SUBCUTANEOUS


Local Route: 'SUBCUTANEOUS' has been mapped to
Stnd Route: 'SUBCUTANEOUS'   FDB Route: 'SUBCUTANEOUS'

Checking for any remaining unmapped Local Med Routes...

All Local Med Routes are mapped!
```

Request Change to Standard Medication Route

[PSS MEDICATION ROUTE REQUEST]

The *Request Change to Standard Medication Route* [PSS MEDICATION ROUTE REQUEST] option is provided to direct users to a website to request additions or changes to the Standard Medication Routes file. The website is: REDACTED.

```
Select Enhanced Order Checks Setup Menu Option: Request Change To Standard Medication
Route


Standard Medication Route requests must now be made at the following website:

   REDACTED

Press Return to continue:
```

Map Local Medication Route to Standard

[PSS MAP ONE MED ROUTE]

The *Map Local Medication Route to Standard* [PSS MAP ONE MED ROUTE] option allows quick mapping or remapping of a Local Medication Route to a Standard Medication Route. No other medication route fields can be edited using this option.

The user will only be able to select for mapping, Local Medication Routes that are marked for 'All packages' in the PACKAGE USE field (#3) in the MEDICATION ROUTES file (#51.2).

Upon selection of a Standard Medication Route, the system will display the FDB Route that the Standard Medication Route is mapped to. If the Local Medication Route selected has already been mapped, the mapping (Standard Medication Route and FDB Route) will be displayed and the user will be asked if they want to remap. If the response is 'No', the user will be asked to select another medication route. If the response is 'Yes', the user will be asked to select a new Standard Medication Route and the remapped entry will be redisplayed.

If a Standard Medication Route is not entered to map a Local Medication Route to, a warning message will be displayed which states that dosage checks will not be performed for medication orders containing this Local Medication Route.

If the user up-arrows out (^) at any point before completing the mapping, a warning message will display that dosage checks will not be performed for medication orders containing this Local Medication Route.

Mapping

```
Select Enhanced Order Checks Setup Menu Option:  Map Local Medication Route to
Standard

Select MEDICATION ROUTES NAME: OS  LEFT EYE     OS


LEFT EYE

Select STANDARD MEDICATION ROUTES NAME: ORAL    FDB Route: ORAL


Local Route: 'LEFT EYE' has been mapped to
Stnd Route: 'ORAL'   FDB Route: 'ORAL'


Select MEDICATION ROUTES NAME:
```

Remapping

```
Select Enhanced Order Checks Setup Menu Option: MAP LOCAL MEDication Route to
Standard

Select MEDICATION ROUTES NAME: LEFT EYE       OS

LEFT EYE
```

```
Already mapped to:
Stnd Route: 'ORAL'  FDB Route: 'ORAL'

Do you want to remap to a different Standard Med Route? N// YES

Select STANDARD MEDICATION ROUTES NAME: OPHTHALMIC    FDB Route: OPHTHALMIC

Local Route: 'LEFT EYE' has been remapped to
Stnd Route: 'OPHTHALMIC'   FDB Route: 'OPHTHALMIC'

Select MEDICATION ROUTES NAME:
```

No Mapping performed

```
Map Local Medication Route to Standard

Select MEDICATION ROUTES NAME: BY MOUTH


BY MOUTH

Select STANDARD MEDICATION ROUTES NAME: <ENTER>

Nothing mapped - No dosing checks will be performed on orders containing this
local medication route until it is mapped to a Standard Medication Route.


Select MEDICATION ROUTES NAME:    BY MOUTH


BY MOUTH

Select STANDARD MEDICATION ROUTES NAME: ^

Nothing mapped - No dosing checks will be performed on orders containing this
local medication route until it is mapped to a Standard Medication Route.
```

Medication Route File Enter/Edit

[PSS MEDICATION ROUTES EDIT]

The *Medication Route File Enter/Edit* [PSS MEDICATION ROUTES EDIT] option has been modified to allow the user to map their Local Medication Route to an active Standard Medication Route. This is the only option that allows a Standard Medication Route mapping to be deleted.

The system will display the Standard Medication Routes name prompt for only those Local Medication Routes selected that are marked for 'All Packages' in the PACKAGE USE field (#3) in the MEDICATION ROUTES file (#51.2). If a Local Medication Route is selected that is marked for 'National Drug File Only', the user will not be asked to map to a Standard Medication Route.

Once a Standard Medication Route is selected, the FDB Route that the Standard Medication Route is mapped to will be displayed.

If the user selects a Local Medication Route that has already been mapped, the system will display the mapping (Standard Medication Route and FDB Route). The user will be given the opportunity to

change the mapping. If the user chooses to remap, the new Standard Medication Route and corresponding FDB Route will be redisplayed.

If the user does not enter a Standard Medication Route to map their Local Medication Route to upon exiting the option, a warning message will be displayed that dosage checks will not be performed for medication orders containing this Local Medication Route.

If the user up-arrows out (^) at any point before completing the mapping, a warning message will display that dosage checks will not be performed for medication orders containing this Local Medication Route.

Mapping of Local Medication Route

```
Select MEDICATION ROUTES NAME: DEEP IM
NAME: DEEP IM// <ENTER>
ABBREVIATION: <ENTER>
PACKAGE USE: All Packages
OUTPATIENT EXPANSION: THIS IS A TEST// <ENTER>
OTHER LANGUAGE EXPANSION: <ENTER>
IV FLAG: <ENTER>
PROMPT FOR INJ. SITE IN BCMA: <ENTER>
DSPLY ON IVP/IVPB TAB IN BCMA?: <ENTER>

STANDARD MEDICATION ROUTE: INTRAMUSCULAR       INTRAMUSCULAR
```

Local Medication Route marked for 'National Drug File Only'

```
Select MEDICATION ROUTES NAME: IMPLANT       IMP
NAME: IMPLANT// <ENTER>
ABBREVIATION: IMP// <ENTER>
PACKAGE USE: NATIONAL DRUG FILE ONLY// <ENTER>
OUTPATIENT EXPANSION: <ENTER>
OTHER LANGUAGE EXPANSION: <ENTER>
IV FLAG: <ENTER>
PROMPT FOR INJ. SITE IN BCMA: <ENTER>
DSPLY ON IVP/IVPB TAB IN BCMA?: <ENTER>

Select MEDICATION ROUTES NAME:
```

Local Medication Route already mapped

```
Select MEDICATION ROUTES NAME: BOTH EYES
     1   BOTH EYES       OU
     2   BOTH EYES
CHOOSE 1-2: 1  BOTH EYES     OU
NAME: BOTH EYES// <ENTER>
ABBREVIATION: OU// <ENTER>
PACKAGE USE: All Packages// <ENTER>
OUTPATIENT EXPANSION: THIS IS A TEST// <ENTER>
OTHER LANGUAGE EXPANSION: <ENTER>
IV FLAG: <ENTER>
PROMPT FOR INJ. SITE IN BCMA: <ENTER>
DSPLY ON IVP/IVPB TAB IN BCMA?: <ENTER>

Already mapped to:
Stnd Route: 'ORAL'  FDB Route: 'ORAL'
Do you want to remap to a different Standard Med Route? N//
```

Local Medication Route remapped

```
Select MEDICATION ROUTES NAME: BOTH EYES
     1   BOTH EYES       OU
     2   BOTH EYES
CHOOSE 1-2: 1  BOTH EYES     OU
NAME: BOTH EYES// <ENTER>
ABBREVIATION: OU// <ENTER>
PACKAGE USE: All Packages//<ENTER>
OUTPATIENT EXPANSION: THIS IS A TEST// <ENTER>
OTHER LANGUAGE EXPANSION: <ENTER>
IV FLAG: <ENTER>
PROMPT FOR INJ. SITE IN BCMA: <ENTER>
DSPLY ON IVP/IVPB TAB IN BCMA?: <ENTER>

Already mapped to:
Stnd Route: 'ORAL'  FDB Route: 'ORAL'

Do you want to remap to a different Standard Med Route? N// YES

STANDARD MEDICATION ROUTE: ORAL// OPHTHALMIC       OPHTHALMIC


Local Route: 'BOTH EYES' has been remapped to
Stnd Route: 'OPHTHALMIC'   FDB Route: 'OPHTHALMIC'

Press Return to continue, '^' to exit:
```

Exiting Option without Mapping

```
Select MEDICATION ROUTES NAME: DENTAL SUBCUTAN
     1   DENTAL SUBCUTANEOUS       DENTSC
     2   DENTAL SUBCUTANEOUS INFILTRATION       DENTSC IF
CHOOSE 1-2: 1  DENTAL SUBCUTANEOUS     DENTSC
NAME: DENTAL SUBCUTANEOUS// <ENTER>
ABBREVIATION: DENTSC// <ENTER>
PACKAGE USE: ALL  All Packages
OUTPATIENT EXPANSION: <ENTER>
OTHER LANGUAGE EXPANSION: <ENTER>
IV FLAG: ^

 *** No dosing checks will be performed on orders containing this local
  medication route until it is mapped to a Standard Medication Route.***


Press Return to continue, '^' to exit: <ENTER>

Select MEDICATION ROUTES NAME:    DENTAL SUBCUTANEOUS     DENTSC
NAME: DENTAL SUBCUTANEOUS// <ENTER>
ABBREVIATION: DENTSC// <ENTER>
PACKAGE USE: All Packages// <ENTER>
OUTPATIENT EXPANSION: <ENTER>
OTHER LANGUAGE EXPANSION: <ENTER>
IV FLAG: <ENTER>
PROMPT FOR INJ. SITE IN BCMA: <ENTER>
DSPLY ON IVP/IVPB TAB IN BCMA?: <ENTER>

STANDARD MEDICATION ROUTE: <ENTER>

 *** No dosing checks will be performed on orders containing this local
  medication route until it is mapped to a Standard Medication Route.***

Press Return to continue, '^' to exit:
```

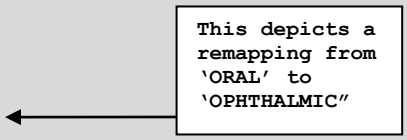
Medication Route Mapping History Report

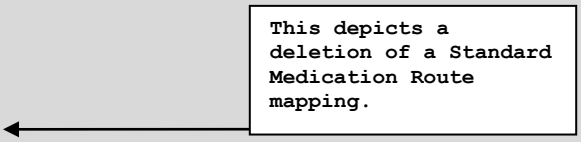
[PSS MED ROUTE MAPPING CHANGES]

The *Medication Route Mapping History Report* [PSS MAP MED ROUTE MAPPING CHANGES] option tracks all mapping changes between Local Medication Routes and Standard Medication Routes. The report can be run for a single medication route or for all medication routes over a specified time frame. If 'A All Med Routes' is selected, the report will display only those Local Medication Routes with mapping changes.

User selects single medication route

```
Select Enhanced Order Checks Setup Menu Option: Medication Route Mapping History
Report

This report displays changes made to the mapping of Medication Routes in the
MEDICATION ROUTES (#51.2) File to Medication Routes in the STANDARD MEDICATION ROUTES
(#51.23) File.


     Select one of the following:

          S         Single Med Route
          A         All Med Routes

Print report for a Single Med Route, or All Med Routes: S// <ENTER> ingle Med Route

Select Med Route: BOTH EYES
     1   BOTH EYES       OU
     2   BOTH EYES
CHOOSE 1-2: 1  BOTH EYES     OU


Beginning Date: T-30  (APR 28, 2008)

Ending Date: T  (MAY 28, 2008)

DEVICE: HOME//   <ENTER>

Medication Route mapping changes for BOTH EYES
made between APR 28, 2008 and MAY 28, 2008                          PAGE: 1
------------------------------------------------------------------------------

  Medication Route: BOTH EYES
         Date/Time: MAY 28, 2008@09:57:58
         Edited By: PHARMACIST,ONE
         Old Value: ORAL
         New Value: OPHTHALMIC

  Medication Route: BOTH EYES
         Date/Time: MAY 28, 2008@12:12:59
         Edited By: PHARMACIST,ONE
         Old Value: OPHTHALMIC
         New Value: <no new value>

End of Report.
```





User selects all medication routes

```
Select Enhanced Order Checks Setup Menu Option:  Medication Route Mapping History
Report

This report displays changes made to the mapping of Medication Routes in the
MEDICATION ROUTES (#51.2) File to Medication Routes in the STANDARD MEDICATION ROUTES
(#51.23) File.

     Select one of the following:

          S         Single Med Route
          A         All Med Routes

Print report for a Single Med Route, or All Med Routes: S// All Med Routes

Beginning Date: T-365  (JAN 10,2007)

Ending Date: T  (JAN 10,2008)

DEVICE: HOME// <ENTER>

Medication Route mapping changes for ALL Medication Routes           Page: 1
made between JAN 10,2007 and JAN 10,2008
------------------------------------------------------------------------

Medication Route: BOTH EARS
         Date/time: JAN 9,2008@15:18
         Edited by: PHARMACIST,ONE
         Old Value: BUCCAL
         New Value: OTIC


Medication Route: BOTH EYES
         Date/time: NOV 30,2007@13:01:20
         Edited by: PHARMACIST,TWO
         Old Value: DENTAL
         New Value: OPHTHALMIC


Medication Route: INTRADERMAL
         Date/time: DEC 19,2007@14:43:49
         Edited by: AUTOMAPPED
         Old Value: <no previous value>
         New Value: INTRADERMAL


Medication Route: INTRAMUSCULAR
         Date/time: JAN 9,2008@15:23:20
         Edited by: PHARMACIST,ONE
         Old Value: EPIDURAL
         New Value: <no new value>

End Of Report
```

This depicts a Local Medication Route which was automapped during the post init.

No mapping changes for selection of single medication route.

```
This report displays changes made to the mapping of Medication Routes in the
MEDICATION ROUTES (#51.2) File to Medication Routes in the STANDARD MEDICATION ROUTES
(#51.23) File.


     Select one of the following:

          S         Single Med Route
          A         All Med Routes

Print report for a Single Med Route, or All Med Routes: S// <ENTER> ingle Med Route

Select Med Route: BOTH EYES
     1   BOTH EYES       OU
     2   BOTH EYES
CHOOSE 1-2: 1  BOTH EYES     OU


Beginning Date: T-30  (APR 28, 2008)

Ending Date: T  (MAY 28, 2008)

DEVICE: HOME//   <ENTER>


Medication Route mapping changes for BOTH EYES
made between APR 28, 2008 and MAY 28, 2008                          PAGE: 1
-------------------------------------------------------------------------------

No mapping changes to report.
```

No mapping changes for selection of all medication routes

```
This report displays changes made to the mapping of Medication Routes in the
MEDICATION ROUTES (#51.2) File to Medication Routes in the STANDARD MEDICATION ROUTES
(#51.23) File.

     Select one of the following:

          S         Single Med Route
          A         All Med Routes

Print report for a Single Med Route, or All Med Routes: S// All Med Routes

Beginning Date: T-365  (JAN 10,2007)

Ending Date: T  (JAN 10,2008)

DEVICE: HOME// <ENTER>

Medication Route mapping changes for ALL Medication Routes           Page: 1
made between JAN 10,2007 and JAN 10,2008
-------------------------------------------------------------------------------
No mapping changes to report.
```

Chapter 2 – Local Possible Dosage Setup

In order to perform a dosage check in PRE V. 0.5, a Numeric Dose and Dose Unit are required. The software can take a Possible Dosage and break it down to a Numeric Dose and Dose Unit; however it cannot do the same for a Local Possible Dosage because it is a free text entry. Two new fields, NUMERIC DOSE (#5) and DOSE UNIT (#4), have been created in the LOCAL POSSIBLE DOSAGES multiple of the DRUG File (#50). Sites will have to review all their Local Possible Dosages and populate the Dose Unit and corresponding Numeric Dose.

A new DOSE UNITS file was created to accomplish the mapping to FDB. All entries in this file have been mapped to an FDB Dose Unit. Appendix B provides a list of all Dose Units and corresponding FDB Dose Unit mapping. When populating the Dose Unit field for a Local Possible Dosage, selection will be from the new DOSE UNITS file. A Numeric Dose will have to be entered that corresponds to the Dose Unit selected.

A new field was created in the Dosage Form file to allow a dosage form to be excluded from dosage checks. Dosage checks will not be performed on a drug that is associated with a dosage form excluded from dosage checks. A list of Dosage forms to be excluded has been determined and a listing is provided in Appendix C. In some cases all VA products associated with a dosage form did not belong to the 'exclude' or 'not exclude' category. In order to deal with these exceptions, the National Drug File patch (PSN*4*169) which is required for the Pre-Release patch will create a new field in the VA PRODUCT file to allow overriding of this dosage form exclusion for a VA Product. For example, if the dosage form is set to be excluded from dosage checks and the override field in the VA Product file is set to 'Yes', a dosage check will be performed on a drug that is matched to this VA Product. If data is missing in either the EXCLUDE FROM DOSAGE CHECKS field in the DOSAGE FORM file or the OVERRIDE DF DOSE CHK EXCLUSION field in the VA PRODUCT file, dosage checks will be performed. An initial list of VA Products that have the new OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes' is provided in Appendix D.

Below is a table to describe how the values of the two new fields determine whether dosage checks will be performed on a drug. The null values represent fields with missing data.

Dosage Form Field – Exclude from Dosage Checks	**VA Product Field – OVERRIDE DF DOSE CHK EXCLUSION**	**Dosage Check Performed? (Y/N)**
Yes	No	No
Yes	Yes	Yes
No	No	Yes
No	Yes	No
Null	No	Yes
Null	Yes	Yes
Yes	Null	Yes
No	Null	Yes
Null	Null	Yes

Some auto population was performed during the post init of the PDM Pre-Release patch installation. The software attempted to populate the Numeric Dose and Dose Unit fields for Local Possible

Dosages that were defined for drugs eligible for dosage checks based on developed business rules. It is recommended that auto populated data be reviewed for accuracy. Drugs that are NOT eligible for dosage checks are:

(1) Inactive

(2) Not Matched to NDF

(3) Associated with a dosage form that is excluded from dosage checks and matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'No'

(4) Marked as a supply item ('S' in DEA,SPECIAL HDLG field or assigned a VA Drug Class starting with an 'XA')

(5) Associated with a dosage form that is NOT excluded from dosage checks, but is matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'

The highlighted options below are created specifically for population of the Dose Unit and Numeric Dose fields for a Local Possible Dosage.

Enhanced Order Checks Setup Menu:

Find Unmapped Local Medication Routes
Map Local Medication Route to Standard
Medication Route Mapping Report
Medication Route File Enter/Edit
Medication Route Mapping History Report
Request Change to Standard Medication Route
Find Unmapped Local Possible Dosages
Map Local Possible Dosages
Local Possible Dosages Report
Strength Mismatch Report
Enter/Edit Dosages
Request Change to Dose Unit
Mark PreMix Solutions
IV Solution Report
Administration Schedule File Report
Medication Instruction File Report

These additional options may also be used for review and when populating the Dose Unit and Numeric Dose fields for a Local Possible Dosage:

Review Dosages Report (under *Dosages* option [PSS DOSAGES MANAGEMENT])
Drug Enter/Edit (under *Pharmacy Data Management Option* menu [PSS MGR])

The detailed descriptions of the options that follow are presented in the logical sequence to accomplish the file setup, not the order in which they are displayed on the menu.

Local Possible Dosages Report

[PSS LOCAL POSSIBLE DOSAGES]

The new *Local Possible Dosages Report* [PSS LOCAL POSSIBLE DOSAGES] option identifies drugs with Local Possible Dosages that have missing data in the Numeric Dose and Dose Unit fields. These two fields are needed for dosage checks.

This report can be printed for all drugs in the local drug file that have Local Possible Dosages defined or only the drugs that have Local Possible Dosages defined with missing data in either of the Numeric Dose and Dose Unit fields.

NOTE: This report is written for a 132 column format.

Drugs that meet the following criteria will be screened out from this report.

- Inactive
- Not Matched to NDF
- Associated with dosage form that is excluded from dosage checks and matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'No'
- Associated with dosage form that is NOT excluded from dosage checks, but is matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'
- Drug is marked as a supply item ('S' in DEA, SPECIAL HDLG field or assigned a VA Drug Class starting with an 'XA')
- Drug does not have any Local Possible Dosages defined

The report displays the following data elements:

- Internal Entry Number (IEN) of drug in DRUG file (#50)
- Drug Name
- Strength
- Units
- Application Package Use
- Local Possible Dosage(s)
  - Local possible dosage
  - Numeric Dose
  - Units
  - Package
- Strength of NDF VA product match (if mismatch)
- VA Product matched to

If no missing data is found the report will display 'No Local Possible Dosage missing data found.'

User selects Only Local Possible Dosage with Missing Data

```
Select Enhanced Order Checks Setup Menu Option: LOCAL POssible Dosages Report

This report will print Local Possible Dosage information only for Drugs for
which Dosage Checks can be performed. Drugs that are inactive, marked and/or
classed as supply items, not matched to NDF or excluded from dosage checks (due
to dosage form or VA Product override) will not be included in this report.

Users will be able to print Local Possible Dosage information for all eligible
drugs or only for drugs with missing data in the Numeric Dose and Dose Unit
fields. These two fields must be populated to perform Dosage Checks for a Local
Possible Dosage selected when placing a Pharmacy order.

     Select one of the following:

          A         ALL LOCAL POSSIBLE DOSAGES
          O         ONLY LOCAL POSSIBLE DOSAGE WITH MISSING DATA

Enter 'A' for All, 'O' for Only: O// <ENTER> NLY LOCAL POSSIBLE DOSAGE WITH MISSING DATA

This report is designed for 132 column format!

DEVICE: HOME//   <ENTER>


Local Possible Dosages Report (Missing Data Only)                              PAGE: 1
-------------------------------------------------------------------------------------
(811)             GELUSIL TABLETS
           Strength:                 Units:         Application Package: UOX
    Local Possible Dosages:
      1 TABLET
      Numeric Dose:                    Dose Unit:                          Package: O
      2 TABLET(S)
      Numeric Dose:                    Dose Unit:                          Package: O
   VA PRODUCT MATCH: AL OH 200MG/MG OH 200MG/SIMETHICONE 25MG TAB,CHEWABLE

(156)             GUAIFENESIN 50MG/5ML SYRUP
           Strength: 50              Units: MG/5ML   Application Package: OUX
    Local Possible Dosages:
      1 TEASPOONFUL
      Numeric Dose:                    Dose Unit: MILLIGRAM(S)             Package: IO
      2 TEASPOONFUL(S)
      Numeric Dose:                    Dose Unit:                          Package: IO
   Note: Strength 50 does not match NDF strength of 100.
   VA PRODUCT MATCH: GUAIFENESIN 100MG/5ML SYRUP
```

No Missing Data

```
Select Enhanced Order Checks Setup Menu Option: LOCAL POssible Dosages Report

This report will print Local Possible Dosage information only for Drugs for
which Dosage Checks can be performed. Drugs that are inactive, marked and/or
classed as supply items, not matched to NDF or excluded from dosage checks (due
to dosage form or VA Product override) will not be included in this report.

Users will be able to print Local Possible Dosage information for all eligible
drugs or only for drugs with missing data in the Numeric Dose and Dose Unit
fields. These two fields must be populated to perform Dosage Checks for a Local
Possible Dosage selected when placing a Pharmacy order.

     Select one of the following:

          A         ALL LOCAL POSSIBLE DOSAGES
          O         ONLY LOCAL POSSIBLE DOSAGE WITH MISSING DATA

Enter 'A' for All, 'O' for Only: O// <ENTER> NLY LOCAL POSSIBLE DOSAGE WITH MISSING DATA

This report is designed for 132 column format!

DEVICE: HOME//   <ENTER>


Local Possible Dosages Report (Missing Data Only)                          PAGE: 1
-------------------------------------------------------------------------------------

No Local Possible Dosage missing data found.
```

User selects All Local Possible Dosages

```
Select Enhanced Order Checks Setup Menu Option: LOCAL POssible Dosages Report

This report will print Local Possible Dosage information only for Drugs for
which Dosage Checks can be performed. Drugs that are inactive, marked and/or
classed as supply items, not matched to NDF or excluded from dosage checks (due
to dosage form or VA Product override) will not be included in this report.

Users will be able to print Local Possible Dosage information for all eligible
drugs or only for drugs with missing data in the Numeric Dose and Dose Unit
fields. These two fields must be populated to perform Dosage Checks for a Local
Possible Dosage selected when placing a Pharmacy order.

     Select one of the following:

          A         ALL LOCAL POSSIBLE DOSAGES
          O         ONLY LOCAL POSSIBLE DOSAGE WITH MISSING DATA

Enter 'A' for All, 'O' for Only: O// ALL LOCAL POSSIBLE DOSAGES

This report is designed for 132 column format!

DEVICE: HOME// <ENTER>


Local Possible Dosages Report (All)                                      PAGE: 1
------------------------------------------------------------------------------------

(811)             GELUSIL TABLETS
            Strength:                  Units:          Application Package: UOX
    Local Possible Dosages:
      1 TABLET
      Numeric Dose:                      Dose Unit:                           Package: O
      2 TABLET(S)
      Numeric Dose:                      Dose Unit:                           Package: O
   VA PRODUCT MATCH: AL OH 200MG/MG OH 200MG/SIMETHICONE 25MG TAB,CHEWABLE

(156)             GUAIFENESIN 50MG/5ML SYRUP
            Strength: 50               Units: MG/5ML   Application Package: OUX
    Local Possible Dosages:
      1 TEASPOONFUL
      Numeric Dose: 50                   Dose Unit: MILLIGRAM(S)              Package: IO
      2 TEASPOONFUL(S)
      Numeric Dose:                      Dose Unit:                           Package: IO
   Note: Strength 50 does not match NDF strength of 100.
   VA PRODUCT MATCH: GUAIFENESIN 100MG/5ML SYRUP

(2280)            IBUPROFEN 300MG TAB    *N/F*
           Strength: 300               Units: MG       Application Package: OX
    Local Possible Dosages:
    3 TABLETS
    Numeric Dose: 900                    Dose Unit: MILLIGRAM(S)              Package: IO
    4 TABLETS
    Numeric Dose: 1200                   Dose Unit: MILLIGRAM(S)              Package: IO


(1676)            TIMOLOL 0.25% OPTH SOL 10ML
          Strength:                    Units:          Application Package: UOX
    Local Possible Dosages:
    1 DROP
    Numeric Dose:                        Dose Unit:                           Package: IO
    2 DROP(S)
    Numeric Dose:                        Dose Unit:                           Package: O
    2 DROPS
    Numeric Dose:                        Dose Unit:                           Package: O
   VA PRODUCT MATCH: TIMOLOL MALEATE 0.25% SOLN,OPH
```

Find Unmapped Local Possible Dosages

[PSS LOCAL DOSAGES EDIT ALL]

A new option called *Find Unmapped Local Possible Dosages* [PSS LOCAL DOSAGES EDIT ALL] is provided to identify all Local Possible Dosages that are eligible for dosage checks and do not have either the Numeric Dose or Dose Unit populated.

Drugs with the following criteria will be screened out from this option.

- Inactive
- Not Matched to NDF
- Associated with dosage form that is excluded from dosage checks and matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'No'
- Associated with dosage form that is NOT excluded from dosage checks, but is matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'
- Drug is marked as a supply item ('S' in DEA, SPECIAL HDLG field or assigned a VA Drug Class starting with an 'XA')
- Drug does not have any Local Possible Dosages defined

All identified drugs, along with their Local Possible Dosages will be presented to the user one by one for editing. If data exists in the strength and unit fields for the drug, it will be displayed following the drug name. The user will be notified if the strength defined for the drug does not match the strength of the VA Product that it is matched to. The strength and unit of the VA Product the drug is matched to will be displayed along with the strength in the DRUG file (#50).

Next, the first Local Possible Dosage defined for the selected drug will be displayed. The user will be prompted to enter a Dose Unit, followed by the Numeric Dose. The Dose Unit will be selectable from the new DOSE UNITS file (#51.24).

Any data entered will be redisplayed to the user (Local Possible Dosage, Dose Unit and Numeric Dose) before presenting the next Local Possible Dosage for editing, if one exists for the drug. All Local Possible Dosages defined for the drug with missing data in the Numeric Dose and Dose Unit fields will be presented for editing.

See example on next page.

```
Select Enhanced Order Checks Setup Menu Option: Find Unmapped Local Possible Dosages

This option will find all Local Possible Dosages that are eligible for Dosage
Checks that do not have either the Numeric Dosage or Dose Unit entered for the
Local Possible Dosage. This mapping is necessary to perform Dosage checks.

Searching for local Possible Dosages...

     Drug: ACETAMINOPHEN ELIX. 120MG/5ML 4OZ

Strength from National Drug File match => 160   MG/5ML
Strength currently in the Drug File    => 120

Please Note: Strength of drug does not match strength of VA Product it is
matched to.

TWO TEASPOONFULS
Numeric Dose:                       Dose Unit: MILLIGRAM(S)

DOSE UNIT: MILLIGRAM(S)// <ENTER>
NUMERIC DOSE: 240

TWO TEASPOONFULS
Numeric Dose: 240                   Dose Unit: MILLIGRAM(S)


    Drug: ACETAMINOPHEN 120MG/COD 12MG PER 5ML EL


TWO TEASPOONFULS

DOSE UNIT: TEASPOONFUL(S)
NUMERIC DOSE: 2

TWO TEASPOONFULS
Numeric Dose: 2                          Dose Unit: TEASPOONFUL(S)


ONE TABLESPOONFUL

DOSE UNIT: TABLESPOONFUL(S)
NUMERIC DOSE: 1

ONE TABLESPOONFUL
Numeric Dose: 1                          Dose Unit: TABLESPOONFUL(S)


     Drug: ALBUMIN 25% INJ         BL500

Strength: 25   Unit: %


50 ML

DOSE UNIT: GRAM(S)
NUMERIC DOSE: 12.5

50 ML
Numeric Dose: 12.5                    Dose Unit: GRAM(S)


100 ML
```

```
DOSE UNIT: GRAM(S)
NUMERIC DOSE: 25

100 ML
Numeric Dose: 25                    Dose Unit: GRAM(S)


     Drug: ALBUTEROL SO4 0.083% INHL 3ML         RE102

Strength: 0.083   Unit: %


1 AMPULE

DOSE UNIT: MILLILITER(S)
NUMERIC DOSE: 3

1 AMPULE
Numeric Dose: 3                     Dose Unit: MILLILITER(S)


     Drug: ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL


TWO PUFFS

DOSE UNIT: INHALATION(S)
NUMERIC DOSE: 2

TWO PUFFS
Numeric Dose: 2                        Dose Unit: INHALATION(S)


     Drug: AMLODIPINE 10MG/VALSARTAN 320MG TAB


1 TABLET (10MG/320MG)

DOSE UNIT: TABLET(S)
NUMERIC DOSE: 1

1 TABLET (10MG/320MG)
Numeric Dose: 1                        Dose Unit: TABLET(S)


     Drug: CHLORAL HYD. SYR. 500MG/5ML (OZ)

Strength: 500   Unit: MG/5ML

1 TEASPOONFUL

DOSE UNIT: MILLIGRAM(S)
NUMERIC DOSE: 500


1 TEASPOONFUL
Numeric Dose: 500                    Dose Unit: MILLIGRAM(S)
```

If a user presses the **<ENTER>** key at the 'DOSE UNIT:' prompt, they will be prompted to enter a Numeric Dose. If the user presses the **<ENTER>** key at the 'NUMERIC DOSE:' prompt, the next

available Local Possible Dosage for that drug if one exists with missing data will be displayed. If no more Local Possible Dosages exist for the drug that require data population, the next drug and its Local Possible Dosages will be presented for editing.

If the user up-arrows (^) at the 'DOSE UNIT:' prompt, they will be asked if they want to continue. If the response is 'Yes', the next Local Possible Dosage with missing data for that drug will be displayed, if any exist. If no more Local Possible Dosages exist for the drug, the next drug will display. If the user responds 'No', the a check will be made to see if any Local Possible Dosages still require data to be entered and inform the user.

The user will be informed when all required data has been entered.

```
Select Enhanced Order Checks Setup Menu Option: Find Unmapped Local Possible Dosages

This option will find all Local Possible Dosages that are eligible for Dosage
Checks that do not have either the Numeric Dosage or Dose Unit entered for the
Local Possible Dosage. This mapping is necessary to perform Dosage checks.

Searching for local Possible Dosages...

    Drug: CHLORAMPHENICOL 0.5% OPTH SOL

Strength: 0.5   Unit: %


1 DROP

DOSE UNIT: <ENTER>
NUMERIC DOSE: <ENTER>


2 DROP(S)

DOSE UNIT: <ENTER>
NUMERIC DOSE: <ENTER>


     Drug: CLOTRIMAZOLE ORAL TROCHES

Strength: 10   Unit: MG


1 TROCHE

DOSE UNIT: ^

Do you want to continue mapping Local Possible Dosages? Y// <ENTER> ES


2 TROCHE(S)

DOSE UNIT: ^

Do you want to continue mapping Local Possible Dosages? Y// NO


Checking for any remaining unmapped Local Possible Dosages...

There are still Local Possible Dosages not yet mapped,
```

```
see the 'Local Possible Dosages Report' option for more details.

Press Return to Continue:

    OR

All Local Possible Dosages are mapped!
```

Request Change to Dose Unit

[PSS DOSE UNIT REQUEST]

The new *Request Change to Dose Unit* [PSS DOSE UNIT REQUEST] option is provided for users to request additions or changes to the DOSE UNITS file (#51.24). The request is directed to an Outlook mail group REDACTED that will review and act on the requests. A copy of the request is also sent to the user's VistA email account. The following information about the request will be needed:

- Dose Unit to be added or modified (required)
- References or Reason for Request (required)

If the user is not ready to send the request, answering 'No' at the transmit prompt will send the request just to the user's VistA email account. Once ready to send the request, if no changes are needed, the VistA email message can be retrieved and forwarded to the Outlook mail group REDACTED . If the VistA email message is no longer available for retrieval, the request must be reentered and transmitted.
NOTE: The option will use whatever editor (line or screen) the user has defined for his or her "Preferred editor" in the NEW PERSON file (#200).

```
Select Enhanced Order Checks Setup Menu Option: REQUEST CHANGE TO DOSE UNIT

     Select one of the following:

          N         New Dose Unit
          C         Change to Existing Dose Unit

Request New Dose Unit or Change existing Dose Unit: N// <ENTER> ew Dose Unit

Enter Dose Unit name: GRAIN(S)

You must now enter a reason or references for this request.

Press Return to continue, '^' to exit: <ENTER>

==[ WRAP ]==[ INSERT ]====< References/Reason for Request >==[ <PF1>H=Help ]====

Valid Dose Unit missing from file.

<=======T=======T=======T=======T=======T=======T=======T=======T=======T>======

Do you want to save changes? y

Transmit Dose Unit Request? Y// <ENTER> ES

Mail message transmitted for review.

Press Return to continue:
```

```
Subj: Dose Unit Request  [#89442] 05/28/08@12:51  4 lines
From: PHARMACIST, ONE  In 'IN' basket.   Page 1
---------------------------------------------------------------------------
Request New Dose Unit:
GRAIN(S)

Valid Dose Unit missing from file.

Enter message action (in IN basket): Ignore// QD  Query Detailed

Subj: Dose Unit Request  [#89442] 05/28/08@12:51  4 lines
From: PHARMACIST, ONE  In 'IN' basket.
Local Message-ID: 89442@PEPCACHE.FO-BIRM.MED.VA.GOV (2 recipients)

PHARMACIST, ONE  Last read: 05/28/08@12:52 [First read: 05/28/08@12:51]
REDACTED Sent: 05/28/08@12:51 Time: 1 second
                  Message ID: 48343526REDACTED
Enter message action (in IN basket): Ignore//
```

Map Local Possible Dosages

[PSS LOCAL DOSAGES EDIT]

A new option called *Map Local Possible Dosages* [PSS LOCAL DOSAGES EDIT] is created to allow for entry of the Dose Unit and Numeric Dose fields for Local Possible Dosages defined for a drug.

The user will be asked to select a drug upon entering the option.

If a drug with no Local Possible Dosages is selected, the message 'No local possible dosages exist for this drug' will be displayed.

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages

Select Drug: VERAPAMIL 80MG TABS          CV200

No local possible dosages exist for this drug.

Select Drug:
```

If the drug selected is associated with a dosage form that is excluded from dosage checks, and the VA Product that it is matched to has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'No', the following message will be displayed. 'The dosage form 'XXX' associated with this drug has been excluded from dosage checks. Population of the numeric dose and dose unit for this drug's local possible dosages is not required.'

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages

Select Drug: HYDROCORTISONE 1% CREAM         DE200

The dosage form 'CREAM,TOP' associated with the drug has been excluded from dosage
checks. Population of the  numeric dose and dose unit for this drug's local possible
dosages is not required

Select Drug:
```

If the drug selected is associated with a dosage form that is NOT excluded from dosage checks and the VA Product that the drug is matched to has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes', the following message will be displayed. 'The VA Product that this drug is matched to has been excluded from dosage checks. Population of the numeric dose and dose unit for this drug's local possible dosages is not required..'

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages

Select Drug: THICK-IT POWDER           TN200

The VA product that this drug is matched to has been excluded from dosage
checks. Population of the numeric dose and dose unit for this drug's local
possible dosages is not required.

Select Drug:
```

The following message is displayed if a supply item is selected: 'This drug is marked as a supply and therefore excluded from dosing checks. Population of the numeric dose and dose unit for this drug's local possible dosages is not required.'

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages


Select Drug: ABDOMINAL PAD 5 X 7

This drug is marked as a supply and therefore excluded from dosing checks.
Population of the numeric dose and dose unit for this drug's local possible
dosages is not required.

Select Drug:
```

If a drug is not matched to NDF a message will display indicating this.
If a drug is inactive, the inactivation date will be displayed upon drug selection. In either case, the user will be allowed to enter values in the Dose Unit and Numeric Dose fields, if they wish.

Not matched to NDF

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages

Select Drug: PROCHLORPERAZINE 25MG SUPPOS.          GA605

This drug is not matched to NDF and therefore will be excluded from dosing
checks.

1 SUPPOSITORY(IES)

DOSE UNIT: SUPPOSITOR(IES)
NUMERIC DOSE: 1

1 SUPPOSITORY(IES)
Numeric Dose: 1                         Dose Unit: SUPPOSITOR(IES)

Select Drug:
```

Inactive Drug

```
Select Drug: ACETAMINOPHEN 650MG SUPPOS.            CN103       05-08-08

Strength: 650   Unit: MG

1 SUPPOSITORY(IES)

DOSE UNIT: SUPPOSITOR(IES)
NUMERIC DOSE: 1

1 SUPPOSITORY(IES)
Numeric Dose: 1                         Dose Unit: SUPPOSITOR(IES)

2 SUPPOSITORY(IES)

DOSE UNIT: SUPPOSITOR(IES)
NUMERIC DOSE: 2

2 SUPPOSITORY(IES)
Numeric Dose: 2                         Dose Unit: SUPPOSITOR(IES)

Select Drug:
```

Strength and unit values will display if defined for the drug. If the strength defined for the drug does not match the strength of the VA Product that it is matched to, the strength mismatch will be displayed to the user.

Next, the first Local Possible Dosage defined for the selected drug will display along with a prompt to enter a Dose Unit, followed by the Numeric Dose. Only active Dose Units will be available for selection.

Any data entered will be redisplayed (Local Possible Dosage, Dose Unit and Numeric Dose) followed by the next Local Possible Dosage, if one exists for the drug.

Strength Mismatch

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages

Select Drug: ACETAMINOPHEN ELIX. 120MG/5ML 4OZ           CN103

Strength from National Drug File match => 160   MG/5ML
Strength currently in the Drug File    => 120

Please Note: Strength of drug does not match strength of VA Product it is
matched to.

ONE TEASPOONFUL

DOSE UNIT: MILLIGRAM(S)
NUMERIC DOSE: 120

ONE TEASPOONFUL
Numeric Dose: 120                       Dose Unit: MILLIGRAM(S)

ONE TABLESPOONFUL

DOSE UNIT: MILLIGRAM(S)
NUMERIC DOSE: 360

ONE TABLESPOONFUL
Numeric Dose: 360                       Dose Unit: MILLIGRAM(S)

Select Drug:
```

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages

Select Drug: PILOCARPINE 3% OPTH SOL 15ML         OP102

Strength: 3   Unit: %


1 DROP

DOSE UNIT: DROP(S)
NUMERIC DOSE: 1

1 DROP
Numeric Dose: 1                         Dose Unit: DROP(S)


2 DROP(S)

DOSE UNIT: DROP(S)
NUMERIC DOSE: 2

2 DROP(S)
Numeric Dose: 2                         Dose Unit: DROP(S)


Select Drug: LORAZEPAM 1MG TAB           CN302

Strength: 1   Unit: MG


1-2 TABLETS

DOSE UNIT: MILLIGRAM(S)
```

```
NUMERIC DOSE: 2

1-2 TABLETS
Numeric Dose: 2                          Dose Unit: MILLIGRAM(S)

Select Drug:
```

Any data already entered for a Local Possible Dosage will be displayed and each field presented for editing.

If any existing Local Possible Dosage data is modified, the Local Possible Dosage, Dose Unit and Numeric Dose will be redisplayed.

All Local Possible Dosages defined for a selected drug will be presented for editing.

No changes made

```
Select Drug:    PILOCARPINE 3% OPTH SOL 15ML         OP102

Strength: 3   Unit: %


1 DROP
Numeric Dose: 1                      Dose Unit: DROP(S)

DOSE UNIT: DROP(S)// <ENTER>
NUMERIC DOSE: 1// <ENTER>


2 DROP(S)
Numeric Dose: 2                      Dose Unit: DROP(S)

DOSE UNIT: DROP(S)// <ENTER>
NUMERIC DOSE: 2// <ENTER>

Select Drug:
```

Edit made

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages


Select Drug: TIMOLOL 0.25% OPTH SOL 10ML         OP101

Strength: 0.25   Unit: %


1 DROP
Numeric Dose: 4                      Dose Unit: MICROGRAM(S)

DOSE UNIT: MICROGRAM(S)// DROPS  DROP(S)
NUMERIC DOSE: 4// 1

1 DROP
Numeric Dose: 1                         Dose Unit: DROP(S)


2 DROP(S)
Numeric Dose: 2                      Dose Unit: CENTIMETER(S)
```

```
DOSE UNIT: CENTIMETER(S)// DROPS  DROP(S)
NUMERIC DOSE: 2// <ENTER>

2 DROP(S)
Numeric Dose: 2                          Dose Unit: DROP(S)

Select Drug:
```

If the user presses the **<ENTER>** key at the 'DOSE UNIT:' prompt, they will be prompted to enter a Numeric Dose. If the user presses the **<ENTER>** key at the 'NUMERIC DOSE:' prompt, the next available Local Possible Dosage for that drug will display, if one exists. If no more Local Possible Dosages exist for the drug, the user will be prompted to select another drug.

If a user up-arrows (^) at the 'DOSE UNIT:' prompt, they will be asked if they want to exit the option. If the user takes the default of 'Yes', they will be exited out of the option. If the user responds 'No', the next Local Possible Dosage for that drug will display, if any exist. If no more Local Possible Dosages exist for the drug, the user will be asked to select another drug.

<ENTER> at DOSE UNIT prompt

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages

Select Drug: TIMOLOL 0.25% OPTH SOL 10ML         OP101

Strength: 0.25   Unit: %

1 DROP

DOSE UNIT: <ENTER>
NUMERIC DOSE: <ENTER>

2 DROP(S)

DOSE UNIT: <ENTER>
NUMERIC DOSE: <ENTER>

2 DROPS

DOSE UNIT: <ENTER>
NUMERIC DOSE: <ENTER>

Select Drug:
```

Up-arrow (^) at DOSE UNIT prompt and 'Yes' at Exit Option prompt

```
Select Enhanced Order Checks Setup Menu Option: Map Local Possible Dosages


Select Drug:    TIMOLOL 0.25% OPTH SOL 10ML         OP101

Strength: 0.25   Unit: %


1 DROP

DOSE UNIT: ^

Do you want to exit this option? Y// y  YES  <Exits user out of option>
```

Up-arrow (^)at DOSE UNIT prompt and 'NO' at Exit Option prompt

```
Select Drug:    TIMOLOL 0.25% OPTH SOL 10ML         OP101

Strength: 0.25   Unit: %


1 DROP

DOSE UNIT:
NUMERIC DOSE: ^

Do you want to exit this option? Y// n  NO


2 DROP(S)

DOSE UNIT: ^

Do you want to exit this option? Y// n  NO


2 DROPS

DOSE UNIT: ^

Do you want to exit this option? Y// n  NO

Select Drug:
```

Enter/Edit Dosages

[PSS EDIT DOSAGES]

The *Enter/Edit Dosages* [PSS EDIT DOSAGES] option is modified to allow entry/editing of the new Numeric Dose and Dose Unit fields defined for Local Possible Dosages.

If any of the following conditions can be determined at the time of entry, the Numeric Dose and Dose Unit fields for any defined Local Possible Dosage will not be presented for data entry.

- Drug associated with a dosage form that is excluded from dosage checks and the VA Product that the drug is matched to has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'No'
- Drug associated with a dosage form that is NOT excluded from dosage checks, but the VA Product that it is matched to has the OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'
- Drug is marked as a supply item ('S' in DEA, SPECIAL HDLG field or assigned a VA Drug Class starting with an 'XA').

A warning will be displayed if the DRUG file strength does not match the VA Product strength to which it is matched.

Auto population of the Numeric Dose and Dose Unit fields for Local Possible Dosages of eligible drugs ONLY occurs during the post init of the Pre-Release patch installation.

Changes are shown in boxes

Drug Unmatched to NDF

```
Select Dosages Option: ENTER/Edit Dosages


Select Drug: PILOCARPINE
     1   PILOCARPINE 0.25% OPTH SOL 15ML
     2   PILOCARPINE 1% OPTH SOL 15ML           OP102
     3   PILOCARPINE 2% 2ML            OP102
     4   PILOCARPINE 2% OPTH SOL 15ML           OP102
     5   PILOCARPINE 3% OPTH SOL 15ML           OP102
Press <ENTER> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  PILOCARPINE 0.25% OPTH SOL 15ML

This entry is marked for the following PHARMACY packages:
Outpatient
Unit Dose

PILOCARPINE 0.25% OPTH SOL 15ML                     Inactive Date:

This drug has the following Local Possible Dosages:
ONE DROP(S)                                            PACKAGE: IO
TWO DROP(S)                                            PACKAGE:

Do you want to merge new Local Possible Dosages? Y// NO

Strength:                     Unit:

Select LOCAL POSSIBLE DOSAGE: ONE DROP(S)    IO

LOCAL POSSIBLE DOSAGE: ONE DROP(S)// <ENTER>
OTHER LANGUAGE DOSAGE NAME: <ENTER>
PACKAGE: Both// <ENTER>
BCMA UNITS PER DOSE: <ENTER>
DOSE UNIT: DROP(S)
NUMERIC DOSE: 1

Strength:                     Unit:

Select LOCAL POSSIBLE DOSAGE:
```

Strength Mismatch

```
Select Dosages Option:  Enter/Edit Dosages


Select Drug: ACETAMINO
     1   ACETAMINOPHEN 1000MG TABLET          CN100
     2   ACETAMINOPHEN 325MG C.T.          CN103         ** OK 90 DAY SUPPLY **
     3   ACETAMINOPHEN 325MG TABLET          CN103         INFECTIOUS DISEASE
   RESTRICTED TO
     4   ACETAMINOPHEN 650MG SUPPOS.          CN103
     5   ACETAMINOPHEN AND CODEINE 30MG          CN101
Press <ENTER> to see more, '^' to exit this list, OR
CHOOSE 1-5: <ENTER>
```

```
     6   ACETAMINOPHEN ELIX. 120MG/5ML 4OZ           CN103
     7   ACETAMINOPHEN, CODEINE ELIXIR (OZ)           CN101
     8   ACETAMINOPHEN 325MG TAB  ACETAMINPHEN 325MG CT         CN103
CHOOSE 1-8: 6  ACETAMINOPHEN ELIX. 120MG/5ML 4OZ         CN103

This entry is marked for the following PHARMACY packages:
Outpatient
Unit Dose
Non-VA Med

ACETAMINOPHEN ELIX. 120MG/5ML 4OZ                   Inactive Date:

Strength from National Drug File match => 160    MG/5ML
Strength currently in the Drug File    => 120

Please Note: Strength of drug does not match strength of VA Product it is matched to.

Press Return to Continue: <ENTER>


Edit Strength? N// <ENTER> O


Strength => 120   Unit =>

Select DISPENSE UNITS PER DOSE: <ENTER>

Strength: 120                 Unit: MG/5ML

Select LOCAL POSSIBLE DOSAGE: ?
        You may enter a new LOCAL POSSIBLE DOSAGE, if you wish
        Answer must be 1-60 characters in length.

Select LOCAL POSSIBLE DOSAGE: ONE TEASPOONFUL
  Are you adding 'ONE TEASPOONFUL' as
    a new LOCAL POSSIBLE DOSAGE (the 1ST for this DRUG)? No// Y  (Yes)

LOCAL POSSIBLE DOSAGE: ONE TEASPOONFUL// <ENTER>
OTHER LANGUAGE DOSAGE NAME: <ENTER>
PACKAGE: O  Outpatient
DOSE UNIT: MILLIGRAM(S)
NUMERIC DOSE: 120

Strength: 120                 Unit: MG/5ML

Select LOCAL POSSIBLE DOSAGE: <ENTER>

Select Drug:
```

Drug Enter/Edit

[PSS DRUG ENTER/EDIT]

The *Drug Enter/Edit* [PSS DRUG ENTER/EDIT] option is modified to allow editing of the two new Local Possible Dosage fields, Numeric Dose and Dose Unit, when matching/rematching to NDF or when entering a new drug without matching to the National Drug File (NDF).

If any of the following conditions can be determined at the time of entry, the Numeric Dose and Dose Unit fields for any defined Local Possible Dosage will not be presented for data entry.

- Drugs associated with a dosage form that is excluded from dosage checks and the VA Product it is matched to will have the OVERRIDE DF DOSE CHK EXCLUSION field (#31)) in the VA PRODUCT file (#50.68) set to 'No'
- Drug associated with a dosage form that is NOT excluded from dosage checks, but the VA Product that it is matched to will have the OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'
- Drug is marked as a supply item Drug is marked as a supply item ('S' in DEA, SPECIAL HDLG field or assigned a VA Drug Class starting with an 'XA').

A warning will be provided if the DRUG file strength does not match the VA Product strength to which it is matched.

Auto population of the Numeric Dose and Dose Unit fields for Local Possible Dosages of eligible drugs ONLY occurs during the post init of the Pre-Release patch installation. If you choose to delete your Local Possible Dosages when remapping to NDF, then when redefining your Local Possible Dosages you will have to repopulate the Numeric Dose and Dose Unit fields along with all other Local Possible Dosage fields.

Changes are shown in boxes.

Rematching drug to NDF (no deletion of Local Possible Dosages)

```
Select Pharmacy Data Management Option: Drug Enter/Edit

Select DRUG GENERIC NAME: TIMOPTIC
  Lookup: SYNONYM
     1   TIMOPTIC 0.25%  TIMOLOL 0.25% OPTH SOL 10ML         OP101
     2   TIMOPTIC 0.5%  TIMOLOL 0.5% OPTH SOL 10ML         OP101
CHOOSE 1-2: 2  TIMOLOL 0.5% OPTH SOL 10ML         OP101

********************************************************************************
This entry is marked for the following PHARMACY packages:
 Outpatient
 Unit Dose
 Non-VA Med
GENERIC NAME: TIMOLOL 0.5% OPTH SOL 10ML  Replace <ENTER>
VA CLASSIFICATION: OP101// <ENTER>
DEA, SPECIAL HDLG: 6P// <ENTER>
DAW CODE: <ENTER>
NATIONAL FORMULARY INDICATOR: YES
LOCAL NON-FORMULARY: <ENTER>
VISN NON-FORMULARY: <ENTER>
Select DRUG TEXT ENTRY: <ENTER>
Select FORMULARY ALTERNATIVE: <ENTER>
Select SYNONYM: 000006336710// <ENTER>
  SYNONYM: 000006336710// <ENTER>
  INTENDED USE: DRUG ACCOUNTABILITY// <ENTER>
  NDC CODE: 000006-3367-10// <ENTER>
Select SYNONYM: <ENTER>
MESSAGE: <ENTER>
RESTRICTION: <ENTER>
```

```
FSN: <ENTER>
NDC: 6-3367-10// <ENTER>
INACTIVE DATE: <ENTER>

WARNING LABEL SOURCE is not 'NEW'.
WARNING LABEL will be used until the WARNING LABEL SOURCE is set to 'NEW'.
WARNING LABEL: <ENTER>

Current Warning labels for TIMOLOL 0.5% OPTH SOL 10ML
Labels will print in the order in which they appear for local and CMOP fills:

22N  For the eye.

Pharmacy fill card display: DRUG WARNING 22N
NOTE: Because the NEW WARNING LABEL LIST field is empty, the warnings above
are the warnings that our national data source distributes for this drug.

Would you like to edit this list of warnings? N// <ENTER> O
ORDER UNIT: BT// <ENTER>
PRICE PER ORDER UNIT: 6.06// <ENTER>
DISPENSE UNIT: <ENTER>
DISPENSE UNITS PER ORDER UNIT: 1// <ENTER>
NCPDP DISPENSE UNIT: EACH//
NCPDP QUANTITY MULTIPLIER: 1//
PRICE PER DISPENSE UNIT:  6.060

     points to TIMOLOL MALEATE 0.5% SOLN,OPH in the National Drug file.


This drug has already been matched and classified with the National Drug
file. In addition, if the dosage form changes as a result of rematching,
you will have to match/rematch to Orderable Item.

Do you wish to match/rematch to NATIONAL DRUG file? No// Y <ENTER> (Yes)

Deleting Possible Dosages...

LOCAL POSSIBLE DOSAGES:

1 DROP   (Package -> O)
2 DROP(S)   (Package -> O)

Delete these Local Possible Dosages? Y// NO

Local Possible Dosages not deleted.


Match local drug  TIMOLOL 0.5% OPTH SOL 10ML
                                      ORDER UNIT: BT
                        DISPENSE UNITS/ORDER UNITS: 1
                                    DISPENSE UNIT:
I will try to match NDC:   6-3367-10   to NDF.

Local drug TIMOLOL 0.5% OPTH SOL 10ML
matches    TIMOLOL MALEATE 0.5% SOLN,OPH
PACKAGE SIZE: 10 ML
PACKAGE TYPE: BOTTLE
          Is this a match ?
Enter Yes or No: YES// <ENTER>



  LOCAL DRUG NAME: TIMOLOL 0.5% OPTH SOL 10ML
```

```
                                        ORDER UNIT: BT
                          DISPENSE UNITS/ORDER UNITS: 1
                                       DISPENSE UNIT:

VA PRODUCT NAME: TIMOLOL MALEATE 0.5% SOLN,OPH
VA PRINT NAME: TIMOLOL MALEATE 0.5% OPH SOLN              CMOP ID: T0056
VA DISPENSE UNIT: ML                                      MARKABLE FOR CMOP: YES
     PACKAGE SIZE: 10 ML
     PACKAGE TYPE: BOTTLE
VA CLASS: OP101  BETA-BLOCKERS,TOPICAL OPHTHALMIC
CS FEDERAL SCHEDULE:
INGREDIENTS:
     TIMOLOL MALEATE 0.5 %
NATIONAL FORMULARY INDICATOR: YES
NATIONAL FORMULARY RESTRICTION:


< Enter "Y" for yes, "N" for no >


          Is this a match ? Y

You have just VERIFIED this match and MERGED the entry.

Resetting Possible Dosages..

Press Return to continue: <ENTER>

This drug has the following Local Possible Dosages:

1 DROP                                                    PACKAGE: IO
   BCMA UNITS PER DOSE:
   NUMERIC DOSE:    DOSE UNIT:
2 DROP(S)                                                 PACKAGE: IO
   BCMA UNITS PER DOSE:
   NUMERIC DOSE:    DOSE UNIT:


Do you want to merge new Local Possible Dosages? Y// ??

If you answer 'YES', any new Local Possible Dosages found based on the nouns
associated with the SOLN,OPH Dosage Form
will be added to your current Local Possible Dosages.


Do you want to merge new Local Possible Dosages? Y// NO
Just a reminder...you are editing TIMOLOL 0.5% OPTH SOL 10ML.

LOCAL POSSIBLE DOSAGES:
  1 DROP                                                  PACKAGE: IO
    BCMA UNITS PER DOSE:
           NUMERIC DOSE:              DOSE UNIT:
  2 DROP(S)                                               PACKAGE: IO
    BCMA UNITS PER DOSE:
           NUMERIC DOSE:              DOSE UNIT:


Do you want to edit Local Possible Dosages? N// YES

This drug has the following Local Possible Dosages:

1 DROP                                                    PACKAGE: IO
```

```
   BCMA UNITS PER DOSE:
   NUMERIC DOSE:    DOSE UNIT:
2 DROP(S)                                          PACKAGE: IO
   BCMA UNITS PER DOSE:
   NUMERIC DOSE:    DOSE UNIT:


Do you want to merge new Local Possible Dosages? Y// NO

Strength: 0.5                Unit: %

Select LOCAL POSSIBLE DOSAGE: 1 DROP    IO

LOCAL POSSIBLE DOSAGE: 1 DROP// <ENTER>
OTHER LANGUAGE DOSAGE NAME: <ENTER>
PACKAGE: Both//  <ENTER>
DOSE UNIT: DROP(S)// <ENTER>
NUMERIC DOSE: 1//<ENTER>

Strength: 0.5                Unit: %

Select LOCAL POSSIBLE DOSAGE: 2 DROP(S)   IO

LOCAL POSSIBLE DOSAGE: 2 DROP(S)// <ENTER>
OTHER LANGUAGE DOSAGE NAME: <ENTER>
PACKAGE: Both// <ENTER>
DOSE UNIT: DROP(S)// <ENTER>
NUMERIC DOSE: 2// <ENTER>

Strength: 0.5                Unit: %

Select LOCAL POSSIBLE DOSAGE:
.
.
.
```

Entering new drug without matching to NDF

```
Select Pharmacy Data Management Option: Drug Enter/Edit

Select DRUG GENERIC NAME: PILOCARPINE 0.25% OPTH SOL 15ML
  Are you adding 'PILOCARPINE 0.25% OPTH SOL 15ML' as
    a new DRUG (the 1734TH)? No// Y  (Yes)
   DRUG NUMBER: 95// <ENTER>
   DRUG VA CLASSIFICATION: <ENTER>
   DRUG FSN: <ENTER>
   DRUG NATIONAL DRUG CLASS: <ENTER>
   DRUG LOCAL NON-FORMULARY: <ENTER>
   DRUG INACTIVE DATE: <ENTER>
   DRUG MESSAGE: <ENTER>
   DRUG RESTRICTION: <ENTER>
GENERIC NAME: PILOCARPINE 0.25% OPTH SOL 15ML  Replace <ENTER>
VA CLASSIFICATION: <ENTER>
DEA, SPECIAL HDLG: <ENTER>
DAW CODE: <ENTER>

NATIONAL FORMULARY INDICATOR: Not Matched To NDF
LOCAL NON-FORMULARY: <ENTER>
VISN NON-FORMULARY: <ENTER>
Select DRUG TEXT ENTRY: <ENTER>
Select FORMULARY ALTERNATIVE: <ENTER>
Select SYNONYM: <ENTER>
MESSAGE: <ENTER>
```

```
RESTRICTION: <ENTER>
FSN: <ENTER>
NDC: <ENTER>
INACTIVE DATE: <ENTER>

If you are planning to match to a NDF entry later or have no plan of using
the external billing function, you may skip the Service Code entry.
SERVICE CODE:

WARNING LABEL SOURCE is not 'NEW'.
WARNING LABEL will be used until the WARNING LABEL SOURCE is set to 'NEW'.
WARNING LABEL: <ENTER>

Current Warning labels for PILOCARPINE 0.25% OPTH SOL 15ML
No warnings from the new data source exist for this drug.
Verify that the drug is matched to the National Drug File.

Would you like to edit this list of warnings? N//<ENTER> O
ORDER UNIT: BT       BOTTLE
PRICE PER ORDER UNIT: 10
DISPENSE UNIT: ML
DISPENSE UNITS PER ORDER UNIT: 15

  Note:     Defaulting the NCPDP DISPENSE UNIT to EACH and the
            NCPDP QUANTITY MULTIPLIER to 1 (one).

NCPDP DISPENSE UNIT: EACH//
NCPDP QUANTITY MULTIPLIER: 1//
PRICE PER DISPENSE UNIT: 0.6667


Do you wish to match/rematch to NATIONAL DRUG file? Yes// N <ENTER> (No)
Just a reminder...you are editing PILOCARPINE 0.25% OPTH SOL 15ML.

LOCAL POSSIBLE DOSAGES: <ENTER>

Do you want to edit Local Possible Dosages? N// YES

Strength:                     Unit:

Select LOCAL POSSIBLE DOSAGE: ONE DROP(S)
  Are you adding 'ONE DROP(S)' as
    a new LOCAL POSSIBLE DOSAGE (the 1ST for this DRUG)? No// Y  (Yes)

LOCAL POSSIBLE DOSAGE: ONE DROP(S)// <ENTER>
OTHER LANGUAGE DOSAGE NAME: <ENTER>
PACKAGE: IO  Both
BCMA UNITS PER DOSE: <ENTER>
DOSE UNIT: DROP(S)
NUMERIC DOSE: 1

Strength:   <ENTER>                  Unit: <ENTER>

Select LOCAL POSSIBLE DOSAGE: TWO DROP(S)
  Are you adding 'TWO DROP(S)' as
    a new LOCAL POSSIBLE DOSAGE (the 2ND for this DRUG)? No// Y  (Yes)

LOCAL POSSIBLE DOSAGE: TWO DROP(S)// <ENTER>
OTHER LANGUAGE DOSAGE NAME: <ENTER>
PACKAGE: Both
BCMA UNITS PER DOSE: <ENTER>
DOSE UNIT: DROP(S)
NUMERIC DOSE: 2
```

```
Strength: <ENTER>                    Unit: <ENTER>

Select LOCAL POSSIBLE DOSAGE:
.
.
.
```

Strength Mismatch

```
Select Pharmacy Data Management Option: DRUG
    1    Drug Enter/Edit
    2    Drug Interaction Management
    3    Drug Text Management
CHOOSE 1-3: 1  Drug Enter/Edit

Select DRUG GENERIC NAME:    ACETAMINOPHEN ELIX. 120MG/5ML 4OZ         CN103

         ...OK? Yes// <ENTER>  (Yes)


********************************************************************************
This entry is marked for the following PHARMACY packages:
 Outpatient
 Unit Dose
 Non-VA Med
GENERIC NAME: ACETAMINOPHEN ELIX. 120MG/5ML 4OZ  Replace <ENTER>
VA CLASSIFICATION: CN103// <ENTER>
DEA, SPECIAL HDLG: 6// <ENTER>
DAW CODE: <ENTER>

NATIONAL FORMULARY INDICATOR: YES
LOCAL NON-FORMULARY: <ENTER>
VISN NON-FORMULARY: <ENTER>
Select DRUG TEXT ENTRY: <ENTER>
Select FORMULARY ALTERNATIVE: <ENTER>
Select SYNONYM: 000054301050// <ENTER>
  SYNONYM: 000054301050// <ENTER>
  INTENDED USE: DRUG ACCOUNTABILITY// <ENTER>
  NDC CODE: 000054-3010-50// <ENTER>
Select SYNONYM: <ENTER>
MESSAGE: <ENTER>
RESTRICTION: <ENTER>
FSN: <ENTER>
NDC: 54-3010-50// <ENTER>
INACTIVE DATE: <ENTER>

WARNING LABEL SOURCE is not 'NEW'.
WARNING LABEL will be used until the WARNING LABEL SOURCE is set to 'NEW'.
WARNING LABEL: 8// <ENTER>

Current Warning labels for ACETAMINOPHEN ELIX. 120MG/5ML 4OZ
Labels will print in the order in which they appear for local and CMOP fills:

8N  Do not drink alcoholic beverages when taking this medication.

66N  This medicine contains ACETAMINOPHEN. Taking more ACETAMINOPHEN than
recommended may cause serious liver problems.

70N  Do not take other ACETAMINOPHEN containing products at the same time
without first checking with your doctor. Check all medicine labels carefully.
```

```
Pharmacy fill card display: DRUG WARNING 8N,66N,70N
NOTE: Because the NEW WARNING LABEL LIST field is empty, the warnings above
are the warnings that our national data source distributes for this drug.

Would you like to edit this list of warnings? N// <ENTER> O
ORDER UNIT: <ENTER>
PRICE PER ORDER UNIT: <ENTER>
DISPENSE UNIT: <ENTER>
DISPENSE UNITS PER ORDER UNIT: 1// <ENTER>
PRICE PER DISPENSE UNIT: 0.000

     points to ACETAMINOPHEN 160MG/5ML ELIXIR in the National Drug file.


This drug has already been matched and classified with the National Drug
file. In addition, if the dosage form changes as a result of rematching,
you will have to match/rematch to Orderable Item.

Do you wish to match/rematch to NATIONAL DRUG file? No// <ENTER>  (No)
Just a reminder...you are editing ACETAMINOPHEN ELIX. 120MG/5ML 4OZ.

Strength from National Drug File match => 160    MG/5ML
Strength currently in the Drug File    => 120

Please Note: Strength of drug does not match strength of VA Product it is matched to.

Press Return to Continue: <ENTER>

Strength => 120   Unit =>

POSSIBLE DOSAGES:
   DISPENSE UNITS PER DOSE: 2         DOSE: 240 MG/5 ML          PACKAGE: I

LOCAL POSSIBLE DOSAGES:
  LOCAL POSSIBLE DOSAGE: ONE TEASPOONFUL               PACKAGE: O
    BCMA UNITS PER DOSE:
           NUMERIC DOSE: 120          DOSE UNIT: MILLIGRAM(S)


Do you want to edit the dosages? N// YES

Changing the strength will update all possible dosages for this Drug.


This drug has the following Local Possible Dosages:


Press Return to continue,'^' to exit the list:


ONE TEASPOONFUL                                      PACKAGE: O
   BCMA UNITS PER DOSE:
   NUMERIC DOSE: 120   DOSE UNIT: MILLIGRAM(S)

Do you want to merge new Local Possible Dosages? Y// NO

Strength: 120                 Unit: MG/5MLSelect LOCAL POSSIBLE DOSAGE: ?
    Answer with LOCAL POSSIBLE DOSAGE:
   ONE TEASPOONFUL     O

        You may enter a new LOCAL POSSIBLE DOSAGE, if you wish
```

```
        Answer must be 1-60 characters in length.

Select LOCAL POSSIBLE DOSAGE: ONE TEASPOONFUL    O

LOCAL POSSIBLE DOSAGE: ONE TEASPOONFUL// <ENTER>
OTHER LANGUAGE DOSAGE NAME: <ENTER>
PACKAGE: Outpatient// <ENTER>
DOSE UNIT: MILLIGRAM(S)// <ENTER>
NUMERIC DOSE:120//<ENTER>

Strength: 120                 Unit: MG/5ML

Select LOCAL POSSIBLE DOSAGE:
```

Strength Mismatch Report

[PSS STRENGTH MISMATCH]

A new *Strength Mismatch Report* [PSS STRENGTH MISMATCH] option will list all DRUG file (#50) entries that have a strength defined that does not match the strength of the VA product that it is matched to. If these drugs have Local Possible Dosages, you need to be careful when populating the new Dose Unit and Numeric Dose fields to be used for Dosage checks, because the Dosage check will be based on the VA Product. This report can only identify strength mismatches if the drug qualifies for Possible Dosages, and a Strength has been defined in the DRUG file (#50).

The report will display:

- Internal Entry Number (IEN) of the Drug
- Drug Name
- Inactivation Date
- Strength
- Units
- Application Package Use
- Possible Dosages
  - Dispense Units Per Dose
  - Dose
  - Package
  - Outpatient Expansion
- Local Possible Dosages
  - Local Possible Dosage
  - Numeric Dose
  - Dose Unit
  - Package
- Strength mismatch message noting the drug strength and VA Product strength, along with the VA Product Name the drug is matched to

```
Select Enhanced Order Checks Setup Menu Option: STREngth Mismatch Report

This report will print Dosage information for all entries in the DRUG (#50)
File that have a different Strength than what is in the VA PRODUCT (#50.68)
File match. If these drugs have Local Possible Dosages, you need to be careful
when populating the new Dose Unit and Numeric Dose fields to be used for Dosage
checks, because the Dosage check will be based on the VA Product. This report
can only identify Strength mismatches if the Drug qualifies for Possible
Dosages, and a Strength has been defined in the DRUG (#50) File.

   This report is designed for 132 column format!

DEVICE: HOME//<ENTER>


Mismatched Strength Report                                          PAGE: 1
-------------------------------------------------------------------------------

(65)              CAPTOPRIL 6.25MG TAB                    Inactive Date:
           Strength: 6.25           Units: MG      Application Package:
    Possible Dosages:
   Dispense Units Per Dose: 1          Dose: 6.25MG             Package: IO  ONE TABLET
   Dispense Units Per Dose: 2          Dose: 12.5MG             Package: IO  TWO TABLETS
    Local Possible Dosages: (None)
   Note: Strength 6.25 does not match NDF strength of 12.5.
   VA PRODUCT MATCH: CAPTOPRIL 12.5MG TAB

 (156)              GUAIFENESIN 50MG/5ML SYRUP           Inactive Date:
           Strength: 50             Units:         Application Package: OX
    Possible Dosages:
   Dispense Units Per Dose: 1          Dose: 50MG/2.5ML         Package: I
   Dispense Units Per Dose: 2          Dose: 100MG/5ML          Package: I
    Local Possible Dosages:
      1 TEASPOONFUL
```

```
      Numeric Dose: 50                  Dose Unit: MILLIGRAM(S)              Package: O
      2 TEASPOONSUL(S)
      Numeric Dose: 100                 Dose Unit: MILLIGRAM(S)              Package: O
   Note: Strength 50 does not match NDF strength of 100.
   VA PRODUCT MATCH: GUAIFENESIN 100MG/5ML SYRUP.
```

Review Dosages Report

[PSS DOSAGE REVIEW REPORT]

The *Review Dosages Report* [PSS DOSAGE REVIEW REPORT] option now displays the new Numeric Dose and Dose Unit fields defined for Local Possible Dosages.

If the strength of the drug does not match the strength of the VA Product to which it is matched to, it will be noted on the report. The VA Product Name will also be displayed.

Dosage report for all drugs

```
Select Dosages Option: REVIEW Dosages Report

     Select one of the following:

          A         ALL
          S         SELECT A RANGE

Print Report for (A)ll or (S)elect a Range: S// ALL

This report will be for all drugs.

Is this correct? Y// <ENTER> ES

   This report is designed for 132 column format!

DEVICE: HOME// <ENTER>


Dosage report for all drugs                                        Outpatient Expansion PAGE: 1
-------------------------------------------------------------------------------------------------

 (699)              GUAIFENESIN 50MG/5ML SYRUP                Inactive Date:
             Strength: 50               Units:          Application Package: OX
      Possible Dosages:
   Dispense Units Per Dose: 1             Dose: 50MG/2.5ML           Package: I
   Dispense Units Per Dose: 2             Dose: 100MG/5ML            Package: I
      Local Possible Dosages:
      1 TEASPOONFUL
      Numeric Dose: 50                      Dose Unit: MILLIGRAM(S)           Package: O
      2 TEASPOONSUL(S)
      Numeric Dose: 100                     Dose Unit: MILLIGRAM(S)           Package: O
  Note: Strength of 50 does not match NDF strength of 100.
  VA PRODUCT MATCH: GUAIFENESIN 100MG/5ML SYRUP

(2280)             IBUPROFEN 300MG TAB    *N/F*               Inactive Date:
             Strength: 300              Units: MG       Application Package: OX
      Possible Dosages: (None)
      Local Possible Dosages:
      3 TABLETS
      Numeric Dose: 900                     Dose Unit: MILLIGRAM(S)           Package: IO
      4 TABLETS
      Numeric Dose: 1200                    Dose Unit: MILLIGRAM(S)           Package: IO

(5249)             IBUPROFEN 400MG (120'S)    *N/F*            Inactive Date:
             Strength: 400              Units: MG       Application Package: OX
      Possible Dosages:
   Dispense Units Per Dose: 1          Dose: 400MG              Package: IO     1 TABLET
```

```
   Dispense Units Per Dose: 2          Dose: 800MG              Package: IO     2 TABLETS
      Local Possible Dosages: (None)


(1676)             TIMOLOL 0.25% OPTH SOLN (10ML)              Inactive Date:
              Strength:                   Units:          Application Package: OXU
      Possible Dosages: (None)
      Local Possible Dosages:
      2 DROPS
      Numeric Dose: 2                       Dose Unit: DROP(S)                Package: IO
```

Chapter 3 – Frequency Review

In order to perform a daily dose range check on a prescribed medication, the software needs to determine how many times per day the single dosage is taken. The schedule from an order will be used to obtain that information. The FREQUENCY (IN MINUTES) field (#2) in the ADMINISTRATION SCHEDULE file (#51.1) or the FREQUENCY (IN MINUTES) field (#31) in the MEDICATION INSTRUCTION file (#51) will be used to calculate a frequency.

If a schedule entered for a medication order is not found in either the ADMINISTRATION SCHEDULE (marked with prefix of 'PSJ') or MEDICATION INSTRUCTION files or is found in one of those two files, but a frequency (in minutes) does not exist, a daily dose range check will not be performed. The user will be informed of this and a reason given as to why. A maximum single dose check will still be performed and general dosing information for the drug will be provided.

If the type of schedule for an administration schedule used for an order is designated as ONE-TIME or ON CALL or if the Schedule Type for a Unit Dose order is ONE-TIME or ON CALL only a maximum single dosage check will be performed on the order and a frequency is not needed.

If the TYPE OF SCHEDULE for an Administration Schedule within an order is designated as DAY OF THE WEEK, the number of administration times will be used to determine the frequency in order to perform a daily dose range check. If none are defined, a frequency of '1' will be assumed.

Enhanced Order Checks Setup Menu:

Find Unmapped Local Medication Routes
Map Local Medication Route to Standard
Medication Route Mapping Report
Medication Route File Enter/Edit
Medication Route Mapping History Report
Request Change to Standard Medication Route
Find Unmapped Local Possible Dosages
Map Local Possible Dosages
Local Possible Dosages Report
Strength Mismatch Report
Enter/Edit Dosages
Request Change to Dose Unit
Mark PreMix Solutions
IV Solution Report
Administration Schedule File Report
Medication Instruction File Report

Administration Schedule File Report

[PSS SCHEDULE REPORT]

The new *Administration Schedule File Report* [PSS SCHEDULE REPORT] option prints out entries from the Administration Schedule file in order to check to see if a frequency is defined. A report can be run for all administration schedules or only the administration schedules without a frequency.

Only administration schedules with a PACKAGE PREFIX (field #4) set to 'PSJ' will be included in the report.

The report can be set to print in either an 80 or 132 column format.

The report will include

- Schedule Name
- Standard Administration Times
- Outpatient Expansion
- Other Language Expansion
- Ward(s)
  - Ward
  - Ward Administration Times
- Type of Schedule
- Frequency in Minutes

User selects all administration schedules

```
Select Enhanced Order Checks Setup Menu Option: Administration Schedule File
Report

This report displays entries from the ADMINISTRATION SCHEDULE (#51.1) File.
It can be run for all Schedules, or only Schedules without a FREQUENCY
(IN MINUTES). Only schedules with a PSJ Package Prefix will be displayed, since
they are the only schedules the software will look at when deriving a FREQUENCY
(IN MINUTES) for the daily dosage checks. If a FREQUENCY (IN MINUTES) cannot
be determined for an order, the daily dosage check cannot occur for that order.


     Select one of the following:

          A         All Schedules
          O         Only Schedules with a missing frequency

Print All Schedules, or Only Schedules without a frequency: A//<ENTER> ll Schedules


     Select one of the following:

          80        80 Column
          132       132 Column

Print report in 80 or 132 column format: 80// <ENTER> Column

DEVICE: HOME//   <ENTER>


ADMINISTRATION SCHEDULE FILE REPORT (All)                          PAGE: 1
------------------------------------------------------------------------------
BID
     STANDARD ADMINISTRATION TIMES: 09-17
              OUTPATIENT EXPANSION: TWICE A DAY
          OTHER LANGUAGE EXPANSION:
                              WARD: GEN MED
         WARD ADMINISTRATION TIMES: 08-16
                              WARD: 7A GEN MED
         WARD ADMINISTRATION TIMES: 10-18
                     SCHEDULE TYPE: CONTINUOUS
            FREQUENCY (IN MINUTES): 720
Q1H
     STANDARD ADMINISTRATION TIMES: 0100-0200-0300-0400-0500-0600-0700-0800-
                                    0900-1000-1100-1200-1300-1400-1500-1600-
                                    1700-1800-1900-2000-2100-2200-2300-2400
              OUTPATIENT EXPANSION: EVERY HOUR
          OTHER LANGUAGE EXPANSION:
                     SCHEDULE TYPE: CONTINUOUS
            FREQUENCY (IN MINUTES): 60

Q6H
     STANDARD ADMINISTRATION TIMES: 06-12-18-24
              OUTPATIENT EXPANSION: EVERY 6 HOURS
          OTHER LANGUAGE EXPANSION:
                     SCHEDULE TYPE: CONTINUOUS
            FREQUENCY (IN MINUTES): 360
QHS
     STANDARD ADMINISTRATION TIMES: 21
              OUTPATIENT EXPANSION: AT BEDTIME
          OTHER LANGUAGE EXPANSION:
                     SCHEDULE TYPE: CONTINUOUS
            FREQUENCY (IN MINUTES): 1440
```

```
TID
     STANDARD ADMINISTRATION TIMES: 09-13-17
              OUTPATIENT EXPANSION: THREE TIMES A DAY
          OTHER LANGUAGE EXPANSION:
                     SCHEDULE TYPE: CONTINUOUS
            FREQUENCY (IN MINUTES): 480

End of Report
```

User selects administration schedules without a frequency defined.

```
Select Enhanced Order Checks Setup Menu Option: ADMINistration Schedule File
Report

This report displays entries from the ADMINISTRATION SCHEDULE (#51.1) File.
It can be run for all Schedules, or only Schedules without a FREQUENCY
(IN MINUTES). Only schedules with a PSJ Package Prefix will be displayed, since
they are the only schedules the software will look at when deriving a FREQUENCY
(IN MINUTES) for the daily dosage checks. If a FREQUENCY (IN MINUTES) cannot
be determined for an order, the daily dosage check cannot occur for that order.

     Select one of the following:

          A         All Schedules
          O         Only Schedules with a missing frequency

Print All Schedules, or Only Schedules without a frequency: A// Only Schedules
with a missing frequency

     Select one of the following:

          80        80 Column
          132       132 Column

Print report in 80 or 132 column format: 80// <ENTER> Column

DEVICE: HOME//  <ENTER>

ADMINISTRATION SCHEDULE WITHOUT FREQUENCY REPORT                    PAGE: 1
-------------------------------------------------------------------------------
BID-W/MEAL
     STANDARD ADMINISTRATION TIMES: 11
              OUTPATIENT EXPANSION:
          OTHER LANGUAGE EXPANSION:
                     SCHEDULE TYPE:
            FREQUENCY (IN MINUTES):

Q12H
     STANDARD ADMINISTRATION TIMES: 0900-2100
              OUTPATIENT EXPANSION: EVERY 12 HOURS
          OTHER LANGUAGE EXPANSION:
                     SCHEDULE TYPE:
            FREQUENCY (IN MINUTES):

End of Report.
```

Medication Instruction File Report

PSS MED INSTRUCTION REPORT

The new *Medication Instruction File Report* option prints out entries from the MEDICATION INSTRUCTION file (#51) in order to check to see if a frequency is defined.

The report can be run for all medication instructions or just the medication instructions without a frequency.

The report can be set to print in either an 80 or 132 column format.

The report will include:

- Medication Instruction Name
- Synonym
- Expansion
- Other Language Expansion
- Plural
- Intended Use
- Frequency in Minutes

If the report is run for only those medication instructions with a missing frequency and all medication instructions have a frequency, the report will note that.

User selects all medication instructions

```
Select Enhanced Order Checks Setup Menu Option: Medication Instruction File Report

This report displays entries from the MEDICATION INSTRUCTION (#51) File. It
can be run for all Medication Instructions or only Medication Instructions
without a FREQUENCY (IN MINUTES). If a FREQUENCY (IN MINUTES) cannot be
determined for an order, the daily dosage check cannot occur for that order.


     Select one of the following:

          A         All Medication Instructions
          O         Only Medication Instructions with a missing frequency

Print All Medication Instructions, or Only Medication Instructions
without a frequency: A// All Medication Instructions


     Select one of the following:

          80        80 Column
          132       132 Column

Print report in 80 or 132 column format: 80// <ENTER> Column

DEVICE: HOME// <ENTER>
```

```
MEDICATION INSTRUCTION FILE REPORT (All)                          PAGE: 1
------------------------------------------------------------------------------
AD
                    SYNONYM:
                  EXPANSION: RIGHT EAR
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: OUTPATIENT ONLY
    FREQUENCY (IN MINUTES):

BID
                    SYNONYM:
                  EXPANSION: TWICE A DAY
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES): 720

FCP
                    SYNONYM:
                  EXPANSION: FOR CHEST PAIN
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES):

Q12H
                    SYNONYM: Q12
                  EXPANSION: EVERY TWELVE HOURS
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES): 720

Q46
                    SYNONYM: Q46H
                  EXPANSION: EVERY 4-6 HOURS
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES): 240

QIDAC
                    SYNONYM: QIDACHS
                  EXPANSION: FOUR TIMES A DAY BEFORE MEALS & AT BEDTIME
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES): 288

WM
                    SYNONYM:
                  EXPANSION: WITH MEALS
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES):

End of Report
```

User selects medication instruction without a frequency defined

```
Select Enhanced Order Checks Setup Menu Option: Medication Instruction File Report

This report displays entries from the MEDICATION INSTRUCTION (#51) File. It
can be run for all Medication Instructions or only Medication Instructions
without a FREQUENCY (IN MINUTES). If a FREQUENCY (IN MINUTES) cannot be
determined for an order, the daily dosage check cannot occur for that order.


     Select one of the following:

          A         All Medication Instructions
          O         Only Medication Instructions with a missing frequency

Print All Medication Instructions, or Only Medication Instructions
without a frequency: A// Only Medication Instructions with a missing frequency

     Select one of the following:

          80        80 Column
          132       132 Column

Print report in 80 or 132 column format: 80// <ENTER> Column

DEVICE: HOME//   <ENTER>

MEDICATION INSTRUCTIONS WITHOUT FREQUENCY REPORT                    PAGE: 1
------------------------------------------------------------------------------
AC
                    SYNONYM:
                  EXPANSION: BEFORE MEALS
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES):
AD
                    SYNONYM:
                  EXPANSION: RIGHT EAR
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: OUTPATIENT ONLY
    FREQUENCY (IN MINUTES):

FCP
                    SYNONYM:
                  EXPANSION: FOR CHEST PAIN
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES):

PC
                    SYNONYM:
                  EXPANSION: AFTER MEALS
  OTHER LANGUAGE EXPANSION:
                     PLURAL:
               INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES):

WM
                    SYNONYM:
                  EXPANSION: WITH MEALS
  OTHER LANGUAGE EXPANSION:
```

```
                    PLURAL:
                INTENDED USE: IN & OUTPATIENT
    FREQUENCY (IN MINUTES):

End of Report.
```

All medication instructions have a frequency defined

```
This report displays entries from the MEDICATION INSTRUCTION (#51) File. It
can be run for all Medication Instructions or only Medication Instructions
without a FREQUENCY (IN MINUTES). If a FREQUENCY (IN MINUTES) cannot be
determined for an order, the daily dosage check cannot occur for that order.

     Select one of the following:

          A         All Medication Instructions
          O         Only Medication Instructions with a missing frequency

Print All Medication Instructions, or Only Medication Instructions
without a frequency: A// Only Medication Instructions with a missing frequency

     Select one of the following:

          80        80 Column
          132       132 Column

Print report in 80 or 132 column format: 80// <ENTER> Column

DEVICE: HOME// <ENTER>


MEDICATION INSTRUCTIONS WITHOUT FREQUENCY REPORT                    PAGE: 1
------------------------------------------------------------------------------
No Medication Instructions found without frequencies
```

Chapter 4 – Identify IV Solution PreMixes

A PreMix solution is an IV Solution that comes prepared from the manufacturer with additives. An example would be Heparin 25,000 units in 5% Dextrose 250ml or 5% Dextrose 0.45% Sodium Chloride with 20 MeQ Potassium Chloride 1000ml. Currently if such a drug is entered as an IV Solution for an IV order, it does not participate in order checks (i.e. drug-drug interactions, duplicate class, etc). If entered as an IV Additive it does.

You can now enter these types of premixed drugs as IV Solutions and mark them as PreMixes and they will participate in order checks. Order checks will be performed on the drug associated with the IV solution. If you have your PreMix solutions set up as IV additives or set up as an IV additive and IV solution in order to participate in order checks, you do NOT have to make any changes if you do not wish to. They will continue to participate in order checks when PRE V. 0.5 is released.

However, if you want to enter your PreMixes as IV Solutions and mark them as PreMixes you have two options:

1) Make your file changes AFTER PRE V. 0.5 is installed.

2) Make your file changes NOW, but keep them inactivated.

Once PRE V. 0.5 is installed, you can delete the inactivation date and inactivate the IV additives or IV Additive and IV Solution entries that you are replacing.

Remember, these changes will only be recognized by PRE V. 0.5 software.

The following bolded options are to be used to identify and mark PreMixes.

Enhanced Order Checks Setup Menu:

Find Unmapped Local Medication Routes
Map Local Medication Route to Standard
Medication Route Mapping Report
Medication Route File Enter/Edit
Medication Route Mapping History Report
Request Change to Standard Medication Route
Find Unmapped Local Possible Dosages
Map Local Possible Dosages
Local Possible Dosages Report
Strength Mismatch Report
Enter/Edit Dosages
Request Change to Dose Unit
Mark PreMix Solutions
IV Solution Report
Administration Schedule File Report
Medication Instruction File Report

These additional options may also be used to mark an IV Solution as a PreMix:

Drug Enter/Edit (under Pharmacy Data Management option)
Primary Solution File (IV) (stand alone option)

The detailed descriptions of the options that follow are presented in the logical sequence to accomplish the file setup, not the order in which they are displayed on the menu.

IV Solution Report

[PSS IV SOLUTION REPORT]

The new *IV Solution Report* [PSS IV SOLUTION REPORT] option displays only IV solutions marked as PreMixes or all IV solutions.

The report will print the following data elements:

- Print Name
- Print Name {2}
- Volume
- Synonyms
- Generic Drug
- Pharmacy Orderable Item
- Inactivation Date
- Used in IV Fluid Order Entry
- PreMix

If the user chooses to print only the IV solutions marked as PreMixes and none are found the report will display 'No IV Solutions marked as PreMixes found.'

User selects only solutions marked as PreMix

```
Select Enhanced Order Checks Setup Menu Option: IV SOLUTION Report

This report displays only those solutions in the IV Solutions (#52.7) File
that are marked as PreMix IV Solutions, or it displays all Solutions.

     Select one of the following:

          P         Print only IV Solutions marked as PreMix
          A         Print All IV Solutions

Print report for PreMix (P), or All IV Solutions (A): (P/A): Premix: P// <ENTER> rint
only IV Solutions marked as PreMix

   This report is designed for 80 column format!

DEVICE: HOME//   <ENTER>

Solution PreMix report for IV Solutions marked as PreMix             Page: 1
------------------------------------------------------------------------------
                      Print Name: DOPAMINE 400MG IN DEXTROSE 5%  Volume: 500 ML
                   Print Name {2}:
                         Synonyms: INTROPIN
                                   DOPAMINE D5
                     Generic Drug: DOPAMINE 400MG IN 5% DEXTROSE 500ML
          Pharmacy Orderable Item: DOPAMINE IN DEXTROSE 5% INJ,SOL
                Inactivation Date:
     Used in IV Fluid Order Entry: YES
                           PreMix: YES

                      Print Name: METRONIDAZOLE 500MG IN NACL    Volume: 100 ML
                   Print Name {2}:
                         Synonyms:
                     Generic Drug: METRONIDAZOLE 500MG/100ML NACL
          Pharmacy Orderable Item: METRONIDAZOLE/SODIUM CHLORIDE  INJ,SOLN
                Inactivation Date:
     Used in IV Fluid Order Entry: YES
                           PreMix: YES

End of Report
```

No IV solutions marked as PreMixes

```
Select Enhanced Order Checks Setup Menu Option: IV SOLUTION Report

This report displays only those solutions in the IV Solutions (#52.7) File
that are marked as PreMix IV Solutions, or it displays all Solutions.

     Select one of the following:

          P         Print only IV Solutions marked as PreMix
          A         Print All IV Solutions

Print report for PreMix (P), or All IV Solutions (A): (P/A): Premix: P// <ENTER> rint
only IV Solutions marked as PreMix

   This report is designed for 80 column format!

DEVICE: HOME//  <ENTER>

Solution PreMix report for IV Solutions marked as PreMix             Page: 1
------------------------------------------------------------------------------
No IV Solutions marked as PreMixes found.
```

User Selects all IV Solutions

```
Select Enhanced Order Checks Setup Menu Option:  IV Solution Report

This report displays only those solutions in the IV Solutions (#52.7) File
that are marked as PreMix IV Solutions, or it displays all Solutions.

     Select one of the following:

          P         Print only IV Solutions marked as PreMix
          A         Print All IV Solutions

Print report for PreMix (P), or All IV Solutions (A): (P/A): Premix: P// a  Print All
IV Solutions

   This report is designed for 80 column format!

DEVICE: HOME//   <ENTER>

Solution PreMix report for all IV Solutions                          Page: 1
-------------------------------------------------------------------------------
                  Print Name: 0.9% SODIUM CHLORIDE    Volume: 100 ML
              Print Name {2}:
                    Synonyms: 2673
                Generic Drug: SODIUM CHLORIDE 0.9% 100ML
     Pharmacy Orderable Item: SODIUM CHLORIDE  INJ
           Inactivation Date:
Used in IV Fluid Order Entry: YES
                     PreMix:

                  Print Name: 0.9% SODIUM CHLORIDE    Volume: 50 ML
              Print Name {2}:
                    Synonyms: 2672
                Generic Drug: SODIUM CHLORIDE 0.9% 50ML
     Pharmacy Orderable Item: SODIUM CHLORIDE  INJ
           Inactivation Date:
Used in IV Fluid Order Entry: YES
                     PreMix:

                  Print Name: 20% DEXTROSE    Volume: 500 ML
              Print Name {2}:
                    Synonyms:
                Generic Drug: DEXTROSE 20% IN WATER 500ML
     Pharmacy Orderable Item: DEXTROSE  INJ,SOLN
           Inactivation Date:
Used in IV Fluid Order Entry: YES
                     PreMix:

                  Print Name: METRONIDAZOLE 500MG IN NACL    Volume: 100 ML
              Print Name {2}:
                    Synonyms:
                Generic Drug: METRONIDAZOLE 500MG/100ML NACL
     Pharmacy Orderable Item: METRONIDAZOLE/SODIUM CHLORIDE  INJ,SOLN
           Inactivation Date:
Used in IV Fluid Order Entry: YES
                     PreMix: YES

End of Report.
```

Mark PreMix Solutions

[PSS MARK PREMIX SOLUTIONS]

The new *Mark PreMix Solutions* [PSS MARK PREMIX SOLUTIONS] option allows a user to quickly mark an IV Solution as a PreMix.

The following data fields can be edited:

- Print Name
- Print Name {2}
- Generic Drug
- Volume
- Inactivation Date
- Used in IV Fluid Order Entry
- PreMix

After successful edit of an entry, the user will be prompted to enter another IV Solution to edit. If the user presses **<ENTER>**, they will be exited out of the option.

```
Select Enhanced Order Checks Setup Menu Option: MARK PreMix Solutions

Select IV SOLUTIONS PRINT NAME: HEP
     1   HEPARIN 1,000U/0.9% NS-2U/ML            500 ML

     2   HEPARIN 25,000U/D5W (50U/ML)            500 ML

     3   HEPARIN 25000 UNITS/0.45% NACL            250 ML

CHOOSE 1-3: 3  HEPARIN 25000 UNITS/0.45% NACL          250 ML

PRINT NAME: HEPARIN 25000 UNITS/0.45% NACL  Replace <ENTER>
PRINT NAME {2}: <ENTER>
GENERIC DRUG: HEPARIN 25,000 UNITS IN 0.45% NACL 250ML
         // <ENTER>
VOLUME: 250 ML// <ENTER>
INACTIVATION DATE:
USED IN IV FLUID ORDER ENTRY: YES// <ENTER>
PREMIX: YES// <ENTER>


Select IV SOLUTIONS PRINT NAME:
```

Drug Enter/Edit

[PSS DRUG ENTER/EDIT]

The *Drug Enter/Edit* [PSS DRUG ENTER/EDIT] option allows a user to mark an IV Solution as a PreMix.

```
Select Pharmacy Data Management Option:  Drug Enter/Edit

Select DRUG GENERIC NAME:    METRONIDAZOLE 500MG/100ML NACL         AM900

         ...OK? Yes// <ENTER>  (Yes)
******************************************************************************
This entry is marked for the following PHARMACY packages:
 IV
GENERIC NAME: METRONIDAZOLE 500MG/100ML NACL  Replace <ENTER>
VA CLASSIFICATION: AM900// <ENTER>
DEA, SPECIAL HDLG: <ENTER>
DAW CODE: <ENTER>
.
.
.

******************************************************************************
This entry is marked for the following PHARMACY packages:
 IV

MARK THIS DRUG AND EDIT IT FOR:
O  - Outpatient
U  - Unit Dose
I  - IV
W  - Ward Stock
D  - Drug Accountability
C  - Controlled Substances
X  - Non-VA Med
A  - ALL

Enter your choice(s) separated by commas : I
                                           I - IV
** You are NOW editing IV fields. **

AN IV ITEM? Yes// <ENTER>  (Yes)
Edit Additives or Solutions:

     Select one of the following:

          A         ADDITIVES
          S         SOLUTIONS

Enter response: SOLUTIONS
Select IV SOLUTIONS PRINT NAME:    METRONIDAZOLE 500MG IN NACL          100 ML

PRINT NAME: METRONIDAZOLE 500MG IN NACL  Replace <ENTER>
PRINT NAME {2}: <ENTER>
GENERIC DRUG: METRONIDAZOLE 500MG/100ML NACL// <ENTER>
VOLUME: 100 ML// <ENTER>
Select ELECTROLYTES: <ENTER>
Select SYNONYM: <ENTER>
DRUG INFORMATION: <ENTER>
  No existing text
```

```
  Edit? NO// <ENTER>
AVERAGE DRUG COST: <ENTER>
INACTIVATION DATE: <ENTER>
USED IN IV FLUID ORDER ENTRY: YES// <ENTER>
PREMIX: YES
Edit Additives or Solutions: <ENTER>

     Select one of the following:

          A         ADDITIVES
          S         SOLUTIONS

Enter response:
```

Primary Solution File (IV)

[PSSJI SOLN]

The *Primary Solution File (IV)* [PSSJI SOLN] stand alone option is modified to allow a user to mark an IV Solution as a premix.

```
Select OPTION NAME: PRIMARY SOLUTION FILE (IV)  PSSJI SOLN     PRimary Solution
File (IV)
PRimary Solution File (IV)
Select IV ROOM NAME:    ALBANY IV ROOM

You are signed on under the ALBANY IV ROOM IV ROOM

Current IV LABEL device is: TELNET - IN

Current IV REPORT device is: TELNET - IN
Select IV SOLUTIONS PRINT NAME: METRONIDAZOLE 500MG IN NACL            100 ML

PRINT NAME: METRONIDAZOLE 500MG IN NACL  Replace <ENTER>
PRINT NAME {2}: <ENTER>
GENERIC DRUG: METRONIDAZOLE 500MG/100ML NACL// <ENTER>
VOLUME: 100 ML// <ENTER>
Select ELECTROLYTES: <ENTER>
Select SYNONYM: <ENTER>
DRUG INFORMATION: <ENTER>
  No existing text
  Edit? NO// <ENTER>
AVERAGE DRUG COST: <ENTER>
INACTIVATION DATE: <ENTER>
USED IN IV FLUID ORDER ENTRY: YES// <ENTER>
PREMIX: YES//
```

(This page included for two-sided copying.)

Chapter 5 – Enter/Edit Additive Frequency for IV Additives

To facilitate accurate daily dose checking for a continuous IV Solution with IV Additives, the software must calculate the amount of an IV Additive that is administered to a patient over a 24 hour period of time. In order to capture that information at the time the provider enters the IV order through the CPRS Continuous IV Dialog software changes were required. PSS*1.0*147 creates a new ADDITIVE FREQUENCY (#18) field in the IV ADDITIVES (#52.6) file to provide a default value for a new Additive Frequency field in Computerized Patient Record System (CPRS) when an IV Additive for a continuous IV order is entered. These defaults will not start to appear in CPRS until Pharmacy Re-Engineering (PRE) V. 0.5 software is installed.

Data will be auto-populated by a Post-Install routine for patch PSS*1*147 based on the following business rules:

- If the dispense drug assigned to the IV Additive has a VA Drug Class code that contains a 'VT', the additive frequency for the IV Additive will be set to '1 BAG/DAY'. (I.e. Multivitamins IV are administered as a single dose)
- If the dispense drug assigned to the IV Additive has a VA Drug Class code that does not contain a 'VT', the additive frequency for the IV Additive will be set to 'All Bags'.
- If the dispense drug assigned to the IV Additive has no VA Drug Class code defined (not match to NDF or not manually classed) the field will be left blank.

A new IV Additive Report [PSS IV ADDITIVE REPORT] option has also been added to allow review of the Additive Frequency data. Users should use this report to review the auto populated Additive Frequency data for accuracy/appropriateness. When reviewing the Additive Frequency data use the following as a guideline:

1. If an IV Additive (i.e. IV Multivitamins) is always administered as a single dose within a 24 hour period, assign '1 BAG/DAY'.
2. If an IV Additive (i.e. Dopamine) is always administered as a continuous infusion and will be placed in all bags for an IV order, assign 'ALL BAGS'.
3. If an IV Additive (i.e. Potassium Chloride) may sometimes be administered in all bags or sometimes in only one or two bags of an IV order, leave it blank.

This new field can be edited using the Drug Enter/Edit [PSS DRUG ENTER/EDIT] option or the Additives File [PSSJI DRUG] stand alone option.

The following bolded options are to be used to review and enter/edit the Additive Frequency for IV Additives.

Select Pharmacy Data Management Option:

CMOP Mark/Unmark (Single drug)
Dosages ...

Drug Enter/Edit
Drug Interaction Management ...
Electrolyte File (IV)
Lookup into Dispense Drug File
Medication Instruction Management ...
Medication Routes Management ...
Orderable Item Management ...
Formulary Information Report
Drug Text Management ...
Pharmacy System Parameters Edit
Standard Schedule Management ...
Synonym Enter/Edit
Controlled Substances/PKI Reports ...
Send Entire Drug File to External Interface
Enhanced Order Checks Setup Menu ...
IV Additive/Solution Reports ...
IV Additive Report
IV Solution Report
Warning Builder
Warning Mapping

This additional option may also be used to enter/edit an Additive Frequency for an IV Additive:

ADditives File (stand alone option)

The detailed descriptions of the options that follow are presented in the logical sequence to accomplish the file setup, not the order in which they are displayed on the menu.

IV Additive Report

[PSS IV ADDITIVE REPORT]

The new *IV Additive Report* [PSS IV ADDITIVE REPORT] option displays entries in the IV ADDITIVES (#52.6) File. You can select to display only entries marked with '1 BAG/DAY' in the ADDITIVE FREQUENCY (#18) field, or only those entries with nothing entered in the ADDITIVE FREQUENCY (#18) field, or all entries can be displayed. The report will print the following data elements:

- Print Name
- Generic Drug
- Drug Unit
- Synonyms
- Pharmacy Orderable Item
- Inactivation Date
- Used in IV Fluid Order Entry
- Additive Frequency

If the user chooses to print only the IV Additives marked with ‘1 BAG/DAY’ in the Additive Frequency or those entries with nothing entered in the Additive Frequency and none are found, the report will display ‘No IV Additives marked as '1 BAG/DAY' or ‘No IV Additives marked as null’ respectively.

User selects only IV Additives marked with '1 BAG/DAY' in the Additive Frequency

```
Select IV Additive/Solution Reports Option: IV ADditive Report

This report displays entries in the IV ADDITIVES (#52.6) File. You can select
to display only entries marked with '1 BAG/DAY' in the ADDITIVE FREQUENCY (#18)
Field, or only those entries with nothing entered in the ADDITIVE FREQUENCY
(#18) Field, or all entries can be displayed.

     Select one of the following:

          1         Print entries marked as '1 BAG/DAY' for ADDITIVE FREQUENCY
          N         Print entries marked as Null for ADDITIVE FREQUENCY
          A         Print all IV Additives

Print which IV Additives: A// 1  Print entries marked as '1 BAG/DAY' for ADDITIVE
FREQUENCY

   This report is designed for 80 column format!

DEVICE: HOME//   <ENTER>

IV Additives marked as '1 BAG/DAY' for ADDITIVE FREQUENCY           Page: 1
------------------------------------------------------------------------------

                  Print Name: MVI
                   Drug Unit: ML
                    Synonyms:
                Generic Drug: MULTIVITAMIN 5ML INJ
     Pharmacy Orderable Item: MULTIVITAMINS  INJ,SOLN
           Inactivation Date:
Used in IV Fluid Order Entry: YES
          Additive Frequency: 1 BAG/DAY

                  Print Name: THIAMINE
                   Drug Unit: MG
                    Synonyms:
                Generic Drug: THIAMINE 100MG/ML INJ 10(ML)
     Pharmacy Orderable Item: THIAMINE  INJ,SOLN
           Inactivation Date:
Used in IV Fluid Order Entry: YES
          Additive Frequency: 1 BAG/DAY

End of Report.
```

User selects only IV Additives marked with no value in the Additive Frequency

```
Select IV Additive/Solution Reports Option: IV ADditive Report

This report displays entries in the IV ADDITIVES (#52.6) File. You can select
to display only entries marked with '1 BAG/DAY' in the ADDITIVE FREQUENCY (#18)
Field, or only those entries with nothing entered in the ADDITIVE FREQUENCY
(#18) Field, or all entries can be displayed.

     Select one of the following:

          1         Print entries marked as '1 BAG/DAY' for ADDITIVE FREQUENCY
          N         Print entries marked as Null for ADDITIVE FREQUENCY
          A         Print all IV Additives

Print which IV Additives: A// N  Print entries marked as Null for ADDITIVE FREQUENCY
```

```
   This report is designed for 80 column format!

DEVICE: HOME//   <ENTER>

IV Additives marked as null for ADDITIVE FREQUENCY                  Page: 1
------------------------------------------------------------------------------
                  Print Name: CALCIUM GLUCONATE
                   Drug Unit: MEQ
                    Synonyms: CAGLUC
                Generic Drug: CALCIUM GLUCONATE 1GM
     Pharmacy Orderable Item: CALCIUM GLUCONATE  INJ,SOLN
           Inactivation Date:
Used in IV Fluid Order Entry: YES
          Additive Frequency:

                  Print Name: POTASSIUM CHLORIDE
                   Drug Unit: MEQ
                    Synonyms: KCL
                Generic Drug: POTASSIUM CL 2MEQ/ML (10ML) INJ
     Pharmacy Orderable Item: POTASSIUM CHLORIDE  INJ,SOLN
           Inactivation Date:
Used in IV Fluid Order Entry: YES
          Additive Frequency:

End of Report.
```

No IV Additives marked with '1 BAG/DAY' in the Additive Frequency

```
Select IV Additive/Solution Reports Option: IV ADDitive Report

This report displays entries in the IV ADDITIVES (#52.6) File. You can select
to display only entries marked with '1 BAG/DAY' in the ADDITIVE FREQUENCY (#18)
Field, or only those entries with nothing entered in the ADDITIVE FREQUENCY (#18) Field,
or all entries can be displayed.

     Select one of the following:

          1         Print entries marked as '1 BAG/DAY' for ADDITIVE FREQUENCY
          N         Print entries marked as Null for ADDITIVE FREQUENCY
          A         Print all IV Additives

Print which IV Additives: A// 1  Print entries marked as '1 BAG/DAY' for ADDITIVE
FREQUENCY

   This report is designed for 80 column format!

DEVICE: HOME//   <ENTER>

IV Additives marked as '1 BAG/DAY' for ADDITIVE FREQUENCY           Page: 1
------------------------------------------------------------------------------

No IV Additives marked as '1 BAG/DAY'.

End of Report.
```

No IV Additives with nothing in the Additive Frequency

```
Select IV Additive/Solution Reports Option: IV ADditive Report

This report displays entries in the IV ADDITIVES (#52.6) File. You can select
to display only entries marked with '1 BAG/DAY' in the ADDITIVE FREQUENCY (#18)
Field, or only those entries with nothing entered in the ADDITIVE FREQUENCY (#18) Field,
or all entries can be displayed.

     Select one of the following:

          1         Print entries marked as '1 BAG/DAY' for ADDITIVE FREQUENCY
          N         Print entries marked as Null for ADDITIVE FREQUENCY
          A         Print all IV Additives

Print which IV Additives: A// N  Print entries marked as Null for ADDITIVE FREQUENCY

   This report is designed for 80 column format!

DEVICE: HOME//   <ENTER>

IV Additives marked as null for ADDITIVE FREQUENCY                  Page: 1
-------------------------------------------------------------------------------
No IV Additives marked as null.

End of Report.
```

User Selects all IV Additives

```
Select IV Additive/Solution Reports Option: IV Additive Report

This report displays entries in the IV ADDITIVES (#52.6) File. You can select
to display only entries marked with '1 BAG/DAY' in the ADDITIVE FREQUENCY (#18)
Field, or only those entries with nothing entered in the ADDITIVE FREQUENCY(#18)
Field, or all entries can be displayed.

     Select one of the following:

          1         Print entries marked as '1 BAG/DAY' for ADDITIVE FREQUENCY
          N         Print entries marked as Null for ADDITIVE FREQUENCY
          A         Print all IV Additives

Print which IV Additives: A// <ENTER>  Print all IV Additives

   This report is designed for 80 column format!

DEVICE: HOME//   <ENTER>

All IV Additives                                                    Page: 1
-------------------------------------------------------------------------------

                  Print Name: AMINOPHYLLINE
                   Drug Unit: MG
                    Synonyms:
               Generic Drug: AMINOPHYLLINE 25MG/ML 20ML INJ
     Pharmacy Orderable Item: AMINOPHYLLINE  INJ,SOLN
           Inactivation Date:
Used in IV Fluid Order Entry: YES
          Additive Frequency: ALL BAGS

                  Print Name: CALCIUM GLUCONATE
```

```
                  Drug Unit: MEQ
                   Synonyms: CAGLUC
               Generic Drug: CALCIUM GLUCONATE 1GM
    Pharmacy Orderable Item: CALCIUM GLUCONATE  INJ,SOLN
          Inactivation Date:
Used in IV Fluid Order Entry: YES
         Additive Frequency:

                 Print Name: HEPARIN
                  Drug Unit: UNITS
                   Synonyms:
               Generic Drug: HEPARIN 10,000 UNITS 4ML
    Pharmacy Orderable Item: HEPARIN  INJ,SOLN
          Inactivation Date:
Used in IV Fluid Order Entry: YES
         Additive Frequency: ALL BAGS

                 Print Name: TRACE ELEMENTS
                  Drug Unit: ML
                   Synonyms:
               Generic Drug: TRACE ELEMENTS 5ML INJ
    Pharmacy Orderable Item: TRACE ELEMENTS  INJ,CONC-SOLN
          Inactivation Date:
Used in IV Fluid Order Entry: YES
         Additive Frequency: 1 BAG/DAY

End of Report.
```

Drug Enter/Edit

[PSS DRUG ENTER/EDIT]

The *Drug Enter/Edit* [PSS DRUG ENTER/EDIT] option allows a user to enter/edit an Additive Frequency for an IV Additive.

```
Select Pharmacy Data Management Option:  Drug Enter/Edit

Select DRUG GENERIC NAME:    CIMETIDINE 150MG/ML MDV INJ (8ML)         GA301

         ...OK? Yes// <ENTER>  (Yes)
**************************************************************************
This entry is marked for the following PHARMACY packages:
 IV
 Ward Stock
GENERIC NAME: CIMETIDINE 150MG/ML MDV INJ (8ML) Replace <ENTER>
VA CLASSIFICATION: GA301// <ENTER>
DEA, SPECIAL HDLG: <ENTER>
DAW CODE: <ENTER>
.
.
.

**************************************************************************
This entry is marked for the following PHARMACY packages:
 IV
 Ward Stock

MARK THIS DRUG AND EDIT IT FOR:
O  - Outpatient
```

```
U  - Unit Dose
I  - IV
W  - Ward Stock
D  - Drug Accountability
C  - Controlled Substances
X  - Non-VA Med
A  - ALL

Enter your choice(s) separated by commas : I
                                          I - IV
** You are NOW editing IV fields. **

AN IV ITEM? Yes// <ENTER>  (Yes)
Edit Additives or Solutions:

     Select one of the following:

          A         ADDITIVES
          S         SOLUTIONS

Enter response: ADDITIVES
Select IV SOLUTIONS PRINT NAME:    CIMETIDINE

PRINT NAME: CIMETIDINE// <ENTER>
GENERIC DRUG: CIMETIDINE 150MG/ML MDV INJ (8ML)// <ENTER>
USED IN IV FLUID ORDER ENTRY: YES// <ENTER>
DRUG UNIT: MG// <ENTER>
NUMBER OF DAYS FOR IV ORDER: <ENTER>
USUAL IV SCHEDULE: <ENTER>
ADMINISTRATION TIMES: <ENTER>
Select QUICK CODE: <ENTER>
AVERAGE DRUG COST PER UNIT: <ENTER>
Select ELECTROLYTE: <ENTER>
Select SYNONYM: <ENTER>
DRUG INFORMATION: <ENTER>
  1>
INACTIVATION DATE: <ENTER>
CONCENTRATION: <ENTER>
MESSAGE: <ENTER>
ADDITIVE FREQUENCY: ALL BAGS//  <ENTER>
Edit Additives or Solutions: <ENTER>

     Select one of the following:

          A         ADDITIVES
          S         SOLUTIONS

Enter response:
```

Additives File [PSSJI DRUG]

The *Additives File* [PSSJI DRUG] stand alone option is modified to allow a user to enter/edit an Additive Frequency for an IV Additive.

```
Select OPTION NAME: ADDITIVES FILE  PSSJI DRUG     ADditives File
ADditives File

You are signed on under the GLRISC IV ROOM

Current IV LABEL device is: TELNET

Current IV REPORT device is: TELNET
Select IV ADDITIVES PRINT NAME: CEFAZOLIN
PRINT NAME: CEFAZOLIN//
GENERIC DRUG: CEFAZOLIN SOD 1GM INJ// <ENTER>
USED IN IV FLUID ORDER ENTRY: YES// <ENTER>
DRUG UNIT: GM// <ENTER>
NUMBER OF DAYS FOR IV ORDER: 10// <ENTER>
USUAL IV SCHEDULE: Q8H// <ENTER>
ADMINISTRATION TIMES: <ENTER>
Select QUICK CODE: CEF2Q6H// <ENTER>
  QUICK CODE: CEF2Q6H// <ENTER>
  STRENGTH: 2 GM// <ENTER>
  USUAL INFUSION RATE: OVER 30 MINUTES// <ENTER>
  OTHER PRINT INFO: REFRIGERATE// <ENTER>
  USUAL IV SCHEDULE: Q8H// <ENTER>
  ADMINISTRATION TIMES: 06-14-22// <ENTER>
  USUAL IV SOLUTION: 0.9% SODIUM CHLORIDE  100 ML// <ENTER>
  MED ROUTE: IV PIGGYBACK// <ENTER>
Select QUICK CODE: <ENTER>
AVERAGE DRUG COST PER UNIT: 2.31// <ENTER>
Select ELECTROLYTE: <ENTER>
Select SYNONYM: ANCEF// <ENTER>
DRUG INFORMATION: <ENTER>
  1>
INACTIVATION DATE: <ENTER>
CONCENTRATION: <ENTER>
MESSAGE: <ENTER>
ADDITIVE FREQUENCY: ALL BAGS// <ENTER>
```

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Appendix A: Standard Medication Routes File

NOTE: The file on your system will have more entries than are listed here. There have been additions pushed out by the New Term Rapid Turnaround (NTRT) process since the release of this patch. To get a complete listing, do a FileMan print for the NAME (#.01) and FIRST DATABANK MED ROUTE (#1) fields in the STANDARD MEDICATION ROUTES file (#51.23).

Standard VA Medication Routes Name	FDB Route
BUCCAL	BUCCAL
DENTAL	DENTAL
EPIDURAL	EPIDURAL
INHALATION	INHALATION
INTRA-ARTERIAL	INTRA-ARTERIAL
INTRA-ARTICULAR	INTRA-ARTICULAR
INTRACARDIAC	INTRACARDIAC
INTRACAVERNOSAL	INTRA-CAVERNOSAL
INTRADERMAL	INTRADERMAL
INTRALESIONAL	INTRALESIONAL
INTRAMUSCULAR	INTRAMUSCULAR
INTRAOCULAR	INTRAOCULAR
INTRAPERITONEAL	INTRAPERITONEAL
INTRAPLEURAL	INTRAPLEURAL
INTRATHECAL	INTRATHECAL
INTRATRACHEAL	INTRATRACHEAL
INTRAVENOUS	INTRAVENOUS
INTRAVESICAL	INTRAVESICAL
IRRIGATION	IRRIGATION
NASAL	INTRANASAL
NEBULIZATION	NEBULIZATION-UNSPEC
OPHTHALMIC	OPHTHALMIC
ORAL	ORAL
OTIC	OTIC
RECTAL	RECTAL
SUBCUTANEOUS	SUBCUTANEOUS
SUBLINGUAL	SUBLINGUAL
TOPICAL	TOPICAL
TRANSDERMAL	TRANSDERMAL
URETHRAL	INTRA-URETHRAL
VAGINAL	VAGINAL

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Appendix B: New DOSE UNITS File with FDB mapping

NOTE: The file on your system may have more entries than are listed here. To get a complete listing, do a FileMan print for the NAME (#.01), FIRST DATABANK DOSE UNIT (#1), DOSE FORM INDICATOR (#3) and SYNONYM (#2) fields in the DOSE UNITS file (#51.24)

DOSE UNIT NAME	SYNONYM	MAP TO FDB DOSE UNIT	DOSE FORM INDICATOR
anti-Xa unit	aXa IU	AXA IU	N
	aXa unit		
	AXA IU		
	antiXA unit		
	ANTI-XA UNIT		
	AXA UNIT		
	ANTIXA UNIT		
APPLICATION(S)	APPLICATIONS	APPLICATION(S)	Y
	APPLICATION		
APPLICATORFUL(S)	APPFUL	APPLICATORFUL/S	Y
	APPLICATORFUL/S		
	APPLICATOR		
	APPLICATORFUL		
	APPLICATORFULS		
	APPLICATORS		
BAR(S)	BAR	BARS	Y
	BARS		
CAP/TAB	TAB-CAPS	TAB-CAPS	Y
	TAB-CAP		
	TAB/CAP		
CAPLET(S)	CAPLET	CAPLETS	Y
	CAPLETS		
CAPSULE(S)	CAP	CAPSULE(S)	Y
	CAPS		
	CAPSULE		
	CAPSULES		
CENTIMETER(S)	CENTIMETER	CENTIMETERS	Y
	CM		
	CMS		
	CENTIMETERS		
DROP(S)	DROP	DROP(S)	Y
	DROPS		
	DRP		
	DRPS		
	GTT		
	GTTS		
EACH	EA	EACH	Y
	EACHES		
ENEMA(S)	ENEMA	ENEMAS	Y
	ENEMAS		
GRAM(S)	G	GRAMS	N

Appendix B: New DOSE UNITS File with FDB mapping

DOSE UNIT NAME	SYNONYM	MAP TO FDB DOSE UNIT	DOSE FORM INDICATOR
	GM		
	GMS		
	GRAM		
	GRAMS		
IMPLANT(S)	IMPLANT	IMPLANTS	Y
	IMPLANTS		
INCH(ES)	IN	INCH(ES)	Y
	INCH		
	INCHES		
INHALATION(S)	INH	INHALATIONS	Y
	INHALATION		
	INHL		
	INHALATIONS		
INSERT(S)	INSERT	INSERTS	Y
	INSERTS		
LITER(S)	L	LITERS	Y
	LITER		
	LITERS		
	LITRE(S)		
LOZENGE(S)	LOZENGE	LOZENGES	Y
	LOZENGES		
MG-PE	MG PE	MG PE	N
MICRO UNIT(S)	MICRO UNIT	MICRO UNITS	N
	MICRO UNITS		
	MICROUNIT		
	MICROUNITS		
MICROGRAM(S)	MCG	MICROGRAM(S)	N
	MCGS		
	MICROGRAM		
	MICROGRAMS		
MILLIEQUIVALENT(S)	MILLIEQUIVALENT	MILLIEQUIVALENTS	N
	MILLIEQUIVALENTS		
	MEQ		
	MEQS		
MILLIGRAM(S)	MGS	MILLIGRAMS	N
	MILLIGRAM		
	MILLIGRAMS		
	MG		
MILLILITER(S)	MILLILITER	MILLILITERS	Y
	MILLILITERS		
	MILILITERS		
	MILILITER		
	ML		
	MLS		
	CC		
	CCS		
MILLIMOLE(S)	MILLIMOL	MILLIMOLES	N
	MILLIMOLE		
	MILLIMOLES		
	MILLIMOLS		

DOSE UNIT NAME	SYNONYM	MAP TO FDB DOSE UNIT	DOSE FORM INDICATOR
	MM		
	MMOL		
	MMOLE		
	MMOLES		
	MMOLS		
MILLIONUNIT(S)	MILI U	MILLIONUNIT(S)	N
	MILI UNIT		
	MILI UNITS		
	MILU		
	MIU		
	MU		
	MILLION UNT		
NANOGRAM(S)	NANOGRAM	NANOGRAMS	N
	NANOGRAMS		
	NG		
	NGS		
OVULE(S)	OVULE	OVULE(S)	Y
	OVULES		
PACKAGE(S)	PACKAGE	PACKAGES	Y
	PACKAGES		
	PKGS		
	PKG		
PACKET(S)	PACKET	PACKETS	Y
	PACKETS		
PAD(S)	PAD	PADS	Y
	PADS		
PATCH(ES)	PATCH	PATCHES	Y
	PATCHES		
PELLET(S)	PELLET	PELLETS	Y
	PELLETS		
PIECE(S)	PIECE	PIECE(S)	Y
	PIECE OF GUM		
	PIECES		
	PIECES OF GUM		
PUFF(S)	PUFF	PUFF(S)	Y
	PUFFS		
SACHET(S)	SACHET	SACHETS	Y
	SACHETS		
SCOOPFUL(S)	SCOOP	SCOOPFULS	Y
	SCOOPFUL		
	SCOOPFULS		
	SCOOPS		
	SCOOPSFUL		
	SCP		
SPRAY(S)	SPR	SPRAY(S)	Y
	SPRAY		
	SPRAYS		
SQUIRT(S)	SQUIRT	SQUIRTS	Y
	SQUIRTS		
STRIP(S)	STRIP	STRIP(S)	Y

Appendix B: New DOSE UNITS File with FDB mapping

DOSE UNIT NAME	SYNONYM	MAP TO FDB DOSE UNIT	DOSE FORM INDICATOR
	STRIPS		
SUPPOSITOR(IES)	SUPP	SUPPOSITORY/IES	Y
	SUPPOSITORIES		
	SUPPOSITORY		
TABLESPOONFUL(S)	TABLESPOONFUL	TABLESPOONFULS	Y
	TABLESPOONFULS		
TABLET(S)	TABLET	TABLET(S)	Y
	TABLETS		
	TABS		
	TAB		
TEASPOONFUL(S)	TEASPOONFUL	TEASPOONFULS	Y
	TEASPOONFULS		
THOUSAND UNITS	THOUU	TU	N
	TU		
TROCHE(S)	TROCHE	TROCHES	Y
	TROCHES		
UNIT(S)	U	UNIT(S)	N
	UNIT		
	UNITS		
	UNT		
	UNTS		
	IU		
VAGINAL INSERT	VAGINAL INSERTS	VAGINAL INSERT	Y
VAGINAL RING	VAG RING	VAGINAL RING	Y
	VAG RINGS		
	VAGINAL RINGS		
VIAL(S)	VIAL	VIALS	Y
	VIALS		
	VIL		
WAFER(S)	WAFER	WAFERS	Y
	WAFERS		

Appendix C: List of Dosage Forms to Exclude from Dosage Checks

NOTE: The file on your system may have more entries than are listed here. To get a complete listing, do a FileMan print for the NAME (#.01) field in the DOSAGE FORM file (#50.606). Only print those entries that have the EXCLUDE FROM DOSAGE CHECKS field (#11) set to 'YES'.

Dosage Forms to Exclude from Dosage Checks		
ACCESS PIN	GLOVE	PUDDING
ADAPTER	GLVOE	PUMP
AEROSOL	GRAFT,TOP	PWDR,RENST-IRRG
AEROSOL,RTL	GRANULES	PWDR,RENST-TOP
AEROSOL,TOP	INJ/TAB	RINSE,ORAL
AEROSOL,VAG	IRRIGATION SET	SET
APPLICATOR	IRRIGATION SLEEVE	SET,INFUSION
BAG	IRRIGATOR	SHAMPOO
BANDAGE	IUD	SOAP/DETERGENT
BAR,CHEWABLE	JELLY	SOLN
BAR,TOP	JELLY,NASAL	SOLN,CONTACT LENS
BARRIER	JELLY,TOP	SOLN,CONTROL
BEADS,TOP	JELLY,VAG	SOLN,DENTAL
BELT	KIT	SOLN,DIALYSIS
BLOCK	LANCET	SOLN,IRRG
CANNULA	LENS,HARD	SOLN,ITRC
CAP,IRRIGATION	LENS,SOFT	SOLN,OPH IRRG
CAP/INJ	LINIMENT	SOLN,TOP
CATHETER	LIQUID,AEROSOL	SOLN,URH
CHAMBER	LIQUID,DENT	SPIRIT
CLAMP	LIQUID,NUTRITIONAL SUPPLEMENT	SPONGE
COLLAR	LIQUID,OPH	SPRAY,ORAL
CONE	LIQUID,RTL	SPRAY,TOP
CONTAINER	LIQUID,TOP	STICK
CONVEX INSERT	LIQUID,VAG	STICK,TOP
CREAM	LOTION	STOCKING
CREAM,ORAL	LOTION,TOP	STOMA CAP
CREAM,OTIC	MAGMA	STOMA CONE
CREAM,RTL	MASK	STRIP
CREAM,TOP	MCG/0.4ML	STRIP,OPH
CREAM,VAG	MILK	SUPP/CR/LOTION
CREAM/TAB,VAG	MISCELLANEOUS	SUSP,TOP
CRUSHER	MOUTHWASH	SUTURE
CRYSTAL	NEEDLE	SWAB,TOP
DENTAL CONE	NUTRACEUTICAL	SYRINGE
DEVICE	OIL	SYRINGE/NDL
DIAPHRAGM	OIL,TOP	TAB,EFFERVSC,TOP

Dosage Forms to Exclude from Dosage Checks		
DISK	OINT,DENT	TAB,NOT ORAL
DOUCHE	OINT,OPH	TAB,ORAL/VAG
DRAIN	OINT,RTL	TAB,TEST
DRESSING	OINT,TOP	TAB/SUPP
DRESSING,TOP	OINT,VAG	TAMPON
EMULSION,TOP	OINT/SUSP	TAPE
EXTRACT	OINTMENT	TEA
FACEPLATE	OPH IRR	TEST STRIP
FILM	PAD	TINCTURE
FILM,CONT REL	PAD,TOP	TINCTURE,TOP
FLANGE CAP	PASTE	TOOTHPASTE
FLUFF	PLASTER,TOP	TOOTHPOWDER
FLUID EXTRACT	POUCH	TUBE
FOAM,TOP	POUCH COVER	UNIT/TEST
GAS	POULTICE	VIAL
GAUZE	POWDER	WAFER
GEL	POWDER,AEROSOL	WAFER,TOP
GEL,DENT	POWDER,INTRAPLEURAL	WASHER
GEL,NASAL	POWDER,RTL	WAX
GEL,ORAL	POWDER,SPRAY	WIPE
GEL,TOP	POWDER,VAG	
GEL,VAG	POWDER,TOP	

Appendix D: VA Products with OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'

NOTE: The file on your system may have more entries than are listed here. To get a complete listing, do a FileMan print for the NUMBER, NAME (#.01), and DOSAGE FORM (#1) fields in the VA PRODUCT file (#50.68) and the EXCLUDE FROM DOSAGE CHECKS field (#11) in the DOSAGE FORM file (#50.606). Only print those entries that have the OVERRIDE DF DOSE CHK EXCLUSION field (#31) in the VA PRODUCT file (#50.68) set to 'YES'. Sort the list by DOSAGE FORM and within DOSAGE FORM by NAME.

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
BAR,CHEWABLE	7994	CHOLESTYRAMINE 4GM BAR,CHEWABLE	Y
CAP,ORAL	3402	CYANOCOBALAMIN (CO-57) 0.5MIC CAP	N
CAP,ORAL	9149	EMPTY GELATIN CAP,CLEAR SZ 0	N
CAP,ORAL	9148	EMPTY GELATIN CAP,CLEAR SZ 00	N
CAP,ORAL	9147	EMPTY GELATIN CAP,CLEAR SZ 000	N
CAP,ORAL	9150	EMPTY GELATIN CAP,CLEAR SZ 1	N
CAP,ORAL	9151	EMPTY GELATIN CAP,CLEAR SZ 2	N
CAP,ORAL	9152	EMPTY GELATIN CAP,CLEAR SZ 3	N
CAP,ORAL	9153	EMPTY GELATIN CAP,CLEAR SZ 4	N
CAP,ORAL	1137	IPODATE NA 500MG CAP	N
CAP,ORAL	6350	LACTOSE 100% CAP	N
CAP,ORAL	6348	LACTOSE 200MG CAP	N
CAP,ORAL	6349	LACTOSE 250MG CAP	N
CAP,ORAL	7486	SODIUM IODIDE,I-123,100MIC CAP	N
CAP,ORAL	7488	SODIUM IODIDE,I-123,200MIC CAP	N
CAP,ORAL	923	SODIUM IODIDE,I-131,100MIC CAP	N
CAP,ORAL	920	SODIUM IODIDE,I-131,15MIL CAP	N
CAP,ORAL	922	SODIUM IODIDE,I-131,1MIL CAP	N
CAP,ORAL	917	SODIUM IODIDE,I-131,50MIL CAP	N
CAP,ORAL	918	SODIUM IODIDE,I-131,8-100MIC CAP	N
CAP,SA	1138	IPODATE NA 500MG CAP,SA	N
ELIXIR	9543	AROMATIC ELIXIR	N
ELIXIR	9566	AROMATIC ELIXIR	N
ELIXIR	9655	AROMATIC ELIXIR	N
ENEMA	3445	BARIUM SO4 64.4% ENEMA	N
ENEMA	3444	BARIUM SO4 55% ENEMA	N
ENEMA	3443	BARIUM SO4 70% ENEMA	N
FLUID EXTRACT	7928	CASCARA SAGRADA 1GM/ML FLUID EXTRACT,ORAL	Y
GEL,RTL	17015	HEMORRHOIDAL GEL,RTL	N
GRANULES	6635	CITRIC ACID 1.5GM/SIMETHICONE/NA BICARB 2GM/PKT PWDR	Y
GRANULES	7434	CITRIC ACID 1GM/POTASSIUM CITRATE 3.3GM/PKT PWDR	Y

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
GRANULES	6634	CITRIC ACID 2.3GM/SIMETHICONE 0.3GM/NA BICARB 3.1GM/PKT GRANULES	Y
GRANULES	12610	FOSFOMYCIN TROMETHAMINE 3GM GRANULES SACHET	Y
GRANULES	7945	LACTOBACILLUS 1GM/PKT GRANULES	Y
GRANULES	9024	LECITHIN GRANULES	Y
GRANULES	348	MAGNESIUM SULFATE GRANULES	Y
GRANULES	19872	MONTELUKAST NA 4MG/PKT GRANULES	Y
GRANULES	9095	PSYLLIUM 2.5GM/SUCROSE 2.4GM/5GM GRANULES	Y
GRANULES	8384	SENNA CONC 326MG/5GM GRANULES	Y
GRANULES	15882	SENNOSIDES 15MG/5GM GRANULES	Y
INHALANT	5745	METHOXYFLURANE 99.9% INHL	N
INHALANT	5746	METHOXYFLURANE INHL	N
INHL,NASAL	9346	ETHER	N
INHL,NASAL	14931	NITRIC OXIDE 100PPM GAS	N
INHL,NASAL	14930	NITRIC OXIDE 800PPM GAS	N
INJ	7721	ACCU-BLOC PERIFIX CONTINUOUS EPIDURAL ANESTHESIA	N
INJ	3720	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ	7716	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ	7718	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ	7722	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ	7740	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ	7738	ACCU-BLOC SPINOCAN CUSTOM SPINAL TRAY SSK	N
INJ	3843	ACCUGUIDE CENTRAL VENOUS CATHETER KIT C1606AX	N
INJ	7728	ACCUGUIDE CENTRAL VENOUS CATHETER KIT C1608MC	N
INJ	3326	ALBUMIN,AGGREGATED 0.03% (STERILE DILUENT) INJ	N
INJ	925	ALBUMIN,CHROMATED SERUM,CR-51 50MCG/ML INJ	N
INJ	906	ALBUMIN,IODINATED,I-131,SERUM 10MG/ML INJ	N
INJ	7785	ALLERGENIC EXT,AGARICUS CAMPESTRIS 800MCG/ML INJ	N
INJ	6773	ALLERGENIC EXT,ALTERNARIA ALTERNATA 800MCG/ML INJ	N
INJ	7786	ALLERGENIC EXT,CALVATIA CYANTHIFORMIS 800MCG/ML INJ	N
INJ	7787	ALLERGENIC EXT,CLADOSPORIUM CLADOSPORIS 800MCG/ML INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	7788	ALLERGENIC EXT,COPRINUS MICACEUS 800MCG/ML INJ	N
INJ	7789	ALLERGENIC EXT,FULIGO SEPTICA 800MCG/ML INJ	N
INJ	7790	ALLERGENIC EXT,LYCOPERDON PYRIFORME 800MCG/ML INJ	N
INJ	7791	ALLERGENIC EXT,PENICILLIUM FREQUENTANS 800MCG/ML INJ	N
INJ	7792	ALLERGENIC EXT,USTILAGO MAYDIS 800MCG/ML INJ	N
INJ	3896	ALLERGENIC EXTRACT, 10 TREE MIX 10000 PNU/ML INJ	N
INJ	3897	ALLERGENIC EXTRACT, 10 TREE MIX 20000 PNU/ML INJ	N
INJ	3863	ALLERGENIC EXTRACT, 2 GRASS MIX 10000PNU/ML INJ	N
INJ	3864	ALLERGENIC EXTRACT, 2 GRASS MIX 20000PNU/ML INJ	N
INJ	3868	ALLERGENIC EXTRACT, 3 GRASS MIX, SOUTHERN 10000PNU/ML INJ	N
INJ	3869	ALLERGENIC EXTRACT, 3 GRASS, SOUTHERN 20000PNU/ML INJ	N
INJ	3938	ALLERGENIC EXTRACT, 4 MOLD MIX 10000PNU/ML INJ	N
INJ	3865	ALLERGENIC EXTRACT, 7 GRASS MIX 10000PNU/ML INJ	N
INJ	3866	ALLERGENIC EXTRACT, 7 GRASS MIX 20000PNU/ML INJ	N
INJ	3894	ALLERGENIC EXTRACT, 7 TREE MIX 10000 PNU/ML INJ	N
INJ	3895	ALLERGENIC EXTRACT, 7 TREE MIX 20000PNU/ML INJ	N
INJ	3867	ALLERGENIC EXTRACT, 9 GRASS MIX, SOUTHERN 10000PNU/ML INJ	N
INJ	4010	ALLERGENIC EXTRACT, ANTIGENS, MIXED INJ	N
INJ	3900	ALLERGENIC EXTRACT, BIRCH 10000PNU/ML INJ	N
INJ	3956	ALLERGENIC EXTRACT, BLUEGRASS, ANNUAL 10000PNU/ML INJ	N
INJ	3957	ALLERGENIC EXTRACT, BLUEGRASS, CANADA 10000PNU/ML INJ	N
INJ	3927	ALLERGENIC EXTRACT, CAT EPITHELIA 10000PNU/ML INJ	N
INJ	4006	ALLERGENIC EXTRACT, CAT EPITHELIUM 20000PNU/ML INJ	N
INJ	3928	ALLERGENIC EXTRACT, CATTLE EPITHELIA 20000PNU/ML INJ	N
INJ	3993	ALLERGENIC EXTRACT, CLADOSPORIUM HERBARUM 10000PNU/ML INJ	N
INJ	3960	ALLERGENIC EXTRACT, CORN 10000PNU/ML INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	3929	ALLERGENIC EXTRACT, DOG EPITHELIA 10000PNU/ML INJ	N
INJ	3930	ALLERGENIC EXTRACT, DOG EPITHELIA 20000PNU/ML INJ	N
INJ	3970	ALLERGENIC EXTRACT, FALSE RAGWEED 10000PNU/ML INJ	N
INJ	3971	ALLERGENIC EXTRACT, FALSE RAGWEED 20000PNU/ML INJ	N
INJ	3925	ALLERGENIC EXTRACT, FEATHER MIX 10000PNU/ML INJ	N
INJ	3926	ALLERGENIC EXTRACT, FEATHER MIX 20000PNU/ML INJ	N
INJ	3933	ALLERGENIC EXTRACT, FUNGI, ASPERGILLUS FUMIGATUS 10000PNU/ML INJ	N
INJ	3934	ALLERGENIC EXTRACT, FUNGI, CANDIDA ALBICANS 10000PNU/ML INJ	N
INJ	3990	ALLERGENIC EXTRACT, GRAIN MILL DUST 10000PNU INJ	N
INJ	3991	ALLERGENIC EXTRACT, GRAIN MILL DUST 20000PNU/ML INJ	N
INJ	4014	ALLERGENIC EXTRACT, GRASS, 7 MIX INJ	N
INJ	4013	ALLERGENIC EXTRACT, GRASS, 9 SOUTHERN	N
INJ	3870	ALLERGENIC EXTRACT, GRASS, BERMUDA 10000PNU/ML INJ	N
INJ	3958	ALLERGENIC EXTRACT, GRASS, BROME 10000PNU/ML INJ	N
INJ	3872	ALLERGENIC EXTRACT, GRASS, JOHNSON 10000PNU/ML INJ	N
INJ	3873	ALLERGENIC EXTRACT, GRASS, KENTUCKY BLUE 10000PNU/ML INJ	N
INJ	3961	ALLERGENIC EXTRACT, GRASS, MEADOW FESCUE 10000PNU/ML INJ	N
INJ	3874	ALLERGENIC EXTRACT, GRASS, ORCHARD 10000PNU/ML INJ	N
INJ	3962	ALLERGENIC EXTRACT, GRASS, QUACK 10000PNU/ML INJ	N
INJ	3875	ALLERGENIC EXTRACT, GRASS, REDTOP 10000PNU/ML INJ	N
INJ	3959	ALLERGENIC EXTRACT, GRASS, REED CANARY 10000PNU/ML INJ	N
INJ	3963	ALLERGENIC EXTRACT, GRASS, RYE, GIANT WILD 10000PNU/ML INJ	N
INJ	3964	ALLERGENIC EXTRACT, GRASS, RYE, ITALIAN 10000PNU/ML INJ	N
INJ	3876	ALLERGENIC EXTRACT, GRASS, RYE, PERENNIAL 10000PNU/ML INJ	N
INJ	3965	ALLERGENIC EXTRACT, GRASS, SALT 10000PNU/ML INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	3877	ALLERGENIC EXTRACT, GRASS, SWEET VERNAL 10000PNU/ML INJ	N
INJ	3878	ALLERGENIC EXTRACT, GRASS, TIMOTHY, 10000PNU/ML, INJ	N
INJ	3966	ALLERGENIC EXTRACT, GRASS, VELVET 1000PNU/ML INJ	N
INJ	3974	ALLERGENIC EXTRACT, GRASS, WESTERN WATER HEMP 10000PNU/ML INJ	N
INJ	4004	ALLERGENIC EXTRACT, GRASS, WESTERN WHEAT 10000PNU/ML INJ	N
INJ	3935	ALLERGENIC EXTRACT, HELMINTHOSPORIUM SATIVUM 10000PNU/ML INJ	N
INJ	3936	ALLERGENIC EXTRACT, HORMODENDRUM HORDEI 10000PNU/ML INJ	N
INJ	4007	ALLERGENIC EXTRACT, HORSE EPITHELIA 10000PNU/ML INJ	N
INJ	3940	ALLERGENIC EXTRACT, HOUSE DUST 10000PNU/ML INJ	N
INJ	3942	ALLERGENIC EXTRACT, HOUSE DUST 2% INJ	N
INJ	3939	ALLERGENIC EXTRACT, HOUSE DUST 20000PNU/ML INJ	N
INJ	3941	ALLERGENIC EXTRACT, HOUSE DUST INJ	N
INJ	3921	ALLERGENIC EXTRACT, INSECT, BEE 10000PNU/ML INJ	N
INJ	3922	ALLERGENIC EXTRACT, INSECT, BEE 20000PNU/ML INJ	N
INJ	4015	ALLERGENIC EXTRACT, INSECT, STINGING MIX INJ	N
INJ	3923	ALLERGENIC EXTRACT, INSECT, WASP 20000PNU/ML INJ	N
INJ	3924	ALLERGENIC EXTRACT, INSECT, YELLOW JACKET 20000PNU/ML INJ	N
INJ	3883	ALLERGENIC EXTRACT, LAMB QUARTERS 10000PNU/ML INJ	N
INJ	3967	ALLERGENIC EXTRACT, MARSH ELDER MIX 10000PNU/ML INJ	N
INJ	3968	ALLERGENIC EXTRACT, MARSH ELDER MIX 20000PNU/ML INJ	N
INJ	3932	ALLERGENIC EXTRACT, MOLD, ALTERNARIA TENUIS 10000PNU/ML INJ	N
INJ	3992	ALLERGENIC EXTRACT, MOLD, BOTRYTIS CINEREA 10000PNU/ML INJ	N
INJ	3994	ALLERGENIC EXTRACT, MOLD, CURVULARIA LUNATA 10000PNU/ML INJ	N
INJ	3995	ALLERGENIC EXTRACT, MOLD, EPICOCCUM PURPURASCENS 10000PNU/ML INJ	N
INJ	3996	ALLERGENIC EXTRACT, MOLD, FUSARIUM OXYSPORUM 10000PNU/ML INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	3997	ALLERGENIC EXTRACT, MOLD, MUCOR RACEMOSUS 10000PNU/ML INJ	N
INJ	3998	ALLERGENIC EXTRACT, MOLD, PHOMA BETAE 10000PNU/ML INJ	N
INJ	3999	ALLERGENIC EXTRACT, MOLD, PULLULARIA PULLULANS 10000PNU/ML INJ	N
INJ	4000	ALLERGENIC EXTRACT, MOLD, RHIZOPUS ARRHIZUS 10000PNU/ML INJ	N
INJ	4001	ALLERGENIC EXTRACT, MOLD, STEMPHYLLUM BOTRYOSUM 10000PNU/ML INJ	N
INJ	4002	ALLERGENIC EXTRACT, MOLD, TRICHO. MENTAGROPHYTES 10000PNU/ML INJ	N
INJ	4003	ALLERGENIC EXTRACT, MOLD, TRICOTHECIUM ROSEUM 10000PNU/ML INJ	N
INJ	3884	ALLERGENIC EXTRACT, MUGWORT, COMMON 10000PNU/ML INJ	N
INJ	3937	ALLERGENIC EXTRACT, PENICILLIN 10000PNU/ML INJ	N
INJ	4011	ALLERGENIC EXTRACT, PER PRESCRIPTION 10000PNU/ML INJ	N
INJ	4012	ALLERGENIC EXTRACT, PER PRESCRIPTION 20000PNU/ML INJ	N
INJ	3885	ALLERGENIC EXTRACT, PIGWEED, ROUGH 10000PNU/ML INJ	N
INJ	3969	ALLERGENIC EXTRACT, PIGWEED, SPINY 10000PNU/ML INJ	N
INJ	3886	ALLERGENIC EXTRACT, PLANTAIN, ENGLISH 10000PNU/ML INJ	N
INJ	3887	ALLERGENIC EXTRACT, PLANTAIN, ENGLISH 20000PNU/ML INJ	N
INJ	4008	ALLERGENIC EXTRACT, RABBIT EPITHELIA 10000PNU/ML INJ	N
INJ	3893	ALLERGENIC EXTRACT, RAGWEED, WEST 10000PNU/ML INJ	N
INJ	3890	ALLERGENIC EXTRACT, SAGEBRUSH, COMMON 10000PNU/ML INJ	N
INJ	3891	ALLERGENIC EXTRACT, SAGEBRUSH, COMMON 20000PNU/ML INJ	N
INJ	3892	ALLERGENIC EXTRACT, SCALE MIX 10000PNU/ML INJ	N
INJ	4009	ALLERGENIC EXTRACT, SHEEP WOOL 10000PNU/ML INJ	N
INJ	3920	ALLERGENIC EXTRACT, STINGING INSECT MIX 20000PNU/ML INJ	N
INJ	3919	ALLERGENIC EXTRACT, STINGING INSECTS MIX 10000PNU/ML INJ	N
INJ	3973	ALLERGENIC EXTRACT, SUGAR BEET 10000PNU/ML INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	3888	ALLERGENIC EXTRACT, THISTLE, RUSSIAN 10000PNU/ML INJ	N
INJ	3978	ALLERGENIC EXTRACT, TREE, ARIZONA ASH 10000PNU/ML INJ	N
INJ	3898	ALLERGENIC EXTRACT, TREE, ASH MIX 10000PNU/ML INJ	N
INJ	3899	ALLERGENIC EXTRACT, TREE, BEECH 10000PNU/ML INJ	N
INJ	3980	ALLERGENIC EXTRACT, TREE, BOX ELDER 10000PNU/ML INJ	N
INJ	3981	ALLERGENIC EXTRACT, TREE, BOX ELDER 20000PNU/ML INJ	N
INJ	3903	ALLERGENIC EXTRACT, TREE, COTTONWOOD, FREMONT 1000PNU/ML INJ	N
INJ	3982	ALLERGENIC EXTRACT, TREE, COTTONWOOD, WESTERN 10000PNU/ML INJ	N
INJ	3983	ALLERGENIC EXTRACT, TREE, COTTONWOOD, WESTERN 20000PNU/ML INJ	N
INJ	3904	ALLERGENIC EXTRACT, TREE, ELM MIX 10000PNU/ML INJ	N
INJ	3905	ALLERGENIC EXTRACT, TREE, ELM MIX 20000PNU/ML INJ	N
INJ	3984	ALLERGENIC EXTRACT, TREE, ELM, CHINESE 10000PNU/ML INJ	N
INJ	3985	ALLERGENIC EXTRACT, TREE, HAZELNUT, CALIFORNIA 10000PNU/ML INJ	N
INJ	3907	ALLERGENIC EXTRACT, TREE, HICKORY 10000PNU/ML INJ	N
INJ	3908	ALLERGENIC EXTRACT, TREE, MAPLE 10000PNU/ML INJ	N
INJ	4005	ALLERGENIC EXTRACT, TREE, MAPLE MIX 20000PNU/ML INJ	N
INJ	3906	ALLERGENIC EXTRACT, TREE, MESQUITE 10000PNU/ML INJ	N
INJ	3909	ALLERGENIC EXTRACT, TREE, MOUNTAIN CEDAR 10000PNU/ML INJ	N
INJ	3986	ALLERGENIC EXTRACT, TREE, MULBERRY MIX 10000PNU/ML INJ	N
INJ	3910	ALLERGENIC EXTRACT, TREE, OAK MIX 10000PNU/ML INJ	N
INJ	3911	ALLERGENIC EXTRACT, TREE, OAK MIX 20000PNU/ML INJ	N
INJ	3902	ALLERGENIC EXTRACT, TREE, OAK, CALIFORNIA LIVE 20000PNU/ML INJ	N
INJ	3901	ALLERGENIC EXTRACT, TREE, OAK, CALIFORNIA LIVE, 10000PNU/ML, INJ	N
INJ	3912	ALLERGENIC EXTRACT, TREE, OLIVE 10000PNU/ML INJ	N
INJ	3913	ALLERGENIC EXTRACT, TREE, OLIVE 20000PNU/ML INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	3979	ALLERGENIC EXTRACT, TREE, OREGON ASH 10000PNU/ML INJ	N
INJ	3914	ALLERGENIC EXTRACT, TREE, PECAN 10000PNU/ML INJ	N
INJ	3915	ALLERGENIC EXTRACT, TREE, POPLAR MIX 10000PNU/ML INJ	N
INJ	3916	ALLERGENIC EXTRACT, TREE, POPLAR MIX 20000PNU/ML	N
INJ	3976	ALLERGENIC EXTRACT, TREE, RED ALDER 10000PNU/ML INJ	N
INJ	3987	ALLERGENIC EXTRACT, TREE, SWEET GUM 10000PNU/ML INJ	N
INJ	3917	ALLERGENIC EXTRACT, TREE, SYCAMORE 10000PNU/ML INJ	N
INJ	3977	ALLERGENIC EXTRACT, TREE, TAG ALDER 10000PNU/ML INJ	N
INJ	3918	ALLERGENIC EXTRACT, TREE, WALNUT 10000PNU/ML INJ	N
INJ	3988	ALLERGENIC EXTRACT, TREE, WILLOW MIX 10000PNU/ML INJ	N
INJ	3989	ALLERGENIC EXTRACT, TREE, WILLOW MIX 20000PNU/ML INJ	N
INJ	3880	ALLERGENIC EXTRACT, WEED, CARELESS 10000PNU/ML INJ	N
INJ	3881	ALLERGENIC EXTRACT, WEED, KOCHIA 10000PNU/ML INJ	N
INJ	3882	ALLERGENIC EXTRACT, WEED, KOCHIA 20000PNU/ML INJ	N
INJ	3972	ALLERGENIC EXTRACT, WEED, SHEEP SORREL 10000PNU/ML INJ	N
INJ	3879	ALLERGENIC EXTRACT, WEED, WEST MIX 10000PNU/ML INJ	N
INJ	3975	ALLERGENIC EXTRACT, WEED, YELLOW DOCK 10000PNU/ML INJ	N
INJ	6380	ALLERGENIC EXTRACT,HONEY BEE VENOM INJ	N
INJ	6381	ALLERGENIC EXTRACT,HORNET INJ	N
INJ	6388	ALLERGENIC EXTRACT,STINGING INSECT INJ	N
INJ	3889	ALLERGENIC EXTRACT,THISTLE,RUSSIAN 20000PNU/ML INJ	N
INJ	6382	ALLERGENIC EXTRACT,WASP INJ	N
INJ	6387	ALLERGENIC EXTRACT,YELLOW JACKET INJ	N
INJ	3954	ALUM PRECIPITATED POISON IVY EXTRACT 10000PNU/ML INJ	N
INJ	12841	ASPERGILLUS FUMIGATUS 1:500 INJ	N
INJ	12497	CANDIDA 1:100 SKIN TEST	N
INJ	16406	CANDIDA 1:1000 SKIN TEST	N
INJ	12498	CANDIDA 1:500 SKIN TEST	N
INJ	12499	CANDIDA ALBICANS SKIN TEST	N
INJ	12776	CANDIDA ALBICANS/COCCIDIOIDIN INJ TEST KIT	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	12775	CANDIDA ALBICANS/HISTOPLASMIN INJ TEST KIT	N
INJ	12777	CANDIDA ALBICANS/MUMPS INJ TEST KIT	N
INJ	4507	CHYMOPAPAIN 2nKatU/ML INTRADISCAL	N
INJ	12528	COCCIDIODIN 1:10 SKIN TEST	N
INJ	12527	COCCIDIODIN 1:100 SKIN TEST	N
INJ	936	DIATRIZOATE MEGLUMINE 18% INJ	N
INJ	931	DIATRIZOATE MEGLUMINE 28.5%/DIATRIZOATE NA 29.1% INJ	N
INJ	933	DIATRIZOATE MEGLUMINE 30% INJ	N
INJ	926	DIATRIZOATE MEGLUMINE 30% SOLN	N
INJ	932	DIATRIZOATE MEGLUMINE 30%/EDETATE DISODIUM 0.4MG INJ	N
INJ	1346	DIATRIZOATE MEGLUMINE 34.3%/DIATRIZOATE NA 35%/IODINE 37% INJ	N
INJ	944	DIATRIZOATE MEGLUMINE 50%/DIATRIZOATE NA 25% INJ	N
INJ	930	DIATRIZOATE MEGLUMINE 52%/DIATRIZOATE NA 8% INJ	N
INJ	1143	DIATRIZOATE MEGLUMINE 52.7%/IODIPAMIDE MEGLUMINE 26.8% SOLN	N
INJ	929	DIATRIZOATE MEGLUMINE 60% INJ	N
INJ	949	DIATRIZOATE MEGLUMINE 60% SOLN	N
INJ	945	DIATRIZOATE MEGLUMINE 60%/DIATRIZOATE NA 30% INJ	N
INJ	934	DIATRIZOATE MEGLUMINE 66%/DIATRIZOATE NA 10% INJ	N
INJ	935	DIATRIZOATE MEGLUMINE 76% INJ	N
INJ	927	DIATRIZOATE MEGLUMINE 85% INJ	N
INJ	950	DIATRIZOATE NA 20% INJ	N
INJ	940	DIATRIZOATE NA 20% SOLN	N
INJ	941	DIATRIZOATE NA 25% INJ	N
INJ	937	DIATRIZOATE NA 50% INJ	N
INJ	12522	DILUENT, STERILE FOR FLOLAN	N
INJ	3373	FAST-PAK ANGIOGRAPHY KIT WITH VASCORAY	N
INJ	4485	GLYCERIN 10% INJ	N
INJ	4484	GLYCERIN 25% INJECTION	N
INJ	4483	GLYCERIN 50% INJECTION	N
INJ	352	HISTAMINE PO4 0.275MG/ML INJ	N
INJ	351	HISTAMINE PO4 2.75MG/5ML INJ	N
INJ	350	HISTAMINE PO4 2.75MG/ML INJ	N
INJ	6244	INULIN 100MG/ML INJ	N
INJ	1437	IODAMIDE MEGLUMINE 24% INJ	N
INJ	1436	IODAMIDE MEGLUMINE 65% INJ	N
INJ	1080	IODIPAMIDE MEGLUMINE 10.3% INJ	N
INJ	1079	IODIPAMIDE MEGLUMINE 52% INJ	N
INJ	12567	IODIXANOL 270mgI/ml INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	12568	IODIXANOL 320mgI/ml INJ	N
INJ	7490	IODOHIPPURATE NA,I-123, 1MIL/ML INJ	N
INJ	913	IODOHIPPURATE NA,I-131,2MIL/VIL INJ	N
INJ	3762	IOHEXOL 302MG/ML INJ	N
INJ	3758	IOHEXOL 388.3MG/ML INJ	N
INJ	3763	IOHEXOL 435MG/ML INJ	N
INJ	3759	IOHEXOL 517.7MG/ML INJ	N
INJ	3760	IOHEXOL 647.1MG/ML INJ	N
INJ	3761	IOHEXOL 755MG/ML INJ	N
INJ	1410	IOPAMIDOL 408MG/ML INJ	N
INJ	1412	IOPAMIDOL 410MG/ML INJ	N
INJ	1414	IOPAMIDOL 510MG/ML INJ	N
INJ	1413	IOPAMIDOL 51MG/ML INJ	N
INJ	1408	IOPAMIDOL 612MG/ML INJ	N
INJ	1409	IOPAMIDOL 755MG/ML INJ	N
INJ	3369	IOTHALAMATE NA 54.3% KIT	N
INJ	12571	IOVERSOL 160MG/ML INJ	N
INJ	12570	IOVERSOL 240MG/ML INJ	N
INJ	12572	IOVERSOL 300MG/ML INJ	N
INJ	12569	IOVERSOL 320MG/ML INJ	N
INJ	12573	IOVERSOL 350MG/ML INJ	N
INJ	12982	IOXILAN 300mgI/ml INJ	N
INJ	12983	IOXILAN 350mgI/ml INJ	N
INJ	12780	LOXILAN 300mgI/ml INJ	N
INJ	12781	LOXILAN 350mgI/ml INJ	N
INJ	3625	METRIZAMIDE 13.5GM/VIL INJ	N
INJ	3624	METRIZAMIDE 2.5GM/VIL INJ	N
INJ	3622	METRIZAMIDE 3.75GM/VIL INJ	N
INJ	3623	METRIZAMIDE 6.75GM/VIL INJ	N
INJ	15913	OCTAFLUOROPROPANE MICROSPHERE 10MG/ML INJ,SUSP	N
INJ	3955	POISON IVY EXTRACT INJ	N
INJ	12877	PROSTASCINT KIT (CAPROMAB PENDETIDE)	N
INJ	12849	SAMARIUM Sm153 LEXIDRONAM 1850MBq/ML INJ,VIL,2ML	N
INJ	909	SELENOMETHIONINE,SE-75,550MIC/VIL INJ	N
INJ	468	SODIUM CHLORIDE (PF) 0.9% INJ	N
INJ	452	SODIUM CHLORIDE 0.45% INJ	N
INJ	463	SODIUM CHLORIDE 0.45% INJ	N
INJ	479	SODIUM CHLORIDE 0.45% INJ	N
INJ	464	SODIUM CHLORIDE 0.5% INJ	N
INJ	474	SODIUM CHLORIDE 0.9% (PF) INJ	N
INJ	510	SODIUM CHLORIDE 0.9% (PF) INJ,SYRINGE,10ML	N
INJ	507	SODIUM CHLORIDE 0.9% (PF) INJ,SYRINGE,3ML	N
INJ	509	SODIUM CHLORIDE 0.9% (PF) INJ,SYRINGE,5ML	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	508	SODIUM CHLORIDE 0.9% (PF) INJ,SYRINGE,5ML/10ML	N
INJ	448	SODIUM CHLORIDE 0.9% INJ	N
INJ	451	SODIUM CHLORIDE 0.9% INJ	N
INJ	477	SODIUM CHLORIDE 0.9% INJ	N
INJ	17385	SODIUM CHLORIDE 0.9% INJ,SYR,10ML POSIFLUSH	N
INJ	7604	SODIUM CHLORIDE 0.9% W/LOW DISSOLVED OXYGEN	N
INJ	2948	SODIUM CHLORIDE 0.9%/BENZYL ALCOHOL 0.9% INJ	N
INJ	2949	SODIUM CHLORIDE 0.9%/BENZYL ALCOHOL 2% INJ	N
INJ	2950	SODIUM CHLORIDE 0.9%/BENZYL ALCOHOL INJ	N
INJ	14236	SODIUM CHLORIDE 0.9%/BENZYL ALCOHOL INJ,30ML	N
INJ	2724	SODIUM CHLORIDE 0.9%/METHYLPARABEN/PROPYLPARABEN INJ	N
INJ	505	SODIUM CHLORIDE 0.9%/METHYLPARABEN/PROPYLPARABEN INJ,TUBEX,2.5ML	N
INJ	6392	SODIUM CHLORIDE 0.9%/PHENOL 0.4% INJ	N
INJ	907	SODIUM CHROMATE,CR-51,250MIC/VIL INJ	N
INJ	6721	SODIUM CITRATE 46.7% INJ	N
INJ	3406	TECHNESCAN GLUCEPTATE INJ	N
INJ	3407	TECHNESCAN MDP KIT	N
INJ	3409	TECHNETIUM 99M DTPA PENTETATE KIT	N
INJ	3408	TECHNETIUM Tc 99m DISOFENIN 20MG INJ	N
INJ	7456	TECHNETIUM Tc 99m NOFETUMOMAB MERPENTAN INJ	N
INJ	16864	TRICHOPHYTON MENTAGROPHYTES 1:200 INJ	N
INJ	13369	TRICHOPHYTON MENTAGROPHYTES 1:500 INJ	N
INJ	12657	TRICOPHYTON MENTAGROPHYTES 1:500 INJ	N
INJ	2422	WATER FOR INJECTION	N
INJ	16431	WATER FOR INJECTION,BACTERIOSTATIC,10ML	N
INJ	16432	WATER FOR INJECTION,BACTERIOSTATIC,30ML	N
INJ	16430	WATER FOR INJECTION,STERILE,100ML	N
INJ	16427	WATER FOR INJECTION,STERILE,10ML	N
INJ	16428	WATER FOR INJECTION,STERILE,20ML	N
INJ	16425	WATER FOR INJECTION,STERILE,30ML	N
INJ	16429	WATER FOR INJECTION,STERILE,50ML	N
INJ	16426	WATER FOR INJECTION,STERILE,5ML	N
INJ	2939	WATER/BENZYL ALCOHOL 0.5% INJ	N
INJ	2937	WATER/BENZYL ALCOHOL 0.9% INJ	N
INJ	2938	WATER/BENZYL ALCOHOL 1.5% INJ	N
INJ	2940	WATER/BENZYL ALCOHOL INJ	N
INJ	6851	WATER/METHYLPARABEN 0.05%/PROPYLPARABEN 0.005% INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ	2427	WATER/METHYLPARABEN 0.1%/PROPYLPARABEN 0.025% INJ	N
INJ	6850	WATER/METHYLPARABEN 0.1%/PROPYLPARABEN 0.025% INJ	N
INJ	6852	WATER/METHYLPARABEN 0.12%/PROPYLPARABEN 0.012% INJ	N
INJ,CONC, W/BUF	3931	ALLERGENIC EXTRACT,DOG EPITHELIA INJ	N
INJ,CONC, W/BUF	7637	ALLERGENIC EXTRACT,DUST INJ	N
INJ,CONC, W/BUF	7635	ALLERGENIC EXTRACT,FOOD,WHEAT INJ	N
INJ,CONC, W/BUF	6772	ALLERGENIC EXTRACT,MIXED ANTIGENS	N
INJ,CONC, W/BUF	7636	ALLERGENIC EXTRACT,MOLD INJ	N
INJ,CONC, W/BUF	7638	ALLERGENIC EXTRACT,POLLEN INJ	N
INJ,CONC, W/BUF	7634	ALLERGENIC EXTRACT,RAGWEED STOCK POLLEN INJ	N
INJ,REPOSITORY	7777	ADRENOCORTICOTROPIN (ACTH 1-18),I-125 (TYR) 40UNT/ML INJ	N
INJ,REPOSITORY	7778	ADRENOCORTICOTROPIN (ACTH 1-18),I-125 (TYR) 80UNT/ML INJ	N
INJ,SOLN	7719	ACCU-BLOC CUSTOM EPIDURAL ANESTHESIA	N
INJ,SOLN	7720	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ,SOLN	7725	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ,SOLN	7741	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ,SOLN	7743	ACCU-BLOC PERIFIX CUSTOM EPIDURAL ANESTHESIA	N
INJ,SOLN	7726	ACCU-BLOCK KIT	N
INJ,SOLN	7493	ALBUMIN HUMAN 21MG/STANNOUS TARTRATE 0.23MG INJ	N
INJ,SOLN	7492	ALBUMIN HUMAN 7MG/STANNOUS TARTRATE 0.08MG INJ	N
INJ,SOLN	3398	ALBUMIN,IODINATED SERUM (I-125) 10MIC/1.5 INJ	N
INJ,SOLN	3399	ALBUMIN,IODINATED SERUM (I-125) 10MIC/IODINE (I-125) 0.01 MIC IJ	N
INJ,SOLN	3397	ALBUMIN,IODINATED SERUM (I-125) 10MIL/ML INJ	N
INJ,SOLN	3330	ALBUMIN,MICROSPHERE HUMAN SERUM 5MG/UNT INJ	N
INJ,SOLN	3208	ALCOHOL,ABSOLUTE 98% INJ	N
INJ,SOLN	3220	ALCOHOL,ABSOLUTE 98% INJ,AMP,1ML	N
INJ,SOLN	3222	ALCOHOL,ABSOLUTE 98% INJ,AMP,50ML	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ,SOLN	3221	ALCOHOL,ABSOLUTE 98% INJ,AMP,5ML	N
INJ,SOLN	6742	ALLERGENIC EXT,HOUSE DUST CONC 0.4GM/ML INJ	N
INJ,SOLN	6769	ALLERGENIC EXTRACT 0.744ML INJ	N
INJ,SOLN	6768	ALLERGENIC EXTRACT 0.996ML INJ	N
INJ,SOLN	6771	ALLERGENIC EXTRACT 1 UNT/ML INJ	N
INJ,SOLN	6770	ALLERGENIC EXTRACT 1.5ML INJ	N
INJ,SOLN	6767	ALLERGENIC EXTRACT 4.98ML INJ	N
INJ,SOLN	7541	ALLERGENIC EXTRACT EPIDERMAL INJ	N
INJ,SOLN	7537	ALLERGENIC EXTRACT GRASSES INJ	N
INJ,SOLN	6766	ALLERGENIC EXTRACT INJ	N
INJ,SOLN	7542	ALLERGENIC EXTRACT INJ	N
INJ,SOLN	7532	ALLERGENIC EXTRACT INSECTS HOUSEHOLD INJ	N
INJ,SOLN	7534	ALLERGENIC EXTRACT MIXED EPIDERMALS INJ	N
INJ,SOLN	7528	ALLERGENIC EXTRACT MIXED GRASSES INJ	N
INJ,SOLN	7533	ALLERGENIC EXTRACT MIXED INHL INJ	N
INJ,SOLN	7531	ALLERGENIC EXTRACT MIXED INSECT STINGING INJ	N
INJ,SOLN	7530	ALLERGENIC EXTRACT MIXED MOLDS INJ	N
INJ,SOLN	7527	ALLERGENIC EXTRACT MIXED TREES INJ	N
INJ,SOLN	7529	ALLERGENIC EXTRACT MIXED WEEDS INJ	N
INJ,SOLN	7538	ALLERGENIC EXTRACT TREES INJ	N
INJ,SOLN	7539	ALLERGENIC EXTRACT WEEDS INJ	N
INJ,SOLN	6749	ALLERGENIC EXTRACT, ALTERNARIA MOLD 10% INJ	N
INJ,SOLN	6744	ALLERGENIC EXTRACT, ALTERNARIA MOLD 10000 PNU/ML INJ	N
INJ,SOLN	6747	ALLERGENIC EXTRACT, ALTERNARIA MOLD 2% INJ	N
INJ,SOLN	6745	ALLERGENIC EXTRACT, ALTERNARIA MOLD 20000 PNU/ML INJ	N
INJ,SOLN	6746	ALLERGENIC EXTRACT, ALTERNARIA MOLD 40000 PNU/ML INJ	N
INJ,SOLN	6748	ALLERGENIC EXTRACT, ALTERNARIA MOLD 5% INJ	N
INJ,SOLN	6743	ALLERGENIC EXTRACT, ALTERNARIA MOLD 5000 PNU/ML INJ	N
INJ,SOLN	7540	ALLERGENIC EXTRACT, DUST, AUTOGENOUS 1 UNT/ML INJ	N
INJ,SOLN	6755	ALLERGENIC EXTRACT, HORSE DANDER 1% INJ	N
INJ,SOLN	6757	ALLERGENIC EXTRACT, HORSE DANDER 10% INJ	N
INJ,SOLN	6753	ALLERGENIC EXTRACT, HORSE DANDER 10000PNU/ML INJ	N
INJ,SOLN	6754	ALLERGENIC EXTRACT, HORSE DANDER 20000PNU/ML INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ,SOLN	6756	ALLERGENIC EXTRACT, HORSE DANDER 5% INJ	N
INJ,SOLN	6752	ALLERGENIC EXTRACT, HORSE DANDER 5000PNU/ML INJ	N
INJ,SOLN	3953	ALLERGENIC EXTRACT, HOUSE DUST 1 UNT/ML INJ	N
INJ,SOLN	3943	ALLERGENIC EXTRACT, HOUSE DUST 10000 PNU/ML INJ	N
INJ,SOLN	3944	ALLERGENIC EXTRACT, HOUSE DUST 20000PNU/ML INJ	N
INJ,SOLN	3945	ALLERGENIC EXTRACT, HOUSE DUST 40000 PNU/ML INJ	N
INJ,SOLN	3946	ALLERGENIC EXTRACT, HOUSE DUST 50000 PNU/ML INJ	N
INJ,SOLN	3947	ALLERGENIC EXTRACT, HOUSE DUST INJ	N
INJ,SOLN	7526	ALLERGENIC EXTRACT, SHORT RAGWEED 1 UNT / TALL RAGWEED 1 UNT INJ	N
INJ,SOLN	6764	ALLERGENIC EXTRACT, SHORT RAGWEED ALTERNARIA 10 % INJ	N
INJ,SOLN	6759	ALLERGENIC EXTRACT, SHORT RAGWEED ALTERNARIA 10000 PNU/ML INJ	N
INJ,SOLN	6762	ALLERGENIC EXTRACT, SHORT RAGWEED ALTERNARIA 2 % INJ	N
INJ,SOLN	6760	ALLERGENIC EXTRACT, SHORT RAGWEED ALTERNARIA 20000 PNU/ML INJ	N
INJ,SOLN	6761	ALLERGENIC EXTRACT, SHORT RAGWEED ALTERNARIA 40000 PNU/ML INJ	N
INJ,SOLN	6763	ALLERGENIC EXTRACT, SHORT RAGWEED ALTERNARIA 5 % INJ	N
INJ,SOLN	6758	ALLERGENIC EXTRACT, SHORT RAGWEED ALTERNARIA 5000 PNU/ML INJ	N
INJ,SOLN	6385	ALLERGENIC EXTRACT, WASP 1 % INJ	N
INJ,SOLN	6386	ALLERGENIC EXTRACT, WASP 10 % INJ	N
INJ,SOLN	6383	ALLERGENIC EXTRACT, WASP 10000 PNU/ML INJ	N
INJ,SOLN	6384	ALLERGENIC EXTRACT, WASP 20000 PNU/ML INJ	N
INJ,SOLN	3950	ALLERGENIC EXTRACT,HOUSE DUST,STOCK 10000UNT/ML INJ	N
INJ,SOLN	3949	ALLERGENIC EXTRACT,HOUSE DUST,STOCK 1000UNT INJ	N
	3951	ALLERGENIC EXTRACT,HOUSE DUST,STOCK 1000UNT/ML INJ	
INJ,SOLN	3952	ALLERGENIC EXTRACT,HOUSE DUST,STOCK 100UNT/ML INJ	N
INJ,SOLN	6751	ALLERGENIC EXTRACT,MOLDS MIXTURE INJ	N
INJ,SOLN	6738	ALLERGENIC EXTRACT,TIMOTHY GRASS POLLEN 1 % INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ,SOLN	6735	ALLERGENIC EXTRACT,TIMOTHY GRASS POLLEN 10000 PNU/ML INJ	N
INJ,SOLN	6739	ALLERGENIC EXTRACT,TIMOTHY GRASS POLLEN 2 % INJ	N
INJ,SOLN	6736	ALLERGENIC EXTRACT,TIMOTHY GRASS POLLEN 20000 PNU/ML INJ	N
INJ,SOLN	6740	ALLERGENIC EXTRACT,TIMOTHY GRASS POLLEN 3 % INJ	N
INJ,SOLN	6737	ALLERGENIC EXTRACT,TIMOTHY GRASS POLLEN 40000 PNU/ML INJ	N
INJ,SOLN	6741	ALLERGENIC EXTRACT,TIMOTHY GRASS POLLEN 5 % INJ	N
INJ,SOLN	7536	ALLERGENIC EXTRACTS DIAGNOSTIC SCRATCH TEST INJ	N
INJ,SOLN	7435	ALLERGENIC EXTRACTS INTRADERMAL INJ	N
INJ,SOLN	7535	ALLERGENIC EXTRACTS MIXED INHL EPIDERMAL INJ	N
INJ,SOLN	7732	CENTRAL VEIN CATHETERIZATION KIT	N
INJ,SOLN	947	DIATRIZOATE MEGLUMINE 30%/EDETATE CA DISODIUM 0.05MG/ML INJ	N
INJ,SOLN	946	DIATRIZOATE MEGLUMINE 60% INJ	N
INJ,SOLN	7731	DIGITAL KIT	N
INJ,SOLN	7171	DYE EVANS BLUE 5MG/ML INJ	N
INJ,SOLN	2978	DYE FDC (BLUE #2) 8MG/ML INJ	N
INJ,SOLN	3401	FERROUS CITRATE (FE-59) 25MIL/ML INJ	N
INJ,SOLN	7479	FIBRINOGEN 1MG/IODINE (I-125) 154 MIC INJ	N
INJ,SOLN	17002	FLUDEOXYGLUCOSE F 18 (10-100 MCI/ML) INJ	N
INJ,SOLN	17037	GADOBENOATE DIMEGLUMINE 529MG/ML INJ,SOLN	N
INJ,SOLN	9907	GADODIAMIDE 287MG/ML INJ	N
INJ,SOLN	11742	GADODIAMIDE 287MG/ML INJ	N
INJ,SOLN	8877	GADOPENTETATE DIMEGLUMINE 469.01MG/ML INJ,SOLN	N
INJ,SOLN	14381	GADOVERSETAMIDE 330.9MG/ML INJ	N
INJ,SOLN	7489	GALLIUM CHLORIDE (GA-67) 2MIL/NA CITRATE 2.5% INJ	N
INJ,SOLN	3396	GALLIUM CITRATE (GA-67) 2MIL/ML INJ	N
INJ,SOLN	7457	GALLIUM CITRATE (GA-67) 2MIL/NA CITRATE 2MG INJ	N
INJ,SOLN	7459	GLUCEPTATE NA 200MG/STANNOUS CL 0.06MG/TIN 0.07MG INJ	N
INJ,SOLN	7333	GLUCEPTATE SODIUM 200MG/STANNOUS CHLORIDE 0.1MG INJ	N
INJ,SOLN	6765	GLYCERIN 50%/SODIUM CHLORIDE 0.9%/PHENOL 0.4% INJ	N
INJ,SOLN	6724	HAEMO-PAK UNIT FOR PLASMAPHERESIS	N
INJ,SOLN	19983	IOBENGUANE I 123 370MBQ/VIL INJ,SOLN	N
INJ,SOLN	914	IODOHIPPURATE NA,I-131,0.25MIL INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ,SOLN	915	IODOHIPPURATE NA,I-131,0.2MIL/ML INJ	N
INJ,SOLN	916	IODOHIPPURATE NA,I-131,0.8MIL INJ	N
INJ,SOLN	1411	IOPAMIDOL 261MG/ML INJ	N
INJ,SOLN	6633	IOPHENDYLATE 100% INJ	N
INJ,SOLN	12427	IOPROMIDE 150mgI/ml INJ	N
INJ,SOLN	12428	IOPROMIDE 240mgI/ml INJ	N
INJ,SOLN	12429	IOPROMIDE 300mgI/ml INJ	N
INJ,SOLN	12430	IOPROMIDE 370mgI/ml INJ	N
INJ,SOLN	3362	IOTHALAMATE MEGLUMINE 17.2% SOLN	N
INJ,SOLN	3375	IOTHALAMATE MEGLUMINE 30% INJ	N
INJ,SOLN	3367	IOTHALAMATE MEGLUMINE 43% INJ	N
INJ,SOLN	3359	IOTHALAMATE MEGLUMINE 52%/IOTHALAMATE NA 26% INJ	N
INJ,SOLN	3364	IOTHALAMATE MEGLUMINE 60% INJ	N
INJ,SOLN	3361	IOTHALAMATE NA 54.3% INJ	N
INJ,SOLN	3365	IOTHALAMATE NA 66.8% INJ	N
INJ,SOLN	3363	IOTHALAMATE NA 80% INJ	N
INJ,SOLN	8875	IOTROLAN 190MG/ML INJ INTH	N
INJ,SOLN	8876	IOTROLAN 240MG/ML INJ INTH	N
INJ,SOLN	3467	IOXAGLATE MEGLUMINE 393/IOXAGLATE NA 196MG/ML INJ	N
INJ,SOLN	3468	IOXAGLATE MEGLUMINE 393MG/IOXAGLATE NA 196 MG/ML INJ,SYR,125ML	N
INJ,SOLN	7165	ISOSULFAN BLUE 1% INJ	N
INJ,SOLN	7462	MEDRONATE DISODIUM 10MG/STANNOUS CHLORIDE 0.85MG INJ	N
INJ,SOLN	7336	METHYLENE DIPHOSPHONIC ACID 8MG/STANNOUS CL 0.85MG INJ	N
INJ,SOLN	7335	MICROLITE INJ	N
INJ,SOLN	7730	MODEL SP5800 #8 INTRODUCER KIT	N
INJ,SOLN	3385	MOLYBDENUM (MO-99) 100MIL INJ	N
INJ,SOLN	3390	MOLYBDENUM (MO-99) 150MIL INJ	N
INJ,SOLN	3386	MOLYBDENUM (MO-99) 200MIL INJ	N
INJ,SOLN	3391	MOLYBDENUM (MO-99) 3000MIL INJ	N
INJ,SOLN	3387	MOLYBDENUM (MO-99) 300MIL INJ	N
INJ,SOLN	3388	MOLYBDENUM (MO-99) 400MIL INJ	N
INJ,SOLN	3392	MOLYBDENUM (MO-99) 50 MIL/ML INJ	N
INJ,SOLN	3389	MOLYBDENUM (MO-99) 500MIL INJ	N
INJ,SOLN	7499	MPI MDP KIT INJ	N
INJ,SOLN	7654	MULTITEST CMI,SKIN TEST ANTIGENS	N
INJ,SOLN	7498	PENTETATE CA TRISODIUM 20.6MG/STANNOUS CL 0.21MG INJ	N
INJ,SOLN	7497	PENTETATE CA TRISODIUM 3MG/STANNOUS CHLORIDE 0.15MG INJ	N
INJ,SOLN	7491	PENTETATE INDIUM DISODIUM (IN-111) INJ	N
INJ,SOLN	7500	PENTETATE PENTASODIUM 5MG/STANNOUS CL 0.25MG INJ	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
INJ,SOLN	7436	POISON IVY/OAK/SUMAC EXTRACTS COMBINED INJ	N
INJ,SOLN	7334	PYROLITE INJ	N
INJ,SOLN	3400	RED CELL TAGGING KIT INJ	N
INJ,SOLN	7606	ROSE BENGAL SODIUM,I-131,0.5MIL/ML INJ	N
INJ,SOLN	7605	ROSE BENGAL SODIUM,I-131,O.5MIL INJ	N
INJ,SOLN	3403	SCHILLING TEST KIT	N
INJ,SOLN	911	SELENOMETHIONINE,SE-75 300MIC/ML,INJ	N
INJ,SOLN	910	SELENOMETHIONINE,SE-75,0.1MIL/ML INJ	N
INJ,SOLN	912	SELENOMETHIONINE,SE-75,0.3MIL INJ	N
INJ,SOLN	908	SODIUM CHROMATE,CR-51,100MIC/ML INJ	N
INJ,SOLN	3383	SODIUM HYDROXYMETHANE DIPHOSPHONATE 2MG/STANNOUS CL 0.16MG INJ	N
INJ,SOLN	921	SODIUM IODIDE,I-131,0.067MIL/ML SOLN	N
INJ,SOLN	919	SODIUM IODIDE,I-131,7.05MIL SOLN	N
INJ,SOLN	3384	SODIUM MOLYBDATE (V1) 50MIL INJ	N
INJ,SOLN	1442	SODIUM PERTECHNETATE (Tc 99m) 60MIL INJ	N
INJ,SOLN	1441	SODIUM PERTECHNETATE (Tc 99m) 9MG/ML INJ	N
INJ,SOLN	3404	SODIUM PHOSPHATE (P-32) 0.16MIL/ML INJ	N
INJ,SOLN	7514	SODIUM THIOSULFATE 1.1NS/TECHNETIUM (Tc 99m) 3MIL INJ	N
INJ,SOLN	7496	STANNOUS CL,ANHYDROUS 0.42MG/SUCCIMER 1.2MG INJ	N
INJ,SOLN	11788	STRONTIUM-89 CL 148MBq,4mCi/10ML INJ	N
INJ,SOLN	7454	TECHNETIUM (Tc 99m) 10MIL INJ	N
INJ,SOLN	7455	TECHNETIUM (Tc 99m) 30MIL INJ	N
INJ,SOLN	7453	TECHNETIUM Tc 99m 0 INJ	N
INJ,SOLN	3394	THALLOUS CHLORIDE (TL-201) 1MIL INJ	N
INJ,SOLN	3393	THALLOUS CHLORIDE (TL-201) 1MIL/ML INJ	N
INJ,SOLN	3395	THALLOUS CHLORIDE (TL-201) 2MIL/ML INJ	N
INJ,SOLN	16360	TOSITUMOMAB IODINE-131 0.61MCI/ML INJ	N
INJ,SOLN	16361	TOSITUMOMAB IODINE-131 VIAL 5.6MCI/ML	N
INJ,SOLN	7830	YTTERBIUM (YB-169) DTPA 2.5MIC/VIL INJ	N
INJ,SUSP	7461	AGGREGATED ALBUMIN(HUMAN)	N
INJ,SUSP	3871	ALLERGENIC EXTRACT, GRASS, BERMUDA INJ,SUSP	N
INJ,SUSP	3948	ALLERGENIC EXTRACT, HOUSE DUST INJ,SUSP	N
INJ,SUSP	7337	AN-MDP TECHNETIUM TC 99M MEDRONATE KIT	N
INJ,SUSP	3405	CHROMIC PO4 (P-32) 7MIL/ML INJ,SUSP	N
INJ,SUSP	7463	DISOFENIN 20MG/STANNOUS CHLORIDE 0.24MG INJ,SUSP	N
INJ,SUSP	7460	PULMOLITE INJ,SUSP	N
INJ,SUSP	3377	TECHNESCAN MAA INJ,SUSP	N
INJ,SUSP	7495	TECHNETIUM TC 99M MAA MULTIDOSE INJ,SUSP	N
INJ,SUSP	7494	TECHNETIUM TC 99M MAA UNIT DOSE INJ,SUSP	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
KIT	1709	HEMOPHILUS B POLYSACCHARIDE VACCINE 150MCG/NACL 0.9% INJ	Y
KIT	7842	INSECT STING TREATMENT KIT INJ	Y
KIT	13013	ROTAVIRUS TETRAVALENT VACCINE LIVE SOLN,ORAL,KIT,2.5ML	Y
KIT	9509	THIOPENTAL NA 1GM/VIL/WATER 40ML INJ	Y
KIT	9510	THIOPENTAL NA 2.5GM/VIL/WATER 100ML INJ	Y
KIT	9506	THIOPENTAL NA 250MG/VIL/NACL 0.9% KIT,INJ	Y
KIT	9507	THIOPENTAL NA 400MG/VIL/NACL 0.9% KIT,INJ	Y
KIT	9508	THIOPENTAL NA 500MG/VIL/NACL 0.9% KIT,INJ	Y
KIT	9512	THIOPENTAL NA 500MG/VIL/WATER 20ML INJ	Y
KIT	9511	THIOPENTAL NA 5GM/VIL/WATER 200ML INJ	Y
KIT	1716	TUBERCULIN,OLD 5UNT/TEST INJ	Y
KIT	1430	TUBERCULIN,PURIFIED PROTEIN DERIVATIVE 5UNT/TEST INJ	Y
LIQUID	9654	ACIDULATED PHOSPHATE FLUORIDE 0.02% LIQUID	N
LIQUID	17509	ACIDULATED PHOSPHATE FLUORIDE 0.044% LIQUID	N
LIQUID	9303	ALCOHOL/BENZOIC ACID/EUCALYPTOL/METHYL SALICYLATE/THYMOL LIQUID	N
LIQUID	10187	ALCOHOL/EUCALYPTOL/MENTHOL/ME SALICYLATE/THYMOL MOUTHWASH	N
LIQUID	3447	BARIUM SO4 37.5% LIQUID	N
LIQUID	3448	BARIUM SO4 45% LIQUID	N
LIQUID	3416	BARIUM SO4 70% LIQUID,ORAL	N
LIQUID	9318	BAY RUM	N
LIQUID	3216	BEER, CAN, 360ML	N
LIQUID	9640	BENZALKONIUM CL 0.05%/OXYQUINOLINE SO4 LIQUID	N
LIQUID	7382	BENZALKONIUM CL 0.2%/BENZOCAINE 18% LIQUID,DENT	N
LIQUID	9034	BENZALKONIUM CL 17% LIQUID	N
LIQUID	9035	BENZALKONIUM CL 50% LIQUID	N
LIQUID	9119	BENZOCAINE 2.5%/CLOVE OIL 2.5% LIQUID	N
LIQUID	9459	COMPLEAT REGULAR FORMULA LIQUID	N
LIQUID	16862	CRANBERRY JUICE	N
LIQUID	7413	CRESOL 35%/FORMALDEHYDE 1% LIQUID	N
LIQUID	19166	ENSURE LIQUID BUTTER PECAN	N
LIQUID	7415	EUCALYPTOL 93%/MENTHOL 3%/THYMOL 4% LIQUID	N
LIQUID	8560	F D & C RED #3 2% LIQUID	N
LIQUID	16861	GRAPEFRUIT JUICE	N
LIQUID	7414	IODINE 6.2%/KI 4.45%/ZN P-PHENOSULFONATE 4.2% LIQUID	N
LIQUID	9463	ISOSOURCE LIQUID (VANILLA)	N
LIQUID	17392	JEVITY 1.5CAL LIQUID	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
LIQUID	11722	JEVITY LIQUID TUBE FEEDING	N
LIQUID	13733	JEVITY PLUS LIQUID TUBE FEEDING	N
LIQUID	9383	OLEIC ACID LIQUID	N
LIQUID	8176	SUSTACAL CHOCOLATE	N
LIQUID	8177	SUSTACAL EGG NOG	N
LIQUID	12127	SUSTACAL HC LIQUID CHOCOLATE	N
LIQUID	12126	SUSTACAL HC LIQUID EGGNOG	N
LIQUID	12125	SUSTACAL HC LIQUID VANILLA	N
LIQUID	8178	SUSTACAL VANILLA	N
LIQUID	12123	SUSTACAL W/FIBER LIQUID CHOCOLATE	N
LIQUID	12124	SUSTACAL W/FIBER LIQUID STRAWBERRY	N
LIQUID	12122	SUSTACAL W/FIBER LIQUID VANILLA	N
LIQUID	15621	VALERIAN LIQUID	N
LIQUID	3218	WHISKEY	N
LIQUID	3217	WINE	N
LIQUID	9405	XYLENE,ANHYDROUS LIQUID	N
LIQUID,ORAL	3449	BARIUM SO4 1.5% LIQUID,ORAL	N
LIQUID,ORAL	942	DIATRIZOATE NA 42% LIQUID,ORAL	N
LIQUID,ORAL	16632	METHYLBENZETHONIUM CL 0.1% (AL & SF) LIQUID,ORAL	N
LIQUID,ORAL	14920	METHYLBENZETHONIUM CL 0.1% LIQUID,ORAL	N
LIQUID,ORAL	20086	RESOURCE DAIRY THICK VANILLA (NECTAR)	N
LIQUID,ORAL	20087	RESOURCE DAIRY THICK VANILLA (HONEY)	N
LIQUID,ORAL	18131	SIMPLYTHICK LIQUID,ORAL	N
LIQUID,ORAL	18133	SIMPLYTHICK LIQUID,ORAL HONEY	N
LIQUID,ORAL	18132	SIMPLYTHICK LIQUID,ORAL NECTAR	N
LIQUID,ORAL	18154	SOUR CHERRY JUICE	N
LIQUID,ORAL	10128	SUSPENDING VEHICLE (SF) LIQUID,ORAL	N
LIQUID,ORAL	10127	SUSPENDING VEHICLE LIQUID,ORAL	N
LIQUID,ORAL	7614	SYRUP #1 (MIKART) LIQUID	N
LOZENGE	8787	THROAT DISCS	N
MISCELLANEOUS	12611	HELIDAC THERAPY PACK	Y
MISCELLANEOUS	12862	PREVPAC PATIENT THERAPY PAK	Y
MOUTHWASH	18599	BIOTENE MOUTHWASH	Y
MOUTHWASH	18602	CHLORHEXIDINE GLUCONATE 0.12% (AF) RINSE,ORAL	Y
MOUTHWASH	8197	CHLORHEXIDINE GLUCONATE 0.12% RINSE,ORAL	Y
MOUTHWASH	17882	PHENOL (DILUTE) 0.6% (AF) MOUTHWASH	Y
MOUTHWASH	16153	PHENOL (DILUTE) 1.4% (AF) MOUTHWASH	Y
MOUTHWASH	4403	SODIUM FLUORIDE 0.02% MOUTHWASH	Y
OIL	9000	COD LIVER OIL	Y
OIL	8666	MINERAL OIL,EXTRA HEAVY	Y
OIL	8669	MINERAL OIL,HEAVY	Y
OIL	8672	MINERAL OIL,HEAVY,30ML	Y
OIL	8668	MINERAL OIL,MEDIUM	Y

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
OIL	12057	TRIGLYCERIDES,MEDIUM CHAIN OIL	Y
OINT,TOP	626	NITROGLYCERIN 2% OINT,TOP	Y
PATCH	14347	CAPSAICIN 0.25% PATCH	N
PATCH	17524	MENTHOL 1.4% PATCH	N
PATCH	19676	METHOL 5% PATCH	N
PATCH	18517	TRANSMITTER PATCH MMT-7006	N
PELLET	6914	CELLULOSE,OXIDIZED 100% PELLET	N
PELLET	9790	OSCILLOCOCCINUM PELLET	N
POWDER	3705	SODIUM POLYSTYRENE SULFONATE PWDR	Y
POWDER,ORAL	9223	AMIN-AID INSTANT DRINK PWDR	N
POWDER,ORAL	3425	BARIUM SO4 180GM/CUP PWDR,ORAL	N
POWDER,ORAL	3426	BARIUM SO4 8GM/CUP PWDR	N
POWDER,ORAL	3415	BARIUM SO4 95 % PWDR,ORAL	N
POWDER,ORAL	3442	BARIUM SO4 98.14% PWDR,ORAL	N
POWDER,ORAL	12637	BETAINE 1GM/1.7GM PWDR,ORAL	N
POWDER,ORAL	13431	BOOST PWDR VANILLA	N
POWDER,ORAL	12386	CARNATION INSTANT BREAKFAST PWDR,35.8GM	N
POWDER,ORAL	12129	CASEC POWDER,ORAL	N
POWDER,ORAL	12405	CELLULOSE POWDER	N
POWDER,ORAL	9457	CITROTEIN POWDER (ORANGE)	N
POWDER,ORAL	9458	CITROTEIN POWDER (PUNCH)	N
POWDER,ORAL	12226	CORPAK PRO-MIX #22-9804 20GM/PKT PWDR	N
POWDER,ORAL	943	DIATRIZOATE NA PWDR,ORAL	N
POWDER,ORAL	17809	ELECTROLYTE PWDR,ORAL	N
POWDER,ORAL	17307	ELECTROLYTE PWDR,ORAL ADULT PKT	N
POWDER,ORAL	17810	ELECTROLYTE PWDR,ORAL PKT	N
POWDER,ORAL	10222	ENSURE PWDR VANILLA	N
POWDER,ORAL	11736	FIBRAD PWDR,ORAL	N
POWDER,ORAL	9224	HEPATIC-AID II POWDER (CHOCOLATE)	N
POWDER,ORAL	9226	HEPATIC-AID II POWDER (CUSTARD)	N
POWDER,ORAL	9225	HEPATIC-AID II POWDER (EGGNOG)	N
POWDER,ORAL	18506	JUVEN PWDR PKT,23GM GRAPE	N
POWDER,ORAL	18505	JUVEN PWDR PKT,23GM ORANGE	N
POWDER,ORAL	14281	LIPISORB PWDR	N
POWDER,ORAL	12128	LONALAC POWDER,ORAL	N
POWDER,ORAL	9473	MERITENE POWDER (CHOCOLATE)	N
POWDER,ORAL	9474	MERITENE POWDER (EGG NOG)	N
POWDER,ORAL	9476	MERITENE POWDER (MILK CHOCOLATE)	N
POWDER,ORAL	9472	MERITENE POWDER (PLAIN)	N
POWDER,ORAL	9477	MERITENE POWDER (STRAWBERRY)	N
POWDER,ORAL	9475	MERITENE POWDER (VANILLA)	N
POWDER,ORAL	14287	NEOCATE ONE+ PWDR	N
POWDER,ORAL	10244	POLYCOSE PWDR,ORAL	N
POWDER,ORAL	11729	PROMOD PWDR,ORAL	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
POWDER,ORAL	19488	PROTEIN SUPPLEMENT,PRONUTRA PWDR PKT, 37GM	N
POWDER,ORAL	19943	PROTEIN SUPPLEMENT,PROPASS PWDR	N
POWDER,ORAL	19281	PROTEIN SUPPLEMENT,PROPASS PWDR PKT,8GM	N
POWDER,ORAL	17725	RESOURCE BENEPROTEIN PWDR	N
POWDER,ORAL	19376	RESOURCE BENEPROTEIN PWDR,227GM	N
POWDER,ORAL	17726	RESOURCE BENEPROTEIN PWDR,PKT,7GM	N
POWDER,ORAL	9241	S-M-A IRON FORTIFIED,INFANT FORMULA PWDR	N
POWDER,ORAL	9245	S-M-A LO-IRON,INFANT FORMULA PWDR	N
POWDER,ORAL	17858	THICK & EASY PWDR	N
POWDER,ORAL	17857	THICK & EASY PWDR PKT,8GM	N
POWDER,ORAL	18562	THICK & EASY THICKEND COFFEE (HONEY) PWDR PKT,12GM	N
POWDER,ORAL	18561	THICK & EASY THICKEND COFFEE (NECTAR) PWDR PKT,12GM	N
POWDER,ORAL	18559	THICK & EASY THICKEND TEA (HONEY) PWDR,PKT,12GM	N
POWDER,ORAL	18558	THICK & EASY THICKEND TEA (NECTAR) PWDR PKT,12GM	N
POWDER,ORAL	12426	THICKENUP POWDER	N
POWDER,ORAL	16179	THICK-IT 2 POWDER	N
POWDER,ORAL	16194	THICK-IT POWDER	N
POWDER,ORAL	9227	TRAUM-AID HBC PWDR (LEMONCREME)	N
POWDER,ORAL	14144	VITAL HIGH NITROGEN 79GM PWDR/PKT VANILLA	N
POWDER,ORAL	11735	VITAL HIGH NITROGEN PWDR VANILLA	N
POWDER,ORAL	12508	VIVONEX T.E.N. POWDER,PKT,80.4GM	N
POWDER,ORAL	3029	XYLOSE 100GM/BTL PWDR,ORAL	N
PWDR,RENST-ORAL	15985	ALITRAQ VANILLA 76GM/PKT PWDR	N
PWDR,RENST-ORAL	3440	BARIUM SO4 315GM PWDR,ORAL	N
PWDR,RENST-ORAL	3439	BARIUM SO4 96% PWDR	N
PWDR,RENST-ORAL	14862	IMMUNOCAL PWDR,PKT,10GM	N
PWDR,RENST-ORAL	1136	IPODATE CA 3GM/PKG PWDR	N
PWDR,RENST-ORAL	19601	RESOURCE ARGINAID (CHERRY) 4.5GM/PKT,9.2GM	N
PWDR,RENST-ORAL	19603	RESOURCE ARGINAID (LEMON) 4.5GM/PKT,9.2GM	N
PWDR,RENST-ORAL	19602	RESOURCE ARGINAID (ORANGE) 4.5GM/PKT,9.2GM	N
PWDR,RENST-ORAL	14326	SCANDISHAKE PWDR/PKT,85GM CHOCOLATE	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
PWDR,RENST-ORAL	14325	SCANDISHAKE PWDR/PKT,85GM STRAWBERRY	N
PWDR,RENST-ORAL	14327	SCANDISHAKE PWDR/PKT,85GM VANILLA	N
PWDR,RENST-ORAL	8180	SUSTACAL PWDR CHOCOLATE	N
PWDR,RENST-ORAL	8181	SUSTACAL PWDR VANILLA	N
PWDR,RENST-ORAL	8189	SUSTAGEN PWDR CHOCOLATE	N
PWDR,RENST-ORAL	8190	SUSTAGEN PWDR VANILLA	N
PWDR,RENST-ORAL	12511	VIVONEX FLAVOR PACKET CHERRY-VANILLA	N
PWDR,RENST-ORAL	12512	VIVONEX FLAVOR PACKET LEMON-LIME	N
PWDR,RENST-ORAL	12513	VIVONEX FLAVOR PACKET ORANGE-PINEAPPLE	N
PWDR,RENST-ORAL	12509	VIVONEX FLAVOR PACKET RASPBERRY	N
PWDR,RENST-ORAL	12510	VIVONEX FLAVOR PACKET VANILLA	N
PWDR,RENST-ORAL	12514	VIVONEX PEDIATRIC POWDER,PKT,51GM	N
PWDR,RENST-ORAL	12515	VIVONEX PLUS POWDER,PKT,84GM	N
RINSE,ORAL	8193	CHLORHEXIDINE GLUCONATE 0.12% RINSE,ORAL	Y
SOLN,ORAL	9257	BENZOCAINE 6.3%/PHENOL 0.5% SOLN,DENT	N
SOLN,ORAL	928	DIATRIZOATE MEGLUMINE 66%/DIATRIZOATE NA 10% SOLN,ORAL	N
SOLN,ORAL	938	DIATRIZOATE MEGLUMINE 66%/DIATRIZOATE NA 10% SOLN,ORAL/RTL	N
SOLN,ORAL	16926	DYE FDC (BLUE #1) SOLN,ORAL	N
SOLN,ORAL	924	SODIUM IODIDE,I-131,2MIL/ML SOLN,ORAL	N
SUSP	17828	BARIUM SO4 0.1% SUSP,ORAL	N
SUSP	3441	BARIUM SO4 1.2% SUSP	N
SUSP	18417	BARIUM SO4 1.3% SUSP	N
SUSP	3417	BARIUM SO4 1.5% SUSP,ORAL	N
SUSP	3465	BARIUM SO4 100% SUSP,ORAL	N
SUSP	3464	BARIUM SO4 2.1% SUSP	N
SUSP	3454	BARIUM SO4 2.2% SUSP,ORAL	N
SUSP	3457	BARIUM SO4 35% SUSP,ORAL	N
SUSP	3450	BARIUM SO4 4.5% SUSP,ORAL	N
SUSP	17829	BARIUM SO4 40% SUSP,ORAL	N
SUSP	3455	BARIUM SO4 5% SUSP,ORAL	N

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
SUSP	3453	BARIUM SO4 50% SUSP	N
SUSP	3446	BARIUM SO4 55% SUSP,ORAL	N
SUSP	3422	BARIUM SO4 60% SUSP	N
SUSP	3423	BARIUM SO4 70% SUSP,RTL	N
SUSP	7779	PROPYLIODONE 60% SUSP	N
SUSP	3378	TECHNETIUM-99m 2.5MIL AGGREGATED ALBUMIN (HUMAN) INJ	N
SUSP,ORAL	15180	RADIACARE WOUND RINSE, ORAL,SUSP	N
SUSP,RTL	3413	BARIUM SO4 57% SUSP,RTL	N
SUSP,RTL	3414	BARIUM SO4 61% SUSP,RTL	N
SUSP,RTL	3438	BARIUM SO4 75% SUSP,RTL	N
SUSP,RTL	3420	BARIUM SO4 85% SUSP,RTL	N
SYRINGE	2737	TETANUS IMMUNE GLOBULIN,HUMAN 250UNT/ML INJ,SYRINGE,1ML	Y
SYRUP	7233	BROWN MIXTURE	N
SYRUP	9395	SIMPLE SYRUP	N
SYRUP	9560	WILD CHERRY SYRUP	N
SYRUP	9623	WILD CHERRY SYRUP	N
SYRUP,ORAL	14922	CHERRY SYRUP	N
TAB	5365	AMINO ACIDS TAB	N
TAB	3451	BARIUM SO4 650MG TAB	N
TAB	12951	CHLOROPHYLL 20MG TAB	N
TAB	17176	CHLOROPHYLLIN 3MG/THYMOL 0.6MG TAB	N
TAB	9190	CHLOROPHYLLIN COPPER COMPLEX 100MG TAB	N
TAB	9192	CHLOROPHYLLIN COPPER COMPLEX 14MG TAB	N
TAB	14289	CHLOROPHYLLIN COPPER COMPLEX 33.3MG TAB	N
TAB	3358	IOCETAMIC ACID 750MG TAB	N
TAB	3790	IOPANOIC ACID 500MG TAB	N
TAB	9537	OAT BRAN 800MG TAB	N
TAB	6995	PLACEBO TAB	N
TAB	12258	STERICOL DEODORANT TAB -NOT FOR ORAL USE	N
TAB	1996	METHENAMINE TAB FOR TIMED BURNING (DO NOT TAKE)	N
TAB,CHEWABLE	9536	OAT BRAN 800MG TAB,CHEWABLE	N
TAB,EFFERVSC	10160	ENZYMATIC CLEANER (PANCREATIN) TAB,OPH,EFFERVSC	N
TAB,EFFERVSC	10107	ENZYMATIC CLEANER (SUBTILISIN A) TAB,OPH,EFFERVSC	N
TAB,EFFERVSC	10108	ENZYMATIC CLEANER (ULTRAZYME) TAB,OPH,EFFERVSC	N
TAB,SOLUBLE	10022	ANTI-RUST TAB (NOT FOR ORAL USE)	N
TAB,SOLUBLE	11713	APPLIANCE DEODORANT TAB (DO NOT TAKE)	N
TAB,SOLUBLE	10159	ENZYMATIC CLEANER (OPTI-FREE) TAB,OPH	N
TAB,SOLUBLE	10161	ENZYMATIC CLEANER (PANCREATIN) TAB,OPH	N

Appendix D: VA Products with OVERRIDE DF DOSE CHK EXCLUSION field set to 'Yes'

DOSAGE FORM	IEN	VA PRODUCT NAME	DF Excluded (Y/N)
TAB,SOLUBLE	10003	ENZYMATIC CLEANER (PAPAIN) TAB,OPH	N
TAB,SOLUBLE	10158	ENZYMATIC CLEANER (PAPAIN) TAB,OPH	N
TAB,SOLUBLE	19991	SODIUM CHLORIDE 1GM (TOPICAL) TAB,SOLUBLE	N
TAB,SOLUBLE	496	SODIUM CHLORIDE 250MG TAB, OPH	N
TINCTURE	658	BELLADONNA ALKALOIDS 0.27MG/ML TINCTURE	Y
TINCTURE	660	BELLADONNA ALKALOIDS 0.3MG/ML TINCTURE	Y
TINCTURE	655	BELLADONNA LEAF 0.3MG/ML TINCTURE	Y

Appendix E: Examples of Local Medication Route Mappings to Standard

Medication Routes (File 51.2)	Standard Route	FDB Route	Outpatient Expansion
AFFECTED AREA	TOPICAL	TOPICAL	TOPICALLY TO AFFECTED AREA
AGAINST CHEST WALL	TRANSDERMAL	TRANSDERMAL	AGAINST CHEST WALL
APPLY TO NARES	NASAL	INTRANASAL	
BLADDER INSTILATTION	IRRIGATION	IRRIGATION	
BLOOD TEST	NOT APPLICABLE	NOT APPLICABLE	
BOTH EARS	OTIC	OTIC	BOTH EARS
BOTH EYES	OPHTHALMIC	OPHTHALMIC	BOTH EYES
BUCCAL	BUCCAL	BUCCAL	CHEEK AND GUM UNTIL DISSOLVED
BY MOUTH	ORAL	ORAL	MOUTH
BY MOUTH OR INTRAMUSCULARLY	NOT APPLICABLE	NOT APPLICABLE	
BY MOUTH OR INTRAVENOUSLY	NOT APPLICABLE	NOT APPLICABLE	
CATHETER	URETHRAL	INTRA-URETHRAL	
CAUDAL BLOCK	INTRACAUDAL	CAUDAL BLOCK	
CONTACTS	OPHTHALMIC	OPHTHALMIC	CONTACTS
DEEP IM	INTRAMUSCULAR	INTRAMUSCULAR	
DENTAL	DENTAL	DENTAL	
DENTAL ORAL TOPICAL	DENTAL	DENTAL	IN MOUTH
EACH EYE	OPHTHALMIC	OPHTHALMIC	EACH EYE
EPIDURAL	EPIDURAL	EPIDURAL	
EXTERNALLY	TOPICAL	TOPICAL	EXTERNALLY
FINGERSTICK	NOT APPLICABLE	NOT APPLICABLE	
FOR BLOOD GLUCOSE TEST USE	NOT APPLICABLE	NOT APPLICABLE	FOR BLOOD GLUCOSE TEST USE
FOR COLOSTOMY USE	NOT APPLICABLE	NOT APPLICABLE	FOR COLOSTOMY USE
FOR INCONTINENT USE	NOT APPLICABLE	NOT APPLICABLE	FOR INCONTINENT USE
FOR INSULIN INJECTION PURPOSE	NOT APPLICABLE	NOT APPLICABLE	FOR INSULIN INJECTION PURPOSE
FOR INTRAVENOUS INFUSION PURPOSE	INTRAVENOUS	INTRAVENOUS	FOR INTRAVENOUS INFUSION PURPOSE
FOR OSTOMY CARE USE	NOT APPLICABLE	NOT APPLICABLE	FOR OSTOMY CARE USE
G TUBE	ENTERAL	ORAL	GASTRIC TUBE
GARGLE	ORAL	ORAL	GARGLE
GASTROSTOMY TUBE	ENTERAL	ORAL	
INFILTRATION	INFILTRATION	INFILTRATION	
INHALATION	INHALATION	INHALATION	INHALATION
INHALATION NASAL	NASAL	INTRANASAL	NASAL INHALATION
INHALATION ORAL	INHALATION	INHALATION	ORAL INHALATION
INTRA-ABDOMINAL	INTRAPERITONEAL	INTRAPERITONEAL	
INTRA-AMNIOTIC	INTRA-AMNIOTIC		

Medication Routes (File 51.2)	Standard Route	FDB Route	Outpatient Expansion
INTRA-ARTERIAL	INTRA-ARTERIAL	INTRA-ARTERIAL	
INTRA-ARTICULAR	INTRA-ARTICULAR	INTRA-ARTICULAR	INTO THE JOINT
INTRABURSAL	INTRABURSAL	INTRABURSAL	
INTRACARDIAC	INTRACARDIAC	INTRACARDIAC	
INTRA-CAVERNOUSLY	INTRACAVERNOSAL	INTRA-CAVERNOSAL	INTRA-CAVERNOUSLY
INTRACAVITY	INTRACAVITARY	INTRACAVITY	
INRTRACORPOREAL	INTRACAVERNOSAL	INTRA-CAVERNOSAL	INTO PENIS
INTRADERMAL	INTRADERMAL	INTRADERMAL	INTRADERMAL
INTRAFOLLICULAR	<LEAVE UNMAPPED>		
INTRAMUSCULAR	INTRAMUSCULAR	INTRAMUSCULAR	INTRAMUSCULAR
INTRAMUSCULAR	INTRAMUSCULAR	INTRAMUSCULAR	
INTRAMUSCULARLY OR BY MOUTH	NOT APPLICABLE	NOT APPLICABLE	
INTRANASALY	NASAL	INTRANASAL	IN NOSTRIL(S)
INTRAOCULAR	INTRAOCULAR	INTRAOCULAR	IN EYE(S)
INTRAPERITONEAL	INTRAPERITONEAL	INTRAPERITONEAL	
INTRASPINAL	INTRASPINAL	INTRASPINAL	
INTRASYNOVIAL	INTRASYNOVIAL	INTRASYNOVIAL	
INTRATHECAL	INTRATHECAL	INTRATHECAL	
INTRATHORACIC	<LEAVE UNMAPPED>		
INTRATRACHEAL	INTRATRACHEAL	INTRATRACHEAL	
INTRAUTERINE	INTRAUTERINE	INTRAUTERINE	
INTRAVENEOUS (PCA)	INTRAVENOUS	INTRAVENOUS	
INTRAVENOUS	INTRAVENOUS	INTRAVENOUS	INTRAVENOUS
INTRAVENOUS DEVICE	NOT APPLICABLE	NOT APPLICABLE	
INTRAVENOUSLY OR BY MOUTH	NOT APPLICABLE	NOT APPLICABLE	
INTRAVESICAL	INTRAVESICAL	INTRAVESICAL	
INTRAVITREOUS	INTRAVITREAL	INTRAVITREAL	
IRRIGATION	IRRIGATION	IRRIGATION	
IRRIGATION OPHTHALMIC	IRRIGATION	IRRIGATION	
IV PIGGYBACK	INTRAVENOUS	INTRAVENOUS	
IV PUSH	INTRAVENOUS	INTRAVENOUS	
J TUBE	E	ORAL	
LEFT EAR	OTIC	OTIC	LEFT EAR
LEFT EYE	OPHTHALMIC	OPHTHALMIC	LEFT EYE
MISCELLANEOUS	NOT APPLICABLE	NOT APPLICABLE	
NASAL	NASAL	INTRANASAL	
NASAL	NASAL	INTRANASAL	
NASA L CANNULA	NASAL	INTRANASAL	NASAL CANNULA
NASO-GASTRIC TUBE	ENTERAL	ORAL	VIA NG TUBE
NEBULIZER	INHALATION	INHALATION	VIA NEBULIZER
NG TUBE	ENTERAL	ORAL	NASO-GASTRIC TUBE
NOSE	NASAL	INTRANASAL	EACH NOSTRIL
NOSTRIL	NASAL	INTRANASAL	ONE NOSTRIL
ONE NOSTRIL	NASAL	INTRANASAL	ALTERNATE NOSTRIL

Medication Routes (File 51.2)	Standard Route	FDB Route	Outpatient Expansion
OPHTHALMIC	OPHTHALMIC	OPHTHALMIC	AFFECTED EYE(S)
ORAL INHALATION	ORAL	ORAL	BY MOUTH
ORAL TOPICAL	ORAL	ORAL	IN MOUTH
ORAL/RECTAL	NOT APPLICABLE	NOT APPLICABLE	
OTIC	OTIC	OTIC	AFFECTED EAR(S)
PEG TUBE	ORAL	ORAL	VIA PEG TUBE
PERCUTANEOUS	TRANSDERMAL	TRANSDERMAL	
PERITONEAL DIALYSIS	INTRAPERITONEAL	INTRAPERITONEAL	PERITONEAL DIALYSIS
PREP KIT	NOT APPLICABLE	NOT APPLICABLE	
RECTAL	RECTAL	RECTAL	RECTUM
RECTALLY	RECTAL	RECTAL	RECTALLY
RECTAL ORAL	NOT APPLICABLE	NOT APPLICABLE	RECTALLY AND ORALLY
RETROBULBAR	RETROBULBAR	RETROBULBAR	
RIGHT EAR	OTIC	OTIC	RIGHT EAR
RIGHT EYE	OPHTHALMIC	OPHTHALMIC	RIGHT EYE
SUBCUTANEOUS	SUBCUTANEOUS	SUBCUTANEOUS	UNDER THE SKIN
SUBCUTANEOUS INTRAVENOUS	NOT APPLICABLE	NOT APPLICABLE	
SUBLINGUAL	SUBLINGUAL	SUBLINGUAL	UNDER THE TONGUE
TOPICAL	TOPICAL	TOPICAL	TOPICALLY
TOPICAL BUCCAL	BUCCAL	BUCCAL	ON TONGUE TO DISSOLVE AND THEN SWALLOW
TOPICAL DENTAL	DENTAL	DENTAL	MOUTH
TRACH	INTRATRACHEAL	INTRATRACHEAL	FOR TRACH CARE
TRANSDERMAL	TRANSDERMAL	TRANSDERMAL	ON SKIN
URETHRAL	URETHRAL	INTRA-URETHRAL	URETHRALLY
VAGINAL	VAGINAL	VAGINAL	VAGINAL
VAGINAL TOPICAL	VAGINAL	VAGINAL	TO VAGINA AREA
VAGINALLY	VAGINAL	VAGINAL	VAGINALLY
VIA FEEDING TUBE	ENTERAL	ORAL	VIA FEEDING TUBE

Page included for two-sided copying

Appendix F: Local Possible Dosages Report

(3041) ABACAVIR SO4 600MG/LAMIVUDINE 300MG TAB
RESTRICTED TO ID
Strength: Units: Application Package: OU
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: ABACAVIR SO4 600MG/LAMIVUDINE 300MG TAB

(667) ABACAVIR300/LAMIVUDINE150/ZDV 300MG TAB
RESTRICTED TO INFECTIOUS DISEASE
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: ABACAVIR SO4 300MG/LAMIVUDINE 150MG/ZIDOVUDINE 300MG TAB

(2587) ACETAMINOPHEN 160MG/5ML LIQUID
Strength: 160 Units: MG/5ML Application Package: OUX
Local Possible Dosages:
1 TABLESPOONFUL
Numeric Dose: 480 Dose Unit: MILLIGRAM(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 960 Dose Unit: MILLIGRAM(S) Package: IO
1 TEASPOONFUL
Numeric Dose: 160 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 320 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ACETAMINOPHEN 160MG/5ML LIQUID

(8404) ACETAMINOPHEN 325MG TAB
Strength: 325 Units: MG Application Package: UOX
Local Possible Dosages:
1 TABLET
Numeric Dose: 325 Dose Unit: MILLIGRAM(S) Package: IO
2 TABLET(S)
Numeric Dose: 650 Dose Unit: MILLIGRAM(S) Package: IO
1-2 TABLET(S)
Numeric Dose: 650 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ACETAMINOPHEN 325MG TAB

(264) ACETAMINOPHEN 650MG RTL SUPP
Strength: 650 Units: MG Application Package: UOX
Local Possible Dosages:
1 SUPPOSITORY
Numeric Dose: 650 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ACETAMINOPHEN 650MG SUPP,RTL

(342) ACETAMINOPHEN WITH CODEINE 30MG TAB
Strength: Units: Application Package: ONX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
2 TABLETS
Numeric Dose: 2 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: CODEINE 30MG/ACETAMINOPHEN 300MG TAB

(7423) ACETAMINOPHEN/CODEINE 30MG TAB U/D 25'S
Strength: Units: Application Package: NU
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: CODEINE 30MG/ACETAMINOPHEN 300MG TAB

(971) ACETAMINOPHEN/CODEINE(120-12MG)/5ML ELIX
Dispense only on multi. of 118 (118, 236, 354, 472 ML)
Strength: Units: Application Package: ONX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 1 Dose Unit: TEASPOONFUL(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 2 Dose Unit: TEASPOONFUL(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 1 Dose Unit: TABLESPOONFUL(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 2 Dose Unit: TABLESPOONFUL(S) Package: IO
VA PRODUCT MATCH: CODEINE 12MG/ACETAMINOPHEN 120MG/5ML ELIXIR

(7245) ACETAMINOPHEN/CODEINE(300MG/30MG)/12.5ML
Strength: Units: Application Package: UN
Local Possible Dosages:
1 CUP 12.5ML(300/30MG)
Numeric Dose: 2.5 Dose Unit: TEASPOONFUL(S) Package: I
2 CUP(S) 25ML (600/60MG)
Numeric Dose: 5 Dose Unit: TEASPOONFUL(S) Package: I
VA PRODUCT MATCH: CODEINE 12MG/ACETAMINOPHEN 120MG/5ML ELIXIR

(3868) ACETIC ACID 2% OTIC SOL
Strength: Units: Application Package: XUO
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: ACETIC ACID 2% SOLN,OTIC

(5927) ACETIC ACID 2.47/AL SO4 0.79% OTIC SOLN
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: ACETIC ACID 2.47%/ALUMINUM SO4 0.79% SOLN,OTIC

(3997) ACETIC ACID 2/HC 1% OTIC SOLN
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: ACETIC ACID 2%/HYDROCORTISONE 1% SOLN,OTIC

(749) ACETYLCHOLINE CL 1% SOLN,OPH
RESTRICTED TO OPHTHALMOLOGY
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: ACETYLCHOLINE CL 1% SOLN,OPH

(173) ACETYLCYSTEINE 10% INHL SOLN 10ML
ORDER IN INCREMENTS OF 3'S
Strength: Units: Application Package: OUX
Local Possible Dosages:
4MLS
Numeric Dose: 4 Dose Unit: MILLILITER(S) Package: IO
10MLS
Numeric Dose: 10 Dose Unit: MILLILITER(S) Package: IO
5MLS
Numeric Dose: 5 Dose Unit: MILLILITER(S) Package: IO
6MLS
Numeric Dose: 6 Dose Unit: MILLILITER(S) Package: IO
1ML
Numeric Dose: 1 Dose Unit: MILLILITER(S) Package: IO
0.5ML
Numeric Dose: 0.5 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: ACETYLCYSTEINE 10% (PF) SOLN,INHL,10ML

(5234) ACETYLCYSTEINE 10% INHL SOLN 30ML
DO YOU NEED TO ORDER ALBUTEROL/ATROVENT WITH THIS ORDER.
Strength: Units: Application Package: UOX
Local Possible Dosages:
600MG/6ML
Numeric Dose: 600 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ACETYLCYSTEINE 10% SOLN,INHL,30ML

(1634) ACETYLCYSTEINE 20% INHL SOLN 10ML
DO YOU NEED TO ORDER ALBUTEROL/ATROVENT WITH THIS ORDER.
Strength: Units: Application Package: OUX
Local Possible Dosages:
600MG/3ML
Numeric Dose: 600 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ACETYLCYSTEINE 20% SOLN,INHL

(24224) ACIDOPHILUS CAP *N/F*
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 CAPSULE
Numeric Dose: 1 Dose Unit: CAPSULE(S) Package: IO
2 CAPSULES
Numeric Dose: 2 Dose Unit: CAPSULE(S) Package: IO
VA PRODUCT MATCH: ACIDOPHILUS CAP

(800) ACTIVATED CHARCOAL USP 25GM/120 ML
Strength: Units: Application Package: UOX
Local Possible Dosages:
25 GM
Numeric Dose: 25 Dose Unit: GRAM(S) Package: IO
50 GM
Numeric Dose: 50 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: CHARCOAL,ACTIVATED 25GM/120ML LIQUID

(1259) ACTIVATED CHARCOAL WITH SORBITOL LIQ
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 1 Dose Unit: TEASPOONFUL(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 2 Dose Unit: TEASPOONFUL(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 1 Dose Unit: TABLESPOONFUL(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 2 Dose Unit: TABLESPOONFUL(S) Package: IO
VA PRODUCT MATCH: CHARCOAL,ACTIVATED 25GM/SORBITOL 120ML LIQUID

(2676) ALBUT 3/IPRAT 0.5MG/3ML DUONEB INH 3ML
INPATIENT USE ONLY
Strength: Units: Application Package: UX
Local Possible Dosages:
ONE BULLET (3ML)
Numeric Dose: 3 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: ALBUTEROL SO4 3MG/IPRATROPIUM BR 0.5MG/3ML INHL,3ML

(24415) ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL
AVOID WITH PEANUT ALLERGY
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 PUFF
Numeric Dose: 1 Dose Unit: INHALATION(S) Package: IO
2 PUFFS
Numeric Dose: 2 Dose Unit: INHALATION(S) Package: IO
1 SPRAY
Numeric Dose: 1 Dose Unit: SPRAY(S) Package: IO
2 SPRAYS
Numeric Dose: 2 Dose Unit: SPRAY(S) Package: IO
1 INHALATION
Numeric Dose: 1 Dose Unit: INHALATION(S) Package: IO
2 INHALATIONS
Numeric Dose: 2 Dose Unit: INHALATION(S) Package: IO
VA PRODUCT MATCH: ALBUTEROL 90MCG/IPRATROPIUM BR 18MCG/SPRAY INHALER,ORAL,14.7GM

(4111) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 PUFF
Numeric Dose: 1 Dose Unit: INHALATION(S) Package: IO
2 PUFFS
Numeric Dose: 2 Dose Unit: INHALATION(S) Package: IO
VA PRODUCT MATCH: ALBUTEROL SO4 90MCG/ACTUAT (CFC-F) INHL,ORAL,8.5GM

(7055) ALBUTEROL SO4 0.083% INHL 3ML
Strength: Units: Application Package: UOX
Local Possible Dosages:
ONE BULLET (3ML)
Numeric Dose: 3 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: ALBUTEROL SO4 0.083% INHL,3ML

(24006) ALDESLEUKIN 22MILLION UNT/VIL INJ
CAUTION!!! CAN ONLY BE ORDER BY A HEM/ONC ATTENDING
Strength: 22 Units: MILLION UNT/VIL Application Package: IOUX
Local Possible Dosages:
22 MILLION UNITS/VIAL
Numeric Dose: 22 Dose Unit: MILLIONUNIT(S) Package: IO
VA PRODUCT MATCH: ALDESLEUKIN 22MILLION UNT/VIL INJ

(4157) ALENDRONATE 70/VIT D TAB *N/F*
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: ALENDRONATE SODIUM 70MG/CHOLECALCIFEROL 2800UNIT TAB

(8138) ALFENTANIL 500MCG/ML 5ML INJ 10'S
RESTRICTED TO OR & ANES
Strength: 500 Units: MCG/ML Application Package: UOSX
Local Possible Dosages:
500 MCG/ML
Numeric Dose: 500 Dose Unit: MICROGRAM(S) Package: O
1000 MCG/2 ML
Numeric Dose: 1000 Dose Unit: MICROGRAM(S) Package: O
1500 MCG/3ML
Numeric Dose: 1500 Dose Unit: MICROGRAM(S) Package: O
2000 MCG/4ML
Numeric Dose: 2000 Dose Unit: MICROGRAM(S) Package: O
2500 MCG/5ML
Numeric Dose: 2500 Dose Unit: MICROGRAM(S) Package: O
3000 MCG/6ML
Numeric Dose: 3000 Dose Unit: MICROGRAM(S) Package: O
VA PRODUCT MATCH: ALFENTANIL HCL 500MCG/ML INJ

(2156) ALOH/MG CARB/NA ALGINATE 140MG/5ML LIQ
GAVISCON,FOAMICON, ALENIC ALKA LIQUID.CMOP DISP MULTIPLE OF 360'S
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 1 Dose Unit: TEASPOONFUL(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 2 Dose Unit: TEASPOONFUL(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 1 Dose Unit: TABLESPOONFUL(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 2 Dose Unit: TABLESPOONFUL(S) Package: IO
VA PRODUCT MATCH: AL OH 31.5MG/MG CARB 137.5/NA ALGINATE 136MG/5ML LIQUID

(10966) ALOH/MGOH/SIMTH REG STRENGTH CHEW TAB
Strength: Units: Application Package: UO
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AL OH 200MG/MG OH 200MG/SIMETHICONE 20MG TAB,CHEWABLE

(139) ALPHA-1-PROTEINASE INHIBITOR,1000MG INJ *N/F*
Strength: 1000 Units: MG/VIAL Application Package: OUIX
Local Possible Dosages:
1000 MG/VIAL
Numeric Dose: 1000 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ALPHA-1-PROTEINASE INHIBITOR,HUMAN 1000MG/VIL INJ

(24118) ALPROSTADIL 1000MCG URETHRAL SUPP
RESTRICTED TO ANDROLOGY/UROLOGY-LIMIT 6/MONTH
Strength: 1000 Units: MCG Application Package: OX
Local Possible Dosages:
1 SUPPOSITORY
Numeric Dose: 1 Dose Unit: SUPPOSITOR(IES) Package: IO
VA PRODUCT MATCH: ALPROSTADIL 1000MCG SUPP,URETHRAL

(10968) ALUMINUM HYDOXIDE GEL 320MG/5ML SUSP
Strength: 320 Units: MG/5ML Application Package: UOX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 320 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 640 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ALUMINUM HYDROXIDE 320MG/5ML SUSP

(2756) ALUMINUM W/MAGNESIA HYDROX GEL 180ML *N/F*
Strength: Units: Application Package: OX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 1 Dose Unit: TEASPOONFUL(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 2 Dose Unit: TEASPOONFUL(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 1 Dose Unit: TABLESPOONFUL(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 2 Dose Unit: TABLESPOONFUL(S) Package: IO
VA PRODUCT MATCH: ALUMINUM HYDROXIDE 225MG/MAGNESIUM HYDROXIDE 200MG/5ML SUSP,ORAL

(2529) AMANTADINE 50MG/5ML SYRUP (ML)
Strength: 50 Units: MG/5ML Application Package: UOX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 50 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 100 Dose Unit: MILLIGRAM(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 150 Dose Unit: MILLIGRAM(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 300 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: AMANTADINE HCL 50MG/5ML SYRUP

(2277) AMILORIDE HCL 5/HCTZ 50MG TAB *N/F*
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMILORIDE HCL 5MG/HYDROCHLOROTHIAZIDE 50MG TAB

(5481) AMINO ACID INJ 8.5% 500ML
Strength: Units: Application Package: UOIX
Local Possible Dosages:
42.5 GM (500ML)
Numeric Dose: 42.5 Dose Unit: GRAM(S) Package: IO
Local Possible Dosages:
500ML
Numeric Dose: 500 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: FREAMINE 8.5% INJ

(5127) AMINOBENZOATE POTASSIUM 0.5GM CAP *N/F*
Strength: 0.5 Units: GM Application Package: OX
Local Possible Dosages:
1 CAPSULE
Numeric Dose: 0.5 Dose Unit: GRAM(S) Package: IO
2 CAPSULES
Numeric Dose: 1 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: POTASSIUM PARA-AMINOBENZOATE 0.5GM CAP

(23857) AMINOCAPROIC ACID SYRUP 250MG/ML *N/F*
Strength: 250 Units: MG/ML Application Package: OUX
Local Possible Dosages:
2 ML
Numeric Dose: 500 Dose Unit: MILLIGRAM(S) Package: IO
1 ML
Numeric Dose: 250 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: AMINOCAPROIC ACID 250MG/ML SYRUP

(5328) AMINOHIPPURATE SODIUM 2GM/10ML INJ. *N/F*
Strength: Units: Application Package: UOX
Local Possible Dosages:
2GM(10ML)
Numeric Dose: 2 Dose Unit: GRAM(S) Package: IO
1GM(5ML)
Numeric Dose: 1 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: AMINOHIPPURATE NA 20% INJ

(424) AMITRIPTYLINE 25/PERPHENAZINE 2MG TAB *N/F*
MAXIMUM 30 DAY SUPPLY
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMITRIPTYLINE HCL 25MG/PERPHENAZINE 2MG TAB

(426) AMITRIPTYLINE 25/PERPHENAZINE 4MG TAB *N/F*
MAXIMUM 30 DAYS SUPPLY
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMITRIPTYLINE HCL 25MG/PERPHENAZINE 4MG TAB

(5662) AMITRIPTYLLINE 50MG/PERPHEN. 4MG TAB *N/F*
Strength: Units: Application Package: UO
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMITRIPTYLINE HCL 50MG/PERPHENAZINE 4MG TAB

(5263) AMLODIPINE/ATORVASTATIN CA 2.5/10 MG TAB *N/F*
Strength: Units: Application Package: X
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMLODIPINE BESYLATE 2.5MG/ATORVASTATIN CA 10MG TAB

(5262) AMLODIPINE/ATORVASTATIN CA 5/10 MG TAB *N/F*
Strength: Units: Application Package: X
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMLODIPINE BESYLATE 5MG/ATORVASTATIN CA 10MG TAB

(1640) AMPICILLIN NA 1GM/VI INJ
Strength: 1 Units: GM/VIAL Application Package: UOIX
Local Possible Dosages:
1GM
Numeric Dose: 1 Dose Unit: GRAM(S) Package: O
VA PRODUCT MATCH: AMPICILLIN NA 1GM/VIL INJ

(4404) AMPICILLIN NA 2GM/VI INJ
Strength: 2 Units: GM/VIAL Application Package: IUOX
Local Possible Dosages:
2GM
Numeric Dose: 2 Dose Unit: GRAM(S) Package: O
VA PRODUCT MATCH: AMPICILLIN NA 2GM/VIL INJ

(10970) AMOX 250MG/CLAV K 62.5MG CHEW TAB *N/F*
Strength: Units: Application Package: U
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMOXICILLIN TRIHYDRATE 250MG/CLAVULANATE K 62.5MG TAB,CHEWABLE

(6197) AMOXICILLIN 250/CLAV K 125MG TAB
ANTIBIOTIC-MAXIMUM 30 DAY SUPPLY
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMOXICILLIN TRIHYDRATE 250MG/CLAVULANATE K 125MG TAB

(8061) AMOXICILLIN 250MG/5ML 150ML SUSP
THERAPEUTIC INTERCHANGE FOR AMPICILLIN-MAX 30 DAY SUPPLY
Strength: 250 Units: MG/5ML Application Package: UOX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 250 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 500 Dose Unit: MILLIGRAM(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 750 Dose Unit: MILLIGRAM(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 1500 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: AMOXICILLIN 250MG/5ML SUSP,ORAL

(5175) AMOXICILLIN 400/CLAV K 57MG/5ML SUSP
CMOP Minimum Use Item - Local Fill
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 1 Dose Unit: TEASPOONFUL(S) Package: O
2 TEASPOONFULS
Numeric Dose: 2 Dose Unit: TEASPOONFUL(S) Package: O
5 ML
Numeric Dose: 5 Dose Unit: MILLILITER(S) Package: I
10 ML
Numeric Dose: 10 Dose Unit: MILLILITER(S) Package: I
VA PRODUCT MATCH: AMOXICILLIN 400MG/CLAVULANATE K 57MG/5ML SUSP

(6198) AMOXICILLIN 500/CLAV K 125MG TAB
ANTIBIOTIC-MAXIMUM 30 DAY SUPPLY
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMOXICILLIN TRIHYDRATE 500MG/CLAVULANATE K 125MG TAB

(24028) AMOXICILLIN 875/CLAV K 125MG TAB
ANTIBIOTIC-MAXIMUM 30DAYS SUPPLY
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: AMOXICILLIN TRIHYDRATE 875MG/CLAVULANATE K 125MG TAB

(8279) AMOXICILLIN/CLAVULANATE 250MG/5ML 150ML
FOR G-TUBE/DYSPHAGIA PATIENTS ONLY
Strength: Units: Application Package: XOU
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 1 Dose Unit: TEASPOONFUL(S) Package: IO
VA PRODUCT MATCH: AMOXICILLIN TRIHYDRATE 250MG/CLAVULANATE K 62.5MG/5ML SUSP

(1513) AMPICILLIN 250MG/5ML SUSP 100ML *N/F*
Strength: 250 Units: MG/5ML Application Package: UOX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 250 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 500 Dose Unit: MILLIGRAM(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 750 Dose Unit: MILLIGRAM(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 1500 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: AMPICILLIN 250MG/5ML SUSP

(1271) AMPRENAVIR 15MG/ML SOLN ORAL *N/F*
Strength: 75 Units: MG/5ML Application Package: X
Local Possible Dosages:
75MG/5ML
Numeric Dose: 75 Dose Unit: GRAM(S) Package: O
300MG/20ML
Numeric Dose: 300 Dose Unit: GRAM(S) Package: O
600MG/40ML
Numeric Dose: 600 Dose Unit: GRAM(S) Package: O
VA PRODUCT MATCH: AMPRENAVIR 75MG/5ML SOLN,ORAL

(233) AMYL NITRITE 0.3ML INHALENT
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 PUFF
Numeric Dose: 1 Dose Unit: INHALATION(S) Package: IO
2 PUFFS
Numeric Dose: 2 Dose Unit: INHALATION(S) Package: IO
1 INHALATION
Numeric Dose: 1 Dose Unit: INHALATION(S) Package: IO
2 INHALATIONS
Numeric Dose: 2 Dose Unit: INHALATION(S) Package: IO
1 SPRAY
Numeric Dose: 1 Dose Unit: SPRAY(S) Package: IO
2 SPRAYS
Numeric Dose: 2 Dose Unit: SPRAY(S) Package: IO
VA PRODUCT MATCH: AMYL NITRITE 0.3ML/AMP,INHL

(6730) APAP 325/BUTALBITAL 50/CAFF 40MG TAB
Strength: Units: Application Package: OXU
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: APAP 325MG/BUTALBITAL 50MG/CAFN 40MG TAB

(7456) APPLE CIDER VINEGAR CAP/TAB *N/F*
Strength: Units: Application Package: X
Local Possible Dosages:
1 CAP/TAB
Numeric Dose: 1 Dose Unit: CAP/TAB Package: IO
2 CAP/TABS
Numeric Dose: 2 Dose Unit: CAP/TAB Package: IO
VA PRODUCT MATCH: APPLE CIDER VINEGAR CAP/TAB

(7478) APRACLONIDINE HCL 0.5% OPH SOLN
ALL ORDERS RESTRICTED TO OPHTHALMOLOGY
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: APRACLONIDINE HCL 0.5% SOLN,OPH

(7947) ARFORMOTEROL 7.5MCG/ML SOLN INHL 2ML *N/F*
Strength: Units: Application Package: XO
Local Possible Dosages:
15 MCG (2 ML)
Numeric Dose: 15 Dose Unit: MICROGRAM(S) Package: IO
VA PRODUCT MATCH: ARFORMOTEROL TARTRATE 7.5MCG/ML SOLN,INHL,2ML

(3694) ARIPIPRAZOLE 1MG/ML LIQ 150ML *N/F*
Strength: 1 Units: MG/ML Application Package: UX
Local Possible Dosages:
1MG/1ML
Numeric Dose: 1 Dose Unit: MILLIGRAM(S) Package: O
2MG/2ML
Numeric Dose: 2 Dose Unit: MILLIGRAM(S) Package: O
VA PRODUCT MATCH: ARIPIPRAZOLE 1MG/ML SOLN,ORAL

(4060) ARTIFICIAL SALIVA
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 CUP (30 ML)
Numeric Dose: 30 Dose Unit: MILLILITER(S) Package: IO
2 CUPS (60 ML)
Numeric Dose: 2 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: SALIVA,ARTIFICIAL

(5648) ARTIFICIAL SALIVA LOZENGE
ORDER BY EACH LOZENGE(90/BX)
Strength: Units: Application Package: XOU
Local Possible Dosages:
1 LOZENGE
Numeric Dose: 1 Dose Unit: LOZENGE(S) Package: IO
2 LOZENGES
Numeric Dose: 2 Dose Unit: LOZENGE(S) Package: IO
VA PRODUCT MATCH: SALIVA,ARTIFICIAL LOZENGE

(5530) ARTIFICIAL TEARS POLYVINYL ALCOHOL
FIRST DRUG OF CHOICE SUBSITUTITION PETMITTED ONLY IF DOCUMENTED ADR
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: POLYVINYL ALCOHOL 1.4% SOLN,OPH

(3721) ARTIFICIAL TEARS POLYVINYL ALCOHOL (PF)
NOT TO BE USED UNLESS DOCUMENTED ADR TO ARTIFICIAL TEARS.
Strength: Units: Application Package: XOU
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: POLYVINYL ALCOHOL 1% (PF) SOLN,OPH

(3555) ASA 325/BUTALBITAL 50/CAFF 40MG TAB
Strength: Units: Application Package: ONUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: ASA 325MG/BUTALBITAL 50MG/CAFN 40MG TAB

(2317) ASA 770MG/CAFN 60MG/ORPHENADRINE 50MG *N/F*
Strength: Units: Application Package: OX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: ASA 770MG/CAFN 60MG/ORPHENADRINE CITRATE 50MG TAB

(8380) ASCORBIC ACID 500MG/5ML SYRUP *N/F*
Strength: 500 Units: MG/5ML Application Package: OUX
Local Possible Dosages:
1 TABLESPOONFUL
Numeric Dose: 1500 Dose Unit: MILLIGRAM(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 3000 Dose Unit: MILLIGRAM(S) Package: IO
1 TEASPOONFUL
Numeric Dose: 500 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 1000 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ASCORBIC ACID 500MG/5ML SYRUP

(5877) ASPARAGINASE 10,000UNITS/10ML VIAL
CAUTION!!! CAN ONLY BE ORDER BY A HEM/ONC ATTENDING
Strength: 10000 Units: UNT/VIL Application Package: OUIX
Local Possible Dosages:
10000 UNITS/VIAL
Numeric Dose: 10000 Dose Unit: UNIT(S) Package: IO
20000 UNITS/2 VIALS
Numeric Dose: 20000 Dose Unit: UNIT(S) Package: IO
VA PRODUCT MATCH: ASPARAGINASE 10000UNT/VIL INJ

(1860) ASPIRIN 25MG/DIPYRIDAMOLE 200MG SA CAP
MUST USE PLAVIX/AGGRENOX CONSULT REQUEST.
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 CAPSULE
Numeric Dose: 1 Dose Unit: CAPSULE(S) Package: IO
VA PRODUCT MATCH: ASPIRIN 25MG/DIPYRIDAMOLE 200MG CAP,SA

(1928) ATENOLOL 100/CHLORTHALIDONE 25MG TAB
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: ATENOLOL 100MG/CHLORTHALIDONE 25MG TAB

(1925) ATENOLOL 50/CHLORTHALIDONE 25MG TAB
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 TABLET
Numeric Dose: 1 Dose Unit: TABLET(S) Package: IO
VA PRODUCT MATCH: ATENOLOL 50MG/CHLORTHALIDONE 25MG TAB

(10802) ATOVAQUONE 750MG/5ML SUSP (210ML)
ALL ORDERS RESTRICTED TO INFECTIOUS DISEASE SERVICE
Strength: 750 Units: MG/5ML Application Package: OUIX
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 750 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 1500 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: ATOVAQUONE 750MG/5ML SUSP,ORAL

(767) ATROPINE SULFATE 1% OPH SOLN
ALL ORDERS RESTRICTED TO OPHTHALMOLOGY
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: ATROPINE SO4 1% SOLN,OPH

(1201) AZELASTINE 137MCG/SPRAY 200D NASAL INHL *N/F*
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 SPRAY
Numeric Dose: 1 Dose Unit: SPRAY(S) Package: IO
2 SPRAYS
Numeric Dose: 2 Dose Unit: SPRAY(S) Package: IO
VA PRODUCT MATCH: AZELASTINE HCL 137MCG/SPRAY INHL,NASAL,30ML

(268) CARBIDOPA/LEVODOPA 12.5/50 TAB UD
PACKED FROM BULK(1/2 OF 25/100)
Strength: Units: Application Package: U
Local Possible Dosages:
12.5/50MG
Numeric Dose: 1 Dose Unit: TABLET(S) Package: I
VA PRODUCT MATCH: CARBIDOPA 25MG/LEVODOPA 100MG TAB

(1231) CARBIDOPA/LEVODOPA 25/100 CR TAB UD
Strength: Units: Application Package: U
Local Possible Dosages:
25/100MG
Numeric Dose: 1 Dose Unit: TABLET(S) Package: I
VA PRODUCT MATCH: CARBIDOPA 25MG/LEVODOPA 100MG TAB,SA

(5720) CARMUSTINE 7.7MG IMPLANT WAFER *N/F*
Strength: 7.7 Units: MG Application Package: U
Local Possible Dosages:
1 WAFER
Numeric Dose: 7.7 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: CARMUSTINE 7.7MG IMPLANT WAFER

(684) CHLORHEXIDINE 0.12% (PERIDEX) 473ML BT
RESTRICTED TO RX BY DENTIST (INPT & OUTPT) *** ORDER BY ML
Strength: Units: Application Package: UOX
Local Possible Dosages:
WITH ONE CAPFUL
Numeric Dose: 15 Dose Unit: MILLILITER(S) Package: O
ONE CAPFUL
Numeric Dose: 15 Dose Unit: MILLILITER(S) Package: I
VA PRODUCT MATCH: CHLORHEXIDINE GLUCONATE 0.12% RINSE,ORAL

(5122) CHOLESTYRAMINE 4GM/5GM LIGHT POWDER
ORDER BY THE GM(210GM/42 DOSES/CAN)***FILLED AT CMOP ONLY
Strength: 4 Units: GM/5GM Application Package: OX
Local Possible Dosages:
1 SCOOPFUL(4GM)
Numeric Dose: 4 Dose Unit: GRAM(S) Package: O
2 SCOOPFULS(8GM)
Numeric Dose: 8 Dose Unit: GRAM(S) Package: O
3 SCOOPFULS(12GM)
Numeric Dose: 12 Dose Unit: GRAM(S) Package: O
VA PRODUCT MATCH: CHOLESTYRAMINE 4GM/5GM (LIGHT) PWDR

(4933) CHOLESTYRAMINE 4GM/9GM ORAL PWD PKT
Strength: Units: Application Package: OX
Local Possible Dosages:
1 PACKET
Numeric Dose: 1 Dose Unit: PACKET(S) Package: IO
2 PACKETS
Numeric Dose: 2 Dose Unit: PACKET(S) Package: IO
VA PRODUCT MATCH: CHOLESTYRAMINE 4GM/9GM PWDR,PKT

(5728) CHONDROITIN 40MG/HYALURONATE 30MG/ML OPH
OR ONLY
Strength: Units: Application Package: U
Local Possible Dosages:
0.5 ML
Numeric Dose: 0.5 Dose Unit: MILLILITER(S) Package: I
VA PRODUCT MATCH: CHONDROITIN NA 40MG/HYALURONATE NA 30MG/ML INJ,OPH,SYRINGE,0.5ML

(7714) CILASTATIN NA 250MG/IMIPENEM 250MG INJ
Strength: Units: Application Package: U
Local Possible Dosages:
250MG
Numeric Dose: 1 Dose Unit: VIAL(S) Package: I
VA PRODUCT MATCH: CILASTATIN NA 250MG/IMIPENEM 250MG/VIL INJ IV

(1857) CILASTATIN NA 500MG/IMIPENEM 500MG INJ
Strength: Units: Application Package: UI
Local Possible Dosages:
500MG
Numeric Dose: 1 Dose Unit: VIAL(S) Package: I
VA PRODUCT MATCH: CILASTATIN NA 500MG/IMIPENEM 500MG/VIL INJ IV

(1549) CLINDAMYCIN 600MG/4ML INJ
Strength: 150 Units: MG/ML Application Package: UOIX
Local Possible Dosages:
450MG
Numeric Dose: 450 Dose Unit: MILLIGRAM(S) Package: O
600MG
Numeric Dose: 600 Dose Unit: MILLIGRAM(S) Package: O
VA PRODUCT MATCH: CLINDAMYCIN PO4 150MG/ML INJ

(784) CLOTRIMAZOLE 10MG TROCHE
Strength: 10 Units: MG Application Package: UOX
Local Possible Dosages:
1 TROCHE
Numeric Dose: 10 Dose Unit: MILLIGRAM(S) Package: IO
2 TROCHES
Numeric Dose: 20 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: CLOTRIMAZOLE 10MG TROCHE

(1073) DEXTROSE 10% INJ IN 0.45%NaCl 1000ML
Strength: Units: Application Package: OIX
Local Possible Dosages:
1000ML
Numeric Dose: 1000 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: DEXTROSE 10%/NACL 0.45% INJ

(3684) DEXTROSE 15GM/37.5GM SQUEEZE TUBE
Strength: 15 Units: GM Application Package: OUX
Local Possible Dosages:
CONTENTS OF TUBE
Numeric Dose: 15 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: DEXTROSE 15GM/37.5GM SQUEEZE TUBE

(3586) DIPHTHERIA/TETANUS TOXOID ADSORBED INJ
Strength: Units: Application Package: OUX
Local Possible Dosages:
0.5 ML
Numeric Dose: 0.5 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: DIPHTHERIA TOXOID/TETANUS TOXOID ADSORBED INJ
(5650) DOPAMINE 400MG/D5W 250ML INJ
Strength: 1.6 Units: MG/ML Application Package: I
Local Possible Dosages:
2.5 MCG/KG/MIN
Numeric Dose: <LEAVE BLANK> Dose Unit: <LEAVE BLANK>
Package: I
5 MCG/KG/MIN
Numeric Dose: <LEAVE BLANK> Dose Unit: <LEAVE BLANK>
Package: I
VA PRODUCT MATCH: DOPAMINE HCL 1.6MG/ML/DEXTROSE 5% INJ

(3033) EPI-PEN 0.3MG/0.3ML INJECTOR
Strength: 0.3 Units: MG/0.3ML Application Package: OUX
Local Possible Dosages:
0.3 ML
Numeric Dose: 0.3 Dose Unit: MILLILITER(S) Package: O
VA PRODUCT MATCH: EPINEPHRINE (EPI-PEN) 0.3MG/0.3ML INJECTOR

(4489) EPOETIN ALFA,RECOMB 10,000 UNT/ML INJ
This is the 1ml single dose vial
Strength: 10000 Units: UNT/ML Application Package: OUX
Local Possible Dosages:
10,000 UNITS
Numeric Dose: 10000 Dose Unit: UNIT(S) Package: O
VA PRODUCT MATCH: EPOETIN ALFA,RECOMBINANT 10000UNT/ML INJ

(7955) ESTRADIOL ACETATE 0.05MG/24HR VAG RING *N/F*
Strength: Units: Application Package: OX
Local Possible Dosages:
1 RING
Numeric Dose: 1 Dose Unit: VAGINAL RING Package: IO
VA PRODUCT MATCH: ESTRADIOL ACETATE 0.05MG/24HR RING,VAG

(3767) FENTANYL 100MCG/H (10MG) TRANSDERM PATCH
With 28 DAY FILL PREFERRED-OPIOID CONSULT REQUIRED
Strength: Units: Application Package: OUCNX
Local Possible Dosages:
1 PATCH
Numeric Dose: 1 Dose Unit: PATCH(ES) Package: O
100MCG/HR
Numeric Dose: 1 Dose Unit: PATCH(ES) Package: I
2 PATCHES
Numeric Dose: 2 Dose Unit: PATCH(ES) Package: O
200MCG/HR
Numeric Dose: 2 Dose Unit: PATCH(ES) Package: I
300MCG/HR
Numeric Dose: 3 Dose Unit: PATCH(ES) Package: I
3 PATCHES
Numeric Dose: 3 Dose Unit: PATCH(ES) Package: O
400MCG/HR
Numeric Dose: 4 Dose Unit: PATCH(ES) Package: I
4 PATCHES
Numeric Dose: 4 Dose Unit: PATCH(ES) Package: O
VA PRODUCT MATCH: FENTANYL 100MCG/HR PATCH

(547) FLUORESCEIN NA 25% INJ *N/F*
Strength: Units: Application Package:
Local Possible Dosages:
1 ML
Numeric Dose: 250 Dose Unit: MILLIGRAM(S) Package: IO
2 MLS
Numeric Dose: 500 Dose Unit: MILLIGRAM(S) Package: IO
1 MG
Numeric Dose: 1 Dose Unit: MILLIGRAM(S) Package: IO
2 MGS
Numeric Dose: 2 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: FLUORESCEIN NA 25% INJ

(2855) FLUPHENAZINE CONC 1MG UD
Strength: 1 Units: MG/ML Application Package: U
Local Possible Dosages:
1 TEASPOONFUL
Numeric Dose: 5 Dose Unit: MILLIGRAM(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 10 Dose Unit: MILLIGRAM(S) Package: IO
1 TABLESPOONFUL
Numeric Dose: 15 Dose Unit: MILLIGRAM(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 30 Dose Unit: MILLIGRAM(S) Package: IO
Note: Strength of 1 does not match NDF strength of 5.
VA PRODUCT MATCH: FLUPHENAZINE HCL 5MG/ML LIQUID,ORAL

(4408) FOSPHENYTOIN 500MG-PE/10ML INJ
Strength: Units: Application Package: I
Local Possible Dosages:
500MG-PE (10ML)
Numeric Dose: 500 Dose Unit: MG-PE Package: IO
250MG-PE (5ML)
Numeric Dose: 250 Dose Unit: MG-PE Package: IO
100MG-PE (20ML)
Numeric Dose: 100 Dose Unit: MG-PE Package: IO

(3847) GLUCOSE 24GM ORAL LIQUID *N/F*
For glucose tolerance testing ONLY.
Strength: 24 Units: GM Application Package: UOX
Local Possible Dosages:
1 BOTTLE (24 GRAM)
Numeric Dose: 24 Dose Unit: GRAM(S) Package: IO
2 BOTTLES (48 GRAM)
Numeric Dose: 48 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: GLUCOSE 24GM LIQUID,ORAL

(11116) GOSERELIN 10.8MG-90 DAY INJ
RESTRICTED TO UROLOGY AND ONCOLOGY
Strength: 10.8 Units: MG Application Package: OUX
Local Possible Dosages:
1 INJECTION
Numeric Dose: 10.8 Dose Unit: MILLIGRAM(S) Package: IO
2 INJECTIONS
Numeric Dose: 21.6 Dose Unit: MILLIGRAM(S) Package: IO
1 IMPLANT
Numeric Dose: 10.8 Dose Unit: MILLIGRAM(S) Package: IO
2 IMPLANTS
Numeric Dose: 21.6 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: GOSERELIN ACETATE 10.8MG INJ,IMPLANT

(154) HEPARIN 1,000 UNIT/ML 10ML INJ
Strength: 1000 Units: UNT/ML Application Package: OIX
Local Possible Dosages:
1000UNITS/ML
Numeric Dose: 1000 Dose Unit: UNIT(S) Package: IO
2000UNITS/2ML
Numeric Dose: 2000 Dose Unit: UNIT(S) Package: IO
3000UNITS/3ML
Numeric Dose: 3000 Dose Unit: UNIT(S) Package: IO
4000UNITS/4ML
Numeric Dose: 4000 Dose Unit: UNIT(S) Package: IO
5000UNITS/5ML
Numeric Dose: 5000 Dose Unit: UNIT(S) Package: IO
6000UNITS/6ML
Numeric Dose: 6000 Dose Unit: UNIT(S) Package: IO
7000UNITS/7ML
Numeric Dose: 7000 Dose Unit: UNIT(S) Package: IO
8000UNITS/8ML
Numeric Dose: 8000 Dose Unit: UNIT(S) Package: IO
9000UNITS/9ML

Numeric Dose: 9000 Dose Unit: UNIT(S) Package: IO
10000UNITS/10ML
Numeric Dose: 10000 Dose Unit: UNIT(S) Package: IO
VA PRODUCT MATCH: HEPARIN NA 1000UNT/ML INJ

(3608) HEPATITIS B IMMUNE GLOBULIN (IM) INJ
For IM Use Only
Strength: Units: Application Package: OUXI
Local Possible Dosages:
1ML
Numeric Dose: 1 Dose Unit: MILLILITER(S) Package: IO
2ML
Numeric Dose: 2 Dose Unit: MILLILITER(S) Package: IO
3ML
Numeric Dose: 3 Dose Unit: MILLILITER(S) Package: IO
4ML
Numeric Dose: 4 Dose Unit: MILLILITER(S) Package: IO
5ML
Numeric Dose: 5 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: HEPATITIS B IMMUNE GLOBULIN (IM) INJ

(4497) HYDROCORTISONE 100MG/60ML ENEMA
Strength: 100 Units: MG/60ML Application Package: UOX
Local Possible Dosages:
1 ENEMA (100MG/60ML)
Numeric Dose: 100 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: HYDROCORTISONE 100MG/60ML ENEMA

(5462) HYDROMORPHONE HCL 3MG RTL SUPP *N/F*
Requires written RX with DEA/VA# before RX can be dispensed
Strength: 3 Units: MG Application Package: OUNX
Local Possible Dosages:
1 SUPPOSITORY
Numeric Dose: 3 Dose Unit: MILLIGRAM(S) Package: O
2 SUPPOSITORIES
Numeric Dose: 6 Dose Unit: MILLIGRAM(S) Package: O
VA PRODUCT MATCH: HYDROMORPHONE HCL 3MG SUPP,RTL

(4011) INTEFERON ALFA-2b 18 MILLION UNT/VIL INJ
RESTRICTED VA NATIONAL FORMULARY ITEM - JUSTIFICATION REQUIRED
Strength: 18 Units: MILLION UNT/VIL Application Package: OX
Local Possible Dosages:
18 MILLION UNITS
Numeric Dose: 18 Dose Unit: MILLIONUNIT(S) Package: O
VA PRODUCT MATCH: INTERFERON ALFA-2B,RECOMBINANT 18 MILLION UNT/VIL INJ

(2080) LACRISERT 5MG INSERT N/F *N/F*
ORDER BY EACH INSERT(60/BX)
Strength: 5 Units: MG/UNT Application Package: OUX
Local Possible Dosages:
1 INSERT
Numeric Dose: 1 Dose Unit: INSERT(S) Package: IO
VA PRODUCT MATCH: HYDROXYPROPYL CELLULOSE 5MG/UNT INSERT,CONT REL,OPH

(1747) LACTULOSE 10GM/15ML SYRUP
Strength: 10 Units: GM/15ML Application Package: UOX
Local Possible Dosages:
1 TABLESPOONFUL
Numeric Dose: 10 Dose Unit: GRAM(S) Package: IO
2 TABLESPOONFULS
Numeric Dose: 20 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: LACTULOSE 10GM/15ML SYRUP

(2884) LACTULOSE SYRUP 20GM/30ML UD
USE IN OUTPATIENT FOR PASSES ONLY
Strength: 20 Units: GM/15ML Application Package: UOX
Local Possible Dosages:
1 CUPFUL(20GMS)
Numeric Dose: 20 Dose Unit: GRAM(S) Package: O
Note: Strength of 20 does not match NDF strength of 10.
VA PRODUCT MATCH: LACTULOSE 10GM/15ML SYRUP

(4526) LEVALBUTEROL HCL 0.63MG/3ML SOLN,INHL *N/F*
ORDER IN INCREMENTS OF 24'S(24/BX)ALBUTEROL IS 1ST LINE
Strength: 0.63 Units: MG/ML Application Package: OXU
Local Possible Dosages:
1 VIAL(0.63MG/3ML)
Numeric Dose: 0.63 Dose Unit: MILLIGRAM(S) Package: O
0.63MG/3ML
Numeric Dose: 3 Dose Unit: MILLILITER(S) Package: I
Note: Strength of 0.63 does not match NDF strength of 0.21.
VA PRODUCT MATCH: LEVALBUTEROL HCL 0.21MG/ML SOLN,INHL,3ML

(2886) LITHIUM CITRATE 150MG/2.5ML UD
Strength: 4 Units: MEQ/5ML Application Package: U
Local Possible Dosages:
4MEQ(150MG/2.5ML)
Numeric Dose: 150 Dose Unit: MILLIGRAM(S) Package: I
Note: Strength of 4 does not match NDF strength of 8.
VA PRODUCT MATCH: LITHIUM CITRATE 8MEQ/5ML SYRUP

(2885) LITHIUM CITRATE 600MG/10ML UD
TO BE USED IN OUTPATIENT FOR PASSES ONLY!
Strength: 8 Units: MEQ/5ML Application Package: UO
Local Possible Dosages:
1 CUP(600MG)
Numeric Dose: 600 Dose Unit: MILLIGRAM(S) Package: O
16MEQ(600MG/10ML)
Numeric Dose: 600 Dose Unit: MILLIGRAM(S) Package: I
VA PRODUCT MATCH: LITHIUM CITRATE 8MEQ/5ML SYRUP

(855) MAGNESIUM CITRATE LIQUID
CMOP DISPENSES AS BOTTLES
Strength: Units: Application Package: UOX
Local Possible Dosages:
ONE BOTTLE (300CC)
Numeric Dose: 300 Dose Unit: MILLILITER(S) Package: IO
ONE-HALF BOTTLE (150CC)
Numeric Dose: 150 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: MAGNESIUM CITRATE LIQUID,ORAL

(3607) MESALAMINE 4GM/60ML ENEMA *N/F*
ORDER BY EACH BOTTLE
Strength: 4 Units: GM/60ML Application Package: OUX
Local Possible Dosages:
1 BOTTLE(60ML)
Numeric Dose: 4 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: MESALAMINE 4GM/60ML SUSP,RTL

(4238) METHADONE 10MG/ML CONC.(DILUTED BY RPH)
RESTRICTED TO PSYCH..DISPENSE FROM VAULT WEEKDAYS 8AM TO 4:30PM
Strength: Units: Application Package: ONUX
Local Possible Dosages:
ONE 10MG BOTTLE
Numeric Dose: 10 Dose Unit: MILLIGRAM(S) Package: IO
ONE 15MG BOTTLE
Numeric Dose: 15 Dose Unit: MILLIGRAM(S) Package: IO
ONE 20MG BOTTLE
Numeric Dose: 20 Dose Unit: MILLIGRAM(S) Package: IO
ONE 5MG BOTTLE
Numeric Dose: 5 Dose Unit: MILLIGRAM(S) Package: IO
ONE 25MG BOTTLE
Numeric Dose: 25 Dose Unit: MILLIGRAM(S) Package: IO
ONE 30MG BOTTLE
Numeric Dose: 30 Dose Unit: MILLIGRAM(S) Package: IO
ONE 35MG BOTTLE
Numeric Dose: 35 Dose Unit: MILLIGRAM(S) Package: IO
ONE 40MG BOTTLE
Numeric Dose: 40 Dose Unit: MILLIGRAM(S) Package: IO
ONE 45MG BOTTLE
Numeric Dose: 45 Dose Unit: MILLIGRAM(S) Package: IO
ONE 50MG BOTTLE
Numeric Dose: 50 Dose Unit: MILLIGRAM(S) Package: IO
ONE 55MG BOTTLE
Numeric Dose: 55 Dose Unit: MILLIGRAM(S) Package: IO
ONE 60MG BOTTLE
Numeric Dose: 60 Dose Unit: MILLIGRAM(S) Package: IO
ONE 65MG BOTTLE
Numeric Dose: 65 Dose Unit: MILLIGRAM(S) Package: IO
ONE 70MG BOTTLE
Numeric Dose: 70 Dose Unit: MILLIGRAM(S) Package: IO
ONE 75MG BOTTLE
Numeric Dose: 75 Dose Unit: MILLIGRAM(S) Package: IO
ONE 80MG BOTTLE
Numeric Dose: 80 Dose Unit: MILLIGRAM(S) Package: IO

ONE 85MG BOTTLE
Numeric Dose: 85 Dose Unit: MILLIGRAM(S) Package: IO
ONE 90MG BOTTLE
Numeric Dose: 90 Dose Unit: MILLIGRAM(S) Package: IO
ONE 95MG BOTTLE
Numeric Dose: 95 Dose Unit: MILLIGRAM(S) Package: IO
ONE (100MG) BOTTLE
Numeric Dose: 100 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: METHADONE HCL 10MG/ML SOLN,ORAL

(1598) METHYLENE BLUE 1% 10ML S.S.
Strength: Units: Application Package: X
Local Possible Dosages:
1 AMPULE
Numeric Dose: 100 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: METHYLENE BLUE 1% INJ

(7452) NEUTRA-PHOS POTASSIUM (SF)1.45GM/PKT
MIX CT'NS OF 1 PK'T WITH 2.5 OZ. WATER OR JUICE. STIR WELL&TAKE ASAP
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 PACKET
Numeric Dose: 1 Dose Unit: PACKET(S) Package: IO
2 PACKETS
Numeric Dose: 2 Dose Unit: PACKET(S) Package: IO
VA PRODUCT MATCH: PHOSPHORUS 250MG/POTASSIUM 14.25MEQ/PKT PWDR

(23706) NICOTINE 14MG/24HR PATCH
Strength: 14 Units: MG/24HRS Application Package: OUX
Local Possible Dosages:
1 PATCH
Numeric Dose: 1 Dose Unit: PATCH(ES) Package: IO
VA PRODUCT MATCH: NICOTINE 14MG/24HRS PATCH

(11027) NICOTINE 21MG/24HR PATCH
Strength: 21 Units: MG/24HRS Application Package: OUX
Local Possible Dosages:
1 PATCH
Numeric Dose: 1 Dose Unit: PATCH(ES) Package: IO
VA PRODUCT MATCH: NICOTINE 21MG/24HRS PATCH

(24301) NICOTINE 2MG GUM
Strength: 2 Units: MG Application Package: OU
Local Possible Dosages:
1 PIECE
Numeric Dose: 2 Dose Unit: MILLIGRAM(S) Package: IO
2 PIECES
Numeric Dose: 4 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: NICOTINE POLACRILEX 2MG TAB,CHEWG GUM

(5350) NICOTINE 4MG GUM,CHEWABLE N/F *N/F*
ORDER BY EACH PIECE(110/BX)***FILLED FROM CMOP***
Strength: 4 Units: MG Application Package: OX
Local Possible Dosages:
1 PIECE
Numeric Dose: 1 Dose Unit: PIECE(S) Package: O
VA PRODUCT MATCH: NICOTINE POLACRILEX 4MG TAB,CHEWG GUM

(5369) NICOTINE POLACRILEX 2MG LOZENGE *N/F*
ORDER BY EACH LOZENGE(72/BX)
Strength: 2 Units: MG Application Package: XO
Local Possible Dosages:
1 LOZENGE
Numeric Dose: 2 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: NICOTINE POLACRILEX 2MG LOZENGE

(5370) NICOTINE POLACRILEX 4MG LOZENGE *N/F*
ORDER BY EACH LOZENGE(72/BX)
Strength: 4 Units: MG Application Package: XO
Local Possible Dosages:
1 LOZENGE
Numeric Dose: 4 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: NICOTINE POLACRILEX 4MG LOZENGE

(2473) NITROGLYCERIN 0.1MG/HR (2.5MG/D) PATCH
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 PATCH
Numeric Dose: 1 Dose Unit: PATCH(ES) Package: O
1 PATCH(0.1MG/HR)
Numeric Dose: 1 Dose Unit: PATCH(ES) Package: I
VA PRODUCT MATCH: NITROGLYCERIN 0.1MG/HR PATCH

(250) NITROGLYCERIN OINTMENT 2% (60GM)
ORDER BY GM (60GM = 1 TUBE)
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 INCH
Numeric Dose: 1 Dose Unit: INCH(ES) Package: IO
1/2 INCH
Numeric Dose: 0.5 Dose Unit: INCH(ES) Package: IO
VA PRODUCT MATCH: NITROGLYCERIN 2% OINT,TOP

(4978) NITROGLYCERIN 0.4MG 200D ORAL SPRAY *N/F*
Strength: 0.4 Units: MG/SPRAY Application Package: OUX
Local Possible Dosages:
1 SPRAY
Numeric Dose: 0.4 Dose Unit: MILLIGRAM(S) Package: IO
VA PRODUCT MATCH: NITROGLYCERIN 0.4MG/SPRAY AEROSOL

(5978) PILOCARPINE HCL 3% OPH SOLN
Strength: Units: Application Package: UOX
Local Possible Dosages:
1 DROP
Numeric Dose: 1 Dose Unit: DROP(S) Package: IO
2 DROPS
Numeric Dose: 2 Dose Unit: DROP(S) Package: IO
VA PRODUCT MATCH: PILOCARPINE HCL 3% SOLN,OPH

(4003) POLIOVIRUS VACCINE INACTIVATED INJ
Strength: Units: Application Package: OUX
Local Possible Dosages:
0.5ML
Numeric Dose: 0.5 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: POLIOVIRUS VACCINE INACTIVATED (IPOL)

(5469) POLYETHYLENE GLYCOL 17GM PWD PACKETS
MIX 1 PACKET IN 8oz OF WATER OR JUICE
Strength: Units: Application Package: U
Local Possible Dosages:
1 PACKET(17GM)
Numeric Dose: 17 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: POLYETHYLENE GLYCOL 3350 17GM/PKT PWDR,ORAL

(5061) POLYETHYLENE GLYCOL 3350 ORAL PWD
ORDER BY THE GM(510GM/BT)
Strength: Units: Application Package: XO
Local Possible Dosages:
1 CAPFUL(17GM)
Numeric Dose: 17 Dose Unit: GRAM(S) Package: IO
VA PRODUCT MATCH: POLYETHYLENE GLYCOL 3350 PWDR,ORAL

(4770) SALMETEROL 50MCG/BLSTR PO INHL DISKUS 60
Strength: Units: Application Package: OUX
Local Possible Dosages:
1 PUFF
Numeric Dose: 1 Dose Unit: INHALATION(S) Package: IO
VA PRODUCT MATCH: SALMETEROL XINAFOATE 50MCG/BLISTER INHL,ORAL,DISKUS,60

(606) SODIUM POLYSTYRENE SULF 15GM/60ML SUSP
Strength: 15 Units: GM/60ML Application Package: UOX
Local Possible Dosages:
1 TABLESPOONFUL
Numeric Dose: 1 Dose Unit: TABLESPOONFUL(S) Package: O
2 TABLESPOONFULS
Numeric Dose: 2 Dose Unit: TABLESPOONFUL(S) Package: O
1 TEASPOONFUL
Numeric Dose: 5 Dose Unit: MILLILITER(S) Package: IO
2 TEASPOONFULS
Numeric Dose: 10 Dose Unit: MILLILITER(S) Package: IO
VA PRODUCT MATCH: SODIUM POLYSTYRENE SULFONATE 15GM/60ML SUSP