



**Via Electronic Submission**

July 14, 2021

Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Attention: Health Information Technology Advisory Committee (HITAC)  
Arien Malec, ISPTF co-chair, [arien.malec@changehealthcare.com](mailto:arien.malec@changehealthcare.com)  
David McCallie, ISPTF co-chair, [dmccallie@gmail.com](mailto:dmccallie@gmail.com)  
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Denise Webb, HITAC co-chair  
Michael Berry, HITAC staff, [Michael.Berry@hhs.gov](mailto:Michael.Berry@hhs.gov)

**RE: Health Information Technology Advisory Committee (HITAC); ISP-TF-2021 –  
Recommendation 03 – Foundational Standards – Terminology**

Dear Mr. Malec and Dr. McCallie:

The Pharmacy Health Information Technology Collaborative (PHIT) is pleased to submit comments regarding *ISP-TF-2021 – Recommendation 03 – Foundational Standards – Terminology*.

PHIT has been involved with the federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicare & Medicaid Services (CMS), developing the national health information technology (HIT) framework for advancing the interoperable, electronic exchange of health information, since 2010. PHIT also revises and updates pharmacy value sets in the Value Set Authority Center (VSAC) hosted by the National Library of Medicine.

Our comments concern proposed Recommendation 03(f) of the HITAC Draft Interoperability Standards (ISP) Task Force 2021 Addendum Report:

***...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.***

PHIT's primary concern with Recommendation 03(f), as drafted, is that it proposes replacing the National Drug Code (NDC) with RxNorm as the single source for electronic prescribing standards, clinical care, product identification, etc. 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).

Pharmacists provide essential services that rely on using both NDC and RxNorm values, particularly for e-prescribing (eRx), electronic health record (EHR) data, dispensing records, billing, reporting, clinical care, and patient safety checking. Although PHIT does not support replacing NDC with RxNorm for the purposes proposed in this recommendation, as both are essential and needed, there is a solution that is not presented in the recommendation: mapping NDC and RxNorm.

If the goal is to ensure interoperability and harmonization in this particular area, mapping NDC and RxNorm so that they work together would achieve that. Currently, they are not mapped, and they should be. Rather than replacing NDC with RxNorm for the purposes outlined, we suggest that Recommendation 03(f) be revised to say that NDC and RxNorm should be mapped and that ONC work with FDA, CMS, and others to bring that about.

Mapping NDC and RxNorm could also help FDA in its next step of revising the NDC format. FDA wants to standardize the format of all NDCs and plans to publish a [proposed rule](#) in September.

PHIT encourages HITAC to consider our suggestion and reconsider its recommendation to have RxNorm as the single source terminology, especially for e-prescribing standards.

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The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative's membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council for Prescription Drug Programs, and 11 associate members encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists' services.

As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative's vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-centered care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, the Collaborative identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists' use of health IT; provides resources, guidance, and support for the adoption

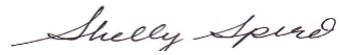
and implementation of standards-driven health IT; and guides health IT standards development to address pharmacists' needs. For additional information, visit [www.pharmacyhit.org](http://www.pharmacyhit.org).

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On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on *ISP-TF-2021 –Recommendation 03 – Foundational Standards – Terminology*.

For more information, contact Shelly Spiro, executive director, Pharmacy HIT Collaborative, at [shelly@pharmacyhit.org](mailto:shelly@pharmacyhit.org).

Respectfully submitted,

A handwritten signature in cursive script that reads "Shelly Spiro".

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