

# GS1 2D Barcodes -Are You Ready?

## **DSCSA** Overview

The Drug Supply Chain and Security Act (DSCSA), Title II of the Drug Quality and Security Act (DQSA), set the industry standards when transacting with human prescription drugs. According to DSCSA, all trading partners must electronically trace and verify all human prescription drugs[1] they receive. This will allow for the timely identification of any product that may be deemed stolen, contaminated, counterfeit, dangerous, or harmful, removing them from the supply chain and preventing them from reaching the patient.

#### Industry Challenges

The 10-year rollout of DSCSA completes this November, opening the doors for FDA action against non-compliant partners. The 2023 requirements introduce a product verification requirement; barcode scanning is widely considered to be the most practical path to meet this requirement. However, many dispensers have made it clear that they cannot easily facilitate additional scans.

Industry staffing issues only make this problem worse. In some markets posted salaries have surged, sign-on bonuses have been ignored, and employee strikes have occurred. Many departments are staffed at half capacity – or worse. For most, hiring additional staff to manage



compliance requirements is not an option.

### 1 D vs 2D Barcodes – Why it Matters \_\_\_\_\_

Historically, linear-1D barcodes have been used to populate a hospital or health system's formulary, giving the pharmacy control over which medications enter their facility. The formatting of 1D-barcodes can change over time (including NDC numbers, GTINs, and 3+NDC+Checksum); many pharmacies use aliases to track these modifications. Updating aliases is just one of the challenges a pharmacy faces, and the added work is often placed on a pharmacy technician, pharmacist, or IT specialist. DSCSA requires that all received human prescription drugs have the GS1 2D-data matrix barcode. The 2D-barcode contains up to 4,296 characters in a text-based data format, including: both the GTIN (Global Trade Number) and the UPC, lot number, expiration date and serial number, greatly enhancing the data capture capabilities when receiving human prescription drugs and improving the dispenser's ability to track product throughout their system.

Many legacy systems only read the 1D-linear barcode. Others, compile various formats into a single, consistent, NDC format to be used in customer databases. Knowing your systems capabilities is critical when reviewing your facilities DSCSA readiness.

## **Evaluating Formulary Readiness**

When evaluating your current formulary, ensure that it can read GS1 2D-barcodes. If it can, most systems will do one of the following when each medication is scanned:

Scenario 1: the system finds a direct match to what is in the database or an alias Scenario 2: the system finds a match to the NDC code and automatically inserts the alias; or Scenario 3: the system does not find a match

Scenario 3 is the most common and time consuming; it requires the pharmacy IT department to add the new drug to their formulary. Maintaining a timely process that ensures all medications scan into the pharmacy's database and formulary is both daunting and resource intensive.

#### Need Help? Look to ConsortiEX for the Answer.



**ScanCast™** is an add-on to ConsortiEX Verify on Receipt<sup>™</sup> and consolidates many of the scans in your receiving process; ScanCast<sup>™</sup> ensures compliance without disrupting your processes or adding FTEs by seamlessly exchanging relevant data between systems.

DSCSA Compliance as a Service and Verify on Receipt<sup>™</sup> are both part of the ConsortiEX family of products.

#### **Real World Example - Indiana University Health**

A real-world example of this problem was evident at a large midwestern healthcare system. They were tasked with updating their existing database to meet updated DSCSA requirements, reformatting all of their NDCs to be compatible with the new 2D-barcodes. Their current database, as designed by the vendor, did not allow for 2D barcodes or multiple variations of the NDC. This system did not force a consistent format of the owner's data, causing variability in the system.

ConsortiEX worked with this

academic health center to create a custom configuration of ScanCast<sup>™</sup> to work in their environment.

As an add-on to Verify on Receipt<sup>™</sup>, ScanCast<sup>™</sup> consolidates many of your receiving scans, ensuring your compliance without disrupting your processes or adding FTEs.

This specific ScanCast<sup>™</sup> configuration was modified to read both required 2D-data matrix barcode, and the 1D-barcode, seamlessly integrating the newly required scan into their already existing process.

This is a challenge that many health systems will face as DSCSA requirements are enforced, as many legacy systems can only read 1D-linear barcodes. Others have software that consolidates formats into a single, consistent, NDC format that is used in customer databases.

Contact Us Today! www.consortiex.com info@consortiex.com 414-231-4575