Document ID: NEHTA-2137:2015

Australian Medicines Terminology v3 Model v20150831
Release Note

31 August 2015

Approved for external information

Summary

EP-2135:2015 Australian Medicines Terminology v3 Model v20150831

Each month, the Australian Medicines Terminology (AMT) is updated, verified, validated, and released to incorporate new content, enhance existing content, and make more effective use of the existing terminology. This routine process of updating continuously improves and extends the AMT's coverage of medicines used in the Australian health sector.

Release rationale

This release of the AMT includes products that become available on the Schedule of Pharmaceutical Benefits – including the Repatriation Pharmaceutical Benefits Schedule (RPBS) – on or before 1 September 2015.

Identifying the version of this release of the AMT

When using codes from this release (for example, in clinical documents, maps, or terminology servers) the following string should be used to identify the version of this release:

`http://snomed.info/sct/900062011000036108/version/20150831`

For example, in an HL7® CDA®[1] document, the version of this release may be encoded in a Concept Descriptor field named *xyz* using the *codeSystemVersion* attribute as follows:

```
<xyz code="33256011000036105"
     codeSystem="2.16.840.1.113883.6.96"
     codeSystemName="Australian Medicines Terminology (AMT)"
     codeSystemVersion="http://snomed.info/sct/900062011000036108/version
     /20150831"
     displayName="Lorano 10 mg tablet: uncoated, 30"/>
```

Package inclusions

Updated

Identifier	Name and version
NEHTA-2137:2015	*Australian Medicines Terminology v3 Model – Release Note v20150831* (this document)
NEHTA-2136:2015	*Australian Medicines Terminology – Data v20150831*

[1] HL7 and CDA are registered trademarks of Health Level Seven International.

Audience

The audience for this end product is any licence holder with a practical interest in using the AMT data files, including software developers, content/mapping developers, testers, information system suppliers, analysts, terminology/classification specialists, and other health IT professionals and researchers.

Capabilities

All major changes between the AMT v2 and v3 data model and distribution formats are outlined in the *Australian Medicines Terminology v2 to v3 Migration Guide v2.0,* which is available from https://www.nehta.gov.au/implementation-resources/ehealth-foundations/australian-medicines-terminology-v3-common.

AMT v3 viewers

Please note that the AMT terminology viewers for Windows and Mac operating systems previously used for AMT v2 will not be able to browse the AMT v3 data.

Users can search the AMT content and browse the AMT hierarchies via the Minnow application[2], which is available as a free download. Further information, including features, system requirements, installation instructions, help, and access to the download is available at http://aehrc.com/minnow.

Data file bundle

The data file (Australian Medicines Terminology – Data v20150831) is in the ZIP file format. The contents are listed below.

The data file is in the "Release Format 2" (RF2) format[3], which aligns to the SNOMED CT[4] and SNOMED CT-AU bundle structure, and makes available a number of different release types, namely "Full", "Snapshot", and "Delta".

- AMT_Release_AU1000168_20150831
  - RF2Release
    - Full
      - Refset
        - Content
          - der2_ccsRefset_StrengthFull_AU1000168_20150831.txt
          - der2_Refset_ContaineredTradeProductPackFull_AU1000168_20150831.txt
          - der2_Refset_TradeProductPackFull_AU1000168_20150831.txt
          - der2_ccsRefset_UnitOfUseQuantityFull_AU1000168_20150831.txt
          - der2_Refset_MedicinalProductPackFull_AU1000168_20150831.txt
          - der2_Refset_TradeProductFull_AU1000168_20150831.txt
          - der2_ccsRefset_UnitOfUseSizeFull_AU1000168_20150831.txt
          - der2_Refset_MedicinalProductFull_AU1000168_20150831.txt
          - der2_Refset_TradeProductUnitOfUseFull_AU1000168_20150831.txt
          - der2_cciRefset_SubpackQuantityFull_AU1000168_20150831.txt

[2] Minnow was developed by the Australian e-Health Research Centre (AEHRC).
[3] For information about RF2, see the *SNOMED CT Technical Implementation Guide*, which is available at http://www.snomed.org/doc
[4] This material includes SNOMED Clinical Terms® (SNOMED CT®) which is used by permission of the International Health Terminology Standards Development Organisation (IHTSDO®). All rights reserved. SNOMED CT was originally created by The College of American Pathologists. IHTSDO®, SNOMED® and SNOMED CT® are registered trademarks of the IHTSDO.

- der2_Refset_MedicinalProductUnitOfUseFull_AU1000168_20150831.txt
- der2_cRefset_AssociationReferenceFull_AU1000168_20150831.txt
- der2_cRefset_AttributeValueFull_AU1000168_20150831.txt

- Map
  - der2_csRefset_SubstanceToSnomedCtauMappingFull_AU1000168_20150831.txt
  - der2_iRefset_ArtgIdFull_AU1000168_20150831.txt
- Language
  - der2_cRefset_LanguageFull-en-AU_AU1000168_20150831.txt
- Metadata
  - der2_cciRefset_RefsetDescriptorFull_AU1000168_20150831.txt
  - der2_ciRefset_DescriptionTypeFull_AU1000168_20150831.txt
  - der2_ssRefset_ModuleDependencyFull_AU1000168_20150831.txt

▪ Terminology
- sct2_Concept_Full_AU1000168_20150831.txt
- sct2_Description_Full-en-AU_AU1000168_20150831.txt
- sct2_Identifier_Full_AU1000168_20150831.txt
- sct2_Relationship_Full_AU1000168_20150831.txt

o Snapshot

▪ Refset
- Content
  - der2_ccsRefset_StrengthSnapshot_AU1000168_20150831.txt
  - der2_Refset_ContaineredTradeProductPackSnapshot_AU1000168_20150831.txt
  - der2_Refset_TradeProductPackSnapshot_AU1000168_20150831.txt
  - der2_ccsRefset_UnitOfUseQuantitySnapshot_AU1000168_20150831.txt
  - der2_Refset_MedicinalProductPackSnapshot_AU1000168_20150831.txt
  - der2_Refset_TradeProductSnapshot_AU1000168_20150831.txt
  - der2_ccsRefset_UnitOfUseSizeSnapshot_AU1000168_20150831.txt
  - der2_Refset_MedicinalProductSnapshot_AU1000168_20150831.txt
  - der2_Refset_TradeProductUnitOfUseSnapshot_AU1000168_20150831.txt
  - der2_cciRefset_SubpackQuantitySnapshot_AU1000168_20150831.txt
  - der2_Refset_MedicinalProductUnitOfUseSnapshot_AU1000168_20150831.txt
  - der2_cRefset_AssociationReferenceSnapshot_AU1000168_20150831.txt
  - der2_cRefset_AttributeValueSnapshot_AU1000168_20150831.txt
- Map
  - der2_csRefset_SubstanceToSnomedCtauMappingSnapshot_AU1000168_20150831.txt
  - der2_iRefset_ArtgIdSnapshot_AU1000168_20150831.txt
- Language
  - der2_cRefset_LanguageSnapshot-en-AU_AU1000168_20150831.txt
- Metadata
  - der2_cciRefset_RefsetDescriptorSnapshot_AU1000168_20150831.txt
  - der2_ciRefset_DescriptionTypeSnapshot_AU1000168_20150831.txt
  - der2_ssRefset_ModuleDependencySnapshot_AU1000168_20150831.txt

- Terminology
  - sct2_Concept_Snapshot_AU1000168_20150831.txt
  - sct2_Description_Snapshot-en-AU_AU1000168_20150831.txt
  - sct2_Identifier_Snapshot_AU1000168_20150831.txt
  - sct2_Relationship_Snapshot_AU1000168_20150831.txt

o Delta

- Refset
  - Content
    - der2_ccsRefset_StrengthDelta_AU1000168_20150831.txt
    - der2_Refset_ContaineredTradeProductPackDelta_AU1000168_20150831.txt
    - der2_Refset_TradeProductPackDelta_AU1000168_20150831.txt
    - der2_ccsRefset_UnitOfUseQuantityDelta_AU1000168_20150831.txt
    - der2_Refset_MedicinalProductPackDelta_AU1000168_20150831.txt
    - der2_Refset_TradeProductDelta_AU1000168_20150831.txt
    - der2_ccsRefset_UnitOfUseSizeDelta_AU1000168_20150831.txt
    - der2_Refset_MedicinalProductDelta_AU1000168_20150831.txt
    - der2_Refset_TradeProductUnitOfUseDelta_AU1000168_20150831.txt
    - der2_cciRefset_SubpackQuantityDelta_AU1000168_20150831.txt
    - der2_Refset_MedicinalProductUnitOfUseDelta_AU1000168_20150831.txt
    - der2_cRefset_AssociationReferenceDelta_AU1000168_20150831.txt
    - der2_cRefset_AttributeValueDelta_AU1000168_20150831.txt
  - Map
    - der2_csRefset_SubstanceToSnomedCtauMappingDelta_AU1000168_20150831.txt
    - der2_iRefset_ArtgIdDelta_AU1000168_20150831.txt
  - Language
    - der2_cRefset_LanguageDelta-en-AU_AU1000168_20150831.txt
  - Metadata
    - der2_cciRefset_RefsetDescriptorDelta_AU1000168_20150831.txt
    - der2_ciRefset_DescriptionTypeDelta_AU1000168_20150831.txt
    - der2_ssRefset_ModuleDependencyDelta_AU1000168_20150831.txt
- Terminology
  - sct2_Concept_Delta_AU1000168_20150831.txt
  - sct2_Description_Delta-en-AU_AU1000168_20150831.txt
  - sct2_Identifier_Delta_AU1000168_20150831.txt
  - sct2_Relationship_Delta_AU1000168_20150831.txt

Updated content

Concept counts

The figures quoted here have been extracted from the notable concept reference sets and include both active and inactive concepts. See the *AMT v3 Development approach for reference sets*[5] for information about these reference sets and their members.

Concept	Current count	Changes since the last release
Medicinal Product (MP)	1902	3
Medicinal Product Unit of Use (MPUU)	5064	11
Medicinal Product Pack (MPP)	8865	13
Trade Product (TP)	7067	24
Trade Product Unit of Use (TPUU)	11977	73
Trade Product Pack (TPP)	17612	82
Containered Trade Product Pack (CTPP)	18685	84
Total	71172	290

Resolved issues

The following issues have been resolved with this release.

ID	Resolved issues
Appendix F.2 Preferred Terms	AMT Preferred Terms (PTs) will not state the descriptor for units of measure where the measure is International unit, pressor unit, or in Kallikrein Inactivator units. These three are all expressed in the PT as “units”. All other Preferred Term units of measure are represented with the same description as the Fully Specified Name. This issue has now been resolved for units of measure containing international units. Moving forward, all AMT notable concepts' Preferred Terms will be displaying “unit” instead of “international unit”. Changes have not been made for pressor units, as these are not found in the AMT, nor has the change been made for Kallikrein Inactivator units. Bleomycin is an exception and will retain the international units in descriptions of both the Preferred Term and Fully Specified Name. The *AMT v3 Model Editorial Rules*[6] will be updated to reflect these changes.

[5] Available at http://www.nehta.gov.au/implementation-resources/ehealth-foundations/australian-medicines-terminology-common
[6] See note 5.

ID	Resolved issues
AMT-6798	AMT Preferred Terms will not state the descriptor for units of measure where the measure is mouse LD50 units. These will be expressed in the PT as “units”. The Fully Specified Name will retain the unit of measure mouse LD50 unit. The affected products include the following: • ARTG ID 205507 Xeomin 50 mouse LD50 units injection: powder for, 1 vial • ARTG ID 205508 Xeomin 100 mouse LD50 units injection: powder for, 1 vial • ARTG ID 58571 Stamaril (1 x vaccine vial, 1 x 0.5 mL diluent syringe), 1 pack, composite pack • ARTG ID 58571 Stamaril (10 x vaccine vials, 10 x 0.5 mL diluent syringes), 1 pack, composite pack
LIN-853	The *AMT v3 Model Editorial Rules* states that if the number of units is equal to or greater than 1,000, the next higher unit level should be used. This is applicable to both strength and quantity representations across the AMT's descriptions. This issue has now been resolved.

Known issues

Modelling issues

As a result of re-modelling the AMT from v2 to v3, there currently exist some Medicinal Product Unit of Use (MPUU) concepts in the data where the Fully Specified Name (FSN) terms and/or modelling may seem ambiguous. This can occur when the Basis of Strength Substance (BoSS) is different to the Pharmaceutical Ingredient (PI). For example, the MPUU FSN may include “amoxycillin” (representing the BoSS) while the actual substance present is amoxycillin trihydrate (representing the PI).

The AMT model is being continually developed and refined. This issue will be examined as a part of these ongoing processes.

Editorial rule deviations

The following rules are in the process of implementation or have yet to be implemented. The identifiers provided below align with those in the *AMT v3 Model Editorial Rules*.[7]

Preferred Term (PT) descriptions

Currently, some AMT descriptions may differ slightly when compared with those expected from the relevant editorial rules; this is due to the automated process used in authoring the terminology. In most cases, additional information has been added to the descriptions beyond the stated editorial rules. AMT v3 implementers are advised to contact the National Clinical Terminology and Information Service (NCTIS) via help@nehta.gov.au if they have any concerns about this issue. Details of any existing deviations are documented here.

[7] See note 5.

AMT-APP-STR-5	A space will be inserted between the strength value and strength unit of measure. This space must be a non-breaking space to ensure that the strength value and strength unit expressions are always kept together.
AMT-APP-STR-10	Where the strength or volume of a product is not a set single value but may vary within a given range, the strength or volume will be expressed as the range, with the lower numerical value, followed by the word “to” and then the upper numerical value and the relevant units.
AMT-APP-STR-11	Where the strength or volume of a product is expressed with a lower limit only (that is, “contains not less than”, “contains equal to or greater than”, or “more than”) the strength or volume will be expressed with the word “minimum” followed by the relevant strength or volume.
Appendix C.4 Waters of hydration	Waters of hydration shall only be expressed for each ingredient in the Fully Specified Name where hydration is present and the modification is deemed to be clinically significant (according to Appendix B). Where an ingredient is found to be anhydrous or dried, this shall not be expressed. Note that waters of hydration shall only be expressed in the Preferred Term if they are part of the proprietary name. There are some known deviations from this rule in the descriptions; the NCTIS is working to rectify them over time.
Appendix C.6 Medicinal Product PT sequence of ingredients	Ingredients will be sequenced in alphabetical order within the FSN. For multi-ingredient products, the order of the ingredients in the PT will be based on the order used by the innovator product. All subsequent products with the same combination of ingredients will follow the order of the innovator product. Note that some ongoing anomalies exist in the PT order and these will be rectified over time.
Appendix K.1 Strength expressions for vaccines	Strength will be represented as part of the Fully Specified Name but will not be included in Preferred Terms for vaccines. Where two products exist with different amounts of antigen intended for different populations, a term describing the population, rather than strength, will be included in the MPUU.

Data issues

Data issues listed in this release note are limited to only those that affect the accuracy of the concept description. Issues are identified and tracked by the following method:

- The ID number is an internal identifier within the NEHTA issue management system.
- TGA Label Names are generally used wherever issues include product names.
- The TGA registration number (the ARTG or Licence ID number) itself. In cases where the product is not registered by the TGA, a NEHTA identifier has been included.

ID	Known issues
AMT-280 AMT-275	Redundant information such as “1 tablet”, “tablets”, “diagnostic strips” and other redundant terms should have been removed during the transform of the data from v2. This has not always been applied across all terms, so some terms still include this information and appear as they did in v2. This redundant information will be removed in future releases of v3.

ID	Known issues
AMT-362	Due to a decision made previously by the Support Group, all products with the dosage form of “injection: intravenous” will be inactivated in a future release of AMT and replaced with products with a dosage form of “injection: solution”.
AMT-367	All the products with ingredient “clotrimazole” and dosage form of “cream” will be reviewed, and those products which should have a dosage form of “vaginal cream” will be inactivated and replaced with products with the correct dosage form. The remaining products which have ingredient “clotrimazole” and the dosage form of “cream” will remain and not be inactivated.
AMT-2313	Due to an issue identified in the v2 to v3 transform where the Unit of Use Quantity appears as “24 x 100mL packs” rather than “24 x 2 bag packs” the Medicinal Product Pack (MPP), Trade Product Pack (TPP), and Containered Trade Product Pack (CTPP) descriptions for the following products will be amended in a future release: • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 100 mL pack, bag; • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; and • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL pack, bag. Due to an issue identified in the v2 to v3 transform where the AHB number has been removed, the CTPP descriptions for the following products will be amended in a future release: • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 100 mL pack, bag; • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 100 mL bag; • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 48 x 100 mL bags; • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL pack, bag; • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL bag; and • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 48 x 100 mL bags.
LIN-674	In AMT v2 the manufacturer’s code for suppliers, such as Baxter, is placed at the end of the Containered Trade Product Pack (CTPP) Preferred Term descriptions. This code currently does not get added to the CTPP descriptions in v3 and it is anticipated the code will be added to the AMT v3 descriptions in a future release.

Divergence from the SNOMED CT Editorial Guide

According to the *SNOMED CT Editorial Guide*[8], minor changes to the Fully Specified Name (FSN) that do not alter the meaning of the concept are allowed. Any concept with a minor change does not need to be retired, however the FSN description will be retired and a new replacement term string created with a new unique identifier. There are instances in SNOMED CT releases where this has not occurred – minor changes generated a new version of the FSN without any corresponding changes to the unique identifier. The NCTIS is currently seeking to clarify this rule with the IHTSDO, but in the meantime, will continue to create a new version of the FSN where minor changes are required.

Similarly, the NCTIS will create a new version of the PT in those instances where a minor change results in a new version of the description being created.

Implementation guidance

All AMT concepts have a Fully Specified Name (FSN), which is intended to provide an unambiguous name for the concept, and a Preferred Term (PT), which is intended to capture the common word or phrase used by Australian clinicians. System developers and end users should only implement Preferred Terms for clinical use, as these are the concepts developed for use by clinicians in Australia.

The NCTIS provides documentation specific to the Australian Medicines Terminology Release and SNOMED CT-AU, which can be downloaded from the NEHTA eHealth Foundations page.[9] Users may also benefit from referring to documentation provided with the SNOMED CT International terminology releases.

Safety guidance

NEHTA apply their Clinical Safety Management System against the AMT development cycle and against reported incidents. This is to minimise the potential for clinical safety hazards to be introduced during the development of the AMT.

It is an expectation of implementers that they undertake their own risk assessment and management in the context of their own implementations of the AMT. In addition, it is expected that implementers will contact the AMT Product Support team with any questions or concerns about this in the first instance.

The AMT may be applied within a variety of use cases. NEHTA recommends that all licence holders planning on either developing a map or undertaking an implementation contact the NCTIS to discuss their intended uses.[10] This notification will allow Product Support Services to be made available as appropriate.

Please note that if licence holders become aware of any errors or omissions during their development, they are obliged to notify NEHTA, as per clause 2.5 of the *Australian National Terminology Licence Agreement*, which states:

"If the Licensee becomes aware of any material error or change or correction needed in either the National Release or the International Release, the Licensee agrees to advise NEHTA promptly of such error, change or correction by following NEHTA's procedures for change notification that NEHTA prescribes and notifies to the Licensee from time to time."[11]

To report an error, please email help@nehta.gov.au.

[8] Available from http://www.snomed.org/doc
[9] http://www.nehta.gov.au/implementation-resources/ehealth-foundations
[10] The NCTIS can be contacted via help@nehta.gov.au.
[11] http://www.nehta.gov.au/our-work/clinical-terminology/registering-for-a-license/license-agreements

Product support services

The NCTIS has a dedicated Product Support team to help licence holders in their understanding and implementation of the AMT.

Support services can be tailored to customer requirements and range from general training and education about the terminology, through to specific technical support. The following support channels are freely available:

- email and phone support;
- downloadable resources from the NEHTA eHealth Foundations page (see note 9);
- webinars;
- technical workshops; and
- individual technical support at the customer's workplace.

To request support or provide any other feedback, please email help@nehta.gov.au or phone 1300 901 001.

Future releases

The AMT is currently updated and made available to licence holders at the end of each month for download from the NEHTA eHealth Foundations page (see note 9).

Previous releases

The AMT is released monthly, and includes products that become available on the Schedule of Pharmaceutical Benefits – including the Repatriation Pharmaceutical Benefits Schedule (RPBS) – on or before PBS listing. Links to previous releases are provided below, along with any additional details.

Release date	Details
31 July 2015	EP-2127:2015 Australian Medicines Terminology v3 Model v20150731
30 June 2015	EP-2102:2015 Australian Medicines Terminology v3 Model v20150630
31 May 2015	EP-2094:2015 Australian Medicines Terminology v3 Model v20150531
30 April 2015	EP-2079:2015 Australian Medicines Terminology v3 Model v20150430
31 March 2015	EP-2060:2015 Australian Medicines Terminology v3 Model v20150331
28 February 2015	EP-1995:2015 Australian Medicines Terminology v3 Model v20150228
31 January 2015	EP-1988:2015 Australian Medicines Terminology v3 Model v20150131
31 December 2014	EP-1960:2014 Australian Medicines Terminology v3 Model v20141231
30 November 2014	EP-1859:2014 Australian Medicines Terminology v3 Model v20141130
31 October 2014	EP-1820:2014 Australian Medicines Terminology v3 Model v20141031
30 September 2014	EP-1794:2014 Australian Medicines Terminology v3 Model v20140930
31 August 2014	EP-1741:2014 Australian Medicines Terminology v3 Model v20140831
31 July 2014	EP-1720:2014 Australian Medicines Terminology v3 Model v201407301

Release date	Details
30 June 2014	EP-1718:2014 Australian Medicines Terminology v3 Model v20140630 Release rationale: The Australian Medicines Terminology v3 Model v20140630 is the first production release of the AMT in the v3 model structure and SNOMED CT Release Format 2 specification (RF2). This release follows the previously released Beta and Pre-Production versions. After the Beta release, feedback activities were conducted with external stakeholders, including vendors and jurisdictions, as well as government and research organisations. These activities helped to gauge the suitability of the AMT v3 Beta product by focusing on the AMT v3 model components, release files, and gaps in features and documentation. A number of recommendations for changes to the v3 model were identified during this period; details of these changes can be found in *Australian Medicines Terminology v3 – Beta Feedback Summary Results*. The data files for this release have been created using the May 2014 release (that is, AMT v2.56) as baseline data for the transformation to v3 model. No additional products have been included. This release of the AMT includes products that became available on the Schedule of Pharmaceutical Benefits including the Repatriation Pharmaceutical Benefits Schedule (RPBS) on or before 1 June 2014.

Document date: 31 August 2015

Contact for enquiries
Telephone: 1300 901 001 or email: help@nehta.gov.au

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