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Office of e-Health Standards and Services
Department of Health and Human Services

Re: Timeline Recommendations for the NPRM regarding NCPDP Standards

Dear Office of e-Health Standards and Services:

The National Council for Prescription Drug Programs (NCPDP) is submitting this important timeframe information for the two items that are to be published in an NPRM in early 2015. Per email with OESS, the industry has discussed the timeframe needed for the two items and is submitting the following recommendations. Since the actual publication date of the NPRM and final rule are unknown, the industry framed the recommendations in terms of timeframe, not specific dates. They request these be used in the rulemaking.

The two items are:

1. To name the enhanced Telecommunication Standard Implementation Guide Version D.Ø that specifies the conditional use of field Quantity Prescribed (46Ø-ET) in the claim billing transaction. Allowing the use of this field will communicate the actual quantity prescribed in the transmission of the claim. The data would be available to validate whether or not there are inappropriate fills in excess of the quantity prescribed.

   The timeline recommendation from the industry for the implementation of Quantity Prescribed in the Telecommunication Standard Version D. Ø for the regulation is:

   The Quantity Prescribed (46Ø-ET) field shall be allowed to be submitted on a NCPDP Telecommunication version D.Ø claim as of the first day of the month that is at least 180 days after the final rule is published. The compliance date for Payers/Processors/PBMs to impose point of sale edits on the Quantity Prescribed field shall not be earlier than 90 days after the Quantity Prescribed field is allowed to be sent. This additional 90 day period allows incremental CII prescriptions and claims already in process to complete. Due to end of year industry processing requirements this compliance date should not fall between December 1 and January 31.

2. To name the NCPDP SCRIPT Standard Version 2013101 prior authorization transactions only, for the exchange of prior authorization information in electronic prescribing (between prescribers and processors for the pharmacy benefit). The NCPDP prior authorization transactions are intended to be used for products covered by a patient's pharmacy benefit (e.g. medications and supplies). It is important that the request does

not name all of the NCPDP SCRIPT transactions, as this would impact other electronic prescribing functions (named under the Medicare Modernization Act and other regulations).

The timeline recommendation from the industry for the implementation of electronic Prior Authorization transactions for the regulation is:

Industry, if exchanging electronic PA transactions for the pharmacy benefit, is to be using SCRIPT 2013101 ePA transactions as of 18 months after the publication of the final rule.

For direct inquiries or questions related to this letter, please contact

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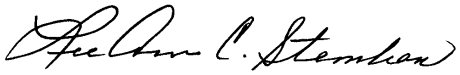
Sincerely,



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cc: NCPDP Board of Trustees