



## Federal Advisory Committee Health IT Advisory Committee (HITAC) Meeting, July 14, 2021

Comments made by Shelly Spiro; Pharmacy HIT Collaborative Executive Director

My name is Shelly Spiro; I'm the Executive Director of Pharmacy HIT Collaborative (PHIT) representing over 250,000 members of the majority national pharmacy associations including pharmacy education and accreditation and 11 associate members.

PHIT submitted written comments regarding *ISP-TF-2021 – Recommendation 03 – Foundational Standards – Terminology 03(f) ...ONC work with FDA and CMS to continue to harmonize NDC to RxNorm, treating RxNorm as the source terminology set, and to harmonize administrative and electronic prescribing standards to use RxNorm as the single source of clinical data for clinical care, research and administrative workflows, replacing NDC for such purposes.*

Adopting RxNorm as the single source of data and terminology would pose issues to systems and databases specifically coded to use NDC as the identifier in pharmacy transactions. Relying solely on RxNorm terminology would not only directly impact pharmacy but also a substantial segment of the health care industry (payers, drug manufacturers, drug distributors, other health care providers).

We believe PHIT's written comment letter emphasizes the need to map NDC to RxNorm for clinical data exchange (e.g., medication orders, allergies and more). If NDC is used, it should be standardized when product specific codification is needed (e.g., recalls, adverse drug event reporting related to a specific product such as a dye or filler, and more). If NDC is replaced with RxNorm, then RxNorm must be linked to a product specific code.

We're asking ONC to clearly identify when it is appropriate to use RxNorm coding and when to use product specific coding (e.g., NDC).

Respectfully submitted, Shelly Spiro, RPh, FASCP

**Response:**