

# Pharmacist/Pharmacy EHR Resource Document

**VERSION 1.0**

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# Pharmacist/Pharmacy EHR Resource Document

## Version 1.0

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## 1. Introduction

Electronic Health Records (EHRs) are digital patient record systems. “Certified” EHRs meet strict federal standards for security, interoperability (data sharing) and patient engagement, enabling providers to offer better coordinated, safer care while moving healthcare beyond paper to secure, efficient digital management. The Assistant Secretary for Technology Policy [Office of the National Coordinator for Health Information Technology \(ASTP/ONC\) Health IT Certification Program \(Certification Program\)](#) is composed of functional requirements or core capabilities known as “certification criteria.” Developers certify their Health Information Technology (IT) Modules by demonstrating conformance to these certification criteria, using test procedures (that may have associated test tools and/or test data) approved by ASTP/ONC. Additionally, ASTP/ONC provides clarifications to certification criteria through Certification Companion Guides (CCG) designed to assist with health IT product development and Certification Program conformance. ASTP/ONC certifies Health IT Modules, ensuring they support functions like e-prescribing, clinical decision support and patient portals, all vital for modern, connected healthcare.

As pharmacists continue to broaden their responsibilities in delivering patient clinical services, it has become essential for them to both obtain clinical information from and communicate patient clinical data to other healthcare providers involved in the patient’s care.

Certified EHR systems aligned with ASTP/ONC [Base EHR Definition - Certification Criteria](#) are not currently mandated for pharmacy providers, but they represent the best assurance of interoperability, clinical data integrity and trustworthiness. Patient EHRs for pharmacists will likely be necessary to scale pharmacist clinical care.

### 2. Background

The Pharmacist/Pharmacy EHR Definition Sub-Task Group (STG), operating under NCPDP Work Group 20 Coordination of Care and Innovation and the Pharmacy Technology Innovation (PTI) Task Group, was formed to, “identify and recommend pharmacy EHR functionality or key capabilities needed at a minimum or baseline level for the purpose of exchanging patient clinical information in an interoperable way with other providers utilizing certified EHRs.”

This resource document has been created to:

- Guide stakeholders on decisions and standards to follow for pharmacy-based patient EHRs, especially those pharmacies and pharmacists engaging in sharing patient clinical health information with other providers in an interoperable way.
- Complement, but not replace, official federal or standards body documentation.
- Lay the foundation for future functional requirement recommendations for EHRs utilized by pharmacies and pharmacists.
- Inform product development and certification strategies.

The document is designed for several audiences, including:

- Community retail, clinic and specialty pharmacies, pharmacists and pharmacy leaders
- Developers and vendors of pharmacy systems and/or EHRs
- Standards development organizations
- Policymakers and regulators
- Health IT implementers

This document outlines:

- The STG review methodology.
- Recommendations for pharmacy EHR base functionality that are also part of the [ASTP/ONC Base Electronic Health Record \(EHR\) Definition](#) and includes any updates in the HTI-1 Final Rule, highlighting industry differences and alignments. The STG will review the HTI-2, 3, 4 and 5\* Rules and update the document in 2026.
- Use cases and tools beyond Base EHR functionality for pharmacies to consider (e.g., Pharmacy eCare Plan (PeCP)).

The STG reviewed previous work and aligned its recommendations with the Pharmacy HIT Collaborative (PHIT) member white paper, “[EHR Certification Criteria Guidance Document for Post Acute Care Pharmacy](#)” and also utilized relevant certification resources, guidance and interoperability frameworks (e.g., Trusted Exchange Framework and Common Agreement™ (TEFCA™) [Recognized Coordinating Entity® \(RCE®\)](#)).

\* HTI-5 rule is not final as of the publication date of this document.

### 3. Sub-Task Group Assignment and Methodology

After its formation and approval of scope by the WG20 Pharmacy Technology Innovation (PTI) Task Group, the STG discussed the best methodology for identifying the EHR functional requirements necessary to achieve interoperability with other providers. It was determined the best approach was reviewing and analyzing existing ASTP/ONC Base EHR Certification Criteria for its applicability to pharmacies and pharmacists. Health IT certification under the Certification Program must conform to the full scope of the product's required capabilities, including regulatory/conformance expectation clarifications and interpretations set forth in the applicable CCGs. It was also clear the technology and capabilities would continue to evolve and expand and a "resource document" designed to direct the reader to primary information, including EHR specifications and certification criteria, would provide the best assurance of updated information.

### 3.1 ASTP/ONC Base EHR Certification Criteria

ASTP/ONC governs the administration of the Certification Program under the authority granted by section 3001(c)(5) of the Public Health Service Act (PHSA) and as defined in the Health Information Technology for Economic and Clinical Health (HITECH) Act. The voluntary Certification Program is a third-party conformity assessment program for health information technology (health IT) based on the principles within the International Organization for Standardization (ISO) and International Electrotechnical Commission (IEC) framework.

The STG reviewed and discussed each EHR capability within the ASTP/ONC [Base Electronic Health Record \(EHR\) Definition](#) Certification Criteria for 2025. For each capability, the STG discussed its applicability to the pharmacist provision of clinical services and determined whether the capability and, therefore, the certification criteria were relevant to an EHR system for pharmacist use in capturing and exchanging patient clinical information.

The Base Certification Criteria continues to evolve based upon new health information technology requirements for EHRs and can be accessed at [Base Electronic Health Record \(EHR\) Definition](#) and is illustrated below.

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| Base EHR Definition – Certification Criteria Required to Satisfy the Definition*   |   |   |
|--|---|---|
| Base EHR Capabilities  | Certification Criteria (CY2025)   | Certification Criteria (CY2026)   |
| Includes patient demographic and clinical health information   | Demographics § 170.315(a)(5) (update required by December 31, 2025)<br>Implantable device list § 170.315(a)(14)   | Demographics § 170.315(a)(5) (updated as of January 1, 2026)<br>Implantable device list § 170.315(a)(14)  |
| Capacity to provide clinical decision support  | Decision support interventions § 170.315(b)(11) (update required by December 31, 2027)  | Decision support interventions § 170.315(b)(11) (update required by December 31, 2027)  |
| Capacity to support physician order entry  | Computerized provider order entry § 170.315(a)(1), (2) or (3)   | Computerized provider order entry § 170.315(a)(1), (2) or (3)   |
| Capacity to capture and query information relevant to health care quality  | Clinical quality measures – record and export § 170.315(c)(1)   | Clinical quality measures – record and export § 170.315(c)(1)   |
| Capacity to exchange electronic health information with, and integrate such information from other sources   | <ul style="list-style-type: none"> <li>• Transitions of care § 170.315(b)(1) (update required by December 31, 2025)</li> <li>• Application access – patient selection § 170.315(g)(7)</li> <li>• Application access – all data request § 170.315(g)(9) (update required by December 31, 2025)</li> <li>• Standardized API for patient and population services § 170.315(g)(10)</li> <li>• Direct Project § 170.315(h)(1) or Direct Project, Edge Protocol, and XDR/XDM § 170.315(h)(2)</li> </ul> | <ul style="list-style-type: none"> <li>◦ Transitions of care § 170.315(b)(1) (updated as of January 1, 2026)</li> <li>◦ Application access – patient selection § 170.315(g)(7)</li> <li>◦ Application access – all data request § 170.315(g)(9) (updated as of January 1, 2026)</li> <li>◦ Standardized API for patient and population services § 170.315(g)(10)</li> <li>◦ Direct Project § 170.315(h)(1) or Direct Project, Edge Protocol, and XDR/XDM § 170.315(h)(2)</li> </ul> |
| Capacity to support real-time prescription benefit information   | ◦ Real-time prescription benefit § 170.315(b)(4) (required as of January 1, 2028)   | ◦ Real-time prescription benefit § 170.315(b)(4) (required as of January 1, 2028)   |
| <p>The requirements of the Base EHR Definition can be met using one Certified Health IT Module or a combination of Certified Health IT Modules.</p> <p>*For more information on certification criteria updates and deadlines, please refer to the <a href="#">Criteria Updates by Regulatory Deadline</a>.</p> |   |   |

### [Base EHR Certification Criteria](#)

## 3.2 Base (EHR) Definition Certification Criteria and HTI-1 Final Rule Findings

After reviewing the above Base EHR Capabilities and Certification Criteria, the STG concluded **all criteria except for “Implantable Device list § 170.315(a)(14), Computerized Provider Order Entry (CPOE) medications § 170-315(a)(1), CPOE laboratory § 170-315(a)(2) and CPOE diagnostic imaging § 170-315(a)(3)** should be required functionality for EHRs used by pharmacists or in pharmacies. In the case of CPOE, if the pharmacist is in a practice setting that facilitates ordering medications and can prescribe by state law, CPOE of medications should be strongly considered as necessary functionality. A copy of the table utilized in determining necessary functionality is under WG20 Pharmacy/Pharmacist EHR [Sub-Task Group Certification Criteria Worksheet](#) heading in the Appendix. The HTI-1 Final Rule was also analyzed and is added to the table with recommendations.

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### 3.3 Alignment with Pharmacy HIT (PHIT) Collaborative Guidance Document on EHR Certification Functionality

During STG analysis, the [PHIT Collaborative](#) also reviewed certification criteria for pharmacist/pharmacy EHRs.

The STG reviewed the PHIT Collaborative publication, [EHR Certification Criteria Guidance Document for Post Acute Care Pharmacy](#). There is overall agreement between NCPDP and the PHIT Collaborative on the EHR functional criteria necessary for pharmacies. Some differences were noted in the applicability of CPOE for medications.

## 4. Future Considerations

Federal rulemaking continued throughout the STG evaluation process. As of the publication of this document, the STG has not yet evaluated HTI-2, HTI-3, HTI-4 and HTI-5 rules or their impact on the Base Certification Criteria. The reader should check for updates on the [ASTP/ONC website](#) and monitor Base and other EHR Certification Criteria periodically.

### 4.1 Recent Standards Additions

NCPDP develops business solutions, including ANSI-accredited standards and guidance for promoting information exchanges related to medications, supplies and services within the healthcare system. There are several NCPDP standards important to pharmacy and pharmacies not currently required in ASTP/ONC Base EHR Certification Criteria but are required under Medicare Modernization Act (MMA). While the STG has not completed its review of rules beyond HTI-1, it is aware the following standards are named in a newer HTI rule.

- **NCPDP Real-Time Prescription Benefit (RTPB) Standard Version 13<sup>®</sup>**, commonly referred to as “provider real-time benefit check.”

Effective January 1, 2027, the capacity to support real-time prescription benefit information is **required under MMA**. The system must enable a user to perform RTPB requests and receive RTPB information using the XML format in accordance with the NCPDP Real-Time Prescription Benefit Standard Implementation Guide v13<sup>®</sup>, RxNorm and NDC.

Although not currently required for Base EHR Certification, the HTI-4 rule requires the NCPDP Real-Time Prescription Benefit Standard Version 13<sup>®</sup> effective January 1, 2028.

- **NCPDP SCRIPT Standard<sup>®</sup> Electronic Prescribing and Prior Authorization Messages**

Under MMA, Electronic Prescribing and Prior Authorization messages must be transmitted using NCPDP SCRIPT Standard v2023011<sup>®</sup> as of January 1, 2028. Although not in scope for the STG and not currently part of Base EHR Certification Criteria, the HTI-4 Final Rule added the Health IT Modules certified to the **§170.315(b)(3)** criterion must have the capacity to enable a user to receive and transmit the following medication renewal transactions (*NewRx*, *RxRenewalRequest* and *RxRenewalResponse*) and verify their associated validation reports. If the application meets these requirements, a notable exception is granted permitting the use of a **Replace** response instead of an **Approved** response and the system should pass certification.

Health IT developers that present a Health IT Module for certification using the NCPDP SCRIPT Standard Version 2023011<sup>®</sup> as outlined in § 170.205(b)(2) must support electronic prior authorization transactions previously listed as optional within the criterion (PAInitiationRequest, PAINitiationResponse, PARequest, PAResponse, PAAppealRequest, PAAppealResponse, PACancelRequest, PACancelResponse and PANotification).

### 4.2 Additional Recommendations

#### Pharmacist eCare Plan (PeCP)

An important function of any electronic medical record is the ability to coordinate care by sharing clinical information between providers about patients. NCPDP and HL7® support multiple clinical data standards that enable this functionality.

The use cases for clinical data sharing may vary slightly depending on the relationship between the providers that are coordinating care. In some cases, multiple members of the care team will be making real-time, collaborative contributions in a shared clinical environment. In other cases, independent providers working in a separate clinical environment will need to share data and coordinate care outside of that environment.

The [HL7 FHIR® US Core CarePlan](#) is a valuable standard for providing real-time, collaborative care in a shared clinical environment. It allows pharmacists working with other care team members to develop a joint plan for the provision of care to the patient. Any EHR system that needs to support this type of work should implement the HL7 FHIR US Core CarePlan.

The joint [HL7/NCPDP Pharmacist eCare Plan](#) is a valuable standard for sharing an independently developed plan of care created by a pharmacist with other providers using different EHR systems. It is a document-based standard, which packages the entirety of the clinical data used to develop the plan and provides it in a structured format for consumption by other EHR systems and the providers that use them.

A pharmacy EHR system will need to have the ability for its providers to coordinate care with other providers. It will need to have the ability to exchange either HL7 FHIR US Core CarePlans or Pharmacist eCare Plans depending on the level of coordination that its users need to achieve.

## 5. Recommendations

NCPDP recommends pharmacies strongly consider EHRs that support ASTP/ONC [Base EHR Definition – Certification Criteria](#) with the exceptions of:

- Maintaining an implantable device list for patients.
- Imaging and lab CPOE. Medication CPOE may be relevant to pharmacists in specific states or practice settings.

The STG also recommends interested parties closely follow the ASTP/ONC website for [ASTP/ONC certification updates](#) related to health IT and newly named standards.

## 6. Conclusion

### Pharmacist Interoperability is Essential

Pharmacists and their EHRs must be interoperable with other clinicians using EHRs to effectively serve patients and support safe, coordinated care across the healthcare continuum. Pharmacists are advised to participate in industry initiatives that promote greater interoperability of pharmacists and pharmacies with other providers, plans and patients.

### Certification Pathways

ASTP/ONC [Base EHR Definition – Certification Criteria](#) enables standards-based participation in national health infrastructure, ensuring trust, data integrity and seamless exchange. Although pharmacy EHRs have no requirement for certification, certified EHRs help ensure interoperability.

### Value-Based Care

Value-based care is a healthcare delivery model that rewards providers with incentives based on patient health outcomes, quality of care, and efficiency, rather than the volume of services provided (the Fee-for-service model). The pharmacist's role in value-based care depends on robust clinical documentation and data sharing, which are only possible through interoperable EHR systems.

## 7. Appendix A: Foundational Concepts and Standards for Interoperability

The STG familiarized themselves with terminology, concepts and standards used in EHRs and in information exchange. A summary of terminology and concepts is listed below:

### 7.1 Key EHR Terminology and Concepts

- **EHR vs. EMR** – An EHR is a comprehensive, shared longitudinal record of a specific patient’s health conditions and care. An Electronic Medical Record (EMR), while similar, is specific to a provider. Thus, EHRs and EMRs are not interchangeable. EHRs are designed for broad connectivity across various providers, while EMRs cater to internal practice needs only. EHRs follow patients outside the clinic, unlike EMRs.
- **Interoperability** – Interoperability in healthcare refers to the ability of different healthcare information technologies to effectively communicate, share and use electronic health data in a timely manner. In short, the ability to exchange and use patient clinical information across systems. This capability is becoming essential for clinicians, as it allows relevant parties to access complete patient medical histories within the healthcare ecosystem.
- **Base EHR Definition** – The Base EHR definition provides a baseline assurance that certified health IT has been developed to possess, at a minimum, a key set of capabilities as defined in [45 CFR § 170.102](#).
- The **ASTP/ONC Health IT Certification Program (Certification Program)** is a voluntary program that outlines specific standards and functionality defined in regulations to which developers can certify conformance. In turn, providers can use these certified products in the delivery of care and information sharing and use these products to meet incentive program requirements, such as Centers for Medicare & Medicaid Services’ (CMS’) Promoting Interoperability program. The Certification Program includes both pre-certification testing and post-certification reporting requirements. ASTP/ONC works with Authorized Certification Bodies (ASTP/ONC-ACBs) and Authorized Testing Labs (ASTP/ONC-ATLs), consistent with international governance standards, to ensure that Certified Health IT developers adhere to technical standards and demonstrate functionality to support Department of Health and Human Services (HHS) programs. See the [ASTP/ONC Base Electronic Health Record \(EHR\) definition](#) and [§ 170.315](#) ASTP/ONC Certification Criteria for Health IT. Certification of EHRs provides assurance that EHR information can be exchanged successfully with other certified EHRs.
- **Certified EHR Technology (CEHRT)** is defined by CMS and required for participation in certain CMS programs. CEHRT includes, at a minimum, the capabilities outlined in the Base EHR Definition. Pharmacies are not considered Eligible Professionals under Medicare and, therefore, do not participate in these programs.

- **TEFCA** – A national network-of-networks governance for electronic health information (EHI) exchange via Qualified Health Information Networks (QHINs). TEFCA is administered by the ASTP/ONC - [RCE](#). Pharmacies will typically participate in TEFCA as subparticipants through a participant (e.g., EHR vendor, health information exchange (HIE) and pharmacy network).

### 7.2 TEFCA and QHIN Connectivity

TEFCA establishes a nationwide “network of networks” that enables healthcare organizations to securely exchange EHI across different systems. For pharmacists and pharmacy-enabled EHRs, TEFCA provides a standardized pathway to access and share clinical information with other providers for treatment and care coordination.

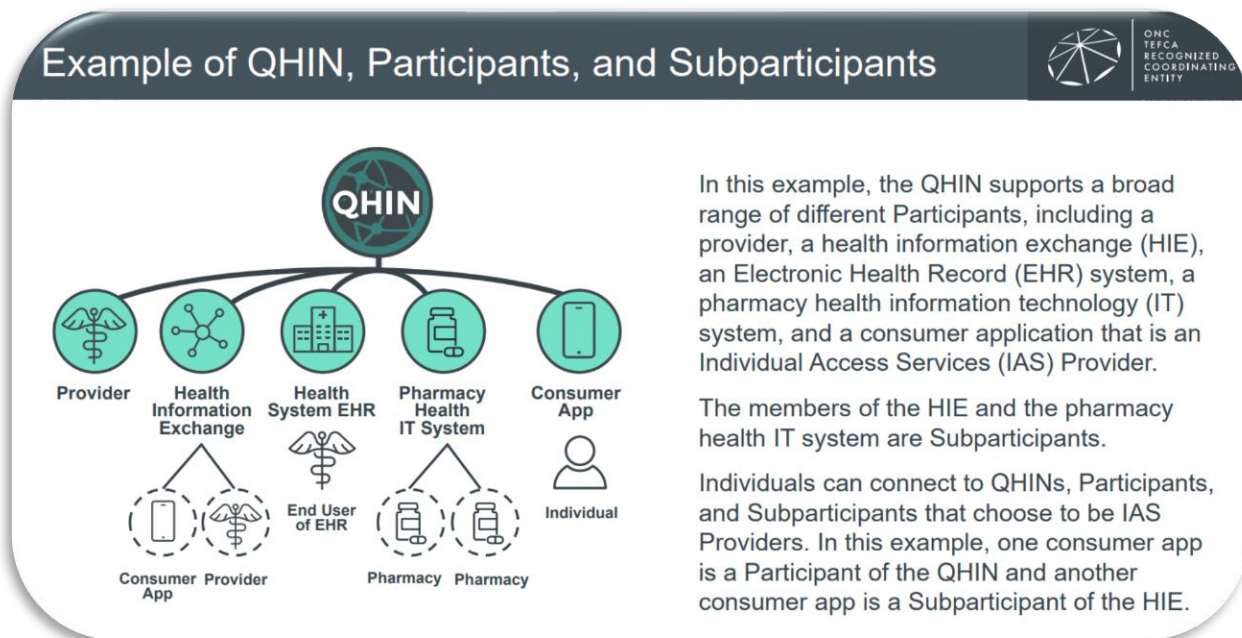
Pharmacies typically participate as Subparticipants through an EHR vendor, HIE, or pharmacy network, rather than connecting directly as a QHIN. At a high level, pharmacist EHR systems should be able to exchange data through TEFCA-aligned workflows so pharmacy-generated clinical information can flow alongside data from other providers.

TEFCA’s participation model includes:

- **QHIN:** A network that meets TEFCA requirements and connects to other QHINs.
- **Participants:** Entities (e.g., EHR vendors, HIEs, large delivery systems, pharmacy health IT networks) that connect directly to a QHIN.
- **Subparticipants:** Organizations that connect to a QHIN through a participant, such as pharmacies using a pharmacy IT system or HIE connection.

The TEFCA User’s Guide specifically includes a “pharmacy health IT system” with member pharmacies as subparticipants, confirming that pharmacy networks and pharmacy-enabled EHRs fall within TEFCA’s participation framework.

A visual [example of QHINs, Participants and Subparticipants](#) is shown below.



### Exchange Modalities: QHIN Technical Framework v2 (QTF v2) defines:

The QTF v2 defines three core exchange modalities:

1. **QHIN Query:** Query/response exchange used to locate and retrieve EHI (e.g., medication history, clinical context).
2. **QHIN Message Delivery:** Push-style delivery of information (e.g., consultation notes, discharge summaries, care plans).
3. **Facilitated FHIR®:** API-based exchange enabling more dynamic, fine-grained data sharing.

Pharmacies can participate in treatment-purpose exchanges as subparticipants, contributing pharmacist-generated clinical data in United States Core Data for Interoperability (USCDI)-aligned formats. Dispensing and claim submission workflows remain outside of TEFCA and continue to rely on NCPDP standards.

#### Live links

- [TEFCA User's Guide \(RCE\)](#)
- [QTF v2](#)
- [ASTP/ONC TEFCA Overview](#)

## 7.3 Interoperability Standards and Implementation Guides

The ASTP/ONC EHR Certification Criteria includes several standards and requirements for health IT products, which are outlined in the Health IT Certification Program. Key categories and standards include:

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- **Interoperability:** Ensuring that health IT systems can communicate and exchange data effectively.
- **Security:** Protecting patient data and ensuring privacy.
- **Patient Access:** Facilitating access to EHI for patients.
- **Clinical Data Capture:** Capabilities for recording and managing clinical data.
- **Decision Support:** Implementing decision support interventions to enhance patient care.

For a complete list of the standards and criteria, refer to the official [ASTP/ONC Health IT Certification Program Regulations](#).

Through the rulemaking process, ASTP/ONC establishes standards for certified health IT required under the ASTP/ONC Health IT Certification Program. Presently, health IT developers can certify criteria using standards referenced in 45 CFR Part 170 Subpart B Standards and Implementation Specifications referenced in an active Certification Criterion for Health Information Technology. The [Certification Program Standards Hub](#) outlines the standards adopted through several Final Rules.

Some notable named ASTP/ONC standards are:

### USCDI

The ASTP/ONC [USCDI](#) is a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange. The USCDI ASTP/ONC New Data Element and Class (ONDEC) Submission System supports a predictable, transparent and collaborative process, allowing health IT stakeholders to submit new data elements and classes for future versions of USCDI. The USCDI standard follows the [Standards Version Advancement Process \(SVAP\)](#) to enable health IT developers' ability to incorporate newer versions of Secretary-adopted standards, USCDI and implementation specifications.

The USCDI uses standardized vocabularies to ensure semantic interoperability across healthcare systems. Primary vocabulary standards include:

- **Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT):** Used for a wide range of clinical concepts, including conditions, procedures, specimens and clinical findings.
- **Logical Observation Identifiers Names and Codes (LOINC):** Standard for identifying health measurements, laboratory tests, clinical observations and assessments (e.g., vital signs, Social Determinants of Health [SDOH] assessments).
- **RxNorm:** Used For clinical drug names and medications.
- **National Drug Code (NDC):** Used alongside RxNorm primarily to identify the specific drug product dispensed in outpatient prescription dispensing and billing transactions.
- **International Classification of Diseases, 10th Revision (ICD-10):** Used for diagnoses and procedures.
- **Current Procedural Terminology (CPT) & Healthcare Common Procedure Coding System (HCPCS):** Standards used for representing and billing physician procedures and other healthcare services. These vocabularies are updated through different USCDI

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versions (e.g., USCDI v5 or v6) to incorporate emerging clinical requirements similar to SDOH.

### **HL7<sup>®</sup> Standards**

HL7 creates global standards for the exchange, integration, sharing and retrieval of EHI, including FHIR<sup>®</sup> and C-CDA.

- **The HL7 Consolidated Clinical Document Architecture (C-CDA)** is an XML-based markup standard which provides a library of CDA formatted documents. Clinical documents using the C-CDA standards are exchanged billions of times annually in the United States. All certified EHRs in the United States are required to exchange structured clinical documents, including summaries, referrals and care transition documents. It defines common templates so information such as medications, allergies and problems can be shared consistently across systems. Learn more about the [C-CDA](#).

### STG Certification Criteria Worksheet

Summary of STG review of certification criteria and determination of applicability to pharmacy.

| Base EHR Capabilities   | Certification Criteria  | Rule Link                        | STG Recommendation - Required for Pharmacy?                              |
|---|---|----------------------------------|--|
| Includes patient demographic and clinical health information                                      | Patient demographics and observations § 170.315(a)(5). (update required by December 31, 2025)     | <a href="#">§ 170.315(a)(5)</a>  | Yes (HTI-1 updated as of Jan 1, 2026)                                    |
|   | Implantable device list § 170.315(a)(14)  | <a href="#">§ 170.315(a)(14)</a> | No   |
| N/A   | Family Health History   | <a href="#">§ 170.315(a)(12)</a> |  |
| N/A   | Social, psychological and behavioral data   | <a href="#">§ 170.315(a)(15)</a> | HTI-1. Not recommended to be required                                    |
| Capacity to provide clinical decision support   | Decision support interventions § 170.315(b)(11) (per HIT-2, update required by December 31, 2027) | <a href="#">§ 170.315(b)(11)</a> | Yes  |
| Capacity to support physician order entry (Must support one of the three CPOEs for certification) | Computerized provider order entry (CPOE) § 170.315(a)(1) - Medication                             | <a href="#">§ 170.315(a)(1)</a>  | Optional, if prescribe   |
|   | Computerized provider order entry (CPOE) § 170.315(a)(2) - Laboratory                             | <a href="#">§ 170.315(a)(2)</a>  | Optional, if order laboratory tests                                      |
|   | Computerized provider order entry (CPOE) § 170.315(a)(3) - Imaging                                | <a href="#">§ 170.315(a)(3)</a>  | No   |
| N/A   | Clinical information reconciliation and incorporation   | <a href="#">§ 170.315(b)(2)</a>  | HTI-1. Not recommended to be required                                    |
| N/A   | Electronic prescribing  | <a href="#">§ 170.315(b)(3)</a>  | HTI-1 Final Rule. May be applicable to some pharmacies, where permitted. |

## Pharmacist/Pharmacy EHR Resource Document

| Base EHR Capabilities   | Certification Criteria  | Rule Link  | STG Recommendation - Required for Pharmacy?   |
|---|---|--|---|
| N/A   | Care Plan   | <a href="#">§ 170.315(b)(9)</a>  | HTI-1. Not recommended to be required.  |
| Capacity to capture and query information relevant to health care quality                                 | Clinical quality measures - record and export § 170.315(c)(1)                               | <a href="#">§ 170.315(c)(1)</a>  | Maybe (Record all data necessary to successfully calculate selected clinical quality measures (CQMs), only if applicable) |
| N/A   | Clinical Quality Measures (CQM) – filter  | <a href="#">§ 170.315(c)(4)</a>  | HTI-1. Not recommended to be required   |
| Capacity to exchange electronic health information with and integrate such information from other sources | Transitions of care § 170.315(b)(1)   | <a href="#">§ 170.315(b)(1)</a>  | Yes (HTI-1 updated as of Jan 1, 2026)   |
|   | Application access - patient selection § 170.315(g)(7)                                      | <a href="#">§ 170.315(g)(7)</a>  | Yes   |
|   | Application access - all data request § 170.315(g)(9)                                       | <a href="#">§ 170.315(g)(9)</a>  | Yes (updated as of Jan 1, 2026)   |
|   | Standardized API for patient and population services § 170.315(g)(10)                       | <a href="#">§ 170.315(g)(10)</a>   | Yes   |
|   | Direct Project § 170.315(h)(1)<br>Direct Project, Edge Protocol and XDR/XDM § 170.315(h)(2) | <a href="#">§ 170.315(h)(1)</a><br>or<br><a href="#">§ 170.315(h)(2)</a> | Yes   |
| N/A   | View, download, transmit to third party   | <a href="#">§ 170.315(e)(1)</a>  | HTI-1. Not recommended to be required   |
| N/A   | Transmission to immunization registries   | <a href="#">§ 170.315(f)(1)</a>  | HTI-1. NCPDP recommends inclusion in pharmacy EHRs  |

## 8. Appendix B: History of Changes

### Version 1.0:

- Original Publication