

ESSENTIAL MEDICATION INFORMATION

1. SUMMARY OF MAJOR CHANGES: This directive updates:

a. Responsibilities for current and new roles in paragraph 2.

b. Establishes mandatory guidance for baseline essential medication information in program guides A, B and C summarized in paragraphs 3, 4 and 5 and located at <https://dvagov.sharepoint.com/sites/VHAMedRecon/SitePages/Policies,-Related-Policies,-Metrics.aspx>. **NOTE:** This is an internal VA Web site that is not available to the public.

2. RELATED ISSUE: VHA Directive 1345, Medication Reconciliation, dated March 9, 2022.

3. POLICY OWNER: The Office of Pharmacy Benefits Management Services (12PBM) is responsible for the content of this directive. Questions may be addressed to VHA12PBMPCSActions@va.gov.

4. RECISSIONS: VHA Directive 1164, Essential Medication Information Standards, dated June 26, 2015, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 2028. This VHA directive will continue to serve as national VHA policy until it is recertified.

6. IMPLEMENTATION SCHEDULE: This directive must be implemented within six months of publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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ESSENTIAL MEDICATION INFORMATION

1. POLICY

It is VHA policy that all medication information given to patients, caregivers and health care providers through print, web, mobile or point of service applications contain essential medication information elements described in detail in program guide A; are based upon authoritative sources of information described in program guide B; and, to the extent possible, adhere to style guidance shown in program guide C located at: <https://dvagov.sharepoint.com/sites/VHAMedRecon/SitePages/Policies,-Related-Policies,-Metrics.aspx> and summarized in paragraphs 4, 5 and 6. **NOTE:** *This is an internal VA website that is not available to the public.* **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/CNO is responsible for:

(1) Providing national direction and education to support the program office with implementation and oversight of this directive as well as any updates to the information contained in the databases referenced in program guides A, B and C (See paragraphs 3, 4 and 5) and the Medication Information Management SharePoint site **NOTE:** *For more information regarding education and tools for Medication Information Management, please refer to the toolkit available at: <https://dvagov.sharepoint.com/sites/VHAMedRecon/SitePages/VA-Medication%20Information%20Management%20home.aspx>. This is an internal VA website that is not available to the public.*

(2) Developing the national essential medication information standards.

(3) Collaborating with the Assistant Under Secretary for Clinical Services to ensure all national essential medication information standards are communicated to clinicians (e.g., physicians, nurse practitioners, physician assistants, advanced practice pharmacists) throughout the organization.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Chief Informatics Officer.** The Chief Informatics Officer is responsible for:

(1) Ensuring that all information technology (IT) systems are able to receive, store and print the essential medication information listed in this directive and can be maintained and sustained within the VA information system.

(2) Ensuring that Pharmacy Benefits Management (PBM) and NAPMIS approved updates to the information contained in the databases in program guides A, B and C, respectively (See paragraphs 3, 4 and 5) and the Medication Information Management toolkit SharePoint site are distributed throughout the VISNs.

(3) Ensuring compliance with implementation of all necessary essential medication elements to be available for use within the electronic medical record.

(4) Ensuring collaboration between Office of Information Technology (OIT) and VHA for which VA entity develops or modifies, customizes or purchases applications or websites that include medication information.

e. **Executive Director for Pharmacy Benefits Management.** The Executive Director, PBM Services is responsible for providing implementation guidance for VISN oversight of VA medical facility compliance with this directive. This includes providing guidance to VISNs related to resolving non-compliance at VA medical facilities and updating information to ensure it reflects current information and practices.

f. **Medication Information Management/Medication Reconciliation Program Director.** The Medication Information Management/Medication Reconciliation Program Director is responsible for:

(1) Approving, in conjunction with NAPMIS, all projects developing software applications at VA with a medication information component for staff, patients and caregivers in collaboration with the project application team (i.e., external team or Class I National IT project team) and consistent with accreditation standards. The VA Medication Information Management/Medication Reconciliation Program Director must approve the proposal, development and deployment stages of each project and thereafter if problems develop to ensure ongoing consistency.

(2) Presenting all suggested updates to the information contained in the databases referenced in the program guides A, B and C (See paragraphs 3, 4 and 5) and the Medication Information Management toolkit SharePoint site to the NAPMIS for review and feedback within 30 days of submission.

(3) Presenting all NAPMIS approved updates to the information contained in the databases referenced the program guides and the Medication Information Management toolkit SharePoint site to the VHA Executive Director for Pharmacy Benefits Management for distribution to VA leadership and VA medical facility staff.

(4) Collaborating with the Knowledge Based Systems (KBS) Terminology and Standards Director to review all projects prior to release with a medication component to ensure ongoing consistency with federally-approved standards for terminology and structure in information being provided to the clinician, patient and caregivers.

g. **Knowledge Based Systems Terminology and Standards Director.** The KBS Terminology and Standards Director is responsible for collaborating with the Executive Director for PBM to review all projects prior to release with a medication component to ensure ongoing consistency with federally-approved standards for terminology and structure in information being provided to the clinician, patient and caregivers.

h. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facility Directors within the VISN and the VISN Chief Medical Officer, Chief Health Informatics Officer and Pharmacist Executive are aware of the contents of this directive.

(2) Ensuring that all VA medical facilities within the VISN comply with this directive and following up with VA Medical Facility Directors when barriers to compliance are identified. **NOTE:** *Compliance can be assessed using VA medical facility or VISN specific metrics and national metrics such as the External Peer Review Program for Medication Reconciliation.*

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that essential medication information standards are reviewed during every episode or transition in care where medications will be administered, prescribed, modified or may influence patient care.

(3) Ensuring that the VA medical facility uses only approved medication management tools or applications (e.g., documentation and monitoring templates, the After Visit Summary or an Essential Medication List for Review) when exchanging essential medication information relevant to different care settings (inpatient, outpatient, residential facilities or other non-traditional health care areas).

k. **VA Medical Facility Chief of Staff and VA Medical Facility Associate Director for Patient Care Services (ADPCS).** The VA medical facility Chief of Staff and ADPCS are responsible for ensuring that VA medical facility staff members adhere to medication information standards, using approved national or VISN or VA medical facility metrics (e.g., External Peer Review Program) for medication reconciliation.

l. **VA Medical Facility or Regional Information Technology Application Area Managers.** VA medical facility IT Application Area Managers are responsible for:

(1) Ensuring that any web, point of service or mobile application that includes patient medication information complies with this directive during the proposal, development and deployment of the application.

(2) Ensuring that system design requirements for these applications are reviewed and approved by program office business owners, subject matter experts (SME) and stakeholders for clinical content, medication terminology and support.

(3) Collaborating with project teams that involve multiple VA medical facilities to ensure interoperability, interconnectedness and a seamless experience. **NOTE:** *This is measured through ensuring that contract specific requirements are accomplished.*

(4) Ensuring that project teams actively pursue SMEs from key VHA program offices and VA medical facilities to be included in proposals, development and deployment relevant to each project.

3. PROGRAM GUIDE A SUMMARY: ESSENTIAL MEDICATION INFORMATION ELEMENTS

a. All Patient Medication Education information given to patients, caregivers and health care providers through print, web, mobile or point of service applications must contain essential medication information elements.

(1) All medication entries must include the following:

(a) Name of the drug

(b) Strength/dose of the drug

(c) Instructions/Directions for use, when available and for an indication on the Problem List

(d) **Note:** *Blank space must be included on digital and printed materials to provide patients with an area to write any information they need to help manage their medications (such as **indication** or description of medication).*

(2) Sources of medication (see paragraph 4 for summary)

(3) An Essential Medication List for Review must have the following prescription status for the purpose of determining what medications a patient may be taking and for reviewing medications with patients. **NOTE:** *For further information, see VHA Directive 1345, Medication Reconciliation, dated March 9, 2022.*

(a) Local Active Prescriptions

(b) Recently discontinued (90 -180 days)

(c) Recently expired (90 - 180 days)

(d) Pending where relevant (e.g. when the patient is being seen by multiple providers in the same day. **NOTE:** *Recently changed doses may not be reflected in the VA Electronic Health Record pharmacy orders package and may be found in a progress note.*

(e) Non-VA Medications as described in VHA Directive 1345, *Medication Reconciliation*, dated March 9, 2022.

(f) Remote medications as described in VHA Directive 1345, *Medication Reconciliation*, dated March 9, 2022.

(4) Self Management Recommendations information for self management of medications must include:

(a) Information on medications including how to request them, how medications are received (i.e., specific information if other than mail), when to re-order, how to change addresses or order when on vacation and any other pertinent information on how to request medications and ensure they arrive to the appropriate patient at the correct location.

(b) Facility contact information for each institution the patient has medications from that the patient and/or caregiver may use for any questions regarding medications (for example: facility name, phone number or Patient Aligned Care Team contact information).

(c) Instructions to the patient regarding the importance of their role in keeping this information maintained and updated and to share updates with their health care team(s) to ensure availability of Patient Generated Data.

(d) Documentation of Veteran and/or caregiver education and verbalization of understanding of new medications. **NOTE:** *This documentation must be completed following relevant facility requirements (an example is the "Teach Back Method" where the patient is asked, "How well did I explain [BLANK] where [BLANK] could be how to refill your medications, medication side effects, how to take your medications, etc).*

(5) Information for communicating medication information with health care teams and patients must include:

(a) Patient demographic information including:

1. Full name of patient as recognized by VA standards.
2. Full date of birth as recognized by VA standards.
3. Other patient identifiers as needed.
4. Known patient allergies/adverse drug (ALL/ADR) reactions.

(b) A medication treatment plan.

(c) Facility contact information for the institution that has dispensed or administered medications for the patient and/or caregiver.

(d) Prescriber and pharmacy information in structured fields or allow white space on the medication list so patients may record this to help them coordinate and manage their care.

(e) Time and date the medication list was printed/published to help patients keep their information updated.

(f) Recommended documentation in blank spaces on the list should include specific information that may impact medication treatment planning such as whether a caregiver is managing medications, cultural or educational considerations, cognitive or physical impairments, pregnancy or lactation, chronic illness, or other factors that may affect medication treatment

b. For additional information, refer to Essential Medication Information Standards Program Guide A located at:

<https://dvagov.sharepoint.com/sites/VHAMedRecon/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS%2FEssential%20Med%20Directive%20PROGRAM%20GUIDE%20A%2E%2Epdf&parent=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS>.

NOTE: This is an internal VA website that is not available to the public.

4. PROGRAM GUIDE A & B SUMMARY: AUTHORITATIVE SOURCES OF ESSENTIAL MEDICATION INFORMATION

a. **Local Active Medication.** Medications ordered and administered or dispensed by the treating VA facility and listed in the electronic medical record as prescribed and dispensed by the the local VA medical facility pharmacy.

b. **Remote Medication.** Medications ordered and dispensed from any other VA facility or Department of Defense (DoD) facility when available.

c. **Non-VA Medications.** Medications prescribed or obtained outside of VA, except for DoD-prescribed medications that are viewed as remote medications. These medications include:

(1) Non-VA provider prescribed medications filled at non-VA pharmacies

(2) VA provider prescribed medications filled at non-VA pharmacies

(3) Other medications such as sample prescription medications provided from a non-VA provider

(4) Medications obtained from family or friends

(5) Herbals, over-the-counter-medications, nutraceuticals and alternative medications not dispensed through VA.

d. VA prescriptions in other than active status.

(1) Recently discontinued (90-180 days)

(2) Recently expired (90-180 days)

(3) Pending where relevant (for example if the patient has seen multiple providers in the same day). **NOTE:** *Recently changed dose may not be reflected in the Pharmacy Package immediately and may be found in a progress note review.*

e. For additional information, refer to Essential Medication Information Program Guides A and B located at:

<https://dvagov.sharepoint.com/sites/VHAMedRecon/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS%2FEssential%20Med%20Directive%20PROGRAM%20GUIDE%20A%2E%2Epdf&parent=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS>
and

<https://dvagov.sharepoint.com/sites/VHAMedRecon/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS%2FEssential%20Med%20Directive%20PROGRAM%20GUIDE%20B%2E%2Epdf&parent=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS>.

NOTE: *These are internal VA websites that are not available to the public.*

5. PROGRAM GUIDE C: ESSENTIAL MEDICATION INFORMATION STYLE GUIDANCE

a. The essential medication information to be displayed to patients, caregivers and health care teams must be:

(1) Derived from authoritative sources outlined in paragraph 4 and adheres to the Patient Medication Display guide.

(2) Where medication lists are displayed to assist in coordination and communication of medication information.

(3) Where medication lists are displayed for the purpose of medication administration.

b. The essential medication information must be included in all applications:

(1) That assist in Transition of Care Recommendations, transitions or episodes of care where medication reconciliation or medication information management occurs.

(2) Where medication lists are displayed for the purposes of review of medications or reconciliation.

(3) Where there is a data display intended to inquire about patient medication usage for the purpose of patient medication information management.

c. Where medication images are displayed, the following information note should be included: “The image displayed is for identification purposes only and does not mean that is the the dose to be taken. IF the medication shown does not match what you are taking then contact your VA Pharmacy.” If the image is not available then the information note should be: “Image not available.”

d. For additional information, refer to Program Guide C located at:

<https://dvagov.sharepoint.com/sites/VHAMedRecon/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS%2FEssential%20Med%20Directive%20PROGRAM%20GUIDE%20C%2E%2Epdf&parent=%2Fsites%2FVHAMedRecon%2FSiteAssets%2FPOLICIES%20AND%20METRICS.>

NOTE: This is an internal VA Web site that is not available to the public.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. BACKGROUND

a. There is a lack of consistency among health care providers and health informaticists as to what medication information elements constitute a useful medication list which can be used to partner with patients for their medication care. Without consistency, there can be gaps in critical information, which in turn can lead to compromised health care and harm. The problems caused by this lack of consistency are magnified by the rapidly expanding development of digital medication information tools, including mobile, web and point of care service applications. This is especially timely as the organization prepares for transitions to a future state electronic health record (EHR) system. The VHA National Alliance for Patient Medication Information Standardization (NAPMIS) in collaboration with Opiate Safety Community documented the importance of these standards in the Non VA Medication White Paper (2019) submitted to the Office of Electronic Health Record Modernization Program.

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Reference%20Documents/White%20Paper%20Med%20List%20Standardization%201-5-12%20.pdf>. **NOTE:** This is an internal VA website that is not available to the public. NAPMIS drafts and elaborates requirements for medication information standards.

b. This directive helps support the goal of VA and the Department of Defense (DoD) for information sharing and input between VA, DoD and other health care organizations, health care teams, patients, caregivers and subject matter experts. Medication information is exchanged verbally, in print and via digital processes and tools. Interoperability and patient safety depend on correct implementation of medication information standards. VA has defined the minimal essential elements to be included on VA medication lists with the goal of ensuring effective transitions in care from the DoD to the VA and to assist the patient and caregiver in managing medication information.

c. This directive clarifies for VA medical facility-based staff the VA Medication Reconciliation Task Force recommendations on The Joint Commission National Patient Safety Goal (NPSG) 03.06.01: “Maintain and Communicate Accurate Patient Medication Information” and 03.06.01, Element of Performance (EP) 2: “Define the types of medication information to be collected in different settings and patient circumstances.” Examples of medication information that may be collected include name, dose, route, frequency and purpose.

d. To comply with NPSG 03.06.01 EP 2, VA must define the types of medication information necessary in their medication reconciliation process to ensure safe communication of medication information among members of the health care team, patients and caregivers.

9. DEFINITIONS

a. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. ***NOTE: The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.***

b. **Essential Medication Information.** Essential medication information is the information that the patient, family, caregiver and health care team needs for successful medication management. These rely on standards in content, data file structure and display standards (See program guides A, B and C, in paragraphs 3, 4 and 5). Essential medication information includes the following:

c. **Adverse Drug Reaction.** An adverse drug reaction (ADR) is a response to a drug which is noxious and unintended and which occurs at doses normally used in individuals for prophylaxis, diagnosis or therapy of disease or for the modification of physiologic function. ***NOTE: For further information, see VHA Directive 1070, Adverse Drug Event Reporting and Monitoring, dated May 15, 2020.***

d. **Allergy.** An allergy is an ADR mediated by an immune response (e.g., rash, hives). **NOTE:** *Allergies and ADRs (ALL/ADR) are located together in EHR. Patients may assume all ADRs are allergies.*

e. **Medication Lists.** Medication lists are lists used by patients and staff that include medications used for the following purposes:

(1) Health care team review of patient's medication use, experience, efficacy and the ability to self manage medications in order to document medication history and continually manage a medication treatment plan.

(2) Share medication information whenever a patient interacts with health care teams, especially at transitions in care.

(3) Assist patients at home with medication management and while in care so that they may be engaged in shared and informed clinical decision making regarding their medication treatment plan.

f. **Medications.** For purposes of this directive, medications include:

(1) Prescription medications from a VA or other health care provider.

(2) Over-the counter-medications such as aspirin and acetaminophen.

(3) Alternative medications such as Cannabidiol (CBD).

(4) Herbal medications such as gingko.

(5) Nutraceuticals such as multivitamins.

(6) Sample medications obtained by providers outside VA.

g. **Patient Generated Data.** Patient generated data includes all medication data generated by patients and caregivers about patients' medication use, experience, self management. This also includes any questions they may have or information they want to share with their health care team. They may share it via paper, patient portal, mobile and other digital devices.

h. **Self Management Recommendations.** For purposes of this policy, self management recommendations include information given to patients to assist in their management of medications at home, including how to ask for refills and renewals, keep medication list updated, use a pill box at home, etc.

i. **Transition in Care.** For purposes of this policy, transition in care recommendations include information to assist health care teams and patients to transfer and hand-off medication information between health care teams and settings (e.g., patient to bring their updated medication list to every health care appointment inside and outside of VA).

j. **Level of Understanding.** Level of understanding is the patient's level of comprehension of health education.

k. **Health Education.** Health education is a process that includes any combination of education, information and other strategies to help patients optimize their health and quality of life. Health education programs and services assist patients to adopt healthy behaviors, partner with their health care teams, make informed decisions about their health, manage their acute and chronic conditions and use problem-solving and coping skills. For patient medication information this process is specific to managing medications.

l. **Medication History.** Medication history is the patient's current and past medication use, what medication the patient is taking and using, the patient's experience with the medication (efficacy, problems taking, Allergies/Adverse Drug reactions or ALL/ADR, preferences), if the patient is having any trouble managing their medication at home. Medication history is obtained in discussion with the patient and caregiver and is recorded in the patient's EHR. ***NOTE: Medication use is the only component of medication history required in medication reconciliation. A complete medication history is an integral part of provision of care and continuity of management and includes patient generated data, self management, transitions in care and level of understanding.***

m. **Medication Reconciliation.** Medication reconciliation is a process of ensuring the maintenance of accurate, timely and complete medication information by:

(1) Obtaining medication use information from the patient, patient's caregiver(s) or patient's family member(s) for review.

(2) Comparing the information obtained from the patient, patient's caregiver(s) or patient's family member(s) to the medication information available in the VA EHR to identify and address discrepancies.

(3) Assembling and documenting the medication information in the VA EHR. Communicating with and providing education to the patient, patient's caregiver(s) or patient's family member(s) regarding updated medication information according to this directive.

(4) Communicating relevant medication information to and between the appropriate members of a VA and non-VA health care team according to this directive, especially during transitions in care between health care settings. For clarification, this does not include levels of care within a health care episode, such as i hospital admission and is covered under transitions in care and hand-off standards in care.

(5) Offering the patient, patient's caregiver or family member with written information on the medications the patient should be taking when discharged from the hospital or at the end of the outpatient encounter. ***NOTE: For further information, see VHA Directive 1345, Medication Reconciliation, dated March 9, 2022.***

n. **Medication Treatment Plan.** Medication treatment plan is a list of all the medications the patient is meant to take and any information associated with those medications necessary for successful medication management. This includes follow up, diagnostics and anticipatory guidance.

o. **Medication Use.** Medication use is how a patient is or is not taking a medication. This includes whether or not a patient takes medication other than as prescribed or is taking a new medication.

p. **Patient Medication Education.** Per VHA Directive 1120.04, Veterans Health Education and Information Core Program Requirements, health education is defined as a process that includes any combination of education, information and other strategies to help Veterans optimize their health and quality of life. Health education programs and services assist Veterans to adopt healthy behaviors, partner with their health care teams, make informed decisions about their health, manage their acute and chronic conditions and use problem-solving and copings skills. For patient medication information this process is specific to managing medications. This also includes patient medication education including assessment of level of understanding such as Teach Back, review of self-management skills and directions on how to keep their information up to date and share medication information with all their healthcare teams.

q. **Problem List.** The problem list includes symptoms, diagnoses, conditions and past procedures and play an important role in medication information standards included in the medication treatment plan as reason for use or indication.

r. **Teach Back.** The Teach Back method, as defined by the Agency for Healthcare Research and Quality (AHRQ), is a way of determining level of understanding by asking patients to state in their words what they need to know or do about their health. It is a way of confirming understanding giving the clinician an opportunity to validate learning and if needed, re-explain and check again.

10. REFERENCES

a. P.L. 111-148.

b. 38 U.S.C. § 7301(b).

c. VHA Directive 1070, Adverse Drug Event Reporting and Monitoring, dated May 15, 2020.

d. VHA Directive 1345, Medication Reconciliation, dated March 9, 2022.

e. Essential Medication Information Standards.

<https://dvagov.sharepoint.com/sites/VHAMedRecon/SitePages/Policies,-Related-Policies,-Metrics.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

f. Medication Information Standards, Pharmacy Benefits Management, dated October 11, 2016. Style Guide for Medication Information Displays for Health Care Professionals and Veterans, Pharmacy Benefits Management, dated October 11, 2016. <https://dvagov.sharepoint.com/sites/VHAMedRecon/SitePages/Policies,-Related-Policies,-Metrics.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

g. The National Alliance for Patient Medication Information Standardization White Paper, dated January 5, 2012. <http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Reference%20Documents/White%20Paper%20Med%20List%20Standardization%201-5-12%20.pdf>. **NOTE:** This is an internal VA website that is not available to the public.

h. Program Guides A, B and C. <https://dvagov.sharepoint.com/sites/VHAMedRecon/SitePages/VHADirective1164.aspx>. **NOTE:** This is an internal VA Web site that is not available to the public.

i. VA Medical Information Management and Medical Reconciliation Toolkit. <https://dvagov.sharepoint.com/sites/VHAMedRecon/SitePages/VA-Medication%20Information%20Management%20home.aspx> **NOTE:** This is an internal VA website that is not available to the public.

j. Government Accountability Office, DoD and VA Health Care: Medication Needs during Transitions May Not Be Managed for All Servicemembers dated November 2012. <http://www.gao.gov/assets/650/649781.pdf>.

k. Current Procedural Terminology (CPT®). Pharmacy Benefits Management, dated October 11, 2016 available at: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-products-services.page>. **NOTE:** This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.

l. The Joint Commission. National Patient Safety Goals (NPSG) 03.06.01. <https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2021/simplified-2021-hap-npsg-goals-final-11420.pdf>. **NOTE:** This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.

m. U.S. Pharmacopeial Convention (USP) Chapter 17 Prescription Container Labeling, of the United States Pharmacopeia and the National Formulary available at: <https://www.usp.org/health-quality-safety/usp-nf-general-chapter-prescription-container-labeling>. **NOTE:** This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.